A Study of Adult Attitudes toward Online and Face-to-Face Counseling according to Self-Concealment, Multidimensional Perceived Social Support and Certain Demographic Variables during Covid 19 Pandemic

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ARTICLE INFO	ABSTRACT
	With the COVID-19 pandemic, people have become inclined to seek online counseling help in addition to face-to-face counseling. For individuals who need mental health services, social-physical isolation and quarantine decisions have rendered online counseling a necessity rather than an option. In this process, individuals needing mental health services may avoid seeking help due to their self-concealment tendencies or inadequate self-perceived social support. The present research explores whether online and face-to-face counseling are predicted by self-concealment level, multidimensional perceived social support, age, gender, and previous experience with face-to-face/online counseling. The study group comprises 508 adults aged 18 or above living in Turkey. The data were collected with the help of "Online and Face-to-Face Counseling Attitudes Scale", "Self-Concealment Scale", "Multidimensional Scale of Perceived Social Support", and a "Personal Information Form". Data analysis was based on Pearson's Product-Moment Correlation Coefficient and Multiple Regression Analysis. The results demonstrate that attitudes toward online counseling are predicted by self-concealment, perceived social support, age, and previous experience of online counseling. The findings also show that attitudes toward face-to-face counseling are predicted by self-concealment, perceived social support, gender, and previous experience with online and face-to-face counseling.

1. Introduction

Counseling is the professional help service provided by mental health professionals so that individuals can cope with the problems in their daily lives and use their internal and external resources effectively. Along with the developments in technology, online counseling has become widespread, as well as face-to-face counseling. Online counseling is a mental health service offered when client and counselor are in separate or remote locations (Bloom, 1998) through electronic means or digital technology, either individually to a single client or a group of clients (Richards & Vigano, 2012). There are multiple options to be used for online counseling services. Online counseling may occur through simultaneous or non-simultaneous chatting, video calls/video conferencing, or avatar-based applications (Zeren, 2020). Despite the main difference in using technology as a medium, online Counseling is similar to traditional face-to-face Counseling in many respects. For instance, the counseling steps progress in the same way as in traditional face-to-face counseling. In addition, the guidelines for ethical conduct and the therapeutic skills and techniques used are similar in both counseling types (Zeren, 2020). Online counseling has numerous advantages. For example, it facilitates access to mental health services

(Bozkurt, 2013; Joyce, 2012; Özer et al., 2016; Zeren & Bulut, 2018). In addition, people who feel shy in face-to-face counseling and cannot easily share certain things can feel more comfortable in online counseling (Chester & Glass, 2006).

The research on attitudes toward online and face-to-face counseling have reported that satisfaction levels do not significantly differ between clients who receive online and face-to-face psychological help (Cohen & Kerr, 1999); clients' satisfaction with the process is similar (Zeren, 2020); their therapeutic collaboration levels (Erus & Zeren, 2020) perceptions toward therapeutic collaboration (Zeren et al.,2017), and subjective wellbeing (Zeren et al., 2020) do not differ. It has been noted that online counseling is as effective as face-to-face counseling (Barak et al., 2008; Murphy et al., 2009). Almost all online clients have positive views and satisfaction with online counseling (Kilroe, 2010). On the other hand, online counseling also has certain risks, such as personal limitations and space problems (Finn & Barak, 2010), communication problems in emergencies, the inability to perceive and interpret nonverbal behaviors (Haberstroh et al., 2007), technological issues (Elleven & Allen, 2004; Harris & Birnbaum, 2015; Riemer-Reiss, 2000). Carper et al. (2013) stated that clients seeking face-to-face counseling have negative opinions about computer-based psychological therapy due to the lack of knowledge about treatment. In the literature, research results have found in which online counseling discomfort is higher; there is a higher level of self-stigma against online counseling (Bird et al., 2020) and significantly higher value in face-to-face compared to online counseling (Bird et al., 2019).

Social support can be defined as the psychological and social support resources that an individual obtains from the social networks around him while coping with the stressful situations he has experienced, struggling with negative life conditions or making important decisions for his life (Yıldırım, 2004). Social support is a crucial factor for coping with negative emotions due to quarantine or other reasons that researchers have emphasized. Social support that can be offered in the form of material or moral support to an individual under stress by his or her social circle, including their spouse, family, and friends, positively affects physical and mental health (Eker & Arkar, 1995). It is thought that meeting basic social needs such as love, compassion, belonging to a group, and self-esteem are important factors for individuals to cope with the difficulties of life. In other words, it is known that social support positively affects both physiological and psychological health, especially during the Covid-19 pandemic period (Kaya et al., 2021; Tindle et al., 2022). Despite their strong social support network, people may sometimes need help from a mental health professional rather than their social circle. It has been shown that individuals with a high perception of social support have positive attitudes toward seeking psychological counseling to solve their problems and increase their wellbeing (Türküm, 2005). When the literature was examined, studies were found between attitudes towards face-to-face counseling and social support (Meydan & Lüleci, 2013). Still, no finding was found between attitudes toward online counseling and social support.

When attitudes towards seeking psychological counseling help are examined, it is seen in the literature that another variable affecting this situation is self-concealment (Bathje et al., 2014). Self-concealment has been defined as the conscious refusal to share negative or distressing information with others and has consequences that negatively affect the social world of individuals (Larson & Chastain, 1990). Among the factors that affect the individual's behavior of hiding himself and his attitude toward seeking psychological counseling, the influence of family and social environment is quite large (Özbay et al., 2011). Especially when it comes to subjects that are considered taboo in their society or that are thought to cause negative reactions from others, individuals show more self-hiding behavior (Vrij et al., 2002). Güneri and Skovholt (1999; cited by Özbay et al., 2011) noted that many individuals in Turkish society have a fear of being labeled by others, a labeling belief that individuals who get psychological help are "problematic" prevails in the society, and hence the negative attitudes toward counseling. Self-concealing individuals often perceive counseling as a source of shame as they fear negative judgment from family members, which would cause increased self-concealment behaviors and negative attitudes toward seeking help (Erkan et al., 2012). As a matter of fact, it has been shown that individuals with a high level of self-concealment have negative attitudes toward seeking psychological help (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Leech, 2007; Liao et al., 2005; Mendoza et al., 2015). Studies have emphasized that individuals tend to hide the personal information that they think is negative or disturbing, and they avoid seeking psychological counseling help (Kim & Yoo 2002; Shin & Ahn 2005). In addition, researchers stated that the fear of social stigma, which is associated with self-concealment behavior, is more decisive in receiving face-to-face counseling, and this situation is somewhat more advantageous in online counseling help (Joyce, 2012). When the literature was examined, studies were found between attitudes

towards face-to-face counseling and self-concealment (Cramer, 1999; Özbay et al., 2011; Özdemir, 2012), but no finding was found between attitudes towards online counseling and self-concealment.
Research in the literature demonstrates that previous experience of getting psychological help and attitudes toward face-to-face counseling are correlated (Çebi, 2009; Türküm, 2000; 2005; Vogel et al., 2006; Vogel et al., 2005). There is literature, Türküm (2005) reported that university students who previously received psychological help have more positive attitudes toward getting help when compared to university students who never had sought help. Nevertheless, our literature review found no research exploring the relationship between attitudes toward online counseling and previous experience with psychological help.

A review of the relevant literature revealed reports of findings about the relationship between attitudes toward face-to-face counseling and gender (Kakhnovets, 2011; Kilinc & Granello, 2003; Komiya et al., 2000; Topkaya, 2014; Türküm, 2000). To cite a few examples, Çebi (2009) reported that women have more positive attitudes when compared to men. Rickwood and Braithwaite (1994) also arrived at similar results, which they attributed to the fact that women are usually more ready to accept that they need professional help, while men tend to consider it a weakness. However, no relationship was found between gender and attitudes toward online counseling in the literature. It is thought that it is important to examine attitudes toward seeking psychological counseling in the context of gender. Gender role conflicts and societal cultural and social standards affect their attitudes toward seeking help (Berger et al., 2005). For this reason, it is thought that the gender variable is important for the research in terms of learning the structure of society, determining the differences in perspectives in the context of gender, encouraging individuals to seek psychological counseling assistance, and increasing the accessibility of psychological counseling assistance in this context.

Similarly, there are research results on the relationship between the attitudes toward receiving face-to-face counseling and the age variable (Deane & Chamberlain,1994; Oliver et al., 2005; Shin et al., 2000); yet, we have not detected any findings on the relationship between receiving online help and age. Considering that online counseling is a new trend related to technology, individuals under the age of thirty use technology more, individuals over the age of sixty do not find technology use as necessary as younger individuals. They attach more importance to face-to-face communication instead of technology in daily life (Batur & Uygun, 2012); older individuals can be expected to have more negative attitudes towards online counseling.

1.1. The Present Study

Coronavirus (COVID-19) pandemic has been defined by World Health Organization (2020) as a pandemic with serious effects on mental health. Since the onset of the pandemic, many countries have implemented isolation measures to prevent the risk of infection. With isolation, people all around the globe locked themselves in their houses and put themselves under social and physical quarantine for self-protection. The measures taken for protection from infection in the process have abruptly changed people's lifestyles all around the globe. For many, the COVID-19 pandemic has been a source of continuing concern and stress (Rajkumar, 2020; Umucu & Lee, 2020; Zacher & Rudolph, 2020). Social relations between individuals have declined, with increased feelings of loneliness (Holt-Lunstad, 2017). Furthermore, the lack of precise information about the pandemic, its rapid spread, escalating death rates, and the need for home isolation for protection from the disease may have negative impacts on people's mental health. Researchers often highlight that the COVID-19 pandemic has increased people's emotions such as stress, worry, and fear (Rajkumar et al., 2020). People under stress need support to cope with stress and overcome crises (Muratori & Haynes, 2020).

It is thought that face-to-face and online counseling is more needed due to the fear of death, sense of uncertainty, loss of independence and control due to quarantine, and outbursts of anger (Brooks et al., 2020). During the pandemic process, many people are trying to adapt to this process more or less. In this period, the protection of individuals' physical and mental health has become an important issue (Yüksel Şahin, 2021). It has been suggested that psychological reactions to the pandemic may lead to short-term or long-term mental illnesses. Therefore, for individuals to get through this process with a healthy mood, they may need to receive face-to-face or online psychological help when they need it. Online counseling has gained great importance, especially since individuals have to isolate themselves to protect themselves from the virus or not to transmit it. It is thought that the results of this study will contribute to the literature in terms of attempts to determine the factors affecting individual attitudes toward face-to-face and online counseling and the predictors of counseling attitudes. In addition, it is thought that the high positive attitudes of adults towards mental health

services will positively affect society's mental health. It is thought that this study will contribute to the literature in terms of determining and comparing the predictors of attitudes towards face-to-face and online counseling, understanding reasons for negative attitudes. In this context, the study explores whether attitudes toward face-to-face and online counseling are predicted by age, gender, previous experience of face-to-face counseling, previous experience of online counseling, multidimensional perceived social support, and self-concealment behavior. For this purpose, answers were sought to the following research questions:

- Are attitudes toward face-to-face counseling influenced by age, gender, prior experience with face-to-face counseling, prior experience with online counseling, multidimensional perceived social support, and self-concealment behavior?

- Are attitudes toward online counseling predicted by age, gender, prior face-to-face counseling experience, prior online counseling experience, multidimensional perceived social support, and self-concealment behavior?

2. Method

2.1. Research Model

This study uses the correlational survey model to determine the extent to which the attitudes toward online and face-to-face counseling in adults are predicted by self-concealment, multidimensional perceived social support, age, gender, previous experience of online counseling, and previous experience of face-to-face counseling. Correlational survey models aim to determine the presence and degree of covariance and variance between two or more variables or the level of the variable under study (Fraenkel et al., 2012).

2.2. Participants

Participants consisted of 508 adults aged 18 or above living in Turkey who were selected using the convenience sampling method. A convenience sample is a group of conveniently available individuals for study (Fraenkel et al., 2012). Data collection instruments were made a link so that they can be filled in electronically. Then the researchers sent the informed consent form and instruments as links to groups established for social purposes. Data collection took approximately 6 months. Of the participants, 64.8% (n=329) are female, and 35.2% (n=179) are male with an average age of 41.8 (minimum: 18; maximum: 73). Of the participants, 31.3% (n=159) previously received face-to-face counseling help, while 68.7% (n=349) did not receive any such help. Of the individuals in the study group, 2.8% (n=14) had received online psychological help previously, while 97.2% (n=494) had never received online counseling before.

2.3. Data Collection Tools and Procedure

Before administering the data collection instruments, the volunteering participants read and signed/approved the Informed Consent Form developed by the researchers. Also, academic ethics board approval was obtained before the research (Suleyman Demirel University decision dated 30.11.2020, no 99/7). The data collection instruments used for the study were uploaded into a link to be completed digitally using Google Forms. All data were collected in an electronic environment.

Online and face-to-face counseling attitudes scale. It was developed by Rochlen, Zack, and Speyer (2004) to assess individual's attitudes toward online counseling and was adapted to Turkish by Demirci, Şar, and Manap (2014). It consists of 20 items, including ten items to assess attitudes toward online Counseling and another ten items to assess attitudes toward face-to-face counseling. It covers the value of online Counseling and discomfort with online Counseling to evaluate attitudes toward online Counseling, and the value of face-to-face Counseling and discomfort with face-to-face Counseling to evaluate attitudes toward face-to-face Counseling. The scale is a six-point Likert-type assessment instrument based on self-report that comparatively evaluates attitudes toward online counseling and face-to-face counseling. The scale can be independently used to assess attitudes toward online counseling and face-to-face counseling of individuals (Demirci et al., 2014). The Cronbach's Alpha internal consistency coefficients were .84 for the value of the online counseling subscale, .80 for the discomfort with the online counseling subscale, .88 for the value of face-to-face counseling subscale, and .78 for the discomfort with face-to-face counseling subscale. As part of the present study, the Cronbach's

alpha reliability coefficients were computed as .86 for the online counseling attitudes scale and .85 for the face-to-face counseling attitudes scale.

Self-concealment scale. The scale was developed by Larson and Chastain (1990) and adapted to Turkish by Terzi, Güngör, and Erdayı (2010). It is a 10-item five-point Likert-type scale with possible minimum and maximum scores ranging from 10 to 50. High scores indicate a high level of self-concealment. As part of the validity analyses for the scale, criteria validity tests revealed a significant relationship between the Self-Concealment Scale and Self Disclosure Inventory (r = -.25). As for the reliability of the scale, Cronbach's alpha reliability coefficient was .82; test-retest reliability coefficient was r = .72, with item-total correlations ranging from .25 to .66. From the analyses, it was concluded that the adapted version of the scale is valid and reliable (Terzi et al., 2010). As part of the present study, the Cronbach's alpha reliability coefficient for the scale was calculated to be .87.

Multidimensional scale of perceived social support (MSPSS). The scale was initially developed by Zimet et al. (1988; cited by Eker & Arkar, 1995). It was adapted to Turkish by Eker and Arkar (1995) by analyzing its validity and reliability. The purpose of the scale is to determine the sources of social support perceived by individuals. It is a 12-item seven-point Likert-type scale ranging from "disagree very strongly" (1) to "agree very strongly" (7). It has three subscales with four items in each to assess the support from three sources: family, friends, and significant other. The scores that can be obtained from each of the subscales range from a minimum of 4 and a maximum score of 28, while the overall score on the scale can be a minimum score of 12 and a maximum score of 84. Higher scores indicate higher multidimensional perceived social support. The Cronbach's alpha reliability coefficient for the scale ranged from .77 to .92. In their study on the revised form of the Multidimensional Scale of Perceived Social Support, Eker, Arkar, and Yaldız (2001) found its Cronbach's alpha reliability coefficient ranging from .80 to .95. For the purposes of this study, the Cronbach's alpha reliability coefficient for the scale was found as .91.

Personal Information Form. The Personal Information Form developed by the researchers includes questions designed to determine the gender and age of participants and whether they have used face-to-face or online Counseling before.

2.4. Data Analysis

SPSS 23 Statistical Software Pack was used to analyze the data. Multiple Linear Regression Analysis was performed to determine how strongly the study's independent variables predict adult attitudes toward online and face-to-face counseling. Two separate Multiple Linear Regression Analyses were conducted to analyze the data. In the initial multiple linear regression analysis, online counseling attitude was the dependent variable. In contrast, the independent variables were gender, age, prior online counseling experience, prior face-to-face counseling experience, self-concealment, and multidimensional perceived social support. In the second multiple linear regression analysis, face-to-face counseling attitude was the dependent variable. In contrast, the independent variables were gender, age, prior online counseling experience, prior face-to-face counseling experience, self-concealment, and multidimensional perceived social support.

The categorical variables in the personal information form were recoded as dummy variables before introducing them to the regression analysis (Female student: 1; Male student:0 / I received counseling:1; I didn't receive counseling:0 / I received online counseling:1; I didn't receive online counseling:0).

3. Result

The researchers first examined the kurtosis and skewness coefficients of the scores obtained from the Online Counseling Attitudes Scale and the Face-to-Face Counseling Attitudes Scale to determine whether they have a normal distribution. For the Online Counseling Attitudes Scale, the Skewness coefficient is -.34 and the Kurtosis coefficient is -.29. For the Face-to-Face Counseling Attitudes Scale, the Skewness coefficient is -.79, and the Kurtosis coefficient is .58. A skewness and kurtosis value range between +1.5 and -1.5 is acceptable for a dataset (Tabachnick & Fidell, 2014). Thus, the skewness and kurtosis values obtained for the Online Counseling Attitudes Scale and the Face-to-Face Counseling Attitudes Scale are within the acceptable value range.

Further, we found DW= 2.08 for the scores obtained from the Online Counseling Attitudes Scale and DW= 2.00 for those obtained from the Face-to-Face Counseling Attitudes Scale. A Durbin-Watson test value of 1.5 – 2.5 indicates that there is no autocorrelation (Kalaycı, 2006). The Durbin-Watson test confirmed the absence of autocorrelation. We examined the Tolerance Values and VIF-Variance Inflation Factor Values through an analysis performed to check if there is any multicollinearity between the independent variables. It is statistically significant to have tolerance values greater than .10 and VIF- Variance Inflation Factor values smaller than 10 (Çokluk et al., 2016). Furthermore, some authors stated that VIF values less than 5 (Gujaratai, 1999) or 3 (Diamantopoulos & Siguaw, 2006) are significant. For the first analysis, where online counseling attitude was the dependent variable, the tolerance values ranged between .88 and .95, and VIF values ranged between 1.09 and 1.38. And for the second analysis where the dependent variable was face-to-face counseling attitude, the tolerance values ranged between .76 and .92, and the VIF values ranged between 1.09 and 1.31.

We also computed the Pearson's Product-Moment Correlation Coefficients to check for any multicollinearity problem between the independent variables. Table 1 shows the mean correlation and standard deviation values for the variables in the study.

Table 1. *Pearson's Product-Moment Correlation Coefficients, Mean and Standard Deviation Values for the Variables*

Variables	1	2	3	4	5	6	7	8
1. Online counseling attitude	1	.54**	-.14**	.17**	-.10*	.10*	.16**	.00
2. Face-to-face counseling attitude		1	-.31**	.23**	.02	.24**	.13**	.12**
3. Self-concealment			1	-.19**	-.16**	-.17**	-.04	.14**
4.Multi-dimensional perceived social support				1	-.00	.12**	-.03	-.04
5. Age					1	-.14**	-.03	-.02
6. Gender *Female: Dummy-1*						1	-.05	.05
7. Previous experience with online counseling *(Receiving online counseling: Dummy-1)*							1	.22**
8. Previous experience of face-to-face counseling *(Receiving face-to-face counseling: Dummy-1)*								1
Mean	42.86	46.37	22.11	63.32	41.87			
Standard Deviation	9.94	6.80	8.52	15.72	11.11			

*p<.05, **p<.01, ***p<.001

As seen in Table 1, the Pearson's Product-Moment Correlation Coefficient for the variables ranges from .01 to .54. When Table 1 is examined, there is a significant positive association between online counseling attitude and face-to-face counseling attitude, multidimensional perceived social support, gender, and previous online counseling experience. There is a significant negative association between online counseling attitude, self-concealment, and age.

There is a significant positive association between face-to-face counseling attitude and multidimensional perceived social support, gender, previous online counseling experience and face-to-face counseling experience. On the other hand, there is a significant negative association between face-to-face counseling attitude and self-concealment.

While there is a significant positive association between self-concealment and previous face-to-face counseling experience, there is a significant negative association between multidimensional perceived social support, age and gender.

There is a significant positive association between multidimensional perceived social support and gender. In addition, there is a significant positive association between previous online counseling experience and previous face-to-face counseling experience.

A correlation of .90 above between variables indicated the problem of multicollinearity (Tabachnick & Fidell, 2015). Our findings confirmed the absence of multicollinearity between the variables of this study.

A multiple linear regression analysis was conducted to identify the variables that predict online counseling attitude in the study, and the analysis results are given in Table 2.

Table 2. *Results of the Multiple Regression Analysis on the Prediction of Online Counseling Attitude*

Variables	B	Standard Error	β	t	Double Correlation (r)	Partial Correlation (R)
Constant	43.04	3.11		13.84		
Self-concealment	-.13	.05	-.11*	-2.49	-.14	-.11
Multidimensional perceived social support	.09	.03	.15**	3.36	.17	.15
Age	-.10	.04	-.11**	-2.48	-.10	-.11
Gender *(Female: Dummy-1)*	1.18	.93	.06	1.27	.10	.06
Previous experience with online counseling *(Received: Dummy-1)*	9.70	2.68	.16***	3.61	.16	.16
Previous experience of face-to-face counseling *(Received: Dummy-1)*	-.28	.96	-.01	-.29	.00	-.01
R= 0.29; R²= 0.84; F$_{(9, 300)}$ = 7.64; p= .00***						

*p<.05, **p<.01, ***p<.001

The data in Table 2 demonstrate that self-concealment and age are negative predictors of adult online counseling attitudes. Multidimensional perceived social support and previous experience with online counseling are positive predictors of online counseling attitude in adults. On the other hand, Table 2 clearly shows that gender and previous experience with face-to-face counseling are not predictors of online counseling attitudes in adults.

Another result demonstrated in Table 2 is that the variables of self-concealment, multidimensional perceived social support, age, gender, previous experience of online counseling, and previous experience of face-to-face counseling taken as a group predict online counseling attitudes in adults (R=0.29, R²=0.08, p<.001) and these variables collectively account for 29 % of the total variance in online counseling attitudes. Previous experience with online counseling is the most important predictor of the online counseling attitude in adults (*pr²*=.03).

We also performed a multiple linear regression analysis in the study to identify the variables that predict face-to-face counseling attitude. Table 3 shows the analysis results.

Table 3. *Results of the Multiple Regression Analysis on the Prediction of Face-to-Face Counseling Attitude*

Variables	B	Standard Error B	β	t	Double Correlation (r)	Partial Correlation (R)
Constant	43.66	2.00		21.78		
Self-concealment	-.20	.03	-.26***	-5.96	-.31	-.26
Multidimensional perceived social support	.07	.02	.16***	4.00	.24	.18
Age	.01	.02	.01	.32	.02	.01
Gender *(Female: Dummy-1)*	2.52	.60	.18***	4.22	.24	.18
Previous experience with online counseling *(Received: Dummy-1)*	4.39	1.73	.11*	2.54	.13	.11
Previous experience of face-to-face counseling *(Received: Dummy-1)*	1.98	.62	.13**	3.22	.12	.14
R= 0.43; R²= 0.19; F$_{(9, 300)}$ = 19.49; p= .000***						

*p<.05, **p<.01, ***p<.001

Table 3 shows that self-concealment is a negative predictor of face-to-face counseling attitude in adults. Multidimensional perceived social support, experience of online counseling, and experience of face-to-face counseling are positive predictors of face-to-face counseling attitudes in adults. Gender is another predictor of face-to-face counseling attitude in adults. Females have more positive attitudes than men toward face-to-face counseling. It is also seen in Table 3 that age is not a predictor of face-to-face counseling attitude in adults.

Table 3 also demonstrates that the variables of self-concealment, multidimensional perceived social support, age, gender, previous experience of online counseling, and previous experience of face-to-face counseling all together predict face-to-face counseling attitudes in adults (R=0.43, R²=0.19, p<.001) and these variables collectively account for 43 % of the total variance in face-to-face counseling attitudes. Self-concealment is the most important predictor of the face-to-face counseling attitude in adults (*pr²*=.07).

Tables 2 and 3 show that online and face-to-face counseling attitudes are both predicted by self-concealment, multidimensional perceived social support, and previous experience of online counseling. On the other hand, age is only a predictor for online counseling attitude. In contrast, gender and previous experience with face-to-face counseling are only predictors for face-to-face counseling attitude.

4. Discussion

The study explored whether face-to-face and online counseling attitudes are predicted by age, gender, previous experience of online counseling, previous experience of face-to-face counseling, multidimensional perceived social support, and self-concealment behavior.

The results of the study show that self-concealment in adults negatively affects both online and face-to-face counseling.In other words, as self-concealment decreases, the attitude towards online counseling and face-to-face counseling attitudes increases. The result that the level of self-concealment predicts face-to-face counseling attitude is in parallel with a great deal of research findings reported in the literature. Researchers have demonstrated that individuals who display self-concealment behavior tend to have negative attitudes toward seeking psychological help (Demir et al., 2020; Serim & Çankaya, 2015). Moreover, Cramer (1999) and Kelly and Achter (1995) noted that clients see the counseling setting as an environment where private information should be shared. For this reason, they stated that clients with a high level of self-concealment might not be willing to seek professional help in such an environment. In such cases, individuals who tend to conceal their negative and distressing emotions in particular may display self-concealment behavior (Larson & Chastain, 1990). Similarly, Cepeda-Benito and Short (1998) reported that help-seeking is three times less frequent among individuals who face problems and conceal themselves when compared to others. In a nutshell, individuals who conceal themselves may have negative attitudes towards counseling help.

Our literature review did not reveal any research that explores the relationship between online counseling attitude and self-concealment behavior. Yet, it has been reported that self-disclosure, defined as the exact opposite of self-concealment, is higher in online counseling when compared to face-to-face counseling (Cui et al., 2010). The present study found that self-concealment negatively predicts both face-to-face and online counseling attitudes, a result that highlights the similarities between online and face-to-face counseling. Likewise, Zeren (2020) argued that despite its difference in using technological media, online counseling is quite similar to traditional face-to-face counseling. Whether online or face-to-face, counseling is a mental health service provided to help clients overcome their problems. Individuals particularly inclined toward self-concealment perceive the counseling setting as a place where they have to disclose themselves and hence their negative attitudes toward online and face-to-face counseling.

As another study result, multidimensional perceived social support positively predicted online and face-to-face counseling attitudes in adults. In other words, as multidimensional perceived social support increases, , the attitude towards online counseling and face-to-face counseling attitudes increases. We have found literature reports that are consistent with this particular result. To cite a few examples, Topkaya and Büyükgöze-Kavas (2015) found that individuals with high perceived social support have positive attitudes toward seeking psychological help. In another study, Meydan and Lüleci (2013) concluded that the perceived social support positively predicts attitudes toward seeking counseling help. In addition, other studies report a positive correlation between perceived social support and attitudes toward seeking help (Çebi, 2009; Erkan et al., 2012; Greenidge, & Daire, 2010; Koydemir-Özden, 2010). On the other hand, the literature contains research reporting that efforts to seek professional help increase with decreasing social support (Goodman et al., 1984) and that lower perceived social support results in greater psychological help-seeking behavior (Miville & Constantine, 2006; Vogel & Wester, 2003). Özbay (1996) found that individuals with strong social support are usually less inclined to use institutions that offer professional help, while Cepeda-Benito and Short (1998) concluded that low social support increases the chances of help seeking.

Individuals who perceive more social support from their environment may believe they will be accepted under all circumstances. People who believe they are accepted may also believe that a mental health professional can help them if they have a problem, and therefore have a more positive attitude toward online or face to face counseling.In addition, Cramer (1999) stated that when individuals avoid explaining their personal problems and have insufficient social support, their mental problems may increase and these individuals may have more

negative attitudes toward seeking help and more dysfunctional social support systems. A person will enjoy a more positive attitude toward receiving psychological help if social support systems highly support s/he. Because the people they know will support them in getting the help, they need (Vogel et al., 2009). A person's social circle of interaction plays a crucial role in their decision to seek help (Vogel et al., 2007).

Our study found that age negatively predicted online counseling attitude but did not predict face-to-face counseling attitudes. According to the results of the research, it is seen that there is a negative relationship between age and attitude toward online counseling. Online counseling is a type of psychological help that has long been available but has recently come under focus with the pandemic. Given that online counseling is based on technological applications such as simultaneous or non-simultaneous chatting, video calls/video conferencing, or avatar-based applications (Zeren, 2020), it is not surprising for young people to have more positive attitudes toward online counseling. Today, older people can usually keep up with new technological developments or innovations; yet, their internet skills still tend to lag behind those of younger generations (Van Deurzen & Van Dijk, 2015). Therefore, when they need counseling, they will probably prefer face-to-face counseling over technology-based applications. We did not find any research in the literature that deals with the relationship between age and online counseling attitude. However the results of the 2022 household information technologies usage survey of the Turkish Statistical Institute show that the internet usage rate in the 25-34 age group is 96.5%; in the 35-44 age group is 92.6% ; in the 45-54 age group is 83.6%; in the 55-64 age group is 64.2% ; in the 65-74 age group is 36.6% (TUIK, 2022).

On the other hand, it has been confirmed that a relationship exists between age and face-to-face counseling attitude. The literature contains different results on the correlation between these two variables. Some researchers report a more positive counseling attitude with increasing age (Çivan, 2019; Deane & Chamberlain, 1994; Koydemir-Özden & Erel, 2010; Oliver et al., 2005), while others argue the opposite (Kaya, 2015). In addition, there are also research results reporting no difference between the two variables (Akaydın, 2002; Arslantaş, 2000; Annaberdiyev, 2006). This suggests that different variables, such as culture and demographic structure, may also play a role in the relationship between age and face-to-face counseling attitudes. There is a need for further research to investigate the relationship between these two variables by using different age groups and introducing other variables.

Our results revealed that gender does not predict online counseling attitude but is a positive predictor of face-to-face counseling attitude. Based on the study results, no correlation was found between gender and attitude toward online counseling, a result which is corroborated by the literature (Özer et al., 2016; Rochlen et al., 2004; Tsan & Day, 2007). Both women and men use the internet for many purposes such as obtaining information, education, etc., for many purposes (Ono & Zavondy, 2003). In this context, it is not surprising that women will not be different in accessing counseling services online when needed and in their attitudes toward online counseling.

Still, the results showed that women have more positive attitudes than men toward face-to-face counseling. Some research in the literature reports no significant difference between these two variables (Akaydın, 2002; Arslantaş, 2000). On the other hand, some studies reported that women have more positive attitudes than men toward face-to-face counseling (Kalkan & Odacı 2005; Komiya et al., 2000; Topkaya, 2014; Türküm, 2005; Özbay et al., 2011). Özbay (1996) associated this finding with the fact that in Eastern societies, seeking help outside the family is not usually well received and approved by men. Therefore, receiving counseling help may adversely affect the family in question. Given the social roles imposed on men and women, there is a widely accepted belief that men should be strong and protective. Individuals raised around such beliefs are expected to have negative counseling attitudes. Moreover, men find it more difficult to express their feelings compared to women and the chances of self-stigmatization for getting help is higher among men (Topkaya, 2014); this may be why men's attitudes toward counseling are more negative than women.

The results of the study show that previous experiences with online counseling positively predict attitudes toward online counseling, whereas previous experiences with face-to-face counseling do not affect attitudes toward online counseling. Individuals who have used online counseling before are expected to have a positive attitude. Because these individuals know what the online counseling process is like. In this way, their prejudices about online counseling may be reduced. As a matter of fact, Zeren (2017), showed that clients who do not have online counseling experience have doubts about whether they will receive effective help and even

have a prejudice against online counseling. However, those who received online counseling reported as much satisfaction as those who received face-to-face counseling. (Cook & Doyle, 2002). On the other hand, previous experience of face-to-face counseling did not predict online counseling attitudes. Those who receive face-to-face counseling may have prejudices about online counseling. They may not be sure whether the therapeutic relationship can be established in online settings (Zeren, 2017). Since face-to-face counseling has a longer history than online counseling, people have more experience with face-to-face counseling. Thus, people accustomed to receiving traditional face-to-face counseling may have prejudices against online counseling.

The study results also revealed that both previous experience of online counseling and previous experience of face-to-face counseling positively predicts face-to-face counseling attitude. Individuals who previously received online counseling have already benefited from this more recent help service. We believe that is why they also have positive attitudes toward face-to-face counseling, an older and familiar help service. On the other hand, we also found that individuals who received face-to-face counseling before having positive attitudes toward face-to-face counseling as well, a result which is corroborated by the research findings in the literature (Atik & Yalçın, 2011; Türküm, 2005; Vogel & Wester, 2003). If a person has positive previous experiences about receiving face-to-face help, then s/he is expected to have positive beliefs about the effectiveness of this particular mental health service. In this case, we expect that he/she will be more inclined to seek counseling help again when a problem arises. In this context, it is expected that someone will have a positive attitude toward something he/she has already experienced and knows what to expect.

5. Recommendations

The following suggestions are based on the findings of the present study. Future research may focus on the effects of self-concealment and multidimensional perceived social support on the outcomes of the counseling process for clients who have started receiving online or face-to-face counseling. In addition, when exploring the correlation between these variables, researchers may also focus on the duration of previous online or face-to-face counseling help and individuals' satisfaction with the counseling services they receive as their research variables.

In future studies, the factors affecting positive attitudes toward counseling can be determined, and barriers to positive attitudes toward counseling can be identified. Considering that attitudes toward counseling may vary according to social and cultural norms, these variables may be included in analyzes in future studies. This study has shown that there is a negative relationship between age and attitude toward online counseling. Individuals in the older age group may have developed a more negative attitude toward online counseling because they cannot easily adapt to new technologies. They are also afraid of making mistakes while using these technologies. For this reason, interdisciplinary studies can reveal the physical-cognitive, social-psychological, and technological design barriers related to using technological devices by elderly individuals.

6. Limitations

This study has some limitations. One of the limitations is that the number of participants who have previous experience with online counseling is very limited. For this reason, similar studies can be repeated with study groups with more participants who have previous experience with online counseling. This study emphasized that online and face to face counseling are especially important during the Covid 19 process. However, the research questions did not include whether participants received counseling during the pandemic, whether they needed counseling, or whether their attitudes toward counseling changed.

Data Availability Statement: The data supporting the results of this study are available from the corresponding author.

Ethics Committee Approval: Academic ethics board approval was obtained before the research (Suleyman Demirel University *decision dated 30.11.2020, no 99/7*).

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