



A Comparative Study of Psychological Wellbeing in Tele-Counselling and Face-to-Face Counselling

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Abstract: Technology is being rapidly implemented in healthcare services including mental health. With its increasing popularity and frequent use, there was scope to analyse and compare tele-counselling with the conventional mode of face-to-face counselling in terms of promoting psychological wellbeing. Thus, present research aims to make an overall and dimension-wise comparison of psychological wellbeing in tele-counselling and face-to-face counselling. A pre-test post-test comparative design was adopted. Sample consisted of 600 adults between ages 20 to 45 taken from various counselling centers in Jaipur. Each group included 300 participants, who underwent tele counselling and in-person counselling respectively over the course of two months. Sessions were structured and psychological wellbeing was assessed during pre-test, post-test 1 and post-test 2 using Ryff's 18-item Psychological Wellbeing Scale which assesses wellbeing on 6 dimensions - autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Results from independent samples t-tests indicated that there were no statistically significant differences between tele-counselling and in-person counselling on overall psychological wellbeing at pre-test, post-test 1 and post-test 2. Repeated measures ANOVA showed a statistically significant increase in overall psychological wellbeing scores over time for both face-to-face and tele counselling. Dimension-wise results showed statistical improvements in all six dimensions of psychological wellbeing for both groups. Face-to-face counselling showed greater improvement in positive relations with others and self-acceptance. Tele-counselling showed equally good results with higher improvements in autonomy and environmental mastery. Personal growth and purpose in life showed improvements in both face-to-face and tele counselling with no significant difference between the groups. Results from this study indicate that tele-counselling is as effective as face-to-face counselling in improving overall and dimension-wise psychological wellbeing.

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Introduction

Psychological wellbeing refers to the optimal functioning of an individual and promotes personal growth beyond the traditional idea of mental health being defined by the absence of illness. This terminology mainly stems from positive psychology and eudemonic concepts including purpose, self-realization, and meaning in one's life. Six dimensions of psychological wellbeing include autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self acceptance (Ryff, 1989).

Tele-counselling involves psychological services delivered through technology-mediated platforms. This includes services provided via phone calls, video calls, and online chat. Since the beginning of the COVID-19 pandemic tele-counseling has become increasingly popular with clients and therapists due to the inability to meet in person. Many research teams are studying the effectiveness of tele-counseling versus in person counseling.

The study aims to compare psychological well-being in tele-counselling and face to face counselling. Comparing psychological well-being in these two different aspects of counselling is essential because it allows us to understand how each of these modes of counselling affects different factors of mental health. Knowing the variations in mental health improvements among the two can allow psychologists and therapists to better assign counselling and intervention tactics based on their clients' needs and accessibility and help meet their treatment goals. In countries with insufficient mental health resources like India, tele-counselling can help improve access to mental health care in rural areas.

Research has shown that tele-counselling can help achieve similar results to face-to-face counselling when it came to decreasing anxiety, depression, and stress levels (Backhaus et al., 2012; Berryhill et al., 2019).

Craig et al. (2025) found that psychological counseling provided by the university significantly decreased participant's distress and positively impacted autonomy and self-acceptance. Comparatively, Chaudhary and Shekhawat (2024) found that participants who received structured counselling sessions had significant improvements in psychological well-being subscales: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance ($p < .01$). Ashfiani, Budiamin, and Budiman (2022) discovered that wellness group counselling significantly helped eighth-grade students improve their psychological well-being during the COVID-19 pandemic.

As technology continues to grow in the medical field, many people have found tele-counselling to be an effective substitute for traditional therapy. Varker et al. (2019) found that online psychological interventions were just as effective as face-to-face interventions when treating a variety of mental illnesses.

The present study addresses the identified research gaps in the following ways:

- Examining positive psychological well-being as opposed to mere reduction in psychological symptoms.
- Comparing all six dimensions of psychological well-being in detail.
- Employing a pretest–posttest design with follow-up to assess whether any positive changes are sustained over time.
- Including evidence from a large Indian sample ($N = 600$) to help remedy the lack of research based on Indian samples.
- Directly comparing tele- counselling and face-to-face counselling.

Objectives

- To analyze dimension-wise differences in psychological wellbeing across six domains.
- To compare overall psychological wellbeing between tele-counselling and face-to-face counselling at pre-test, post-test 1, and post-test 2.
- To examine within-group improvements over time in both counselling modalities.

Hypotheses

H₀₁: There will be no significant difference between tele-counselling and face-to-face counselling across the six dimensions of psychological wellbeing autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

H₀₂: There will be no significant difference between tele-counselling and face-to-face counselling in overall psychological wellbeing at pre-test, post-test 1, and post-test 2.

H₃: Both groups will show significant improvement in psychological wellbeing over time.

Methodology

Research Design

A pretest–posttest comparative research design was employed with two independent groups. Pre-test (1st session) Post Test 1 (At the end of 1 Month) Post Test 2 (At the end of 2 Month)

Sample

The sample consisted of 600 adults (N = 600) aged 20–45 years, selected from counselling centers in Rajasthan. Participants were divided into:

- Tele-Counselling Group (n = 300)
 - Face-to-Face Counselling Group (n = 300)
- Purposive sampling technique was used.

Tool

Psychological Wellbeing was measured using the 18-item version of Ryff's Psychological Wellbeing Scale developed by Carol Ryff.

Statistical Analysis

- Independent Samples t-test
- Repeated Measures ANOVA
- Dimension-wise Mean Comparisons

Results

Dimension-Wise Analysis

Table 1: Dimension-Wise Comparison of Psychological Wellbeing between Face-to-Face Counselling and Tele-Counselling at Pre-test

Dimension	Face-to-Face Counselling M ± SD	Tele-Counselling M ± SD	t-value	p-value
Autonomy	31.42 ± 4.85	31.18 ± 4.76	0.41	> .05
Environmental Mastery	30.87 ± 5.12	30.54 ± 5.06	0.52	> .05
Personal Growth	32.14 ± 4.67	31.79 ± 4.73	0.61	> .05
Positive Relations	29.63 ± 5.21	29.41 ± 5.09	0.36	< .05
Purpose in Life	30.95 ± 4.88	30.71 ± 4.94	0.39	> .05
Self-Acceptance	31.26 ± 5.04	30.98 ± 4.97	0.45	< .05

Table 2: Dimension-Wise Comparison of Psychological Wellbeing between Face-to-Face Counselling and Tele-Counselling at Post-test 1

Dimension	Face-to-Face Counselling M ± SD	Tele-Counselling M ± SD	t-value	p-value
Autonomy	38.74 ± 4.11	38.21 ± 4.25	1.09	> .05
Environmental Mastery	38.16 ± 4.34	37.69 ± 4.28	0.95	> .05
Personal Growth	39.21 ± 3.96	38.82 ± 4.02	0.82	> .05
Positive Relations	40.42 ± 3.88	37.94 ± 4.21	3.91	< .05*
Purpose in Life	38.58 ± 4.17	38.09 ± 4.26	1.01	> .05
Self-Acceptance	41.06 ± 3.92	38.31 ± 4.09	4.26	< .05*

Table 3: Dimension-Wise Comparison of Psychological Wellbeing between Face-to-Face Counselling and Tele-Counselling at Post-test 2

Dimension	Face-to-Face Counselling M ± SD	Tele-Counselling M ± SD	t-value	p-value
Autonomy	42.13 ± 3.74	41.64 ± 3.86	1.05	> .05
Environmental Mastery	41.58 ± 3.95	41.11 ± 4.02	0.98	> .05
Personal Growth	42.47 ± 3.62	42.03 ± 3.71	0.94	> .05
Positive Relations	44.18 ± 3.41	40.96 ± 3.88	5.12	< .05*
Purpose in Life	41.97 ± 3.88	41.46 ± 3.95	1.07	> .05
Self-Acceptance	45.06 ± 3.24	41.62 ± 3.77	5.48	< .05*

Between-Group Comparison**Table 4: Difference in psychological wellbeing of tele-counselling in comparison to face-to-face counselling among all the participants in pre-test**

Psychological Wellbeing (Pre-test)	N	Mean	Std. Deviation	df	t	Significance Level
Face-to-Face Counselling	300	69.38	19.84	598	.27	NS
Tele-counselling	300	68.94	20.26			

p > .05

Table 5: Difference in psychological wellbeing of tele-counselling in comparison to face-to-face counselling among all the participants in post-test1

Psychological Wellbeing (Post-test 1)	N	Mean	Std. Deviation	df	t	Significance Level
Face-to-Face Counselling	300	74.22	19.27	598	.34	NS
Tele-counselling	300	73.69	19.57			

p > .05

Table 6: Difference in psychological wellbeing of tele-counselling in comparison to face-to-face counselling among all the participants in post-test2

Psychological Wellbeing (Post-test 2)	N	Mean	Std. Deviation	df	t	Significance Level
Face-to-Face Counselling	300	79.16	18.54	598	.52	NS
Tele-counselling	300	78.37	18.93			

p > .05

- No statistically significant differences were found between groups at any stage.

Within-Group Improvement**Table 7: Mean, Standard Deviation and Repeated Measures Analysis of Variance for effect of face-to-face counselling on psychological well-being**

	Pre-test		Post test 1		Post test 2		
Variable	M	SD	M	SD	M	SD	F (2,298)
Well-being	69.38	19.84	74.22	19.27	79.16	18.54	468.03***

***p<.001

Table 8: Mean, Standard Deviation and Repeated Measures Analysis of Variance for effect of tele-counselling on psychological well-being

	Pre-test		Post test 1		Post test 2		
Variable	M	SD	M	SD	M	SD	F (2,298)
Well-being	68.94	20.26	73.69	19.57	78.37	18.93	554.07***

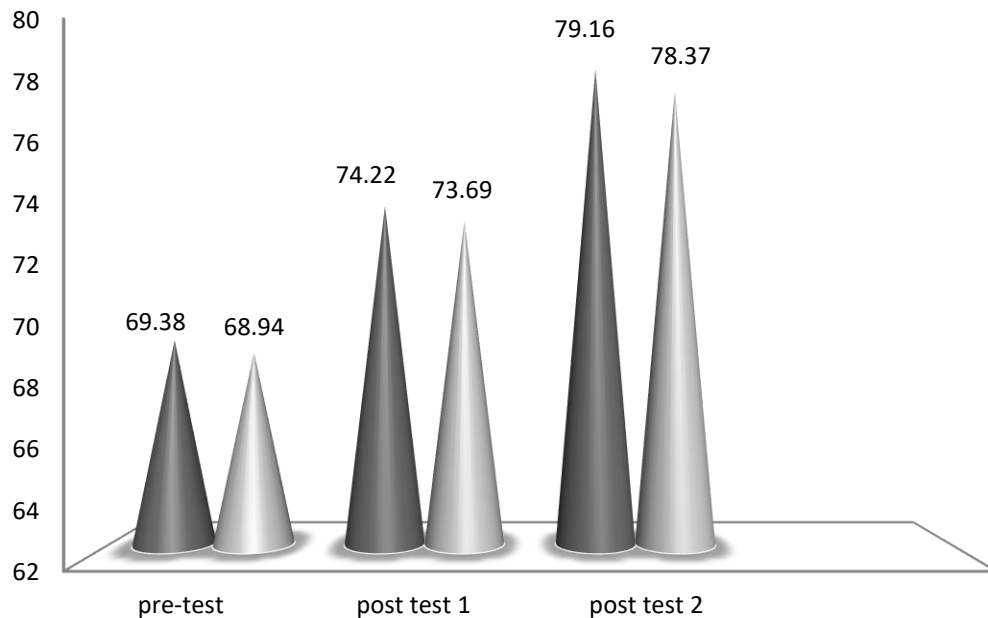
***p<.001

- Repeated measures ANOVA indicated significant improvements over time. Both modalities significantly enhanced overall psychological wellbeing.

Independent samples t-tests revealed no significant differences between the tele-counselling and face-to-face counselling groups at the pre-test stage across any dimension of psychological wellbeing (p > .05), indicating that both groups were comparable before the intervention. At the post-test assessments, both counselling modalities produced significant improvements in Autonomy, Environmental Mastery, Personal Growth, and Purpose in Life, with no significant differences observed between the groups (p > .05). However, significant differences emerged in the dimensions of Positive Relations with Others and Self-Acceptance, where participants receiving face-to-face counselling demonstrated greater improvements than those receiving tele-counselling at both post-test 1 and post-test 2 (p < .05).

Psychological wellbeing

■ face-to-face ■ tele-counselling



	pre-test	post test 1	post test 2	
■ face-to-face	69.38	74.22	79.16	
■ tele-counselling	68.94	73.69	78.37	

Discussion

The findings support the equivalence hypothesis, indicating that tele-counselling is as effective as face-to-face counselling in enhancing psychological wellbeing. The absence of significant between-group differences suggests that digital therapeutic modalities can replicate core therapeutic processes effectively.

Repeated measures ANOVA revealed significant improvement over time within both groups ($p < .001$), demonstrating that counseling regardless of delivery mode significantly enhanced psychological wellbeing.

Dimension-wise analysis showed no baseline differences. At post-test stages:

- **Autonomy, Environmental Mastery, Personal Growth, and Purpose in Life** improved significantly in both groups with no significant group differences ($p > .05$), indicating comparable effectiveness.
- **Positive Relations** and **Self-Acceptance** showed significantly greater improvement in the face-to-face group ($p < .05$), face-to-face counselling showed relatively greater gains in positive relations and self-acceptance, possibly due to richer non-verbal communication and in-person relational depth.

Implications

- Tele-counselling can be confidently implemented as an effective mental health intervention.
- Policymakers should integrate tele-mental health services into mainstream healthcare systems.
- Training programs should incorporate digital counselling competencies.

Limitations

- Geographical limitation to Rajasthan.
- Short intervention duration (two months).
- Non-random sampling method.

Conclusion

The results of this study show that there was no significant difference in improvements in total psychological wellbeing and dimension-wise wellbeing between tele-counselling and face-to-face counselling, except for slightly better scores in relation to others and a higher self-related score improvement in face-to-face counselling. Thus, it can be concluded that with advances in technology-based media, tele-counselling can be an effective, feasible, and evidence-based intervention for providing mental health care.

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