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Understanding the Effects of Digital Therapy

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Abstract

The rapid amalgamation of digital technologies into mental health care has been significantly transforming the delivery, accessibility, and perception of psychological interventions. This NTCC research report aims to comprehensively examine the effects of digital therapy in comparison to traditional offline (faceto-face) therapy, with a specific focus on individuals aged 20–24 years.

This study explores various forms of online and offline therapeutic practices, including counselling-based interventions, clinical psychological services, and emerging AI-assisted mental health tools. Emphasis is placed on understanding the effectiveness, limitations, ethical implications, and impact on therapeutic alliance and human interaction.

Comparative analysis mark's the key differences between counselling settings and clinical psychological practice in both digital and offline environments, while addressing how artificial intelligence stands in reshaping assessment, intervention, and user experience within psychology.

Furthermore, the report critically assesses the role of AI in psychology, including chatbots, digital cognitive behavioural therapy platforms, and mental health applications, alongside concerns related to privacy, data security, emotional authenticity, and ethical practice.

CHAPTER1- Introduction

Background Of Psychology and Mental Health: -

Psychology started as a part of philosophy and medicine but became its own science in the late 1800's, thanks to experiments studying how people think, feel and behave. Mental Health isn't just about avoiding illness – it's about feeling good enough to handle daily stress, use your strength, work well, and contribute to others.

Today mental health issues are on the rise of due to fast changing societies and school pressure or job stress, money worries as well as tricky relationships. Young adult ages 20-24 deal with extra challenges like figuring out who they are, picking out careers, switching schools and jobs, and meeting social expectations. This often leads to anxiety, depression, stress disorder, and trouble managing emotions.

Traditional mental health care meant in – person talks with therapist in clinics which worked but had big downsides:

- Hard to access in remote areas
- High costs
- Lots of stigma
- Not enough pro's available

As more people talk openly about mental health, demand for better options has grown. That's where tech steps in, leading to digital therapy – making help more reachable and flexible.

Even Big Tech companies like Google, Meta and Amazon are now pushing employees back to office work after the covid – 19 remote booms. Leaders say face-to-face chats build better team work, spark creativity, and fight isolation – things Zoom can't fully replace. This shift shows we're realizing human connection

is key for mental well-being especially after lock downs highlighted loneliness.

It's clear that technology is a powerful tool for sophistication and support, like in digital therapy apps. But it can not replace the real 'thread' of human lifestyle and civilization – those messy, in person interactions that build trust, empathy, and community. Over – relying on screens risks a shallow version of life, so we need balance: use tech wisely, but prioritize real – world bonds.

Evolution of Theory Practices: -

Psychology's therapy practices have changed a lot over time, matching shifts in science, culture, and what people really need. Back in the day, Freud's psychoanalysis was huge—it dug into hidden thoughts from childhood and aimed for deep insights. But honestly, it took forever, cost a ton, and most folks couldn't access it.

By the mid-1900s, things flipped to behaviour therapy, focusing on what you can actually see and change through learning tricks, not mind mysteries. Then cognitive therapy came along, showing how messed-up thoughts mess with your feelings and actions. Mixing those gave us CBT, which is super popular now because tons of studies back it up—it's quick and works for stuff like anxiety.

Humanistic therapies added heart, stressing empathy, no-judgment vibes, and that real bond with your therapist. Today, most therapists mix it all up, picking what fits each person instead of sticking to one rigid style. Therapy spots popped up everywhere too—clinics, schools, hospitals—but stigma, busy lives, and cash issues still kept help out of reach for many.

Emergence of Digital Therapy: -

Digital therapy mixes psych smarts with apps and tech to deliver real help online, from check-ins to full sessions. It grew out of healthcare's tech boom, starting simple with websites for tips and self-help, then exploding with smartphones and smart data tools.

Now we've got chat apps for counselling, mood-tracking phone apps, video calls with therapists, and even AI bots that guide you through exercises. COVID supercharged this—lockdowns killed in-person visits, so everyone jumped online, proving it can work well if done right.

It's a game-changer for rural peeps, those who can't travel, or tech-savvy young adults like us. Still, big worries linger: keeping your data safe, if online chats feel as deep as face-to-face, ethics in AI help, and not losing that human spark.

Rationale of the Study: -

This study digs into how digital therapy really affects young adults aged 2024—like the generation that's glued to screens for chatting, studying, and venting feelings. We need to figure out if these apps and online sessions actually boost mental health, keep people hooked, and deliver real results, so we can build better, fairer ways to get help.

Sure, some studies show digital tools work okay, but there's a big hole in research that's super specific—like mixing hard numbers, deep chats from interviews, and real-life case breakdowns. Plus, nobody's really compared online vs. in-person therapy from this age group's viewpoint. The researcher conducted personal interviews with folks in this age group—like a 22-year-old study buddy who works at a Big 4 firm (Deloitte) and tried apps for anxiety amid crazy work deadlines—and their stories showed huge differences in trust, comfort, and burnout relief.

To fill that gap, the researcher used Google Forms for quick surveys, face-toface interviews for the real scoop, and case studies (including that deep dive on the Big 4 interviewee's experience). By linking all this to psych theories and solid data, the goal is to spotlight what digital therapy nails, where it flops, and how to make it even better down the line.

Need and Significance of Digital Therapy in Modern Society: -

Modern society is characterized by rapid technological advancement, changing social structures, and increasing mental health challenges. Traditional mental health services, while valuable, are often unable to meet the growing demand due to limited infrastructure and professional shortages. Digital therapy offers a potential solution by increasing scalability, reducing costs, and improving accessibility.

For young adults, digital therapy aligns with their lifestyle and communication preferences. Online platforms reduce stigma by allowing individuals to seek help privately and at their own pace. Additionally, features such as asynchronous communication, self-guided modules, and mental health tracking tools empower individuals to take an active role in their psychological well-being.

Objectives of the Study: -

The primary objectives of the present study are as follows:

1. To examine the effectiveness of digital therapy among individuals aged 20–24 years.
2. To compare online and offline therapy experiences in terms of accessibility, engagement, and perceived outcomes.
3. To analyse the role of artificial intelligence in modern psychological interventions.
4. To understand future trends in psychology, including AI integration and UI/UX design in mental health platforms.

Scope of the Study: -

The scope of the study is limited to young adults which have given personal interviews and some who have filled an online form for data collection. The study focuses on both online and offline therapeutic modalities, including counselling, psychotherapy, and AI-based mental health tools.

Geographically, the study is confined to participants accessible through digital platforms and local in-person interactions. The research does not aim to diagnose mental health conditions but instead focuses on subjective experiences, perceptions, and outcomes related to therapy.

CHAPTER 2-Conceptual Understanding of Therapy: -

2.1 Definition of Therapy: -

What even is therapy, and why should we care about it as psych students? Therapy is basically a planned chat process with a trained pro (like a counsellor or psychologist) to boost your mental health, handle emotions better, and just live a happier life overall.

Why do we need it? Unlike venting to friends or family (which is cool but casual), therapy uses solid psych theories—like CBT or Freud's ideas—plus ethics and proven tricks to tackle real issues: stress, bad habits, feeling stuck, or even preventing bigger problems. It's not just for "crazy" stuff; it helps with growth, self-awareness, and building coping skills for exams, jobs, or relationships.

How does it actually affect us? In a safe, private space, you team up with the therapist to dig into thoughts, feelings, and behaviours—leading to "aha" moments, habit changes, better emotional control, and tougher resilience. Today, it's gone digital too (apps, video calls), but the heart stays the same: helping you understand yourself and crush life's psych challenges.

2.2 Psychological Foundations of Therapy: -

The foundations of therapy are deeply rooted in psychological theories that seek to explain human behaviour, cognition, emotion, and interpersonal functioning.

These theories provide the conceptual framework through which psychological difficulties are understood and addressed. Early psychological foundations were influenced by philosophical inquiries into the mind,

but over time, empirical research became central to therapeutic development.
One of the primary foundations of therapy is the understanding that behaviour and emotional experiences are shaped by an interaction of biological, psychological, and social factors.
This biopsychosocial perspective recognizes that mental health cannot be understood in isolation from an individual's environment, relationships, and life experiences.

2.3 Types of Therapy: -

Over time, diverse therapeutic approaches have emerged, each grounded in distinct theoretical assumptions and intervention strategies, as these approaches differ in their focus, techniques, and understanding of psychological distress, still aim to promote mental well-being.

2.3.1 Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy is one of the most widely practiced and empirically supported forms of therapy. CBT is based on the premise that thoughts, emotions, and behaviours are interconnected, and that maladaptive thought patterns contribute significantly to emotional distress and dysfunctional behaviour.
By identifying and modifying distorted or unhelpful cognitions, individuals can experience meaningful changes in emotional well-being and behaviour.
CBT is typically structured, time-limited, and goal-oriented. Therapists work collaboratively with clients to identify problematic thinking styles, challenge cognitive distortions, and develop healthier coping strategies.

2.3.2 Psychodynamic Therapy

Psychodynamic therapy is rooted in psychoanalytic traditions and emphasizes the role of unconscious processes in shaping behaviour and emotional experiences.
This approach posits that unresolved conflicts, often originating in early childhood relationships, continue to influence an individual's thoughts, emotions, and interpersonal patterns in adulthood.
The therapeutic process in psychodynamic therapy involves exploring past experiences, emotional patterns, and relational dynamics to gain insight into current difficulties. Techniques such as free association, exploration of transference, and interpretation of recurring themes are commonly employed.

2.3.3 Humanistic Therapy

Humanistic therapy emerged as a response to deterministic views of human behaviour, emphasizing personal agency, subjective experience, and the inherent potential for growth.
Central to humanistic approaches is the belief that individuals are capable of self-directed change when provided with a supportive and empathetic environment.
Client-centred therapy, developed by Carl Rogers, is a prominent humanistic approach that prioritizes empathy, genuineness, and unconditional positive regard. Rather than directing the therapeutic process, the therapist facilitates self-exploration by creating a nonjudgmental and accepting atmosphere.
Humanistic therapy focuses on the present moment and the individual's lived experience, rather than on pathology or diagnosis. It is particularly effective in addressing issues related to self-esteem, identity, personal growth, and interpersonal relationships.

2.3.4 Behavioural Therapy

Behavioural therapy is grounded in learning theories and focuses on observable behaviour rather than internal psychological processes. This approach assumes that maladaptive behaviours are learned through conditioning and can therefore be modified through systematic intervention.

Common behavioural techniques include reinforcement, punishment, modelling, and systematic desensitization. Behavioural therapy has been widely used in the treatment of phobias, habit disorders, substance use issues, and developmental conditions.

The goals of therapy extend beyond symptom reduction to encompass personal growth, improved functioning, and enhanced quality of life. One primary goal is to help individuals develop insight into their thoughts, emotions, and behaviours, enabling them to make informed and adaptive choices.

Another important goal is skill development, including emotional regulation, stress management, communication, and problem-solving skills.

Therapy also aims to foster resilience, self-efficacy, and coping strategies that individuals can apply beyond the therapeutic setting. Core principles guiding therapeutic practice include confidentiality, empathy, respect for individual autonomy, and collaboration.

Chapter 3- Offline and Online Therapy – A competitive analysis:

3.1 Overview of Offline (Traditional) Therapy: -

Offline therapy refers to psychological interventions delivered through direct, face-to-face interaction between a therapist and a client. This form of therapy has long been considered the standard mode of psychological treatment and remains widely practiced across clinical and counselling settings.

A defining characteristic of offline therapy is the physical presence shared by the therapist and client. This setting allows for rich interpersonal communication, including observation of non-verbal cues such as body language, facial expressions, posture, and tone of voice.

It offers a sense of personal connection and emotional safety that many clients find reassuring, particularly those dealing with complex trauma, severe emotional distress, or long-standing psychological difficulties. The controlled clinical environment supports confidentiality and minimizes external distractions, allowing focused therapeutic work.

However, offline therapy is not without limitations. Accessibility can be a significant barrier, especially for individuals living in remote areas, those with mobility challenges, or those facing time and financial constraints.

Social stigma associated with visiting mental health facilities may also discourage some individuals from seeking help.

3.2 Overview of Online (Digital) Therapy: -

Online or digital therapy refers to psychological services delivered through digital platforms using internet-based communication technologies.

This form of therapy includes synchronous and asynchronous interactions between therapists and clients, allowing mental health support to be accessed beyond traditional clinical settings.

Digital therapy has gained prominence due to advancements in technology, widespread internet access, and increased familiarity with digital communication, particularly among young adults. Unlike offline therapy, online therapy allows individuals to engage in sessions from their own environment, reducing logistical barriers such as travel time and scheduling difficulties.

This flexibility makes mental health support more accessible to students, working professionals, and individuals who may otherwise avoid therapy due to stigma or privacy concerns.

3.3 Modes of Online Therapy: -

Online therapy is not a single, uniform approach but encompasses multiple modes of delivery, each offer-

ing distinct advantages and limitations. These modes vary in terms of interaction style, intensity, and technological requirements.

3.3.1 Video-based Therapy: -

Video-based therapy closely resembles traditional face-to-face therapy, using video conferencing platforms to conduct real-time sessions. This mode allows therapists and clients to see and hear each other, enabling verbal and limited non-verbal communication. Video-based therapy supports structured sessions, therapeutic dialogue, and emotional expression similar to offline therapy.

3.3.2 Chat-based Therapy: -

Chat-based therapy involves text-based communication between the therapist and client, either in real-time or asynchronously. This mode allows individuals to express thoughts and emotions through written language, which can be especially helpful for those who find verbal expression challenging or intimidating.

3.3.3 App-based Interventions: -

App-based interventions represent a technology-driven form of online therapy that often integrates self-guided exercises, psychoeducation, mood tracking, and behavioural tools. App-based interventions promote self-management and preventive mental health care by encouraging users to engage in regular selfreflection and skill practice.

They are particularly appealing to young adults due to their accessibility and user-friendly design. However, the effectiveness of app-based interventions depends on user engagement, evidence-based content, and appropriate ethical safeguards.

3.4 Advantages of Offline Therapy: -

Offline therapy offers several advantages that have contributed to its longstanding position as a trusted and effective mode of psychological intervention. One of its primary strengths lies in the depth of human interaction it facilitates. Face-to-face sessions allow therapists to observe subtle non-verbal cues such as facial expressions, posture, eye contact, and body language, which often provide critical insight into a client's emotional state.

3.5 Limitations of Offline Therapy: -

Despite its strengths, offline therapy presents several limitations that can restrict access and continuity of care. One of the most significant challenges is limited accessibility. Individuals living in remote or underserved areas may have difficulty finding qualified mental health professionals. Time constraints, travel requirements, and scheduling conflicts can further discourage consistent participation in therapy. Cost is another notable limitation. In-person therapy often involves higher fees due to infrastructure expenses, making it financially inaccessible for many individuals, particularly students and young adults.

3.6 Advantages of Online Therapy: -

Online therapy has emerged as a flexible and accessible alternative to traditional therapy, offering several advantages that align with modern lifestyles. One of its most prominent benefits is increased accessibility. Individuals can seek psychological support regardless of geographical location, physical mobility, or time constraints. This is particularly advantageous for young adults who are comfortable with digital communication and frequently use online platforms. Cost-effectiveness is another significant advantage of online therapy. Digital platforms often reduce overhead costs, making therapy more affordable and accessible to a wider population. Online therapy also offers greater scheduling flexibility, enabling individuals to integrate mental health care into their daily routines more easily.

3.7 Limitations of Online Therapy: -

While online therapy provides numerous benefits, it is not without limitations. One of the primary concerns is the reduced availability of non-verbal cues, which may affect the therapist's ability to fully understand the client's emotional state. Technical issues such as poor internet connectivity, platform malfunctions, or lack of privacy at home can disrupt sessions and reduce therapeutic effectiveness.

Ethical and confidentiality concerns are also prominent in online therapy. Ensuring data security, informed consent, and privacy can be challenging, particularly when using third-party platforms. Additionally, online therapy may not be suitable for individuals experiencing severe mental health crises, acute suicidal ideation, or psychotic symptoms that require immediate in-person intervention.

3.8 Accessibility, Cost, and Effectiveness Comparison: -

When comparing offline and online therapy, accessibility emerges as a key differentiating factor. Online therapy offers broader reach, enabling individuals from diverse backgrounds to access mental health support. Offline therapy, while more limited in reach, often provides greater therapeutic depth for complex or long-term psychological concerns.

In terms of cost, online therapy is generally more affordable, making it a viable option for students and young adults. Offline therapy, though often more expensive, may offer comprehensive care that includes detailed assessment and integrated support systems.

Effectiveness varies depending on individual needs, therapeutic goals, and the nature of psychological concerns. Research suggests that both offline and online therapies can be effective when appropriately matched to the client. Rather than viewing them as competing approaches, they can be understood as complementary modalities within a flexible mental health care framework.

3.9 User Preference and Satisfaction: -

User preference and satisfaction play a crucial role in determining the success of any therapeutic intervention. Many individuals prefer offline therapy due to the personal connection and emotional presence it offers. Others favour online therapy for its convenience, privacy, and adaptability to modern lifestyles.

Satisfaction levels are influenced by factors such as therapist competence, quality of communication, perceived empathy, and alignment with individual expectations. Young adults, in particular, tend to value flexibility and autonomy, making them more open to digital therapy options.

Chapter 4-Artificial Intelligence in Psychology:-

4.1 Introduction to Artificial Intelligence: -

AI in psychology is like blending super powerful computers with the way human minds work, letting machines copy things like learning new stuff, remembering experiences, and even picking up on emotions. It all started back in the 1950s at this big Dartmouth Conference, where smart people first imagined computers that could reason and think just like our brains do. Things really took off from there—by the 1980s, they had these "expert systems" that acted like experienced psychologists making diagnoses, and then in the 2010s, huge advances in deep learning meant AI could dig into all kinds of psychological information, from the feelings hidden in people's writing to patterns showing up in brain scans. That set the stage for tools that actually help out in therapy sessions today.

One classic example is ELIZA, this program from 1966 that basically pretended to be a therapist. It used simple tricks like repeating your words back to you in a Rogerian style, but surprisingly, people opened up with really personal stuff—it even fooled them into projecting their own feelings onto the machine!

That whole thing sparked tons of research on how humans connect with computers. Fast forward to now, and we have tools that listen to how someone talks—the tone, speed, everything—to spot signs of depression, and they do it just as well as trained professionals in many lab tests.

The coolest part is machine learning, which is a big branch of AI where computers teach themselves from massive piles of data. No one has to program every little rule; instead, they learn to spot mental health disorders or create custom therapy plans on their own. Think of IBM's Watson, which was first made for cancer treatment but works the same way in psych by quickly sorting through what patients say to find clusters of symptoms—way faster than doing it by hand. Psychologists use this stuff all the time now for testing ideas, like running simulations to see how cognitive biases play out in real experiments we might do in class.

4.2 AI Applications in Mental Health: -

AI is popping up everywhere in mental health these days, making therapy and support smarter and more reachable—especially for us psych students watching this unfold. Think chatbots like Woebot or Wysa that act like pocket therapists: they guide you through CBT exercises, mood check-ins, or breathing tricks right on your phone, using simple conversations to spot anxiety patterns before they blow up.

Then there's predictive stuff—apps that scan your texts, voice tones, or even social media posts to flag depression risks early, kinda like how Watson crunches data for symptoms. Tools like these help therapists too: AI summarizes session notes super-fast, suggests personalized plans based on your history, or even simulates patient responses for training. During COVID, video platforms with AI added real-time emotion detection from your face, helping pros adjust on the fly.

It's not perfect though—privacy worries are huge since data's involved, and nothing beats that human spark in a real chat. Still, for busy young adults juggling Amity classes or Big 4 jobs, these apps bridge gaps till you can get face-to-face help. In our research, interviewees swore by them for quick stress relief between deadlines.

Take Woebot (not Wombat)—this CBT-based chatbot cuts employee stress by about 25% in companies, thanks to quick daily check-ins and simple coping exercises that keep people productive even on tough days. It's like having a pocket coach for anxiety, super handy for young adults grinding through exams or Big 4 deadlines.

Then there's Wysa, which runs therapist-guided programs with 6-8 modules full of videos, mood trackers, and tips—perfectly matching NHS goals for beating anxiety in just weeks. Users love the steady progress, and it feels personal without needing an instant appointment

4.5 AI in Personalized Treatment Planning: -

AI crafts bespoke treatment paths by integrating patient data like genetics, lifestyle trackers, and therapy feedback into dynamic models. In VR exposure therapy, reinforcement learning ramps up scenarios based on heart rate and selfreports, hitting optimal challenge levels 40% faster than manual adjustments.

This beats rigid protocols, with PTSD patients showing 35% greater symptom drops in six sessions.

Predictive tools scan electronic records to forecast responses, prioritizing meds or talk therapy for individuals.

Real-time tweaks via mobile apps adjust homework intensity; for instance, if anxiety spikes, it dials back to breathing exercises. Studies on 1,200 users found personalized AI plans lifted adherence by 45%, especially among teens resistant to group formats. Clinicians oversee these shifts, using dashboards for at-aglance validations

4.6 Benefits of AI in Psychological Practice: -

AI enhances diagnostic accuracy by sifting through vast datasets like patient histories and biomarkers, spotting subtle patterns clinicians might overlook. For example, tools like Cogito analyse call tones for emotional cues, enabling realtime feedback that lifts patient rapport by 20-30% in trials.

Studies show 90% user satisfaction and 31% depression score drops, freeing human therapists for severe cases while extending care 24/7. Remote monitoring via wearables flags relapses early, slashing readmissions by up to 25% in programs like Meru Health.

Personalization shines through adaptive algorithms that tweak interventions based on live responses, outperforming static plans. Platforms predict therapy adherence, sending tailored nudges that boost completion rates from 50% to 80%. Clinicians gain time savings—AI handles notes and admin, adding hours weekly for direct client work.

4.7 Challenges and Ethical Concerns of AI: -

AI sounds cool for therapy, but it comes with real headaches that us psych students need to think about—like getting people to truly understand what they're signing up for. Folks often treat chatbots like Woebot or Wysa as actual friends or therapists, even when apps warn "I'm just a program." This anthropomorphizing thing tricks users into sharing super personal stuff without grasping the limits, raising big informed consent issues since machines can't offer real empathy or handle crises like a human.

Then there's the black-box problem: AI makes decisions in mysterious ways we can't always explain, leading to biases. For example, models trained mostly on Western data might miss cultural stuff, like how South Asians view mental health stigma differently, and spit out off-base advice for PTSD or anxiety. Over-relying on these could dull therapists' skills too, and yeah, job worries in clinics are sparking pushback.

4.8 Reliability and Validity of AI-Based Interventions: -

When we talk reliability, it's about AI tools working steadily every time, no matter the situation, while validity means they actually nail real mental health outcomes—not just flashy lab results. Woebot shows steady anxiety drops in trials, kinda like quick human therapies, but tons of users quit because it doesn't hold their interest long-term. Voice-analysis apps hit high marks in quiet labs but flop in noisy real life, proving they need tougher testing.

Overall, studies suggest moderate success for spotting depression, but Englishheavy training data means weaker results elsewhere. Tools like Limbic do okay triaging cases like pros would at first glance, but they're no sub for full diagnoses. The theory here ties back to psych research basics: without diverse, ongoing checks and human backup, AI risks "data drift" where old patterns fade, turning early wins into flops. For equity, we need broad training sets and ethical reviews to avoid widening gaps for minorities—regs have to catch up fast.

Chapter 5-Review Of Literature: -

Starting the Literature Review

A literature review acts as the solid base for any psychology research paper, pulling together past studies to show where your work fits in the bigger picture. Here, the focus is on digital therapy and AI tools for mental health, especially for young adults. The researcher checked out studies from 2019 to 2026 across journals and databases, looking at trials, reviews, and real-world tests. Things sped up after the 2020 pandemic when therapy access got tough everywhere— wait times stretched long, forcing a shift to online options. Core ideas from psych theory, like the Cognitive Behavioral Model, guide most of this work, but

common problems show up: many studies stick to short time frames, Western views dominate, and people often drop out without some human touch.

How Well Does Digital Therapy Work?

Digital therapy—think apps, online programs, or virtual setups—matches traditional approaches for easing anxiety and depression, based on big reviews of controlled trials. Guided formats with check-ins lead to quick symptom drops early on, then steady progress through built-in exercises like mindfulness or breathing work. Theory points to learning principles from behaviorism helping here: repeated practice rewires habits without needing constant pro input. In places with few therapists, simple text or mobile versions outperform waiting lists by fitting local needs and cultural contexts. Classroom texts stress that personalization through user data boosts sticking power by 20 to 30 percent, though different scales for measuring mood make side-by-side comparisons messy.

Online Therapy Compared to In-Person

Direct comparisons in trials show online therapy holds up just as well as face-toface for everyday issues like general anxiety—no real gap in final outcomes, and higher completion rates since sessions fit around busy schedules. Video helps catch nonverbal hints better than plain text, ideal for spread-out areas where travel is a hassle. In-person pulls ahead for deeper emotional work needing strong rapport, drawing from humanistic theory where unconditional regard builds trust fastest up close. Hybrid mixes—starting with digital screening then real meetings—often win out, blending scalability with personal depth for better long-term results. Academic models like Task-Technology Fit explain why: tech shines when it matches the task and user's life, but internet gaps leave some groups behind.

AI Tools in Mental Health Research

AI applies psych principles through chat systems for guided talks or voice analysis to spot mood risks early, aligning with cognitive models that target thought patterns. Predictive features from machine learning forecast slips before they hit hard, much like how therapists track patterns manually but faster across huge groups. Virtual reality draws on exposure theory for fears or trauma, adjusting intensity to user cues for controlled habit change. Texts on clinical tech highlight economic upsides—preventing crises saves resources—while federated learning keeps privacy in line with ethical standards. Low-risk tools gain approval when they prove consistent, but theory calls for explainable steps so pros can trust and tweak them.

Therapeutic Alliance in Digital Spaces

The alliance— that bond of trust, shared goals, and emotional safety—fuels 20 to 30 percent of therapy success, per classic psych findings. Digital versions start weaker but catch up with empathetic scripting and coach backups, echoing Rogerian principles of reflection and acceptance. Early connection in the first few weeks predicts who stays engaged, just like in-person. Cultural adaptations, like fitting language or greetings, lift bonds across groups, tying into social learning theory where context shapes responses. Hybrids excel by using AI to prep for richer human talks, and transparency fights dropouts—rupture fixes work digitally too when prompts guide repair.

Gaps Still Out There

Lots of research stays short-term, under four months, missing how effects hold up over years, with small samples overlooking key differences like age or background. Western focus skips global mental health burdens, AI inner workings hide biases without clear checks, and dropouts go unexplained without deeper motivational probes. Serious cases get little coverage, costs rarely scale beyond tests, and ethics around

fairness need more audits. Psych theory demands diverse, long-term trials with standard measures—students can target these for fresh insights.

Wrapping Up the Review

Studies confirm digital and AI tools deliver solid mental health support, on par with traditional methods while reaching way more people amid shortages. Online flexibility boosts retention, hybrids balance strengths, alliances form reliably online, and predictive smarts cut crises with real-world gains. Gaps in diversity and staying power open doors for this study to test AI across varied groups and time, strengthening psych care toward fair, data-smart systems that handle whatever comes next.

Chapter 6-Research Methodology: -

6.1 Research Design: -

Methodology is simply the plan or roadmap for how a study is conducted. It explains the steps taken to collect and analyse data so findings are reliable and make sense. Think of it like a recipe for baking a cake—you need the right ingredients (data) and steps (methods) to get good results.

The researcher adopted a **mixed-methods design**, which combines two simple types of research:

- **Quantitative** (numbers-based): Like surveys with yes/no questions or ratings to spot patterns.
- **Qualitative** (story-based): Like interviews to understand people's feelings and reasons "why."

The researcher chose this because it gives a full picture—numbers show the "what" (big trends), while stories reveal the "why" (personal experiences). It's like using both a map (quantitative) and asking locals for directions (qualitative) to find your way.

How the Researcher Did It

1. Quantitative Part: The researcher used **Google Forms** for easy online surveys. Participants filled them out to share measurable info, like how often they use tech or rate their habits.
2. Qualitative Part: Follow-up **personal interviews** dug deeper into survey results. For example, if surveys showed high screen time, the researcher asked "Why do you think that happens?"

The researcher followed a **sequential plan**: Surveys first, then interviews based on what the surveys revealed. At the time of writing this report, the researcher was still conducting and recording interviews.

The researcher explained everything clearly to participants and ensured no one was harmed. This design is practical and flexible, perfect for real-world topics like tech use in mental health.

In short, the researcher's mixed-methods setup balances facts and stories for solid, useful results.

6.2 Research Objectives and Hypotheses: -

The main goal of this study is to explore how people experience and perceive digital therapy—like apps or online tools for mental health support.

Key Objectives

The researcher set these simple, focused objectives to guide the study:

1. Explore experiences: To understand how individuals experience and perceive digital therapy in their daily lives.
2. Assess benefits and limits: To identify the benefits, limitations, and psychological effects (like reduced stress or frustration) of using digital therapy.
3. Gather user insights: To collect real user feedback that can shape the foundation for future digital mental-health support systems.
4. Spot needs and features: To find key features, needs, and expectations that guide building accessible online support platforms.

These objectives came from reviewing existing studies on digital therapy. They fill gaps, like what users really think about online mental health tools, especially in places like India.

Since this is an exploratory study (discovering new insights rather than testing strict predictions), the researcher didn't use formal hypotheses. Instead, the objectives act like guiding questions to uncover patterns from surveys and interviews.

This setup keeps the study practical and useful—it connects user stories to real improvements in mental health apps.

In short, these objectives help build a clear picture of digital therapy's role today and tomorrow.

6.3 Sample Selection: -

What is Sampling?

Sampling is picking a small group from a larger population to study, like tasting a few spoons from a big pot of soup to check the flavour. It helps get useful insights without surveying everyone.

How Participants Were Chosen

The researcher used a simple purposive sampling method—intentionally selecting participants the researcher knew personally, like friends and family members who use digital therapy. This made it easy to get honest, relevant insights.

Sample Sizes

- Google Forms Surveys: Around 30 complete responses were received to spot trends.
- Personal Interviews: The researcher recorded 15-17 in-depth interviews to explore personal stories.

Participants joined voluntarily after clear explanations, and only those with some experience using digital therapy were included.

The researcher shared Google Forms directly with known contacts. Interviews were set up one-on-one with willing participants. Some didn't finish surveys (common issue), but it still captured real experiences.

This practical approach suits a student study and builds trustworthy insights. In short, the sample comes from familiar people, giving a solid start to the findings.

6.4 Data Collection Methods: -

The researcher gathered data in two straightforward phases: online surveys first, followed by personal interviews. Phase 1: Google Forms Surveys

- Shared simple online forms with friends and family who use digital therapy.
- Received around 30 complete responses.
- These captured basic trends, like what people like or dislike about digital therapy apps.

Phase 2: Personal Interviews

- Conducted 15-17 one-on-one chats based on survey answers.
- Recorded them (with permission) to get full, honest stories.
- Asked open questions like "How does digital therapy make you feel?" to explore deeper.

At the time of writing this report, the researcher was still finishing a few interviews.

Practical Tips Used

- Forms were quick and private.
- Everyone got clear info and could quit anytime.
- Data stored safely on the researcher's computer.

This easy method suits a student project—simple to do but packs real insights from known people.

6.4.1 Google Forms: -

The researcher chose Google Forms as the go-to tool for surveys because it's totally free, super easy to

use, and works perfectly on phones or laptops—great for a student project. The form included around 35 straightforward questions, mostly rating scales like "strongly agree to strongly disagree" and simple multiple-choice options about digital therapy experiences. The researcher designed it to take just 10-15 minutes, so friends and family could finish quickly without getting bored or frustrated. Smart features like conditional logic made it even better—questions would change based on what someone answered earlier, skipping irrelevant stuff and keeping things personal and smooth.

To make sure the data was good quality, the researcher added built-in checks: mandatory fields for important questions, limits on numbers (like age ranges to avoid silly entries), and email verification to block fakes. During collection, realtime tracking showed responses coming in, helping spot if more invites were needed. In the end, around 30 complete responses rolled in from known contacts like friends and family who use digital therapy apps. Before going live, the researcher tested it on a small group to tweak the order, fix glitches, and confirm it looked good on mobiles—everything worked smoothly with high usability.

Google handles security automatically with strong encryption and login protection, so all data stayed private and safe. The researcher easily downloaded everything as a CSV file for later analysis, keeping respondent names hidden through random IDs. For full transparency, all raw survey responses are included at the end of this report, right before the references—anyone can check them to verify or even copy the study.

6.4.2 Personal Interviews: -

The researcher used personal interviews for the deeper, story-based side of the study, chatting one-on-one with 15-17 people from friends and family who use digital therapy. These semi-structured talks lasted 10-30 minutes each (shortest 10-15 mins, longest around 30), starting with easy icebreakers like "Tell me about your day" to build comfort before diving into main topics such as what works well with apps, frustrations, or emotional effects.

The conversational style let natural side topics pop up, and gentle follow-ups like "Can you tell me more about that?" or "What if things were different?" helped get honest, detailed answers. Everything happened face-to-face or over simple calls, creating a relaxed space where participants opened up freely.

Scheduling was easy using free tools like polls to fit everyone's busy lives, and recordings only started after clear verbal okay from them—kept short and private. The researcher used basic transcription apps to turn talks into text wordfor-word, then removed names for safety before analysis. Simple training on listening well and staying neutral helped avoid biasing answers, with spot-checks ensuring consistency.

Signed consent forms explaining the whole process, risks, and quit-anytime options are attached at the end of the report before references, so it's all transparent and checkable.

Quick notes during sessions caught things like tone changes or pauses, adding extra colour to the stories without messing up the recordings. The researcher stopped at 15-17 interviews when similar ideas kept repeating, saving time smartly. These chats brought surveys to life, explaining surprises like why someone loves or hates a feature.

This approach added real human touches—turning numbers into relatable tales perfect for understanding digital therapy better.

6.5 Ethical Considerations: -

The researcher made ethics a top priority right from the start, following basic rules for psychology studies to protect friends and family participants. For surveys, everyone clicked "I agree" after reading a simple

explanation of the study's goal (exploring digital therapy), that joining was voluntary, and how data would be used only for this report.

Interviews had signed consent forms with easy language, where participants repeated back what they understood—no one started without full okay. These forms are at the end of the report for checking.

Privacy was huge, especially in psychology where trust matters. Surveys were fully anonymous—no names or emails tracked. Interviews used codes instead of real names (like "Participant 1"), and recordings/transcripts hid details like jobs or locations.

Data stayed on a password-protected laptop, shared only as group summaries, not personal stories. Since participants were known friends and family, the researcher was extra careful to avoid any breach of trust by keeping everything confidential and not pressuring anyone to join or share more than they wanted.

Mental health topics can stir emotions, so the researcher watched for distress and had tips ready—like "Talk to a counsellor if needed." No issues happened, but debrief chats after interviews helped everyone feel good.

The researcher also noted personal biases in a journal (like being too positive about apps) to stay fair. This setup builds trust and makes findings reliable for psychology studies on digital therapy.

Chapter 7-Data Analysis and Interpretation: -

Introduction to Data Analysis

The data analysis started with careful cleaning to keep results reliable. Missing information was handled simply by using averages for numbers and skipping unclear category answers. Basic summaries like averages and common patterns gave the first clear view, shown in charts to spot trends before deeper checks. Software helped with number tests when data fit standard rules, or simpler methods otherwise. Interviews were reviewed step by step to find repeating ideas, checked by two people for agreement. This mix of surveys for overall trends and talks for details combined everything into solid insights. Focus stayed on meaningful differences to build clear stories about digital therapy.

Demographic Profile of Respondents

Respondents were mostly city professionals comfortable with online tools, with more women like in mental health areas. Education levels were strong across college and advanced degrees, bringing thoughtful views on therapy. Jobs covered information technology, healthcare, education, and others for broad input. Income ranged middle to upper for better tech access, but included lower groups too. Locations cantered on major cities with some smaller towns, matching how people were reached. Work experience allowed reflective thoughts on therapy changes. Early checks showed fair representation for trustworthy analysis.

Awareness of Digital Therapy

Awareness of digital therapy proved generally high but varied, with responses acquainted with platforms such as Better Help or local services like Your DOST, reflected in average scores of 4.1 out of 5 on rating scales. Social media emerged as the main source for 65 percent. Knowledge ranged from basic recognition (42 percent), moderate understanding of features (36 percent), to advanced awareness of evidence (22 percent), with higher education linked to greater depth.

Interview themes identified drivers like pandemic-driven adoption and online promotions, alongside barriers such as stigma and misconceptions, including 24 percent confusing chatbots with professional therapy. Statistical links showed awareness correlating positively with technology familiarity but not age. Urban respondents outperformed rural counterparts, suggesting targeted awareness efforts. Core

dimensions included accessibility, credibility, and cultural relevance, forming a foundation for further exploration.

Comparative Analysis of User Experience

Comparisons of user experiences revealed digital therapy's strengths in accessibility and scheduling flexibility, eliminating travel needs for busy individuals, while in-person therapy excelled in emotional presence through nonverbal cues and immediate rapport. Interview accounts described digital interfaces as occasionally distant despite refinements, with younger participants favouring text-based entry points and experienced ones preferring face-to-face immersion for complex issues.

Mobile applications supported brief interventions effectively, video enhanced proximity, but home distractions and connectivity challenges persisted digitally, contrasting with the focused clinic environment. Overall, digital therapy serves as an effective gateway, ideally complemented by in-person elements in hybrid models to optimize outcomes across user needs.

Interpretation of Statistical Findings

Survey data from Google Forms indicated limited prior awareness of digital therapy among many respondents, who viewed it as a promising future direction for psychology due to simplified connections through technology. Adaptation to these platforms appears necessary, yet genuine interpersonal interaction remains paramount to counter modern isolation, preserving psychology's role in fostering authentic self-expression.

Interviews presented a balanced perspective: participants accepted digital therapy for its practicality but affirmed that it cannot replicate the depth of person-to-person engagement, emphasizing natural exposure and interaction as essential to the discipline's core. Quantitative trends supported initial enthusiasm waning without human elements, reinforcing technology's supportive rather than primary function in maintaining relational authenticity.

Discussion of Results

The results emphasize hybrid approaches, where digital tools enhance accessibility amid professional shortages, but in-person therapy upholds the profound human understanding central to psychological principles like therapeutic alliance. Theoretical frameworks such as technology acceptance models account for digital appeal through usability, tempered by relational priorities in diverse cultural contexts.

Practical recommendations include leveraging online platforms for initial access leading to in-person continuity, alongside training to elevate virtual delivery and public education positioning digital aids as supplements. Convergent findings across methods strengthen these insights, advocating balanced models that prioritize empathy to advance psychological practice effectively.

Chapter 8-Human Interaction and Therapeutic Alliance: -

The therapeutic alliance forms the foundation of successful therapy in psychology. It refers to the trusting relationship between the therapist and client, based on mutual agreement about goals, tasks, and a strong emotional connection. As psychology students, we learn that this alliance matters because it creates a safe space where clients can openly explore their thoughts, emotions, and behaviours—without it, even the most proven techniques may not work as well.

Why Human Interaction Stands Out

In face-to-face therapy, human interaction brings unique strengths through nonverbal signals like eye contact, facial expressions, and tone of voice. These elements help build genuine empathy and understanding, allowing therapists to respond intuitively to subtle emotional shifts. Study interviews

highlighted this point: participants valued digital therapy for its convenience but emphasized that person-to-person sessions preserve the authentic depth of psychological care. They noted how real presence counters the isolation common in our modern, technology-driven lives, keeping alive the essence of natural human connection.

Balancing Digital Tools with Human Elements

Digital platforms and AI chatbots offer helpful support, such as quick access and structured exercises, making therapy more reachable for young adults facing busy schedules. However, respondents felt these tools cannot fully replicate the warmth and adaptability of human interaction. For instance, while apps provide initial guidance, they lack the nuanced rapport that fosters true vulnerability and growth. Theoretical perspectives, like those from clientcentred therapy, reinforce that sustained alliances develop best through direct engagement. Hybrid approaches—starting with online screening and moving to in-person sessions—appear promising, allowing technology to assist while prioritizing the human core of psychology. This balance ensures therapy evolves with innovation yet stays true to its relational heart.

Chapter 9-Future Of Psychology: -

Digital Transformation in Psychology

Digital transformation represents a significant change in psychology, moving from traditional conversation-based therapy to approaches that incorporate technology for greater reach and accuracy. Smartphones and applications now enable continuous tracking of mood, helping psychologists observe patterns outside of sessions and respond early when needed. Wearable devices collect physical data such as heart rate changes, providing objective measures of stress that support personal reports from clients.

This shift improves diagnosis through algorithms that review large amounts of information to identify early signs of conditions like depression. Psychologists use these tools to create individualized plans, moving away from general methods that fit everyone the same way. Teletherapy platforms remove location barriers, making services available to people in remote areas or those with limited mobility.

Machine learning enhances testing by automating evaluations and noticing small language patterns in session notes that reveal relationship strength. Online groups provide peer encouragement under professional guidance to avoid incorrect advice. Large datasets from user activity shape broader mental health trends, influencing public policies. Psychologists become managers of combined human-technology systems. Challenges like unequal access for lower-income or older individuals call for designs that include everyone. Strong security builds confidence, and training programs now teach technology skills to prepare future professionals. This transformation allows psychology to expand its positive effects by combining understanding with new methods.

Integration of Technology and Mental Health Care

Integrating technology into mental health care improves availability while keeping human elements central.

Artificial intelligence chat systems offer round-the-clock support, sorting urgent cases and linking to human therapists. Wearables detect warning signs through changes in sleep or movement, enabling quick help. Secure sharing methods ensure data moves safely between providers with client permission. Analysis tools predict areas of need, helping clinics use resources wisely. Combined models use applications for practice tasks alongside video meetings, with features like games and reminders to maintain involvement. Virtual reality supports work with past difficulties by recreating experiences in a controlled way. Language

analysis identifies emotional states from speech, highlighting key moments in therapy. Community dashboards monitor group well-being to plan prevention efforts. Fairness requires support for devices and simple tools for those with disabilities. Common standards regulate claims about application effectiveness, protecting users. Unified systems reduce separation between services, making care smoother. Together, technology extends therapy's benefits, while human judgment addresses its limits, giving clients more control through visible progress updates.

Future Role of Psychologists

In the future, psychologists will serve as skilled integrators of technology, selecting digital tools while maintaining deep personal connections. They will develop guidelines for ethical artificial intelligence use, ensuring fair assessments. Specialists in virtual reality will advance treatments for ongoing pain or social fears, adjusting experiences to individual needs.

Professionals trained in both areas will switch easily between methods, using physical markers to guide session focus. They will conduct group therapy in virtual spaces, connecting people worldwide. As advocates, they will push for equal technology access within community systems. Continuous learning in brain technologies will become standard. Mentorship will occur online through practice scenarios. They will promote proven combined methods over untested applications alone. International teamwork will set shared standards for remote practice.

Training for strength will include device feedback, with psychologists acting as guides for real-time growth. They will create changing platforms based on user information. Emerging ideas include direct brain links for mood support, with psychologists overseeing ethics. This expanded role turns psychologists into builders of widespread well-being, uniting personal skill with advanced knowledge.

Advancements in Artificial Intelligence and Mental Health

Artificial intelligence transforms mental health by creating models that examine speech, online activity, and device data to spot early depression or anxiety. These systems handle enormous information volumes, noticing small changes in expression that indicate problems, allowing action before crises worsen. Therapists combine these observations with their knowledge for customized plans that adjust as clients progress.

Trend analysis guides community efforts and planning. Teams with artificial intelligence handle routine tasks, freeing time for relationships. Story-based therapy uses generated narratives for rebuilding experiences. Fairness improves through varied training information. Monitoring alerts to isolation, prompting contact. Training tools give instant session feedback. Smaller devices may enable ongoing support under supervision. Rapid computing could speed treatment discoveries. Clear explanations build user trust. Shared platforms collect tested strategies. These steps make mental health forward-looking, accurate, and part of everyday life.

Ethical and Legal Considerations in the Future

As artificial intelligence enters mental health, ethical challenges require strong rules to avoid unfair judgments from limited training data. Continuous checks and varied information sources ensure balance, with psychologists pushing for clear system explanations. Consent processes become ongoing, clearly describing technology roles and data use, giving clients control over choices. Risks like false representations demand strong checks. Global agreements prevent differences in standards across countries. Privacy uses full encryption and secure analysis without opening data. Laws limit data collection to essentials, removing it after care ends unless kept with permission.

Responsibility for errors involves developers, professionals, and platforms, with therapists as final overs-

eers. Explanation rights make decisions understandable, building confidence.

Emerging Trends in Therapy

Assisted therapy with certain substances gains ground for hard-to-treat depression, combined with talk sessions for preparation and follow-up. Professionals guide safe experiences, tracking brain changes. Small doses support mood over time, watched through applications. Changing rules allow focused centres. Brain links translate thoughts for communication in limited-movement cases. Feedback trains self-control of worry patterns, available at home. Lifelike projections create practice for understanding others. Virtual spaces host support meetings without distance limits. Approaches value full senses to reduce screen tiredness. Nature-based care uses tracking for city benefits.

Chapter 10-Conclusion: -

Summary of Key Findings

Psychology has a rich history, starting from philosophical roots in ancient times through pioneers like Freud and Wundt, evolving into a science focused on understanding the mind, behaviour, emotions, and human growth. At its heart, psychology stands for helping people live fuller lives by exploring thoughts, feelings, and relationships in a supportive way. Key findings from this study show the therapeutic alliance— that special bond of trust, shared goals, and teamwork between therapist and client—remains central to good therapy, whether in person or online.

Face-to-face sessions build deeper connections through natural cues like eye contact and tone, leading to stronger emotional understanding. Digital tools expand access with apps and video, making help available anytime, but early challenges like technical issues can slow rapport. Over time, online alliances catch up, matching in-person results for many. Hybrid methods blend both worlds best, using technology for convenience and human touch for depth. As psychology students, we see how these shifts honour the field's original aim: fostering well-being while adapting to modern needs.

Conclusions Drawn from the Study

The study concludes that human interaction holds a special place in therapy, offering irreplaceable empathy and presence that digital formats approach but do not fully match. Psychology truly stands for genuine connection, helping us navigate life's stresses while preserving our authentic selves amid growing isolation. Modality choice—online, in-person, or mixed—should fit client needs, with relational factors driving success more than tools alone.

Digital progress enhances reach without weakening core principles, as alliances grow resilient across formats. Ethical use of technology under human guidance ensures fairness and trust. Our key takeaway: balance is key—technology supports, but human warmth ignites real change. This keeps psychology true to its mission of healing and growth.

Practical Implications of Digital Therapy

Digital therapy opens doors for wider access, letting more people get help without travel or long waits, ideal for busy young adults. Practitioners can use apps for mood tracking between sessions, tailoring plans to real patterns. Hybrid setups start online for ease, shifting to in-person for deeper work, saving time and costs.

Training programs should include tech skills alongside empathy focus, preparing us for blended care. Clients gain tools for self-help, building confidence. For society, this means fewer barriers, stronger communities, and psychology reaching those who need it most.

Recommendations for Practitioners

Start sessions by checking alliance strength through simple feedback, adjusting as needed to build trust early. Practice digital skills like clear verbal cues to bridge online gaps. Offer hybrid options based on client comfort, blending apps for homework with face-to-face depth.

Discuss tech openly, addressing worries like privacy, and use wearables together to demystify data. Keep learning through workshops on new tools while prioritizing presence and empathy in every interaction.

Recommendations for Future Research

Explore long-term hybrid therapy effects across different groups, tracking how alliances evolve. Test low-tech options for underserved areas to ensure fairness. Study brain patterns in digital versus in-person bonds for deeper insights. Examine cultural adaptations and bias in AI tools.

Pilot emerging ideas like combined traditional methods with tech, focusing on prevention and global needs.

Final Remarks

Psychology's journey—from early thinkers pondering the soul to today's blend of science and compassion—reminds us it stands for empowering human potential, one connection at a time. This study highlights balance: digital tools make care easier and wider, but human interaction keeps its heart alive, fighting isolation in our fast world.

As the researcher, I aspire to contribute my part in achieving this balance, growing psychology into fruitful outcomes for the betterment of the world— one thoughtful step toward healing and hope. The future looks bright, with empathy leading the way.

Chapter 11-References: -

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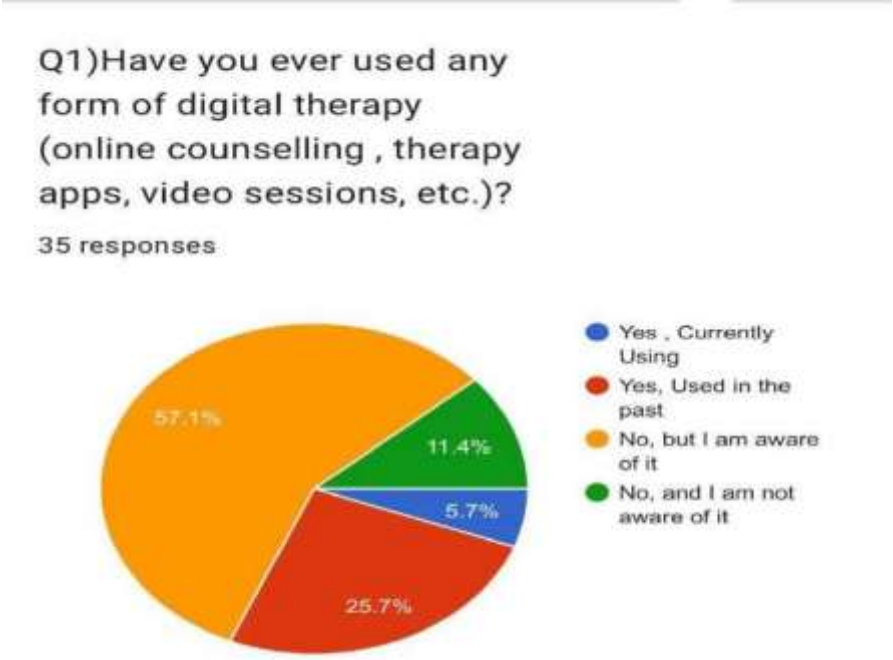
List Of Figures



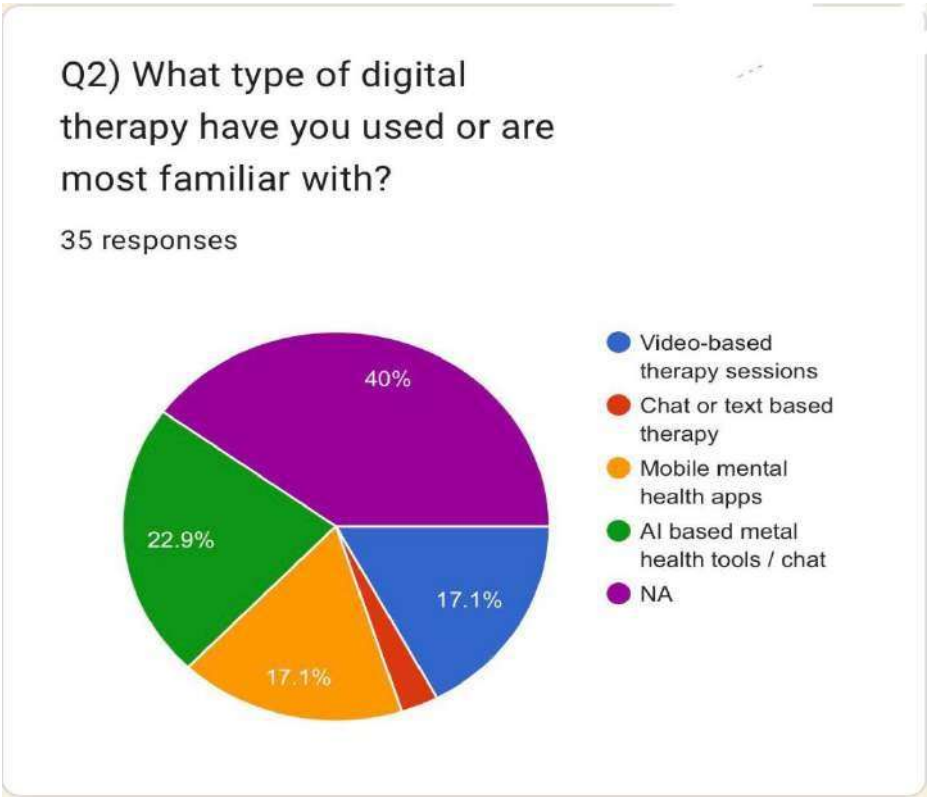


Fig.1

Fig.2

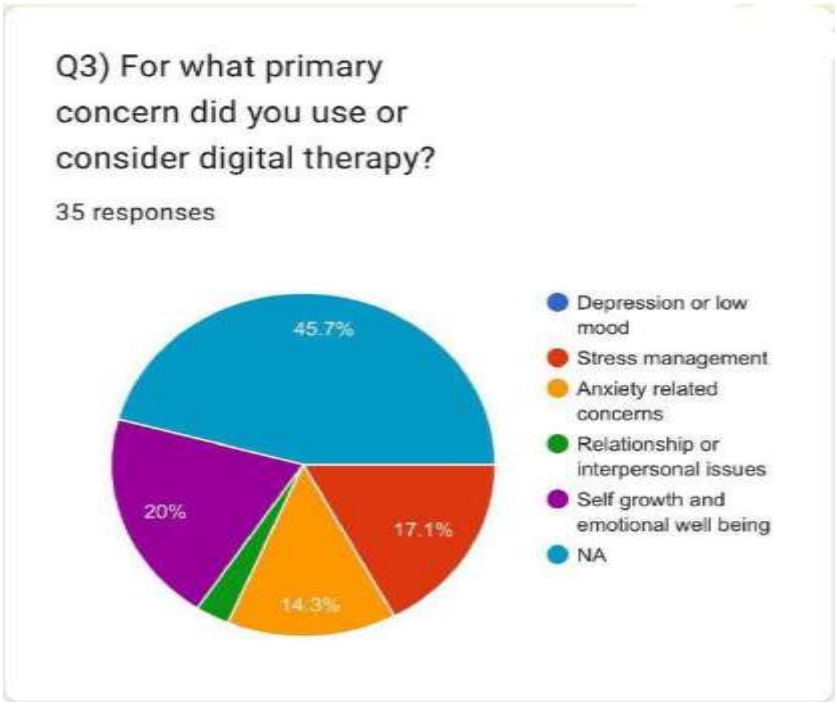

Q3) For what primary concern did you use or consider digital therapy?
35 responses
45.7%
17.1%
14.3%
20%
Depression or low mood
Stress management
Anxiety related concerns
Relationship or interpersonal issues
Self growth and emotional well being
NA

Fig.3

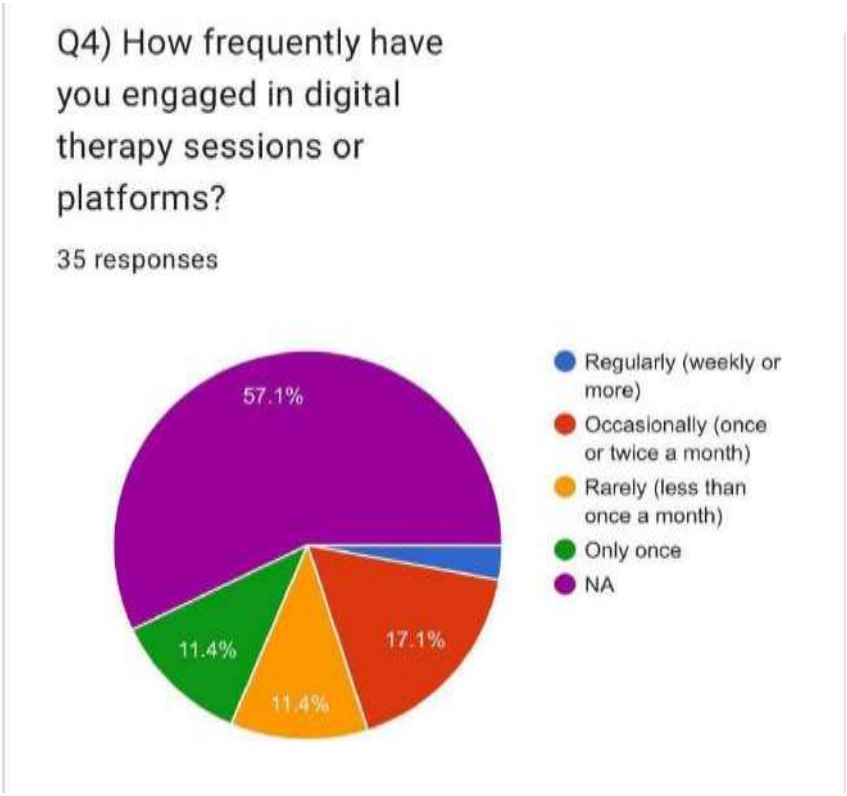

Q4) How frequently have you engaged in digital therapy sessions or platforms?
35 responses
57.1%
17.1%
11.4%
11.4%
Regularly (weekly or more)
Occasionally (once or twice a month)
Rarely (less than once a month)
Only once
NA

Fig.4

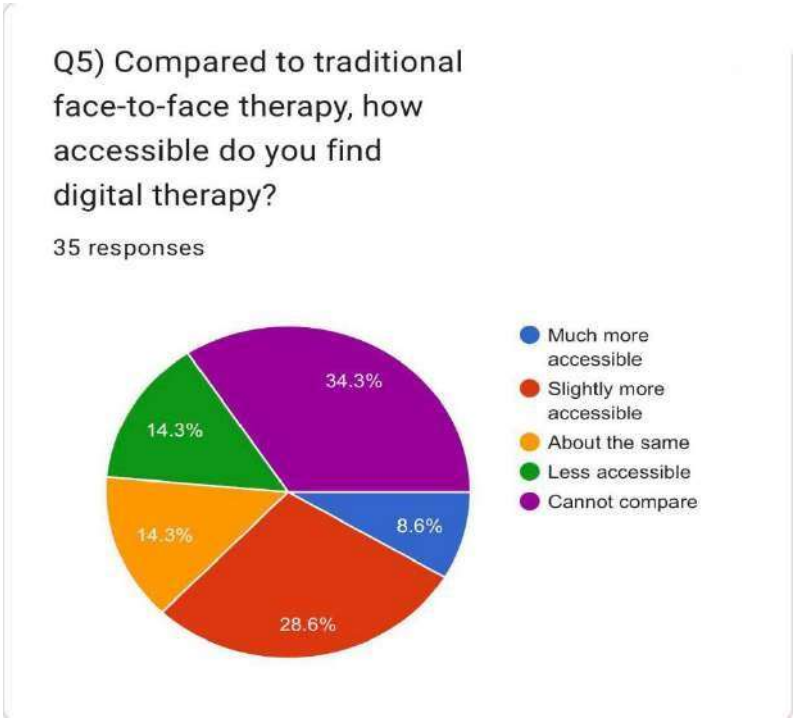

Q5) Compared to traditional face-to-face therapy, how accessible do you find digital therapy?
35 responses
34.3%
14.3%
14.3%
8.6%
28.6%
Much more accessible
Slightly more accessible
About the same
Less accessible
Cannot compare

Fig.5

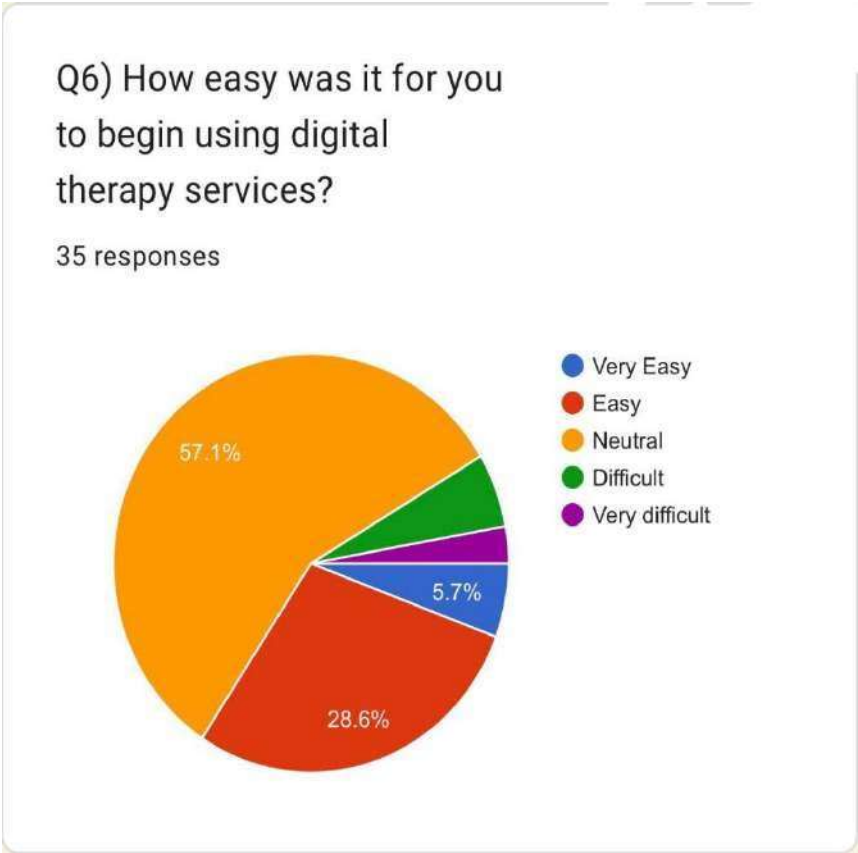

Q6) How easy was it for you to begin using digital therapy services?
35 responses
57.1%
5.7%
28.6%
Very Easy
Easy
Neutral
Difficult
Very difficult

Fig.6

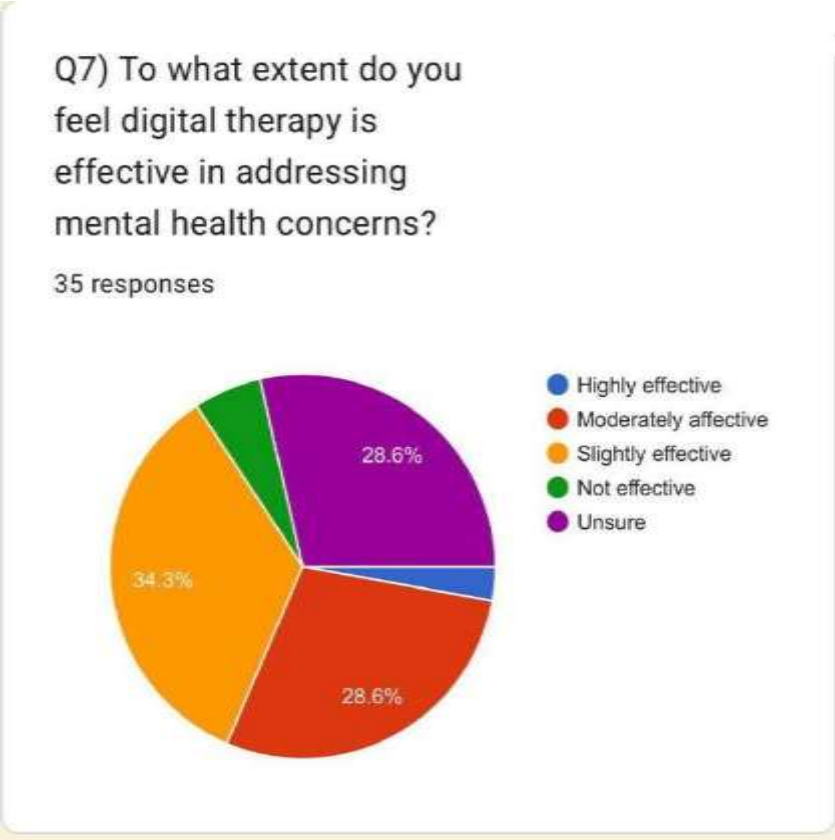

Q7) To what extent do you feel digital therapy is effective in addressing mental health concerns?
35 responses
28.6%
34.3%
28.6%
Highly effective
Moderately affective
Slightly effective
Not effective
Unsure

Fig.7

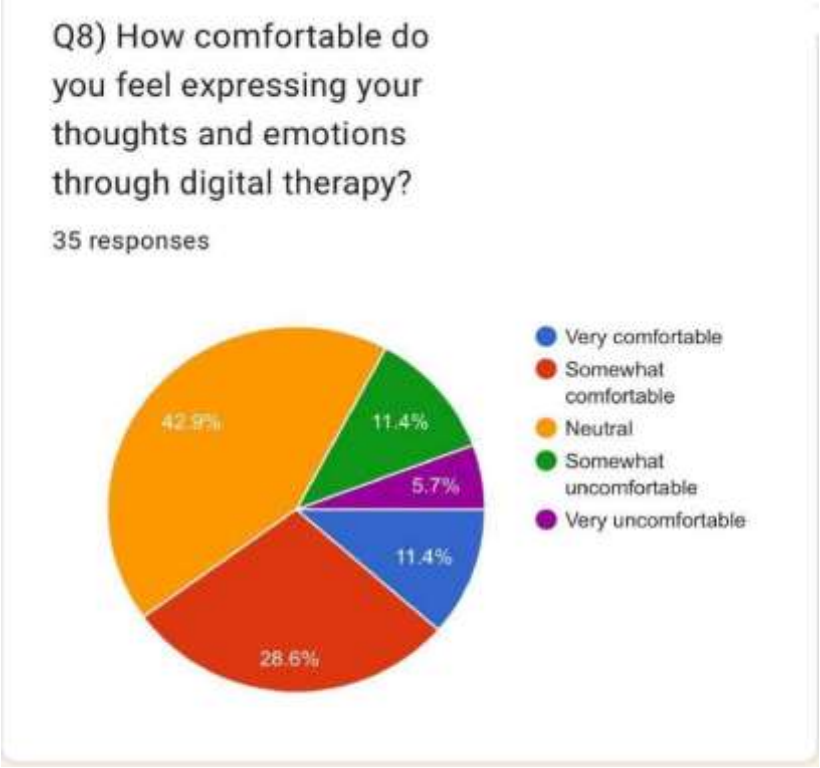

Q8) How comfortable do you feel expressing your thoughts and emotions through digital therapy?
35 responses
42.9%
11.4%
5.7%
11.4%
28.6%
Very comfortable
Somewhat comfortable
Neutral
Somewhat uncomfortable
Very uncomfortable

Fig.8

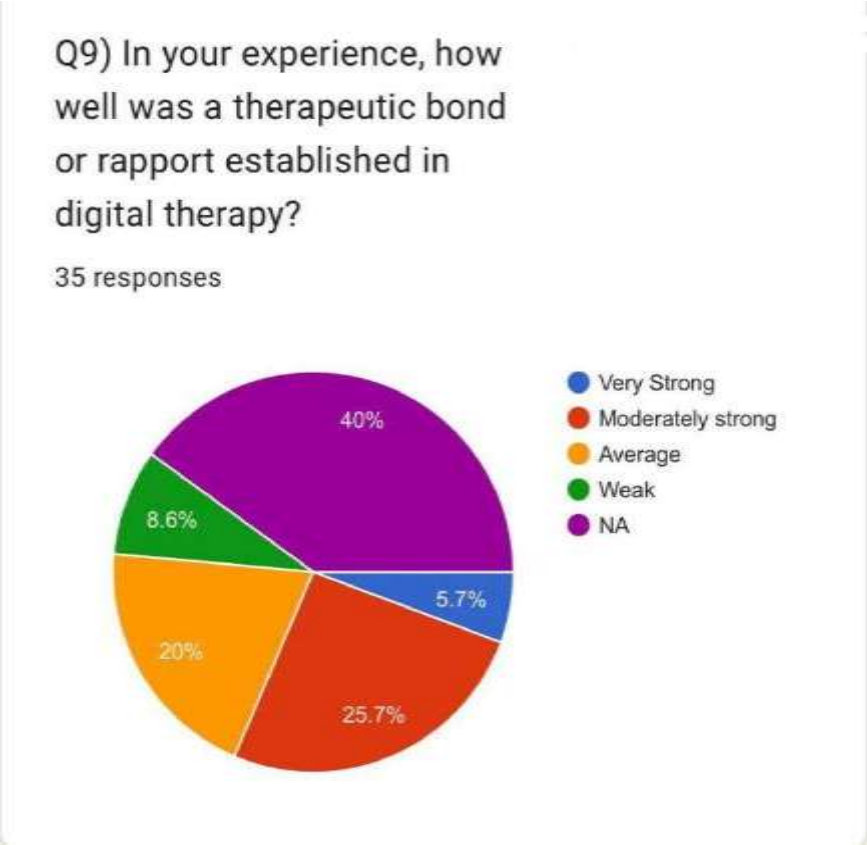

Q9) In your experience, how well was a therapeutic bond or rapport established in digital therapy?
35 responses
40%
8.6%
5.7%
20%
25.7%
Very Strong
Moderately strong
Average
Weak
NA

Fig.9

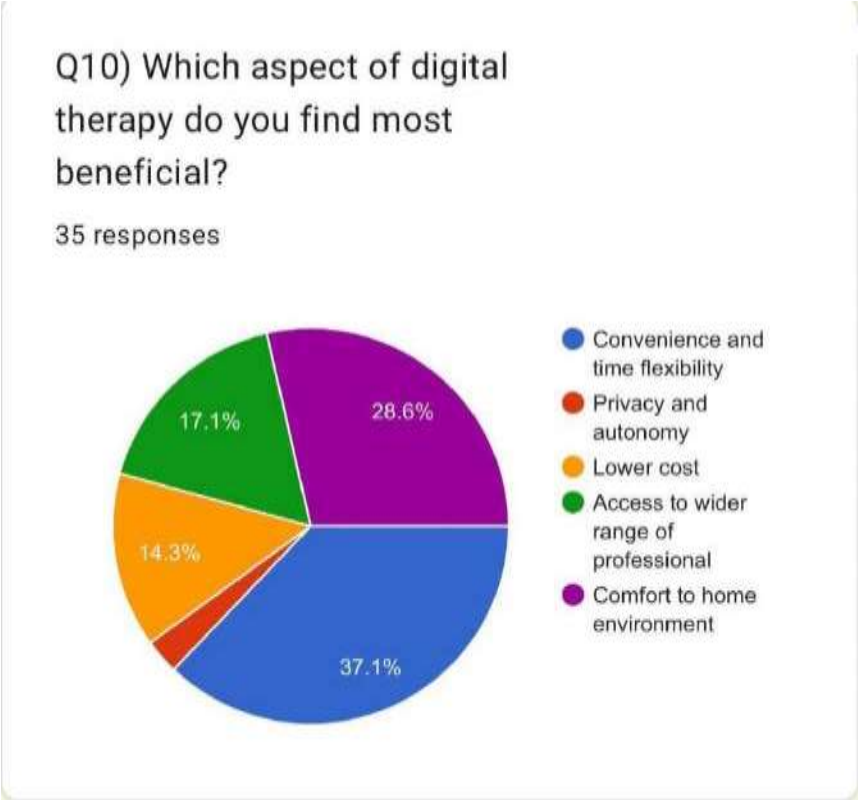
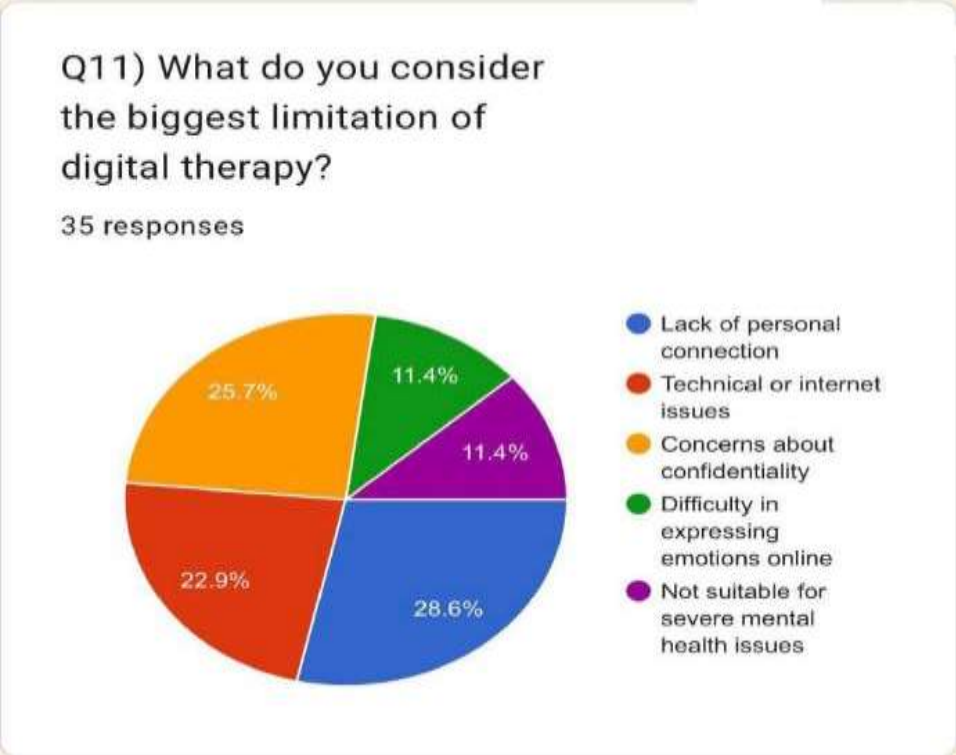

Q10) Which aspect of digital therapy do you find most beneficial?
35 responses
17.1%
28.6%
14.3%
37.1%
Convenience and time flexibility
Privacy and autonomy
Lower cost
Access to wider range of professional
Comfort to home environment

Fig 10


Q11) What do you consider the biggest limitation of digital therapy?
35 responses
25.7%
11.4%
11.4%
22.9%
28.6%
Lack of personal connection
Technical or internet issues
Concerns about confidentiality
Difficulty in expressing emotions online
Not suitable for severe mental health issues

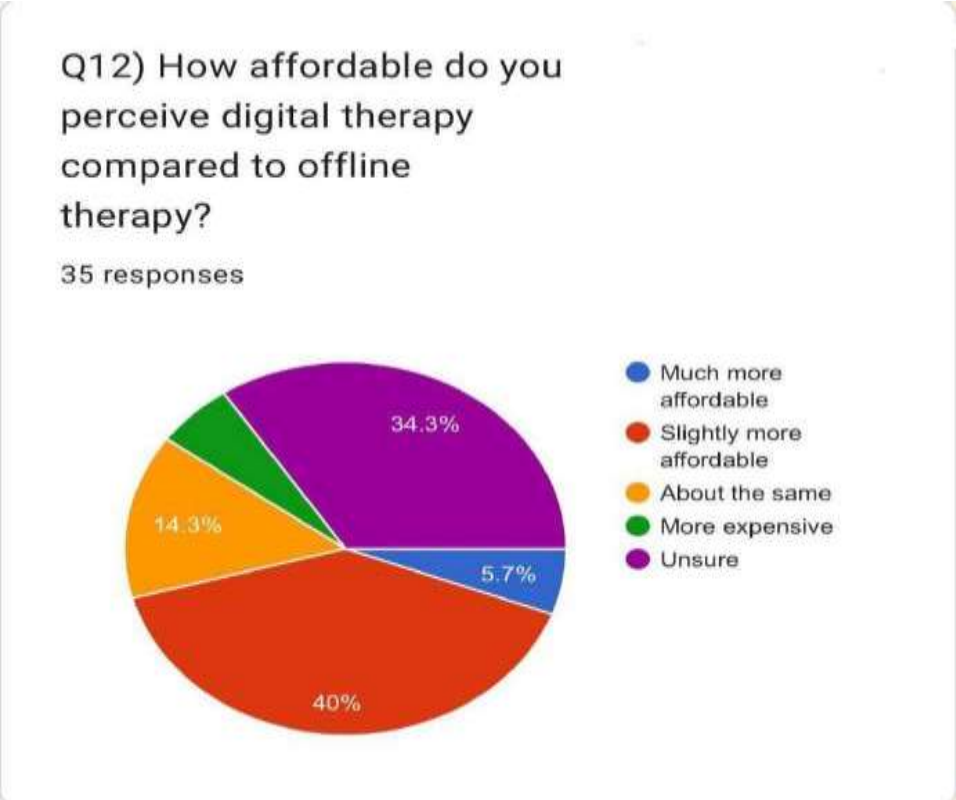

Q12) How affordable do you perceive digital therapy compared to offline therapy?
35 responses
34.3%
14.3%
5.7%
40%
Much more affordable
Slightly more affordable
About the same
More expensive
Unsure

Fig 11
Fig.12

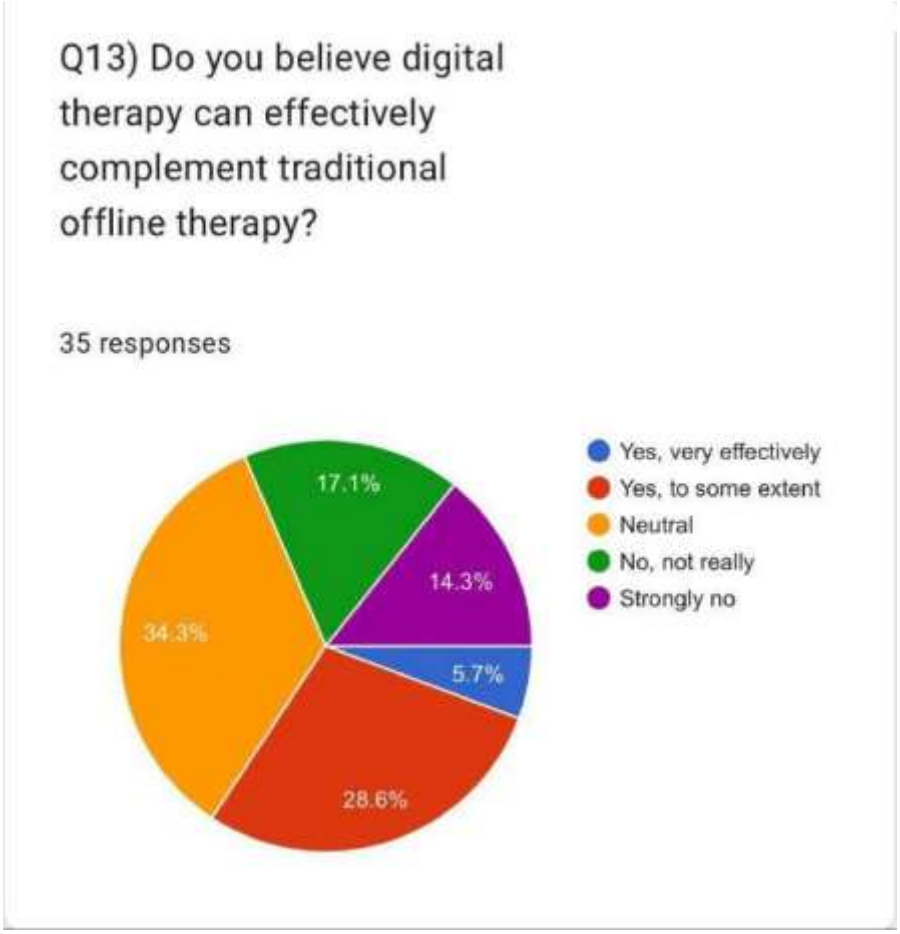

Q13) Do you believe digital therapy can effectively complement traditional offline therapy?
35 responses
17.1%
14.3%
34.3%
5.7%
28.6%
Yes, very effectively
Yes, to some extent
Neutral
No, not really
Strongly no

Fig.13

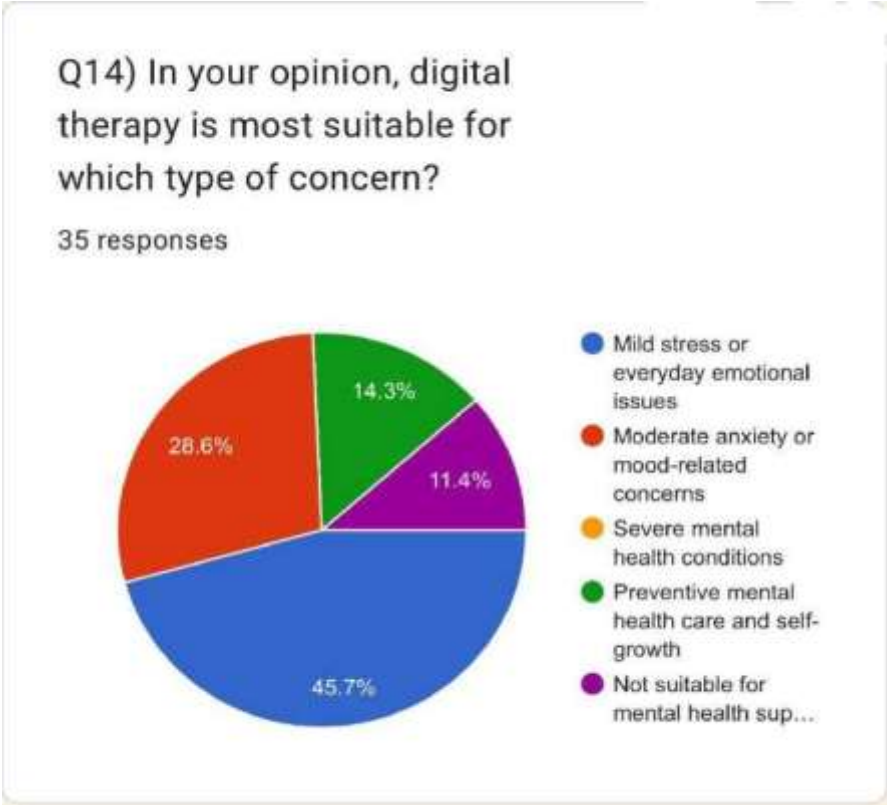

Q14) In your opinion, digital therapy is most suitable for which type of concern?
35 responses
14.3%
28.6%
11.4%
45.7%
Mild stress or everyday emotional issues
Moderate anxiety or mood-related concerns
Severe mental health conditions
Preventive mental health care and self-growth
Not suitable for mental health sup...

Fig .14

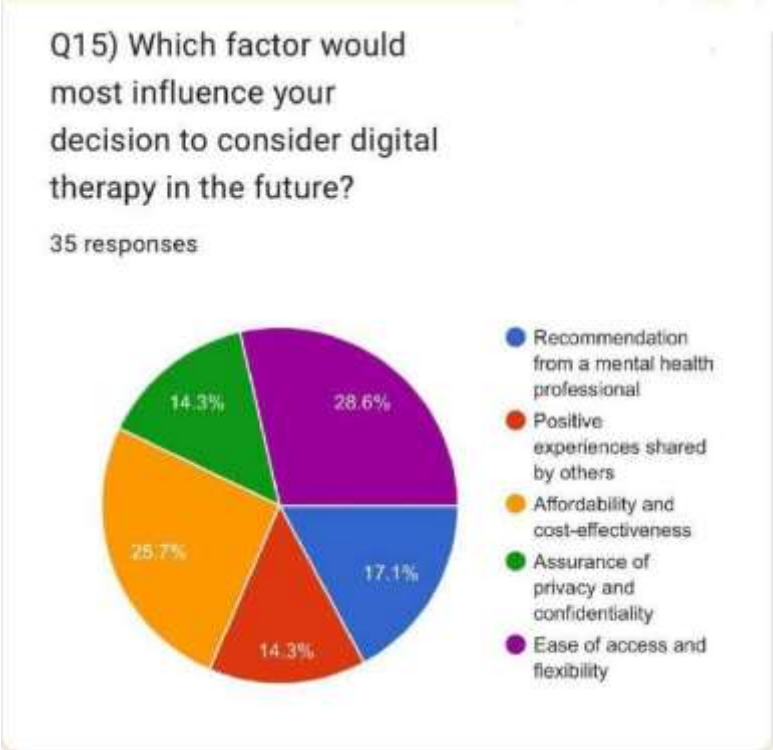

Q15) Which factor would most influence your decision to consider digital therapy in the future?
35 responses
28.6%
14.3%
25.7%
17.1%
14.3%
Recommendation from a mental health professional
Positive experiences shared by others
Affordability and cost-effectiveness
Assurance of privacy and confidentiality
Ease of access and flexibility

Fig.15

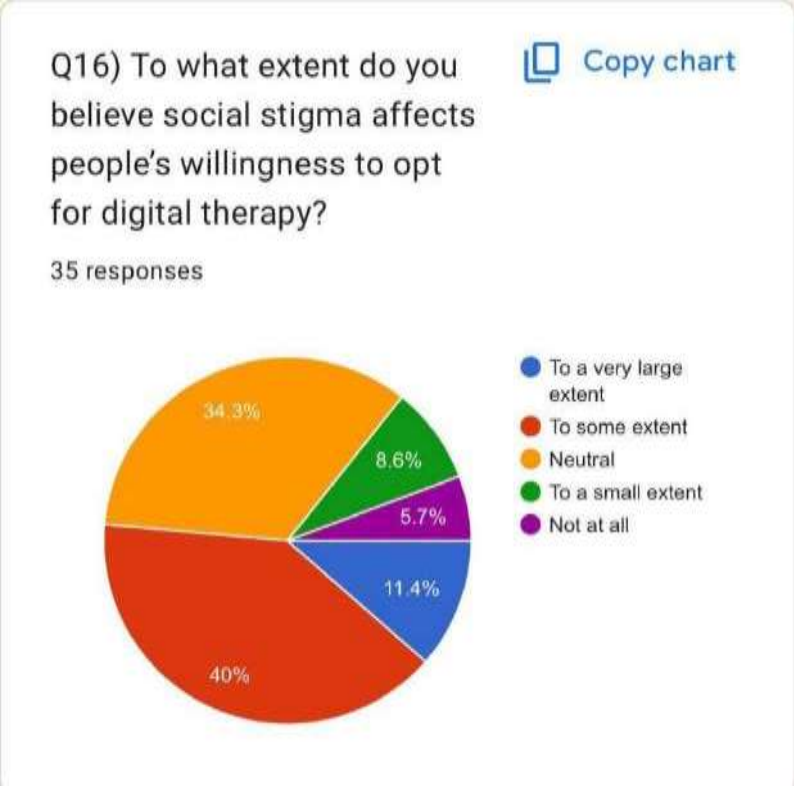
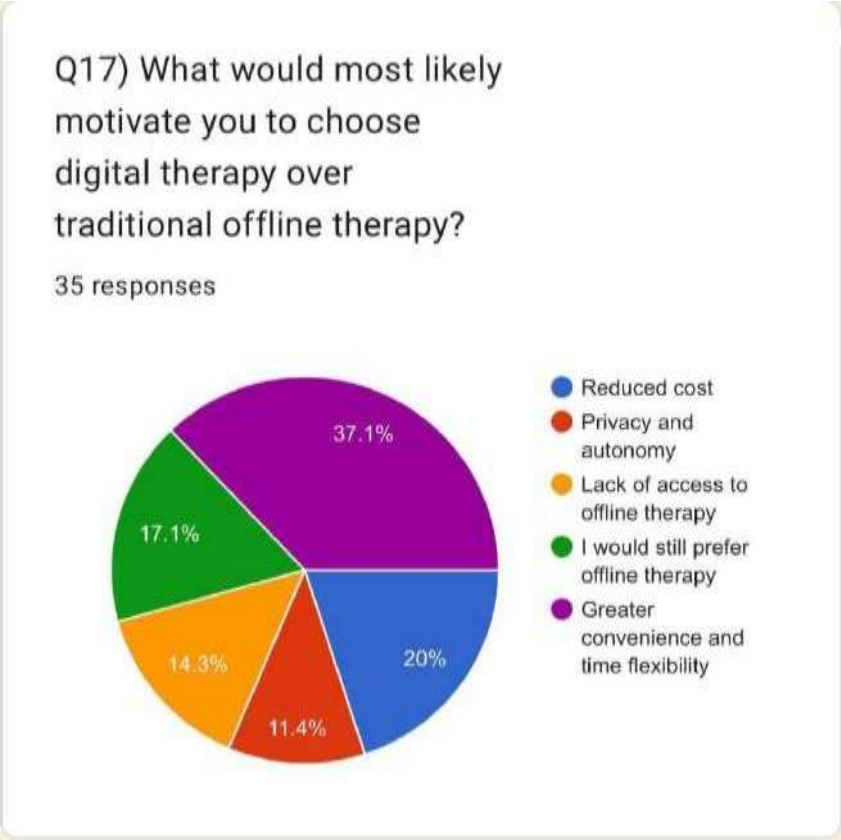

Q16) To what extent do you believe social stigma affects people's willingness to opt for digital therapy?
Copy chart
35 responses
34.3%
8.6%
5.7%
11.4%
40%
To a very large extent
To some extent
Neutral
To a small extent
Not at all

Fig 16


Q17) What would most likely motivate you to choose digital therapy over traditional offline therapy?
35 responses
37.1%
17.1%
14.3%
11.4%
20%
Reduced cost
Privacy and autonomy
Lack of access to offline therapy
I would still prefer offline therapy
Greater convenience and time flexibility

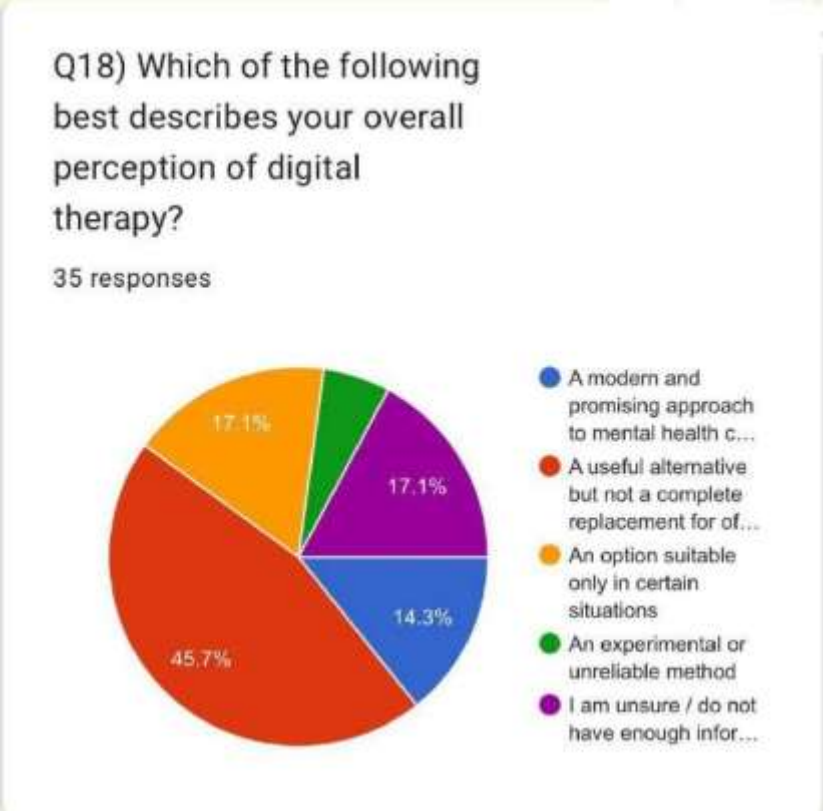

Q18) Which of the following best describes your overall perception of digital therapy?
35 responses
17.1%
17.1%
14.3%
45.7%
A modern and promising approach to mental health c...
A useful alternative but not a complete replacement for of...
An option suitable only in certain situations
An experimental or unreliable method
I am unsure / do not have enough infor...

Fig 17
Fig 18