RESEARCH PAPER

Where Do You Go When You're Not Okay? Mapping the Online and Offline Mental Health Experience in India

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ABSTRACT

Mental health is a major public health concern in India due to the rising mental health issues among the population especially in younger and middle-aged adults. An important consideration is the mode of the therapy. This study analysed the experiences of people who had consulted online therapists, offline therapists or both. The aim of the research was to assess potential of online therapy as a viable future option, which gained momentum in the COVID-19 pandemic. Researchers compared online therapy with offline therapy and how it had the potential to vary, complement, or even replace traditional therapy. Eighteen semi-structured interviews with participants (18-50 years) who had experienced online, offline or both modes of therapy along with 150 google reviews (18-50 years) of the websites providing online therapy and mental health clinics in Delhi NCR providing offline therapy were analysed using thematic analysis. Results indicated that while online therapy was accessible, affordable and provided value, offline therapy still entails some of its benefits like privacy, confidentiality, comfort and interpersonal relationships to the therapist. The research highlighted the complexities and variations in mental health service delivery as well as pathways for enhancing it in a culturally and geographically diverse country such as India.

Keywords: Mental Health, Mental Health Services Delivery, Online Therapy, Offline Therapy, Digital Mental Health Intervention

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Data Availability

The datasets generated and analysed during the current study are available with the corresponding author upon reasonable request. Publicly available Google reviews were also used as secondary data.

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Clinical Trial

Clinical trial number: Not applicable

Conflict of Interests

The authors declare that they have no competing interests.

Author Contributions

Pooja Jaggi (First and Corresponding Author) and Ms. Deeksha Chopra (Second Author) ideated the study and designed the research framework. Deeksha Chopra collected the primary data by interviewing eighteen participants whose informed consent was sought as per APA ethical guidelines. 150 google reviews as the secondary data was also identified. Pooja Jaggi contributed to the literature review, academic grounding of the methodology and analysis, semi structured questionnaire preparation and thematic analysis for both primary and secondary data for the study along with Deeksha Chopra. Both authors collaborated on interpreting the findings and drafting the manuscript. Pooja Jaggi provided critical revisions and final approval for submission. Both authors affirm their responsibility for the accuracy and integrity of the work. Both authors reviewed the manuscript thoroughly before submission.

Dilemma in the Digital Age: Online Therapy Versus In-Person Therapy

Traditional Psychotherapy in India has its roots in ancient times, with early versions of counselling and guidance that are present in spiritual texts such as the Bhagavad Gita. During the battle of Kurukshetra, Lord Krishna supports and guides Arjuna with moral and philosophical advice and this connection between Krishna and Arjuna is considered a key illustration of healing conversation in the Indian context. A preventive approach, with a focus on preserving well-being within cultural and historical contexts, is considered vital in India. Yoga and ceremonies are important in maintaining mental health and avoid deviating from the desired state. This preventative method is stated in different texts and practices, like the Atharvaveda consisting of the Triguna concept, and the Upanishads depicting a broader perspective on personality. Furthermore, Ayurveda and Siddha traditions focus on bodily humours, with yoga offering healing treatments (Marutham, 2005). Nazir (2016) wrote about the age-old techniques such as yoga, meditation, music, and Vipassana, which are being rediscovered.

Indian history of colonisation and traumas of partition have also impacted therapy in the Indian context. Indians may tend to fall into perceiving internalised hierarchies stemming from low self-worth and placing the therapist as a superior entity. The therapists are also affected by similar factors like colonisation and partition as they also carry the past baggage. The detrimental effects of colonisation are deeply entrenched in our psyche and are passed on from one generation to another. The history of colonization influences cultural differences, values, and attitudes in therapy (Thomas, 2013).

Neki (1975) stated that psychotherapy in India initially took shape in the early 20th century when Western practices including the psychodynamic approach were introduced. However, Kakar (2003) stated that the Eastern aspect places great importance on the Guru's empathy and signifies that its meditative practices diminish the disturbances caused by the sensual self. This emphasis goes beyond many traditional psychoanalytic theories regarding the nature of empathy in the therapeutic setting. So, we can say the eastern world might not benefit that much from western theories due to its historical and cultural differentiation.

Cognitive Behavioural Therapy (CBT) by Aaron Beck is another therapy making its way to Indian psychotherapy. As specific treatment protocols for different disorders have been developed, CBT has become the most studied form of psychotherapy, providing evidence-based interventions for a variety of mental health issues. In their recent review article Selvapandiyan et al. (2024) concluded that the commonly practised evidence-based psychotherapy in India follows the cognitive behavioural model. Humanistic Therapy developed as a response to the shortcomings of psychoanalysis in the 1950s, rooted in Maslow's hierarchy of needs and Rogers' person-centred approach. Therapists in this approach focus on the patient's overall being to enhance the understanding and well-being of the patient (Cain et al., 2016). Winthrop (1963) highlighted the deep connection between tenets of humanistic psychology and Indian philosophy. Most of the principles of humanistic psychotherapy including emphasis on spirituality resonate deeply with the Indian context and hence may be an appropriate form of psychotherapy for Indians.

In spite of adoption of many western psychotherapeutic techniques and eastern modules there are various lacunae in delivery of mental health services in India. The World Health Organization suggests a ratio of three psychiatrists per one lakh population. However, the National Mental Health Survey reports that India currently has only 0.75 psychiatrists per one lakh, i.e., around 9,000 psychiatrists for a population of over 1.4 billion (Murthy, 2017). Inadequate infrastructure, lack of awareness, and insufficient integration into the primary healthcare ecosystem fail to provide access to appropriate care (Meghrajani et al., 2023). The National Mental Health Program (NMHP) and District Mental Health Program (DMHP) in India have experienced problems in their implementation, such as inconsistent service delivery, problems of funding utilisation, uneven performance among states and districts, scarcity of trained mental health staff, and a lack of supervision for the program (Gupta & Sagar, 2018; Sagar & Singh, 2022).

Technology and digitalisation may offer tangible solutions to solve some of the issues which have been highlighted. The digital age has transformed almost every aspect of daily life, and healthcare is no exception. There has been considerable enhancement of the healthcare sector through digital interventions, which have facilitated health promotion, chronic disease management, and care processes (Michie et al., 2017). The use of technology should be considered as an intervention to the traditional therapy, providing additional opportunities to enhance mental health within a broader system (Stawarz et al., 2018). These innovations also hold promise for the future of mental health care, making counselling and therapeutic services more accessible, personalized, and efficient. The COVID-19 pandemic is a primary reason for interruption in traditional methods of providing mental health services, moving to a shift towards alternative delivery techniques like tele-mental health to fulfil the increased need for care. This includes managing resources and limiting non-emergency outpatient visits (Sagar & Singh, 2022). Studies have also shown participants preferring text counselling over phone calls and in-person sessions. Perceived quality of text counselling/therapy as determined by regression analysis, came out to be a strong indicator of the probability of utilizing text counselling/therapy services (Jabr, 2021). It is noteworthy that people who were familiar with online therapy had a much more favourable opinion of it compared to those who were not familiar with it and those who only experienced online therapy as compared to those who experienced both online and face-to-face therapy or only face-to-face therapy, preferred online therapy over face-to-face therapy (Knechtel & Erickson, 2020). Online therapy also boosts access, flexibility, and addresses mobility-related problems for patients. However, the patients with low digital literacy and little or no access might be excluded. About 1 in 5 adolescents face mental health disorders annually, but many remain untreated due to barriers in accessibility. Digital health technologies, including over 2 million mental health apps, show hope for addressing these issues, especially in low and middle-income countries (Lehtimaki et al., 2021). Research shows that digital mental health interventions (DMHIs) can provide and improve mental health care for refugees and asylum seekers by being cost effective and addressing accessibility barriers when face-to-face mental health services are not available (Mabil-Atem et al., 2024). As of January 2022, India has over 46,000 refugees, the majority from Myanmar, Afghanistan and Bangladesh, who are predominantly in urban regions as stated by UNHCR and given protection and integration measures and voluntary repatriation measures being implemented across the nation.

However, even the pathway to digitalisation of mental health services is not a smooth one. Rouvinen (2005) wrote about the diffusion innovation theory; the important factors for any population to adapt to technology include the availability, affordability, and accessibility of new technology as well as evaluation of the speed and efficiency of the population's acceptance and adaptation to that technology. Though, a lot of review based research has been conducted to assess the accessibility, adaptability and affordability of digital mental health interventions (Ogugua et al., 2024), there is dearth of research utilising primary data. Furthermore, the question if digital interventions are a revolutionary change which may be able to replace traditional therapy, or may co-exist with offline therapy as a complementary mode of delivery has not been focused upon. Previous research has also not addressed the issue of how online therapy may enhance the therapeutic experience when used as a complementary technique with offline therapy. This research aims to compare the multifaceted advantages and disadvantages of online and offline mental health service delivery to gain an understanding, application, and formulation of a more holistic method of therapy within the mental health services in India. This research seeks to examine how individuals differ in their experiences and expectations of both delivery methods and why they might prefer one type of therapy over another. As online therapy became significantly more prevalent (but therapeutic approaches did not necessarily change) and while online therapy expanded and became accepted (especially post-pandemic), this research sought to explicate and understand changes and insinuations in practice. Online therapy is able to give a choice to clients by overcoming the challenges of stigma, but is also so challenged by emerging care related factors like privacy (Ray et al., 2025). To clarify and better understand client experience, perceived effectiveness, and contextual implications when delivering treatment, the research focused on qualitative interviews and supplementary verified client reviews. Finally, broad themes across the interviews and reviews were identified to best elucidate the difference and overlaps in therapeutic modalities (online and offline), and to assess whether these approaches could complement or effectively function as alternatives to one another when conceptualizing, responding, or formulating applicable, therapeutic responses in a more inclusive, adaptive, and client-centred framework.

OBJECTIVES

In view of the above discussion, the following objectives were conceptualised for the present research:

To understand and analyse clients' online and offline therapy experiences

To compare and contrast both forms of therapies from the client centric perspective

To address the question if online therapy can replace traditional therapy or co-exist with it as a complementary mode of delivery.

To offer suggestions related to online and offline therapy modes to improve service delivery

METHODOLOGY

Design

Qualitative research design utilising semi structured interviews as primary data and google reviews as secondary data.

Participants

For demographics of eighteen interview participants refer to Table 1: Interview Participants Demographics. The inclusion criteria for Interview/Google Reviews:

- Indian Citizen
- 18-50 Years
- Had received at least one session of therapy (either online, offline or both) in the last five years.

Table 1. Interview Participants Demographics

Participant	Age	Gender	Occupation	Mode of Therapy
P1	22	Female	Student and Working	ONLINE
P2	22	Female	Student	ONLINE
P3	48	Female	Working Professional	ONLINE
P4	19	Male	Student and Working	BOTH
P5	22	Male	Working Professional	ONLINE
P6	22	Male	Student and Working	BOTH
P7	50	Female	Working Professional	OFFLINE
P8	22	Female	Student	OFFLINE
P9	22	Female	Student	OFFLINE
P10	21	Female	Student	BOTH
P11	22	Female	Student	BOTH
P12	22	Male	Student	OFFLINE
P13	22	Female	Student	ONLINE
P14	22	Female	Student	ONLINE
P15	19	Female	Student	OFFLINE
P16	23	Female	Student	OFFLINE
P17	22	Female	Working Professional	ONLINE
P18	22	Male	Working Professional	ONLINE

Procedure

This study employed a phenomenological approach to explore the lived experiences of individuals who had accessed online or face-to-face therapy in the Delhi NCR region.[150] Google reviews, 75 from the well-known online therapy websites and 75 of the face-to-face therapy centres in Delhi NCR were also analysed. Eighteen semi-structured interviews were held with individuals who were recruited through convenience sampling (aged 18-50 years) who had accessed either form of therapy or both. Thematic analysis was undertaken using the six-phase framework offered by Braun and Clarke (2006). Researchers took an inductive and deductive path to analysis; while some themes were informed by literature, others arose from the data. Codes were generated systematically for each transcript and review and were organized into broad themes. By analyzing the connections between codes and investigating how categories interacted across the data, the researchers also conceptually borrowed from axial coding. Through the use of this cross-axial lens, the researchers were able to determine not only the main idea of each theme but also the manner in which therapeutic experiences both online and offline intersected, contrasted, and impacted one another. In order to maintain authenticity, verbatim excerpts of the final themes were included, which were then explained in terms of their distinguishing traits and connections. All participants were assigned pseudonyms to protect confidentiality and anonymity.

Informed consent was obtained through a Google form before participating in the interview. It provided clarity on the study, including the purpose, procedures, voluntary nature, and confidentiality aspects of the study. All participants were informed they had the right to withdraw from the study at any point without being penalised. Submission of consent was required before the interview could be scheduled. All "Ethical Principles of Psychologists and Code of Conduct" stated by American Psychological Association 7th Edition were followed. The interviews were a combination of english with hindi phrases. In the first phase the interviews were transcribed as it is (available in the data repository). In the second phase in order to facilitate the analyses, the authors took liberty to make relevant translations from Hindi to English and minor grammatical corrections to preserve the participants' version of reality.

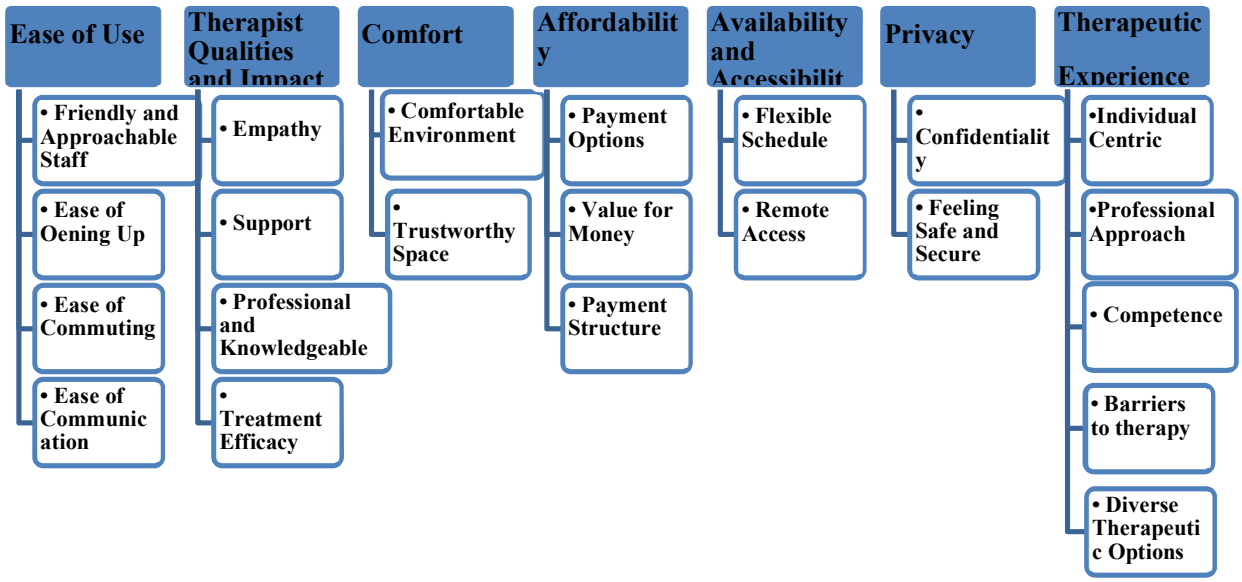
The interview involved both direct questions, with follow-up questions, and careful listening to prompt helpful answers. The question formats were open-ended, to allow the interviewee to articulate their thoughts on the elements discussed. The interview schedule included the discussions around following sections.

- **Ease of Use**
  Sample question: "How would you describe the process of booking and attending your therapy sessions? Elaborate."
- **Therapist Qualities and Impact**
  Sample question: "How did you perceive the therapist's effectiveness in an online/in-person setting? Elaborate"
- **Comfortability**
  Sample question: "How comfortable did you feel discussing personal issues in your chosen mode of therapy? Please explain."
- **Affordability**
  Sample question: "Did the cost of therapy influence your decision to choose online or in-person therapy? If so why?"
- **Availability and Accessibility**
  Sample question: "How easy was it to schedule or reschedule sessions? Please explain."
- **Privacy**
  Sample question: "Did you have any concerns about confidentiality in online/in-person therapy? If so why?"
- **Overall Experience**
  Sample question: "If you had the option to switch between online and in-person therapy, which would you prefer and why?"

Table 2. Theme table online and offline therapy

DATA ANALYSIS

Each interview and review transcript were read repeatedly for familiarization, and were coded individually, line by line, aiming to find all references to user experience, therapeutic benefit, convenience, cost, and privacy. Codes were then collated into distinct themes using both a deductive approach (using concepts established by earlier research) and an inductive approach (allowing for new patterns to emerge directly from the data). In the review and refinement phase of themes, the ideas began to overlap and were combined and redefined, generating coherent, non-repeating themes. The themes were defined and some illustrative verbatim excerpts (anonymised) from interview transcripts and the reviews were extracted to authenticate the analysis. Fig 1. gives an overview of the themes and sub themes emerging from research using interview and review transcripts.



DISCUSSION AND ANALYSIS

The discussion and analysis has been elucidated based on client experiences of online therapy, offline therapy or both. Thematic analysis of the eighteen interview transcripts and 150 reviews had been represented in Table 1 contains themes, description of themes , subthemes and verbatim evidences from clients who experienced either online, offline or both therapy modes. The text in round brackets is the literal English translation of the Hindi verbatims of the participants and reviews. The discussion first captures all the themes and related areas in order to meet the research objectives as provided in the objectives section of the paper. Subsequently, the discussion further elaborates the key issues which arise from those objectives in the form of conclusion. Limitations and suggestions for future research and implications have also been provided in the last section of the paper. Table no. 1: Theme table online and offline therapy shows the identified themes - 1. Ease of Use, 2. Therapist Qualities and Impact, 3. Comfort, 4. Affordability, 5. Availability and Accessibility, 6. Privacy and 7. Experience. Now the discussion evolves theme wise.

Ease of Use

The theme Ease of Use encapsulated some clients' experiences whether the therapy is accessible, convenient, and easy to engage with, both in terms of logistical set-up and emotional engagement with the therapy process in online and offline modalities. It depicts the overall therapy experience as being accessible and easy to engage in. The theme of ease of use encompasses four sub-themes: Friendly and Approachable Staff, signifying clients' comfort with a therapist or other clinic staff that were warm and non-judgmental. The Ease to Open Up, whereby clients felt emotionally safe in sharing personal matters during sessions; Ease of Commuting, about how distance or ease of commuting effects therapy access or consistency, with online therapy having a distinct advantage and Ease of Communication, pertaining to how clearly and efficiently clients could speak to someone to book or find out information, especially using platforms like WhatsApp.

Interview data revealed that many clients found online therapy beneficial in terms of eliminating commute and providing flexible access from private spaces. As one participant reflected, "No need to commute, so I could do it from my bedroom." This convenience was especially appreciated by those dealing with mental or physical fatigue, or time constraints. However, the process of initiating online therapy was often experienced as overwhelming. For some clients, the structured onboarding process which included forms, discovery calls, and upfront payments created friction during an already vulnerable phase. One client noted, "Client intake form and discovery call… can get too much if you are going through some stuff actively and seeking help was a big step in the first place." Online therapy also introduced uncertainty regarding therapist compatibility, due to the absence of initial in-person impressions. A participant shared, "Main issue was not knowing if the therapist would click with me. Online, you don't get that instant vibe… feels like a gamble." Additionally, the payment model often required advance commitment, which added pressure. "Online payment before the session… that really stuck with me that I need to attend no matter what." These experiences suggest that while online therapy can offer logistical convenience, it may require thoughtful onboarding and emotional scaffolding, especially for first-time users.

In contrast, offline therapy was often experienced as easier on interpersonal levels with smoother engagement after first connection. Participants noted how easy it was to coordinate appointments (when the system is human-centered). For example, as explained, "I booked in advance… and rearranged my schedule easily." Offline formats had the advantage of organic continuity with scheduling; one said, "My therapist would just say let's meet in four days, and the appointment was fixed." Nevertheless, offline therapy required travel and time management and posed the problem of physical tiredness--especially for students or others who worked. One participant said, travel was hectic after college, and another shared her experience, "Traffic jam… I missed my schedule and needed to rebook." These hurdles often brought about emotional and physical fatigue--at times interrupting therapeutic momentum.

Reviews of online therapy helped understand ease of use in terms of user interface, “Found the app easy to use and user friendly” and “easy to find and book appointments” are some examples of how convenient and approachable these apps were. However some reviews were providing feedback, though only regarding interface and app structure not the therapeutic approachability. “It's very easy to find therapists Booking sessions is uncomplicated”, “The only issues I've faced are with finding time slots (you have to book sessions way in advance). I also had a logging in issue on the Android app (resolved)” as stated by users. Offline therapy reviews of clinics captured ease of use in a more personal manner, regarding the therapists approachability - “The environment is always welcoming and safe, making it easy to open up and discuss any issues” while some were negative surrounding the environmental obstacles - “waiting area is inhumane. Its open balcony with direct sunlight and AC exhaust. Simply unbearable. Even animals are made to sit in a better place.” But more personal touch in terms of resolving queries which may be promising way to address grievances “my wait was worthy and she promised to reduce my wait time in subsequent visits”.

In summary, offline therapy was experienced as more emotionally intuitive, trust-based, yet logistic effort whereas online therapy was viewed as time efficient. Time constraints increase the appeal of phone and online therapies, suggesting they may be more effective in overcoming barriers than in-person options (Mohr et al., 2010; Musiat et al., 2014). Online therapy addresses these time constraints very well, though convenience is only measured in terms of app or digital ease of use and not too focused on the therapist itself. Digital mental health interventions, such as smartphone-based applications using videoconferencing and chatting, are as useful and effective as face-to-face therapy, but, at the same time, with advantages of preserving time and individual-specific care choices (Van Orden et al., 2022).

Online therapy’s approachable interface and convenience was better described by participant who had taken both, reporting in the interview “As for offline, it has been slightly better because there are not so many screenings or identity checks you’ve to go through. How therapy works etc is conveyed in the first session itself or the course of your sessions so that feels more trusting on the therapist’s part as well”. As much easy it is to book a session online, personal therapeutic aspects may be a matter of concern after the first step of booking and approaching is done hence, it can act as alternative entry points, especially for populations who may not otherwise be able to seek access to therapy or find offline therapy a hassle as reported in a review of online mode, “…it's good app for those people who want therapy or some Counselling session but they don't know where to start from”.

Therapist Qualities And Impact

The second theme, therapist qualities and impact, focused on how people perceived the therapists, including empathy, support, professional approach, knowledgeable and treatment effectiveness. Participants who took online therapy expressed “I thought she was actually really good. Even though it was online, she stayed engaged, asked thoughtful questions, and remembered things I said. I never felt like the screen got in the way too much.” which made the focus directly shift to the quality of therapist, regardless of the mode. However, a concern of therapist doing something else while taking online session i.e. lack engagement and attention was reported by another participant “To be frank, I did not actually. I mean you get to know if someone’s distracted so I guess she was doing something while the tab was open so not too indulged” and one participant who had experienced both expressed “Online I didn’t feel this as much. Sometimes the silence as a tool worked. But logging in the session felt like joining a society meeting or progress meeting or something along those lines…it was from the comfort of my home, the usual gmeet app only and I didn’t feel like it was therapy till I was 15 minutes into the session. After a point online mode didn’t even feel value for money. Since I didn’t feel the connection online, I like to believe I felt it offline, in-person set up because that’s why I made the switch and continued.”

While offline therapy seekers were of the view “she was very good at her work and I went to like…., which is a premier Institute, so I think their psychologist are very good also” which revolved around a credible established institution and another one also expressed (During in-person sessions, the therapist felt much more attuned she could beautifully understand and interpret my expressions without me having to say a word) further elaborated (Her tone, body language, and overall presence felt incredibly comforting) indicating the importance of assessing therapists’ qualities and effectiveness through physical presence.

Review analyses aligned with primary interviews. Online therapy reviews were able to understand the therapist qualities and report them positively as “therapists here are very qualified and the most helpful ones I've ever known”, “therapists on this platform are very skilled and knowledgeable” emphasizing the variety being offered and finding the right therapist for specific issue “There is a wide range of therapists to choose from and effective feedback mechanisms” and “therapist according to the issues you are facing” as reported in reviews. However, concerns in online mode were very less, being about bad experience with the therapist.

Offline therapy reviews, however, reflect the empathetic and professional behaviour by psychotherapists and clear communication. However, the challenges encountered were negative experiences with the centre or the therapist. Online therapy reviews reflected good interactions with the therapists and a good “fit”, furthermore study on 95 practicing psychotherapeutic clinicians in France were assessed, and results demonstrated that those clinicians who provided online therapy had lower burnout (lower depersonalization, emotional exhaustion), with less burnout for those individuals who preferred and were highly sensitive to environmental change (Cavarretta et al., 2025). So, online therapy proved to be a more efficient option.

Comfort

Comfort and its subthemes involved a comfortable environment and a trustworthy space. Online therapy provides the comfort of participating in a therapeutic relationship from the convenience of one's own home, allowing for easier expression in a familiar environment. Whereby, one participant described “Comfort was being in my own space and having the freedom to choose times that worked for me. Discomfort was all that technical stuff and occasionally feeling like something was lacking emotionally 'cause of the screen barrier.”, another one stated “That’s why I took online, I have work from home so I only get 30 minutes in between calls, so I obviously couldn’t travel” but also reported “however, the timer during session was so annoying, it’s a 50 min session but they should not be insensitive”. Comfort of being home and taking therapy was explained as “Pretty comfortable, honestly. I used to sit in my bedroom with my headphones, door locked, sometimes even in my pyjamas. That familiarity helped me open up faster.” Hence the convenience corroborating with the comfort aspect. Reynolds et al. (2016) in their chapter in The psychology of social networking: Identity and relationships in online communities (Vol.[2]) suggested the "online calming effect hypothesis" that the virtual therapy environment feels more comfortable and less intimidating than face-to-face settings. Clients have shared their experiences, noting that they find online sessions easier to handle. This indicates that the digital format may lower emotional barriers and encourage engagement in therapy. Offline therapy provides comfort, however is often referred to when one feels warmth and comfort in a professional face-to-face interaction. Interview’s findings revealed that offline therapy clients felt hesitant to express at times due to the distracting environmental stimulus in the clinic, social stigma, and conveyed (I used to repress more in offline sessions, but less in online ones. Since I'm at home, I'm not afraid that someone might overhear me) what if someone is hearing us” continued to elaborate further “I just fear that you know somebody is looking

at us in the clinic because there are a lot of interns as well so I just want people not to look at me and you know there are very distracting things in the clinic. Also like I get zoned out a lot so that's why I preferred to online only". Another participant who had taken both modes of therapy expressed, "Okay so funnily, personal issues comfort was more online. Because I felt more agency in being distant and my non-verbal cues not being seen. I used to do audio-mode for when I had to talk about something that'll make me cry lol. In in-person, it takes time to open up and like genuinely speak your mind without being conscious of the words I think". This displayed the subjectivity in preferring online over offline. A participant shared about offline therapy being (I used to feel quite uncomfortable in offline sessions. I think it really matters how I'm sitting, what clothes I'm wearing, how my body looks. My stomach is actually one of my biggest insecurities. So if my top was even a little tight, I'd spend the entire session just feeling conscious about it. I'd sit with my arms folded, and the therapist would point it out—ask why I was sitting like that. So I used to need pillows and things like that for comfort). Offline therapy interviews perceived comfort as the physical space to express themselves in.

Results found in reviews, showed how clients' perceptions (entering a calming space) or personalities (whether they are easily distracted) contributed to this comfortability aspect. Offline reviews talked about the environment's comfortability - although some offline reviews did mention warmth and safety, others were neutral or absent in emotionally expressive terms. Online reviews did affirm comfortability - "Convenience of tech… comfort and safety of my own home" and "Comfort and safety of my own home", while home's environment of everyone may not be as comforting as others, the aspect of sharing without fear of intimidation and constant attention to other things may make the client comfortable in online mode. Screens can improve care by making certain mental states clearer, allowing for interventions, encouraging self-expression, and aiding in de-escalation. On the other hand, they can restrict therapists' ability to fully observe clients and hinder the effective use of therapeutic tools. This viewpoint highlights the need to study how digital interfaces create, or do not create, care in therapeutic settings (Kolehmainen, 2024).

Affordability

Affordability, which is the fourth theme, is assumed to be a significant concern in India, apart from social stigma. In online therapy, which came out to be a more affordable option for entry point to therapy seeking, participants expressed "Online just cost less. In-person sessions tend to be more pricey, and as a student, that counts for a lot.", "I'm on a budget, and online therapy was ₹700–900/session. In-person is usually ₹1500+, plus Uber or metro, so online made more sense." And expressing "Yes definitely, cost of session and travel both in my case... I already had anxiety, why would I book a session if I have to be worried only about reaching on time, booking an auto, getting ready, na?" providing insights to the "hassle-free" nature of online therapy. Value for money was expressed by one client as "My therapist gave homework, replied to my questions between sessions. It felt like paisa vasool (totally worth the money)". Cancellation fees however raised some concerns "Advance paid was cut obv. But that is convenience fees anyways." Further validated by another participant "The cancellation/refund policy was also not in the client's favour... felt like a money-minting thing". One participant who took therapy in both modes had a very good insight - "Since my online therapy experience wasn't so good, next I went offline only without even inquiring if they offered online therapy at a lower price" further, expressing "Even now, I feel guilty about spending my parent's earnings on therapy a concept they don't come around very easily (is another issue)." While a perceived high cost still remains a declared barrier to seeking therapy (Delboy & Michaels, 2025). Online therapy addresses this at a cost-effective level, as found in the reviews, stating that it can be more affordable, especially with discounts and flexible pricing. Online therapies have only been believed and presented to be cost-effective for certain groups and not for the whole population. There have been mixed results from several studies comparing online therapy vs. face-to-face therapy intervention, where digital therapies were preferred as being more suitable than no intervention but inferior to the equivalent of traditional therapies conducted face-to-face (Zhou & Parmanto, 2019).

Looking at affordability from interviews of offline therapy, one client of offline therapy expressed "So it was like what ₹1500. I think that is justified for a nice Institute plus, obviously the travel and everything.", "Yeah, I guess it was nice and money was also like good as per the treatment.", "Offline was a bit expensive, but I think that it really helped me a lot so I think it was worth the money." They believed that pricing is justified for a more holistic experience not clearly mentioned in the reviews, though the answers align with reviews in offline therapy being more expensive, the "why" became clearer. For continuity, some therapists as reported by a client - (they take payment for 3 sessions together) as said by a participant, may end up client feeling stuck and not worth it if they didn't click with the therapist as they further expressed " so last session, left so (I asked if online can be done, they denied and then I left)".

Online reviewers mentioned the low cost of digital therapy and the potential for discounts, referenced affordable pricing structures, and felt that they saved additional costs (especially travel) – "good pricing and fees" as stated by a user. However, they flagged issues like having to pay for extra services like a report and non-refundable fees, having set/pricing structures that didn't allow for flexibility, and treatment packages where they might be charged for more sessions than were useful – "3d model should be implemented in unpaid versions. The interface is like website or web based" and "Pay 60 rs to get a report. How stupid is that? Making this into money making business."

For Offline therapy reviews ranging from some practices offering student discounts, the pricing can be higher than online therapy "Just a suggestion never buy the package because then you are trapped as your money is at stake", "ended up wasting my time and money". Negative feedback often reflects around overpriced services or payment structures that feel unfair to the clients, "wasted my 4000 for 45 minutes of useless consultation". In regard to offline therapy, reviewers had comments on student discounts, but also highlighted service they perceived were high priced, especially if they experienced a lower value or felt they were in a rigid payment model. Hence, online therapy offers less price but a more value perceived for it.

Availability and Accessibility

Availability and Accessibility explores how modes differ in their access to the population. Online therapy excels in flexibility and remote access, offering therapy through virtual sessions, especially for those with tight schedules or who are unable to attend in person. However, the availability of specific time slots may act as a limitation, as expressed in reviews. Online clients had more of a technical issue and elucidated the accessibility as "Once or twice, my Wi-Fi dropped mid-session. Then we quickly switched to WhatsApp video. Thankfully, she's chill about it.", "Not really, even if there was internet connectivity, we fixed at that moment. No, not an issue in off-line also, just far away from my place, that's it" and "Yeah, I mean it was convenient and like it didn't like have any issues". Issues were reported, but were quickly resolved in online mode. Participants who had taken both expressed "Online scheduling and rescheduling used to keep getting postponed and my therapist gave cold replies on text after the session was over. Boundaries I get but it felt off because replies or confirmations would come 1-2 days later as well. Sometimes not at all till the morning of the next session when I'd inform I've paid. There was a timezone difference with my online therapist so sessions happened at a time when I may or may not have work so I had to do (more) planning for myself to be able to accommodate space for therapy. "… they'd reply late and say that one of the two timeslots they've offered me is now unavailable and that couldn't keep working out because I was

also making attempts to tweak my schedule accordingly. Internet issues, yes but honestly this was just an accessory reason why I made the switch to offline. I feel the therapist was distanced in general." A subjective comparison was made by this participant, highlighting how both modalities went beyond accessible and available, but were more holistic in their approach.

Interview with a participant of offline therapy brought out a crucial point – the travel part, the distance being a core aspect of perceiving accessibility as expressed (It was really far, so I used to get very tired. I'd wonder what I should even share) and "Travel was kind of tough so some days it was raining. Also, some days there was traffic jam, so I missed my schedule and then I had to rebook. So yeah, these problems come but then when you are tuned with one therapist, then why should I change?".

Online therapy reviews talked about the quick and efficient available timings - "…help as well as guidance is readily available", "…convenience of virtual sessions has made seeking help more accessible than ever." Whereas drawbacks only consisted of reverting back timely -"I didn't get any response for my mail" or time slots – "…slot isn't always accessible".

Offline therapy reviews revolved around being less flexible or mendable due to the helplessness and no alternative to attending in-person sessions, which may involve scheduling difficulties and even accessing the actual therapy even when sitting for it, "…doc kept looking at the wall clock rather understanding the root cause.". Some users report problems with time problems – "…hardly care about you and your time", but others praise the structured appointments, which was found in review analysis.

Privacy

Privacy, a significant aspect in psychotherapy, addresses confidentiality. Participants who had taken both modes expressed good online confidentiality in terms of "Sense of security, the tone and reassurance, not the physical space for me. Yeah, so exactly. My reassurance doesn't come from place where there are a lot of flowers and a lot of like therapeutic ambience, but I think it does come from the connect that I feel with the therapist, so there's not much difference between online and off-line, but I think that I would prefer online because I already feel like there is a strong sense of responsibility and security that I have with him." However, some stuck to the literal meaning and shared, "Yeah, so they took my email address. That's what I feared because you know everyone would get to know that I've taken therapy or they would use my feedback for their site reviews and anything, but I don't. I really don't know what they do with email", "Maybe better platform-level encryption or info on data safety." and "Not collecting data, and not emailing every 2 days" were responses aligning with the reviews of online therapy mode of digital data collection. A deterrent of therapist being monitored online was also mentioned by a participant who faced an incident with their therapist "So basically one weird thing that happened was that my therapist was very much like doing self-disclosure, which I think online me kam Hota hoga (may be less) but off-line me because recording or anything like that is not happening so or any sort of like online presence is not there". Aligning with primary experiences, review-based analyses also pointed out that users of online therapy highlighted good insight into confidentiality. In the offline mode participants noted that therapy room interruptions by staff or assistants negatively affected their sense of confidentiality. One participant shared, "I think she needs to tell her staff to not come inside the room when a therapy session is going on" This reflects a structural vulnerability in some offline setups, where clinical environments may lack controls on physical access or privacy during sessions. One participant said, how having a common therapist with her friend, did discuss and make the session a lot more informal (I don't think she should've, but she was discussing my friend with me—which is also kind of unethical. It was secure, yes, but still, she would talk a bit about her and also point out small things directly to my face).

However, concerns over digital security were talked about in online therapy reviews – "why personal info…made publicly available", especially when personal information like phone numbers is required to sign in. Where these concerns were inevitable, people also associated online privacy with their homes, "safety of my own home, and the ability to keep it private is vital to me". Privacy at home offers a safe and secure space for users to open up and feel a sense of confidentiality. Reviews of Offline therapy expressed it as a secure space, with a focus on confidentiality within a physical setting – "safe", "secure" are some words reviewers used to describe the setting. Therapists must be open regarding their policies to maintain the privacy of clients' information (Kazimierska-Zając & Ślósarz, 2022).

Hence, online mode definitely cuts the risk of violation of confidentiality since many factors do contribute to which has been identified as a major issue in therapeutic alliance, research identified five major issues - confidentiality, effects on the therapeutic alliance, licensing and liability concerns, crises and risky clinical situations, and training and education (Hertlein et al., 2014). The issue of data privacy in online therapy is yet to be resolved however, many in person therapists offering confidentiality in person are trusted when they shift to online mode as mentioned above by a participant. Technology can create vulnerabilities for data security and client confidentiality. Protecting personal data is a major concern, especially regarding sensitive issues. Additionally, the validity and quality of e-counseling services should be closely examined (Ifdil et al., 2025).

Therapeutic Experience

Overall therapeutic experience covers subthemes of individual centric approach , professionalism, competence

,therapy options and barriers to therapy. Online therapy clients expressed "During a crisis, if you are taking an online session, then I think that's very justified so I think it really helped me getting over that particular moment of nervousness that I was feeling so yeah, like I just urgently booked one, shared my feelings and that's it" , "If my work and situation allows, Offline I would go for. I feel there's a reason they have those beautiful centers and everything." A participant who had taken both modes of therapy stated "(my preferred mode would be)…in person, just makes me feel more heard. Gets more participatory and active" and described online therapy as "Online's overall impact I'd say was nothing major. We didn't get to discussing the main issue and there were quite a few rescheduling of sessions which after a point didn't seem worth it, (It didn't feel like value for money, and after a point, it just felt like a waste of time)". The in-person aspect allows therapists to observe body language and engage deeply. Negative experiences related to poor treatment or professional behaviour are also noted. Participants of offline therapy narrated "As a person that helped me grow a lot, so I think off-line sessions are very…nice and interactive and personal and they feel very comforting. Very cozy. You feel the full focus of what you need to share. You are there for a purpose you know it and that environment is also that everybody who visits their sort of dealing with some problems, so you also feel supported in a way you don't feel alone". A participant conveyed (A lot of things get missed in online sessions because of technical issues. I've been able to connect more with approaches like art therapy in offline settings. For me, the therapist's presence matters, them being physically there. I can't really open up online, especially with family members around at home) implying the environment created by offline approaches to be engaging and focused, where we are, what sort of place it is and how they are solely meant for therapies.

Reviews of online therapy helped understand the variety of options being offered in online mode, "They have wide variety of options for choosing therapists and other activities as well. I love their games and drawing activities", the professional approach, "…highly professional and knowledgeable therapists" and the individual centric personalisation "Calming atmosphere that invites self-reflection. Personalized support and a nurturing

community", "My favourite is the journaling part especially for the font style and soothing colors. Just one suggestion for the developers - As people are sharing their emotions and very personal feelings they should ensure security" whereas reviews of offline mode also shared similar aspects "conducted in a thoroughly professional manner with objective analysis of the situation. Solutions are personalized and appropriate", but some extraneous issues impacting the experiences, "conducted in a thoroughly professional manner with objective analysis of the situation. Solutions are personalized and appropriate" and some experiences that made clients form a perception for the whole setting as "Very bad experience", "…highly disappointed with this centre". Research suggests that therapists who are willing to seek client perspectives and are open to hearing what clients have to say tend to build stronger relationships. Being non-defensive when receiving negative feedback and being able to adjust actions accordingly also play a role in building these connections. This better collaboration can lead to improved therapeutic outcomes (Timulak & Keogh, 2017). Online therapy modes found a way to address these grievances quickly and update their system through feedback, "Their support team is also available whenever needed and really helpful", "With the update, the glitches seem to have improved". Thereby the experience of going to a therapy clinic wasn't enough for offline therapy seekers to form a view of it, but online therapy is finding path to draw parallels with offline modality experience by actually providing beyond just physical ambience but therapeutic quality.

CONCLUSION

Online as well as offline delivery modalities are not existing as one being best in isolation for the Indian context. It was noted in primary data analysis that people's experience was majorly a result of modalities which affected how they perceived the therapist qualities and impact. Online therapy interviews indicated how once you visit and then switch to online was better than starting out with online for people who prioritised the personal connect. Offline therapy was high in themes of therapist qualities and impact, comfort in aspects of disclosure, privacy and overall experience. Online, however, was high in ease of use, accessibility and availability, affordability and comfort in terms of having a safe space at home or anywhere suitable. The comparative analysis of online and offline therapy can provide a dynamic landscape in mental health treatment, with both modalities having their own unique advantages. Online therapy excelled in accessibility and affordability, especially for individuals facing difficulties in terms of time, geography, socioeconomic status, anonymity issues or cost and offline therapy continues to deliver value justifying its traditional rationale, the personal connection and structured setting. Hence there is a need for a comprehensive, collaborative approach to mental health service delivery in India. However, as per results one therapy mode may not be able to fully replace another but digital interventions can help and modify the psychotherapeutic ecosystem in India.

LIMITATIONS

The findings may be subject to personal bias and affected by outside factors like internet connectivity, device quality, and environmental distractions during online therapy sessions. The analysis used manual coding and thematic analysis, and no statistical tools or quantitative methods were applied. This limits how widely the results can be applied and their empirical strength. Additionally, the sample was not diverse enough regarding key groups, such as convicts, rural residents, and those from lower socioeconomic backgrounds.

Implications and Suggestions for future research

This study improves the understanding of clients' experiences with online and offline therapy. It highlights the need for responsive and inclusive mental health services. By looking at clients' perspectives, it shows how online therapy can overcome barriers like social stigma, mobility issues, and the need for privacy. It also examines how online therapy can work alongside traditional therapy. The findings support a mixed, flexible approach that combines digital practices into the therapy system, especially in India, where technology skills among therapists and counselors are increasingly important. Insights from the study offer practical suggestions to enhance accessibility, cultural sensitivity, and responsiveness in therapy. These recommendations apply to education, training, and other areas post-COVID where hybrid methods are common. Future research should look at the long-term effectiveness of online versus offline therapy using mixed methods or quantitative approaches to ensure broader applicability. Including underrepresented groups like rural populations, low-income individuals, convicts, and refugees is crucial for understanding diverse needs. Further investigation into AI-based tools, culturally tailored models, and training for therapists in digital methods will improve service quality. In India, the impact of historical factors like colonization and partition also influences therapy practices, reinforcing the need for culturally relevant approaches.

Table 2: Theme table online and offline therapy

Themes	Subthemes	Online Evidence	Offline Evidence
Ease of use	Friendly and Approachable Staff Ease of Opening Up Ease of commuting Ease of communication	"Online… (feels like a gamble)" (P 4) "… felt comfortable to share about myself from a comfortable place (home)" (O 14) "Finding a therapist for yourself quite hassle-free." (O 3)	" I was feeling a bit deflated and the clinic is far from my home" (F 10) "Smooth but required advance scheduling and travel" (P 16) "All the staff at…. were kind and easy to talk to" (F 4) "I felt a sense of warmth and understanding that

			immediately put me at ease" (F 22)
`	Empathy Support Professional and Knowledgeable Effective in Treatment	"…logging in the session felt like joining a society meeting or progress meeting… kyunki it was from the comfort of my home… After a point online mode didn't even feel value for money" (P 11) "…wonderful therapist who was a perfect match" (O 5) "…they have professionals with varied skills sets" (O 12) "…therapist harassed me and i was disturbed after talking to her" (O 38)	(During in-person sessions, the therapist felt much more attuned she could beautifully understand and interpret my expressions without me having to say a word) (P 10) "…I didn't feel the connection online, I like to believe I felt it offline, in-person set up mein because that's why I made the switch and continued." (P 11) "She discussed and explained things with clarity and simplicity." (F 34)
Comfort	Comfortable Environment Trustworthy Space	"That's why I took online, I have work from home so I only get 30 minutes in between calls, so I obviously couldn't travel" (P2) "share about myself from my comfort place helped me a lot." (O 14) "Calming atmosphere." (O 25)	"…I just felt that you know off-line therapy is more personalised according to our needs… very good in my opinion." (P 7) "I was very relaxed during the session." (F 68)
Affordable	Payment Options Payment Structure Value for money	"I'm on a budget, and online therapy was ₹700–900/session. In-person is usually ₹1500+, plus Uber or metro, so online made more sense." (P 4) "VERY affordable prices" (O 58)	"Theek tha, 3 sessions ka sath me lete hai payment" (they take payment for 3 sessions together) (P 9) "Yes, it was totally worth it. I never regretted my off-line session." (P 7) "(yes, it was expensive) but it was my referred therapist" (P 10)

		“Their service is good for a reasonable price” (O 74)	"Since they have 50% discount for students, it becomes affordable for us and could be one of the most important investments in my preparation journey!" (F 3) "Overpriced." (F 42) "Just a suggestion never buy the package because then you are trapped as your money is at stake." (F 56)
Availability and Accessibility	Flexible Schedule Remote Access	"Their support team is also available whenever needed and really helpful." (O 45) " "Convenience of virtual sessions has made seeking help more accessible than ever." (O 60)	(Yeah, so for the last session, I couldn’t go in person, so I asked if we could do it online instead. They said no, so I ended up leaving altogether) (P 9) “Travel was kind of tough so some days it was raining. Also, some days there was traffic jam, so I missed my schedule and then I had to rebook. So yeah, these problems come….”(P 17) "Plus point, they also offer therapy via WhatsApp chat and video calls as well, which gives us access to therapy when not available to visit the studio." (F 28)
Privacy	Confidentiality Feeling Safe and Secure	“Yes, because they asked for an emergency contact and they got a message which I don’t think is very nice” (P 18) "But while logging in using my Google account, it asked for permission to access and download personal phone numbers while signing up. Why would you need them?" (O 21) "Safety of my own home, and the	“…very confidential also, because they already tell you and they have an agreement and informed consent that they took from me and signed it” (P 8) “I think she needs to tell her staff to not come inside the room when a therapy session is going on, that is it because distract hojata h” (it gets distracting) (P 10) "They prioritize confidentiality, which has been crucial for me to open up and work through my issues." (F 51)

		ability to keep it private is vital to me." (O 35)	
Therapeutic Experience	Individual Centric Professional Approach Competence Barriers in Therapy Diverse Therapeutic Options	"During a crisis, if you are taking an online session, then I think that's very justified so I think it really helped me getting over that particular moment of nervousness that I was feeling so yeah, like I just urgently booked one" (P 6) user-friendly, offering a wide range of therapy options that cater to individual needs (O 32) "Been nothing short of having a close friend in the form of an app supplemented by committed professionals." (O 59) "Personalized support and a nurturing community." (O 61)	"As a person that helped me grow a lot, so I think off-line sessions are very nice….You are there for a purpose…everybody who visits their sort of dealing with some problems… you don't feel alone" (P 8) "She keeps on watching the clock and is very robotic" (F 20) (For me, the therapist's presence matters them being physically there. I can't really open up online, especially with family members around at home) (P 9) "…highly professional and knowledgeable therapists" (F 43) "...but my experience at this clinic has been nothing short of exceptional." (F 8)

Note. Verbatim excerpts are drawn from Eighteen Participants denoted by codes (P 1-P 18)[150] Google reviews (75 online, 75 offline). Online reviews are coded O 1 – O 75, and offline reviews are coded F 1 – F 75. Excerpts may include minor paraphrasing or translation for clarity while preserving the original meaning.

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