

Online Counseling through the Eyes of University Students

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Abstract: This study examined university students' knowledge levels, experiences, opinions, preferences, and suggestions for improving online psychological counseling services with a phenomenological qualitative research design. The data were collected in two stages using the Online Counseling Interview Form (OCIF) developed by the researchers. In the pre-COVID-19 period, researchers interviewed ten university students, and during COVID-19, they reached out to 11 more students. Descriptive analysis showed that students' knowledge levels and experiences increased, and most students were eager to use online counseling services. Moreover, students provided worth-stressing information about their preferences and suggestions regarding the announcement, design, and implementation of online counseling to improve online counseling services in universities.

Keywords: University students, online counseling, counseling services, mental health services, distance counseling.

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Introduction

The increase in the prevalence of mental illness in the 21st century is a controversially debated topic, with research resulting in mixed results (Bor et al., 2014; Richter et al., 2019). It was not until the COVID-19 pandemic that an indisputable increase was observed in psychological symptoms such as depression, anxiety, stress, and alcohol use (Ahmed et al., 2020; Conti et al., 2022; Wang et al., 2020; Wettstein et al., 2022). With increasing trends, especially after COVID-19, information and communication technologies (ICT) have diffused into almost every aspect of our lives, such as communication, education, trade, health, etc. Like many other areas, mental health disciplines are also exposed to transformation with ICT integration, and new modalities have emerged. Online counseling (OC) is one of them. Different terminologies can be used interchangeably for OC: distance counseling, e-therapy, and cybertherapy (ACA, 2014; Manhal-Baugus, 2001). OC is defined as 'any delivery of mental and behavioral health services by a licensed practitioner to a client in a non-face-to-face setting through distance communication technologies such as the telephone, asynchronous e-mail, synchronous chat, and videoconferencing' (Mallen & Vogen, 2005, p. 764).

Formerly, OC was found feasible, especially for typically isolated people who are reluctant or unable to receive face-to-face mental health services, such as patients with chronic illnesses (see Mallen & Vogen, 2005 for a review). However, this situation seems applicable to millions of people around the world after the outbreak of the COVID-19 pandemic (WHO, 2020). In 2014, it was predicted that 25% to 50% of healthcare services would be conducted online by 2020 (Weinstein et al., 2014). Before the COVID-19 pandemic, 36% of mental health practitioners were using online services; however, in May 2020, 85% of the respondent practitioners said that online services are used by more than $\frac{3}{4}$ of their clients (APA, 2020). Recent conditions are changing attitudes toward internet-based applications, and studying the subject in different contexts is becoming essential.

Until today, OC literature includes the history and development of OC (Skinner & Zack, 2004), ethical issues (Childress, 2000; McVeigh & Heward-Belle, 2020; Stoll et al., 2020), training and supervision of online counselors (Mallen et al., 2005) practitioners' experience and attitudes regarding OC (Barker & Barker, 2022; Barnett et al., 2021; Kupczynski et al., 2017), clients' attitudes toward OC (Amos et al., 2020; Rochlen et al., 2004a; Young, 2005), implementation of OC in specific problem areas such as depression, anxiety, or post-traumatic stress disorder (Andersson et al., 2014; Andrews et al., 2018; Berryhill et al., 2019; Kuester et al., 2016), comparison of OC with face-to-face counseling (FTFC) (Barak et al., 2008; Drago et al., 2016; cf. So et al., 2013), and advantages and disadvantages of OC.

Previous studies showed that OC has a lot of advantages, including accessibility, flexibility, immediacy, an enhanced sense of safety (Fang et al., 2018), convenience (Vongtangswad et al., 2017), reasonable prices (Centore & Milacci, 2008), anonymity (Young, 2005), lower stigma related to specialist visits, and specific benefits for diagnosis such as agoraphobia (Aboujaoude et al., 2015). Moreover, clients living in



geographically remote areas or who are disabled could access online counseling more easily (Sussman, 2004). Some challenging parts have also been discussed regarding the therapeutic alliance, technology-related difficulties, concerns with confidentiality (Aboujaoude et al., 2015), and lack of face-to-face interaction resulting in limited nonverbal communication (Callahan & Inckle, 2012).

Since face-to-face communication is not possible in OC, as mentioned as a disadvantage, non-verbal communication becomes very limited, which is crucial for understanding the client's message correctly. It has long been known that nonverbal communication accounts for as much as 93% of interpersonal communication (Mehrabian, 1971), regulating interactions by giving hints about individuals' intentions and emotional states (Patterson, 1983). In order to overcome the limitation of non-verbal messages in OC, emojis can be used, especially in written communication (e.g., chatbox, email, instant message, etc.). According to Evans (2017), in written communication formats where facial and bodily expressions are lacking, emojis are the visual representations used to convey feelings and ideas (Evans, 2017). Although they are pretty popular in social media and instant messaging apps, the scientific literature is relatively limited.

Every day, the diversity and usage of emojis are growing, reaching more than 3,353 available emojis for 2021 and 5 billion emojis sent a day (Buchholz, 2020). These graphic symbols might fail to compensate entirely for nonverbal communication patterns, but research shows that they strengthen the attention and understanding of the reader (Kralj Novak et al., 2015). Also, a study that was conducted with young individuals who keep records of their emotional states with an emoji app showed that emoji use changed for clinical and non-clinical youth groups, supporting the idea that tracking the use of these symbols might be used meaningfully in professional counseling (Van Dam et al., 2019).

However, research advises caution in interpreting emojis because they might be used in various forms and frequencies in different cultures and genders (Rodrigues et al., 2018; Takahashi et al., 2017). Also, in online clinical conversations, students tend to perceive counselors as having less expertise when counselors do not match their language use with students and have an informal tone of communication by using more abbreviations and emoticons than themselves (Haberstroh, 2010). Emojis may affect interactions in online communication, whether clinical or not. Lack of nonverbal communication and an increased likelihood of misunderstandings are noted disadvantages of online therapeutic interactions (Rochlen et al., 2004b). However, it is still unclear if the appropriate emoji use can shift these criticisms toward a more positive side. Thus, evaluating students' approach toward emoji use in OC interactions becomes essential, as this study intends to.

Different delivery formats come into prominence, considering OC's specific characteristics. While former OC practitioners often employed asynchronous formats such as e-mails or texts (Ström et al., 2000; Jones, 2003) and described them as the easiest way to reach clients (Sussman, 2004), improvements in technology diversified the



range of convenient online mental health delivery techniques with video calls, live chats, voice messages, etc. However, the utility of each format may differ regarding its specific qualities. For example, asynchronous formats, such as e-mails or text messages (SMS), might have the advantage of the client and counselor accessing therapeutic conversations at any time, but the same quality might risk confidentiality due to decreased data security (Andersson, 2016; Childress, 2000).

Moreover, researchers previously stated that the utility of OC services might differ according to the client's characteristics or the content of the problem. For example, online mental help was less suitable for counselees with psychiatric disorders such as personality disorders or severe suicidality (Mallen et al., 2005; Manhal-Baugus, 2001; Rochlen et al., 2004b). However, Caspar and Berger (2005) offered a contrasting discussion by remarking that it might be exceedingly feasible for some clients with severe psychological issues such as schizoid personality disorder because diverse formats of OC might prepare the client for intense face-to-face therapy that the client would not be able to enter otherwise. Similarly, it might be helpful for topics involving shameful issues (Mallen et al., 2005).

The demand for mental health services increases in different contexts, such as higher education (CCMH, 2021). When common developmental challenges such as relationship and family issues, career problems, and high academic stress come together with limited financial resources during university years, receiving psychological help might become very difficult for this age group. However, these ages are essential to contributing to their future lives (Eisenberg et al., 2007). Considering university students' excessive use of technology in their personal lives and academic tasks (Jones et al., 2007), OC might target university students by utilizing its advantages.

Diverse implementations of online mental health services in higher education were researched (Day et al., 2013; Fang et al., 2018; Thomas et al., 2015; Wagner et al., 2014; Walsh & Richards, 2017), and studies showed an increase in mental health outcomes of university students such as greater well-being and life functioning (Benton et al., 2016) as well as symptom reduction for depression, anxiety, hopelessness, low self-esteem, and automatic negative thoughts (Wagner et al., 2014), and stress (Day et al., 2013). No significant difference was found between face-to-face and OC regarding these symptoms (Wagner et al., 2014) or life satisfaction, positive affect, and negative affect (Zeren et al., 2020). Also, students' motivators and demotivators in engaging with different formats of online therapy (Hanley & Wyatt, 2020) and their reasons for dropping out of the online services were explored (Buyruk Genç et al., 2019). It was shown that OC might be an effective and efficient form of psychological help for university students. Therefore, it is important to understand students' views, first-hand experiences, and preferences to provide better opportunities for future implications of OC in the higher education context. This study intends to do so by also considering gaps in the literature.

As mentioned earlier, the COVID-19 pandemic increased the use of ICT in many aspects of our lives, and OC services are one of them. This study, conducted before and during

the pandemic, becomes unique by investigating university students' knowledge of and experiences in OC in two different timelines to consider the effect of the pandemic.

While examining OC, most studies focus on one of the OC formats and discuss these interventions accordingly. Few studies have focused on the preferences of particular online formats or their effectiveness according to the problem area (Armoiry et al., 2018; Liu & Gao, 2021; Wentzel et al., 2016), and the number of these studies is even fewer in the context of higher education (Hanley & Wyatt, 2020). However, as discussed before, different OC formats hold several strengths and challenges, and the preferences of OC formats might differ for the problem areas presented by the client. Therefore, it is essential to understand these preferences and suggestions for improvements in OC within the higher education context, where mental health services are vital and should be enhanced, especially in light of the continued trend of OC services in the future. Similarly, consideration of possible facilitators in particular formats, such as emojis replaced by non-verbal communication, is an important area to explore through the opinions of university students since their effects on online communication are recognized (Kralj Novak et al., 2015), but still debated for OC services (Haberstroh, 2010; Rodrigues et al., 2018; Takahashi et al., 2017). Therefore, this study intends to fill the related gaps in the literature by examining university students' knowledge levels, experiences, opinions, preferences, and suggestions for improving online psychological counseling services with a phenomenological qualitative research design.

Method

Two studies in which a phenomenological qualitative research design was utilized were conducted by considering the effect of COVID-19 on OC prevalence and applications. Both studies had the same purpose and method. However, the data were collected before the pandemic in Study 1 and during the pandemic in Study 2.

Participants

To examine a phenomenon in depth, the number of participants should be limited (Yildirim & Simsek, 2011). For this reason, ten university students (six female and four male) participated in Study 1. None of the participants studied in a department related to mental health (psychologist, psychiatrist, psychological counselor, social services, etc.). The participants of Study 1 consisted of two aerospace engineering, two business administration, one political science and public administration, one chemistry, one mathematics, one computer engineering, one architecture, and one elementary mathematics teaching department student. The age of Study 1 participants ranged between 19 and 25 ($M = 22.50$, $SD = 2.51$). Two were first, two were second, one was third, four were fourth, and one was fifth-grade students.

The participants of Study 2 included 11 university students, six female and five male. Two students from physics, one student each from mathematics, molecular biology and genetics, industrial engineering, metallurgical and materials engineering, aerospace

engineering, economics, political science and public administration, and industrial design department participated in Study 2. The Study 2 participants' ages ranged between 19 and 27 ($M = 22.18$, $SD = 2.48$). Two were first, two were second, two were third, and five were fourth-grade students.

Instrument

Researchers developed a semi-structured Online Counseling Interview Form (OCIF) by reviewing the literature. As Kempler and Kelly (2007) suggested conducting cognitive interviews while developing self-reported measures, three cognitive interviews were conducted. In the cognitive interviews, students shared their thoughts about the questions (i.e., content validity, clarity, readability) and their suggestions to improve the questions. Afterward, two experienced psychological counselors with Ph.D. degrees reviewed the form and mentioned that the questions were clear and adequate. OCIF includes questions related to demographic information (i.e., gender, age) and assesses students' knowledge level, views, experiences, preferences, and suggestions regarding OC.

Data Collection Procedures and Analyses

After obtaining the approval of the university's ethics committee, participants were invited by e-mail. Volunteer participants signed the consent forms before the interview. The interviews in Study 1 were conducted face-to-face before the pandemic. The interviews in Study 2, using the same interview form, were conducted online as the pandemic continued.

Recorded interviews were transcribed verbatim. The descriptive analysis method was used because the themes were created by considering previous study findings and research questions (Yıldırım & Şimşek, 2011). Two researchers coded the data independently to increase the internal reliability (Lecompte & Goetz, 1982). Then, the coding was checked for consistency, and it showed that they were largely compatible with each other. Finally, common codes and themes were clarified, and the quotations that best expressed these themes were selected.

Results

Knowledge of OC and Experiences with FTFC and OC

We asked our participants what OC is and what they knew about OC practices. In study 1, five reported that they had not known about OC. Five participants said that they had already known about OC. Some of their descriptions are 'a consultancy service provided in an online environment where video and sound can be shared (P1),' and 'psychological counseling received through video calls via electronic tools (P7).' P4 searched OC and found different options such as Skype calls, e-mailing, and websites. P5 filled out an application form for OC, but the center replied that the stated problem area was inappropriate for receiving OC and referred P5 to face-to-face counseling. In study 2, five had not known. However, six knew about OC: Some described OC as a

'helping process with applications such as Skype over the Internet (P11)' and 'a process, led by a real expert, which aims to increase self-awareness via some devices' (P13).'

We asked about their history of receiving FTFC and OC. In study 1, four participants received FTFC, but none received OC. We also wondered if they would receive OC if their university had OC services and they needed counseling, too. Seven would receive OC, but two would not. One mentioned that her first choice would be FTFC, but she would receive OC if required.

In study 2, six participants received FTFC, and four received/were receiving OC on academic challenges from their university center using videoconferencing applications. Regarding their experiences, P11 said:

I cannot say I feel a huge difference. I did not have any self-disclosure problems or any communication difficulties. However, sometimes, whether it is Zoom or Skype, you cannot hear the other person while you are talking, or something strange happens, and sometimes the conversation is interrupted. Aside from this weirdness, I do not have many complaints.' P13 said, 'I think it is very nice to see the person face to face directly on the screen. Because we do not focus on other movements, I usually look at your hand to see if it is moving. However, it does not disrupt my attention when it is on the internet. I think it was very nice in this respect.

After the pandemic outbreak, the prevalence of OC services increased inevitably, and the university where we collected data started to provide OC to a limited extent. In study 2, we asked whether they would receive OC when needed. Nine reported that they would receive OC, but two would not.

Views on the Advantages and Disadvantages of OC

Participants' views on the advantages and disadvantages of OC are summarized in Table 1.

Table 1

Participants' Views on the Advantages and Disadvantages of OC

		f1	f2
Advantages	Cheaper cost	7	5
	Increased accessibility	7	2
	Saving time and energy	6	10
	Flexible scheduling	6	7
	Sense of comfort/ easier self-disclosure	5	6
	Anonymity	4	4
	Exceeding geographical limitations	5	5
	Receiving OC in their comfort zone	3	5
	Privacy	2	4
Disadvantages	A lack of face-to-face communication	10	10
	Difficulty in establishing a trustful relationship	6	3
	Difficulty in non-verbal communication	5	5
	Decreased intimacy	2	3
	Decreased authenticity	1	-
	Technology problems	7	10

Note. f_1 = frequency in study 1, f_2 = frequency in study 2

Preferences on the Formats of OC

We provided six formats to assess the format preferences and asked them to rank from the most preferred to the least. The results are summarized in Table 2.

Table 2

Participants' Preferences on the Formats of OC

	<i>Format (f_1)</i>	<i>Format (f_2)</i>
1. choice	VC (6), PC (2), LC (2)	VC (11)
2. choice	PC (6), VC (2), LC (1), EM (1)	PC (9), LC (1), TM (1)
3. choice	VE (7), TM (2), PC (1).	LC (7), PC (1), TM (1), EM (1)
4. choice	LC (6), VC (1), TM (1), EM (1), VE (1)	VE (9), LC (2)
5. choice	TM (5), VE (2), PC (1), LC (1), EM (1)	TM (8), VE (1), LC (1), EM (1)
6. choice	EM (7), TM (2), VC (1),	EM (9), TM (1), PC (1)

Note. f_1 = frequency in study 1, f_2 = frequency in study 2, VC = Video call, PC = phone call, LC = live chat, EM = e-mail, VE = Voicemail exchange, TM = text message.

Views of the Usage of Emojis in Written Formats of OC

We asked participants to what extent they think emojis can replace body language and facial expressions in written OC. In study 1, nine participants, and in study 2, seven participants reported that emojis could not replace body language and facial expressions, but some gave credit to emojis to a limited extent. P3 stated:

Emojis cannot replace body language and facial expressions entirely because mimics and gestures are something that cannot be replaced with anything else. Although there are many different emojis, they are still limited for expressions, but of course, I think emojis can reveal something approximate....

Most of the participants reported authenticity problems related to the use of emojis in written communication. P20 explained it as follows:

When I use emojis, they do not reflect my current feelings. I can send a smiley face when I am sad or a sad face when I am not.

Preferences for Receiving OC or FTFC Services According to the Problem Areas

To reveal the participants' preferences for receiving OC or FTFC according to the problem areas, we provided a list including some common difficulties university students may encounter. Participants rated each problem area on a five-point scale (1 = Definitely prefer online, 2 = Maybe prefer online, 3 = Either, 4 = Maybe prefer face-to-face, 5 = prefer face-to-face). Table 3 summarizes participants' preferences for counseling types according to the problem areas.

Table 3

Participants' Preferences for Counseling Types According to the Problem Areas

	Study 1		Study 2	
	M	SD	M	SD
Adaptation to university life	3.30	1.34	3.55	0.82
Academic concerns	3.60	1.10	3.18	1.17
Romantic relationship issues	3.80	1.03	3.64	1.21
Friendship problems	3.40	1.26	3.36	1.03
Conflict at home/dormitory	3.00	1.15	3.73	1.01
Career planning	3.40	1.17	2.91	1.37
Family issues	4.40	1.07	4.00	1.83
Health problems	4.10	1.10	3.18	1.08
Concerns about sexuality	3.60	1.26	3.55	1.57
Sexual abuse/violence	4.00	1.33	4.27	1.62
Internet addiction	3.10	1.37	3.36	1.50
Substance use	4.00	1.33	4.09	1.37
Physical appearance/body image	3.00	1.25	3.60	1.26

Note. f_1 = mean scores lower than 3 indicate a preference for OC; mean scores equal to 3 indicate equal preferences for OC and FTFC; mean scores higher than 3 indicate a preference for FTFC.

Suggestions for Increasing the Effectiveness of OC Services at Universities

We wanted participants to share their suggestions for increasing the effectiveness of online psychological counseling services at universities. In study 1, participants made suggestions about the announcement or advertisement ($n = 6$), the format of the OC ($n = 4$), and the administration of the OC ($n = 7$). P6 and P10 emphasized that students should be made to trust the OC system during the announcement phase. P6 specifically suggested that students who benefited from OC could anonymously share their experiences in the announcements. Similarly, P7 and P10 suggested that the advantages of OC might be shared with students in the announcements. The suggestion for the announcement and advertisement of P8 is:

Maybe most people ask if it works because it is a new thing. Is it possible? It is necessary to show them how it works and the consequences.

The suggestions for the format of OC applications at universities are as follows:

I think it should not be synchronized all the time. It depends on the problem. For personal problems, synchronized formats would be much better. Still, for the problems that everyone can encounter, like career planning or university adaptation, asynchronized formats can be more efficient and time-saving (P1)

WhatsApp can be used. If it is possible, I suggest using synchronized formats. In addition, a phone line can be created for special and urgent topics like suicide (P2).

Different format options should be provided to students, depending on students' choices; it could be video or phone calls (P9).

In addition to the announcement and format, some participants made suggestions about the administration of OC. P1 suggested that the university can make a pilot application, and then, according to the feedback, the number of services can be enlarged. P2 suggested developing a system that categorized the reported students' problems and referred them to the right expert. P3, P5, and P8 indicated that the counseling services should reach more people. P8 especially suggested that the counseling service could agree with the counselors working out of the university. P9 suggested that clients choose the format, meeting hours, and counselor. P4 suggested that an isolated environment should be arranged for the clients. The suggestion from P9 is:

If it were like an application and people could choose the doctor they wanted and meetings could be arranged at any time they wanted....

In study 2, they made suggestions about announcement/advertisement ($n = 8$), the format of OC ($n = 6$), and the administration of OC ($n = 8$). Students suggested using social media (P 11, P16), e-mail (P14), and the university's web page (P18) for sharing announcements. P13 and P17 added announcements should include the advantages and effectiveness of OC. Regarding the format, P12 and P18 suggested video calls, and P16 underlined not to choose any written format for severe problems. P15 suggested using a questionnaire at the beginning of the semester to let the students choose the format. The appointments that should be made on the online system were the suggestion of P11. P19 suggested that starting with FTFC and then continuing with OC would be better to reduce the disadvantages. Study 2 participants had suggestions for the administration of OC. P11 suggested prioritizing emergency conditions and clients and creating a hotline, and similarly, P18 said students should reach out via message in severe conditions. P12 and P16 suggested having more counselors to get more students. P13's solution for raising the number of counselors is:

...Maybe some experts could be volunteers, and I can also reach them. Maybe it will help more; for example, one of our instructors has 3 hours of free time a week. He may want to volunteer to do it. Students can also be directed to him.

Another suggestion was for the students staying in the dormitory; P17 suggested an online meeting center where confidentiality can be provided for students staying in dormitories. Students with disabilities should be able to reach the system regularly, was the suggestion of P13. P21 said the meeting hours should be flexible, and online group

counseling services should be offered. P19 suggested providing financial support to students with internet problems and added

...about confidentiality. Because that is one of the things that stops most people at this point. I also have it in my company. For example, I have a friend who pays attention to even the smallest of his movements as if they will harm him in any aspect of his life. Will my information be used somewhere or something like that?... That's why this part is also essential. People think. I think this can be solved by signing a declaration, as we have just discussed, that shows the information will not be used anywhere and will remain only between us. These kinds of things can make people talk more.

Discussion

This research examined university students' knowledge level, experiences, views, preferences, and suggestions on OC services. Online psychological help might be especially suitable for university students, considering their developmental challenges, academic loads, and other issues, such as financial difficulties (Walsh & Richards, 2017). The findings from this qualitative study can help mental health professionals and university administrations when implementing OC in educational settings. By considering the current results and the discussions of the topics in the literature, it might be possible to understand how to implement OC in a higher education context more efficiently.

Previous research on mental health services shows that individuals who formerly received psychological help develop more positive attitudes towards it, especially those with positive experiences (Vogel et al., 2005). These results seem to apply to OC and the current study. Results show that most students are positive about using OC services at their university. Also, the predominance of online services in the university after the COVID-19 pandemic seems to increase the likelihood of OC experience and positive attitudes toward these services.

Regarding the advantages of long-distance psychological support, previous research focuses on benefits related to geographical flexibility, convenience, targeting specific disabilities such as agoraphobia or social anxiety, and the low-cost nature of OC (Aboujaoude et al., 2015; Pollock, 2006; Young, 2005). Likewise, these themes emerged the most in the results of our study, under the names of cheaper cost, increased accessibility, saving time and energy, flexible scheduling, and having access to counseling services without leaving one's comfort zone.

A current review by Hanley and Wyatt (2020) on higher education students' experiences with OC showed that students feel safer and more comfortable when they avoid face-to-face contact and remain anonymous. Online platforms for communication are regarded as less intimidating in other studies (Lewis et al., 2003). Also, stigma regarding getting psychological help brings negative feelings such as shame and fear of judgment (Hanley & Wyatt, 2020). The current study yields similar results on students' views on the advantages and disadvantages of OC. Using online platforms for counseling is associated with a sense of comfort and easier self-disclosure. Anonymity and privacy — not being seen in the counselor's office— are regarded as advantages. One of our



participants stated that going to a counselor's office might bring negative feelings such as feeling needy or fear of being seen and judged by others. Nobody else has to see someone getting help on online platforms unless they want to share it on purpose. This might reduce psychological pressure when getting mental help (e.g., Aboujaoude et al., 2015; Amos et al., 2020; Young, 2005). Studies provide similar outputs by participants sharing that *'I had a problem asking for help. Online therapy attracted me because I thought it would indicate whether I was worthy of talking to someone and getting help.'* (Dunn, 2012, p. 323) and *'... It is very intimidating sitting one-on-one with someone and chatting about yourself.'* (Walsh & Richards, 2017, p. 26) In this regard, OC can provide a good opportunity for university students to get psychological help in their comfort zone and level of tolerance in a less threatening environment.

However, in the current study, not having face-to-face communication is also considered a disadvantage. It is associated with difficulty understanding each other, difficulty evaluating facial expressions, gestures, limited body language, and decreased intimacy between counselor and client. Also, it is stated that online communication might create a more suitable environment for clients to hide their real emotions. It might increase the possibility of being dishonest with the counselor. In the studies of Cui et al. (2010) and Lewis et al. (2003), very similar results are presented in terms of this contradiction. Although participants were more comfortable and willing to disclose themselves in OC, they demonstrated higher genuineness in FTFC and a less emotional bond with the counselor in OC (cf. Mallen et al., 2003).

To understand this dichotomy, it might be beneficial to consider different formats of OC. The most preferred formats in our study were synchronous, and they included video and voice exchanges such as video calls and phone calls. Asynchronous and text-based communication methods such as emails and text messages were relatively less preferred. Considering the disadvantages of OC presented in our study, concerns about lack of face-to-face communication based on limited body language, decreased intimacy and trust, and forming a setting for dishonesty might originate from the idea of asynchronous text-based formats of OC. In a recent study by Amos et al. (2020), university students expressed similar concerns in email and text message-based interactions with counselors. Though written formats of OC are now being researched and discussed as more feasible due to the shortage of counselors, time constraints, and high costs of face-to-face delivered treatments (McLean et al., 2020).

Participants also frequently mentioned concerns with technological problems and privacy and security issues. In the interviews during the COVID-19 pandemic, these concerns seem to increase in possible problems such as family issues and conflict at home or in the dormitory. This might be because of the lockdown rules and 'stay at home' calls across the country, making it harder to maintain privacy at home. Online psychological services may be less suitable for individuals suffering from violence, sexual abuse, or high psychiatric disturbance (Abbott et al., 2008; Caspar & Berger, 2005). In the current study, security and trust issues in OC are prevalent in possible problem areas that require high self-disclosure, such as sexual abuse/violence and substance use. In both studies, most participants strongly preferred FTFC over online services, stating that it would be

easier to trust the specialist in the same physical environment when the mentioned problems are present. Participants chose OC on topics that do not require in-depth self-disclosure, such as career planning, academic concerns, and internet addiction.

As Skinner and Zack (2004) stated, synchronous and asynchronous formats of OC serve unique purposes. They possess a different combination of advantages and disadvantages of OC. Choosing the best option might be possible by considering individual characteristics, preferences, and problem areas. When implementing OC services in universities, students' suggestions should be considered to improve the effectiveness of these services. Results show that efficient announcements and information policies are essential to increasing students' trust in OC services. Multiple formats can be offered due to the students' diverse preferences and problem areas, and a unique phone line can be created for urgent problems. Also, the number of online counselors should be high to meet the increasing needs. By examining the university's results, mental health professionals and university administrations can offer more efficient OC services in universities.

The suggestions for future research could include having participants who have used FTFC at least once in their lives. Therefore, we can see their views of them according to their experiences. Moreover, a study that includes counselors will be helpful in assessing their opinions about OC.

The present study results will contribute to the implications for counseling practice. The participants' suggestions are critical to making the OC system effective. The universities' counseling services could meet the needs of the students. Therefore, OC could be for more students than at present. According to the participants, good announcements, being able to reach the counselor in risky conditions, having service when they need counseling sessions, and choosing the format by considering their aim could be regarded as reaching students through OC. Furthermore, this study will be helpful to the counselors because they know the exceptions of students. In conclusion, by considering the results of the present study, counseling services and counselors could improve their systems.

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Geniřletilmiř Trke zet

evrimii psikolojik danıřmanlık, yz yze olmayan bir ortamda, telefon, e-posta, eřzamanlı sohbet, videokonferans gibi uzaktan iletiřim tenolojileri aracılıęıyla danıřa sunulan ruh saęlıęı hizmetleri olarak tanımlanmıřtır (Mallen ve Vogen, 2005, p.764). 2014 yılında, 2020 yılına kadar saęlık hizmetlerinin %25 ila %50'sinin evrimii olarak yrtleceęi ngrlmřtr (Weinstein vd., 2014). Normal řartlar iin yapılan bu ngr, pandemi sreci ile birlikte deęiřiklięe uęramıřtır. COVID-19 salgınından nce, ruh saęlıęı uzmanlarının %36'sı evrimii hizmetleri kullanırken bu oran pandemiden sonra hızla artmıřtır; Mayıs 2020'de yapılan bir alıřmada, ankete katılan ruh saęlıęı uzmanlarının %85'i, evrimii hizmetlerin danıřanlarının drtte nden fazlası tarafından kullanıldığını belirtmiřtir (APA, 2020). Gncel kořullar, internet tabanlı uygulamalara ynelik tutumları deęiřtirmekte ve konunun farklı baęlamalarda incelenmesi elzem hale gelmektedir.

evrimii danıřma literatrnde, evrimii psikolojik danıřmanlıęın tarihesi ve geliřimi (Skinner ve Zack, 2004), etik konular (Childress, 2000; McVeigh ve Heward-Belle, 2020; Stoll vd., 2020), evrimii danıřmanların eęitimi ve denetimi (Mallen vd., 2005), ruh saęlıęı uzmanlarının deneyim ve tutumları (Barker ve Barker, 2022; Barnett vd., 2021; Kupczynski vd., 2017), danıřanların tutumları (Amos vd., 2020; Rochlen vd., 2004a; Young, 2005), depresyon, anksiyete veya travma sonrası stres bozukluęu gibi belirli sorun alanlarında evrimii psikolojik danıřmanlıęın uygulanması (Andersson vd., 2014; Andrews vd., 2018; Berryhill vd., 2019; Kuester vd., 2016), yz yze danıřmanlık ile karřılařtırılması (Barak vd., 2008; Drago vd., 2016; bkz. So vd., 2013), avantaj ve dezavantajları gibi konular ele alınmıřtır. Bu alıřmada ise, kiřisel ve akademik yařamlarında teknolojiyi ok fazla kullanan (Jones vd., 2007), evrimii psikolojik danıřma iin uygun bir hedef kitlesi olan niversite ęrencilerinin evrimii psikolojik danıřmaya dair bilgi dzeylerinin, deneyimlerinin, grřlerinin, tercihlerinin ve evrimii psikolojik danıřmanlıęın geliřtirilmesine ynelik nerilerinin incelenmesi amalanmıřtır.

Bu arařtırmada, COVID-19'un evrimii psikolojik danıřmanlıęın yaygınlıęı ve uygulamaları zerindeki etkisi gz nnde bulundurulurken, fenomenolojik arařtırma deseninin kullanıldığını iki alıřma yrtlmřtr. Her iki alıřma da aynı ama ve ynteme sahiptir. Ancak veriler alıřma 1'de pandemi ncesinde, alıřma 2'de ise pandemi sırasında toplanmıřtır. alıřma 1'e altısı kadın, drd erkek olmak zere on; alıřma 2'ye altısı kadın ve beři erkek olmak zere 11 niversite ęrencisi katılmıřtır. alıřma 1 katılımcılarının yařları 19 ile 25 arasında ($M = 22.50$, $SD = 2.51$); alıřma 2 katılımcılarının yařları 19 ile 27 arasında deęiřmektedir ($M = 22.18$, $SD = 2.48$).

Veriler, arařtırmacılar tarafından geliřtirilen yarı yapılandırılmıř evrim İi Danıřmanlık Grřme Formu ile toplanmıřtır. Formun ilk blmnde, demografik bilgilere (cinsiyet, yař gibi), ikinci blmnde ise ęrencilerin evrimii danıřmanlık ile ilgili bilgi dzeylerine, grřlerine, deneyimlerine, tercihlerine ve nerilerine iliřkin sorular yer almaktadır. Etik kurul onayı alındıktan sonra katılımcılar, alıřmaya e-posta aracılıęıyla davet edilmiřtir. Gnll katılımcılar grřme ncesinde onam formlarını imzalamıřlardır. alıřma 1'deki grřmeler pandemi ncesinde yz yze; alıřma 2'deki

görüşmeler ise aynı görüşme formu kullanılarak pandemi devam ederken çevrimiçi olarak gerçekleştirilmiştir. Ses kaydı alınan görüşmeler kelimesi kelimesine yazıya aktarılmıştır. Temalar önceki çalışma bulguları ve araştırma soruları dikkate alınarak oluşturulduğu için betimsel analiz yöntemi kullanılmıştır (Yıldırım ve Şimşek, 2011). İç güvenilirliği artırmak için iki araştırmacı verileri bağımsız olarak kodlamıştır (Lecompte ve Goetz, 1982). Daha sonra kodlamaların tutarlılığı kontrol edilmiş ve birbirleriyle büyük ölçüde uyumlu oldukları görülmüştür. Son olarak, ortak kodlar ve temalar netleştirilmiş ve bu temaları en iyi ifade eden alıntılar seçilmiş ve bulgular raporlanmıştır.

Bilgi ve deneyim düzeylerini anlamak için katılımcılara çevrimiçi psikolojik danışmanlığın ne olduğu, hakkında ne bildikleri ve geçmiş deneyimleri, ihtiyaçları olması durumunda çevrimiçi danışma alıp almayacakları sorulmuştur. Çalışma 1 grubundaki katılımcıların yarısının sınırlı bilgiye sahip olduğu ve hiçbirinin çevrimiçi psikolojik danışma almadığı; Çalışma 2 grubundaki katılımcıların yarısından fazlasının daha fazla bilgiye sahip olduğu, dört katılımcının çevrimiçi psikolojik danışma aldığı bulunmuştur. Ayrıca Çalışma 1’de sekiz, Çalışma 2’de dokuz katılımcı ihtiyaçları olması halinde çevrimiçi danışma alabileceğini belirtmiştir.

Her iki çalışmada da katılımcılar çevrimiçi psikolojik danışmanlığın avantajlarını, daha düşük maliyet, artan erişilebilirlik, zaman ve enerjiden tasarruf, esnek zamanlama, kendini daha kolay açabilme, rahatlık hissi, anonimlik, coğrafi sınırları aşabilme ve gizlilik olarak belirtirken; dezavantajlarını, yüz yüze iletişim eksikliği, güvene dayalı ilişki kurmada zorluk, sözel olmayan iletişimde zorluk, yakınlığın azalması, özgünlüğün azalması, teknoloji sorunları, gizlilik ve mahremiyetin ihlali olarak belirtmişlerdir. Katılımcılara çevrimiçi psikolojik danışmanlık için kullanılabilecek altı format opsiyonu verilmiş ve bunları en çok tercih ettiklerinden en az tercih ettiklerine doğru sıralamaları istenmiştir. Çalışma 1 katılımcılarının altısı videokonferansı, ikisi telefon görüşmesini ve bir tanesi de canlı sohbeti ilk tercihi olarak belirtirken, yedisi e-postayı, ikisi telefon mesajını, bir tanesi de videokonferansı son tercihi olarak belirtmiştir. Çalışma 2’deki 11 katılımcının tamamının ilk tercihi videokonferans olurken son tercihleri için dokuzu e-postayı, biri telefon mesajını, biri de telefon görüşmesini belirtmiştir. Katılımcılar format olarak en çok eş zamanlı görüntü ve sesin iletilebildiği yüz yüze görüşmeye en yakın videokonferans yöntemini tercih ederken en az yazılı seçenekler olan e-posta ve telefondan mesajı tercih etmişlerdir. Katılımcılara ayrıca yazılı mesajlarda emojiğin beden dili ve yüz ifadelerinin yerini ne ölçüde karşılayabileceği sorulmuştur. 1. çalışmada dokuz, 2. çalışmada ise 7 katılımcı emojiğin vücut dili ve yüz ifadelerinin yerini alamayacağını ancak bazı emojiğin sınırlı ölçüde olsa da değerli olduğunu belirtmişlerdir.

Konuya göre katılımcıların çevrimiçi veya yüz yüze psikolojik danışma alma tercihlerini belirlemek için katılımcılara üniversite öğrencilerinin yardım talep edebilecekleri bir konu listesi verilmiştir. Her konuyu 1 kesinlikle çevrimiçi danışmanlık tercih ederim ile 5 kesinlikle yüzyüze psikolojik danışma tercih ederim arasında değişen bir skalada değerlendirilmeleri istenmiştir. Ailevi sorunlar, cinsel taciz, madde bağımlılığı gibi sorun alanlarında yüz yüze danışma tercih edilirken, kariyer planlaması, akademik problemler,

yurt/ev arkadaşıyla sorunlar gibi konularda çevrimiçi psikolojik danışmanlığın da tercih edilebileceği görülmektedir.

Son olarak çevrimiçi psikolojik danışmanlığın üniversite psikolojik danışma merkezlerinde geliştirilmesi için önerileri sorulmuştur. Katılımcılar çevrimiçi danışmanlığın olumlu sonuçlarını da içeren duyuruların yapılmasını, öğrencilere uygun farklı format seçeneklerinin sunulmasını, öğrencilerin geri bildirimlerini alabilecekleri pilot uygulamalar yapılmasını ve sistemin gelen geri bildirimler doğrultusunda güncellenmesini, bu konuya hakim daha fazla uzmanın görevlendirilmesini, öğrencileri bekletmek yerine sistemsal olarak sorun alanına göre sınıflandırıp, doğru uzmana yönlendirilmesinin daha kısa sürede yapılmasını, acil vakaların önceliklendirilmesini önermişlerdir.

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