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Psychological Mechanisms Influencing Preferences for AI-Based and Human Counselling in India

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ABSTRACT

This research explores the psychological reasons behind people's preference for AI (artificial intelligence) over human-based counseling in India, focusing on five major areas: stigma, emotional safety, relational trust, accessibility, and privacy concerns. Although AI usage is beginning to be integrated into mental health care, research has not adequately studied the psychological influences affecting individuals' overall attitudes toward these two modalities, especially since mental health care infrastructures in much of the world are deficient. Researchers conducted a cross-sectional survey of 56 adults currently residing in India who responded to a series of structured questionnaires that consisted of demographic items, multiple-choice questions, and a Likert scale measuring response level. Data were analyzed using non-parametric statistics. Results indicate that participants with interpersonal anxiety and those fearing judgment found AI effective in addressing emotional safety concerns associated with counseling. Additionally, privacy concerns significantly reduced trust in AI and were associated with greater concerns regarding misuse of personal data. Participants also perceived human counselors as more capable than AI when dealing with emotionally complex cases because humans can read non-verbal communications. Participants indicated that both accessibility and affordability were major benefits of AI counseling. Finally, participants viewed AI and human-based counseling as competing systems, not complementary systems. Among the factors examined, stigma showed the strongest statistical association with counselling preference, followed by privacy concerns, accessibility, and emotional safety, though this ranking should be interpreted cautiously, as the underlying statistical tests are not directly comparable (see Discussion). These findings suggest that emotional safety, stigma, and privacy perceptions are central determinants of counselling preferences in India. Efforts to enhance the acceptability of AI in mental health services should emphasize transparency, ethical data handling, and human-centered design.Transparency, ethical data practices, and human-centred design are key focus areas in the development and implementation of AI tools to support mental health.

Keywords: Artificial intelligence, counselling, psychotherapy, mental health, stigma, emotional safety, AI chatbots.

INTRODUCTION

Mental health disorders are a significant public health issue, globally. They affect their emotions, thinking and actions. According to the World Health Organization (WHO, 2025) there are mental disorders that are clinically significant disruptions in thoughts, feelings, and actions that interfere with the ability to function in daily life. Despite being common worldwide, mental health care facilities are limited because of financial constraints, social stigma, scarcity of trained health care providers, particularly in countries with developing economies, such as India.

The last decade has seen the rise of artificial intelligence (AI) technology, which emerged as a novel means to promote psychological well-being in the mid-2010s. The COVID-19 pandemic further spurred the need for remote and accessible health care services, which has significantly increased the need for AI-powered mental health tools (The Evolution of Chatbots in Mental Health Therapy, 2024).

Wysa, Woebot, and Youper are AI-powered applications that use conversational interfaces and principles of cognitive behavioural therapy (CBT) to help individuals with anxiety, stress, and depressive symptoms (Metcalf, 2024). In addition, sophisticated conversational AI systems, such as ChatGPT, have demonstrated the capacity to communicate contextually and at a higher level of nuance.
However, the integration of AI into psychotherapy is not just a matter of technological advancements; it must be welcomed by the general public and be adopted within the society. Previous studies show that knowledge of AI-assisted therapy is still low, and many people hold a negative view of the reliability and emotional responsiveness of AI systems (Varghese et al., 2024). The impact of media coverage and negative experiences with AI applications can also impact people's trust and fear of AI (Keung & So, 2025). It is important to familiarise yourself with the psychological processes underlying views on AI-based counselling.
There are several factors that affect attitudes towards AI assisted counselling. AI-based counselling should lead to increased psychological and interpersonal stigma of help-seeking, which is expected because of the fear of interpersonal judgement.It is expected that psychological and interpersonal stigma will be higher with AI-based counselling than traditional counselling, because AI systems will not leave the fear of interpersonal judgement (Hoffman et al., 2024). Similarly, persons with anxiety disorders may find it easier to communicate with the AI counsellor, as it does not demand as much socially as a human counsellor does (Al-Smadi et al., 2025). But concerns about privacy, data misuse and transparency of algorithms pose a barrier to trust in AI systems (Varghese et al., 2024).

The Technology Acceptance Model (TAM) is among the key models that has been identified to explain the acceptance of AI counselling systems. The perceived usefulness (PU) and perceived ease of use (PEOU) are two important factors that impact on technology acceptance, according to TAM (De Camargo Fiorini et al., 2018). Perceived usefulness in the context of psychotherapy is the extent to which people think AI-mediated counselling is helpful for their mental well-being, while perceived ease of use represents their levels of ease and access to AI systems and their convenience in their use.

India has inadequate mental health facilities, making access to mental health care especially important. There are limited resources available to Indian professionals, and limited awareness and stigma which leads to lack of proper treatment for mental health cases in India (Ministry of Health and Family Welfare, 2023). AI-driven counseling platforms may provide a scalable and cost-effective solution that can reach communities that do not have mental health care.

Despite the research endeavours on technical and ethical concerns of integrating artificial intelligence into therapeutic practice in psychotherapy, few studies have focused on psychological factors influencing preferences for AI-based counselling (Lee & Lee, 2023). Emotional safety, fear of judgement, relational bonding and perceived empathy have been suggested as potential factors affecting the preference for AI-based versus human counseling (Malouin-Lachance et al., 2025). It is essential to grasp these factors and improve not only the AI-powered counselling tools but also traditional counseling methods.

This study is limited to adults (aged 18 years and above) who reside in India and looks at the psychological and social factors that may potentially affect the counselling modality chosen. The current study looks at the psychological processes that lead to preference for AI counselling versus human counselling. In particular, the study looks at the relationship between the following factors and counselling preferences: stigma, emotional safety, relational trust, accessibility, and perceived empathy. In this study, stigma refers to the perceived social judgment or embarrassment about accessing mental health services; emotional safety refers to the level of comfort and lack of fear when disclosing personal information; relational trust means confidence in the reliability, confidentiality, and goodwill of a counsellor; accessibility means how easy it is to approach and engage with a counselling service; and privacy concerns are concerns about the security and potential misuse of personal information.
The study includes the following research questions:

1. Psychological factors affecting people’s choices of AI counselling or human counselling are examined.
2. Attitudes toward AI-assisted therapy, and the influence of perceived judgement and social stigma on these attitudes, are assessed.
3. The relationship between emotional safety and comfort across different counselling modalities is analysed.
4. The importance of relational bonding and perceived empathy for counselling preferences is evaluated.

The study is a valuable addition to the growing body of research on AI-aided psychotherapies, offering insights into the public's perception and psychological needs. This understanding can inform the development of more ethical, effective and socially-acceptable AI interventions for mental health that can be adopted by mental health practitioners, the tech industry and by policy makers.

LITERATURE REVIEW

Ethical and Societal Concerns about AI in Mental Healthcare

While the discussions about the clinical implications of the use of artificial intelligence (AI) in mental healthcare were mostly overshadowed by ethical issues and what potential impact it might have on the community, the debate was largely framed by these other considerations. For example, they were concerned with the impacts of AI on increasing access to mental health services and the loss of human work, and were aware of substantial privacy, accountability, algorithmic transparency, and lack of regulation concerns related to AI-driven therapy (Fiske et al. 2019). There is a need to set up ethical rules for using AI in therapy before it expands its usage in therapy.

Evidence for the Effectiveness of AI-Based Counselling Tools

A growing body of evidence suggests that AI-powered counselling tools are effective. With the continual development of AI-assisted mental health apps, studies have started to show how effective these tools can be for therapy. For example, Mehta et al., (2021) observational study of Youper showed it to be a useful tool for reducing symptoms of anxiety and depression within 14 days of use. This study also identified the cost-effective and easily accessible nature of AI-enhanced counselling, offering individuals who cannot afford traditional psychotherapy a viable alternative.

Concerns and Limitations of Prolonged AI-Based Counselling

As evidence has accumulated that AI can serve as a suitable alternative to traditional, human-based therapy due to its ease of use and low cost, researchers have begun to examine potential issues associated with prolonged use of AI-based counselling services. Therapeutic misconception—the idea that users tend to overestimate the competence and reliability of an AI system—was introduced by Khawaja and a co-author (2023). Though AI chatbots can offer emotional assistance during a crisis, researchers have raised worries about their suitability for handling complex psychological emergencies or situations.

AI Counselling Versus Human Counselling

In the literature the major theme that has emerged is that of AI counselling versus human counselling. Some research has acknowledged the potential of using AI to support human counsellors, but findings have shown that there are still a few caveats and restrictions that make AI tools less capable of replacing human counsellors entirely, including a lack of empathy, contextual reasoning and ethical decision making (Zhang & Wang, 2024). Likewise, previous research has emphasized the importance of empathy in therapeutic interactions and that current artificial intelligence technologies are not sufficient to represent the empathetic capability of human beings (Rubin et al., 2024).

Research on user experiences of AI counsellors has produced mixed results. Kuhail et al. (2024) conducted a study to compare the students' perceptions of the counseling experience with AI counselor and human counselor, and some of the students were confused about whether the counseling was delivered by AI or by a human counselor; a second group was frustrated by the repetitive responses and lack of emotional engagement with the AI counselling experience. There was, however, some positivity as some participants felt warm and emotionally engaged with the AI generated dialogue, indicating an advanced level of sophistication with conversational AI tools.

Integrating AI as a Complement to Human Therapy

More recent studies have investigated how AI can be incorporated into current therapeutic practices rather than used in place of a human therapist. Spytska (2025) conducted a randomized controlled trial of intelligent therapeutic systems and discovered that although human counselling did result in more substantial decreases in anxiety symptoms, AI counselling was also statistically significant. Similarly, Mehmood et al. (2025) have found that the current use of AI systems was not as much to replace human therapists as to complement.

Trust and Credibility in AI Counselling

The importance of trust and credibility has become a key focus in recent AI counselling studies. In discussing emotionally sensitive issues, participants exhibited higher trust in human counsellors, and higher confidence in the accuracy and objectivity of AI recommendations (Zhang and Lian, 2025). This discovery has indicated that there is a difference between emotional trust and cognitive trust in counselling relationships.

To conclude, available evidence suggests that AI-powered counselling can be a valuable tool in enhancing the accessibility and cost-effectiveness of mental health services. But there are concerns such as empathy, emotional depth, privacy and ethical responsibility, which restrict the use of AI-assisted therapy. In the present research, it endeavors to find out the psychological mechanisms that underlie counselling preferences in the Indian context and bridge this void in the literature.

METHODOLOGY

Participants and Procedure

Data were gathered from an online questionnaire involving cross sectional survey designs from January to February 2026, which enquired about the attitudes of the respondents towards AI based counselling and traditional counselling in India. The participants were recruited using the convenience sampling method through social media platforms like WhatsApp, Instagram, and LinkedIn, and academic networks, with a total of 56 participants being recruited.

The participants needed to be Indian citizens aged 18 years or more at the time of the survey. Data cleaning excluded responses from those who were minors. There was no monetary compensation and all participants were anonymous and volunteered to participate. Participants were given a written informed consent form, outlining the purpose of the study, confidentiality policies, voluntary participation, and the right to withdraw at any time without repercussions before completing the survey. The estimated time of completion was 5 to 7 minutes. Ethical guidelines provided by Indian Council of Medical Research (ICMR) – Ethical Guidelines for Biomedical Research Involving Human Participants (2017) were observed and all data were anonymised and confidentiality was maintained.

Measures

The survey had three sections with 30 structured questions, some of which used multiple choice answers while others used 5 point Likert scale answers (1 = strongly disagree, 5 = strongly agree).

- **Demographic Variables:** Demographic data such as age, gender, educational qualification, employment status, annual income of households, state of residence and type of residence (urban, suburban, rural) were collected from participants.
- **Familiarity With AI and Counselling:** Participants reported their experience with AI technologies like ChatGPT and their previous experience with AI-based professional counselling, their preferred counselling experience (AI-based, human, or dependent on the issue), and their desired qualities in counsellors (e.g., empathy, accessibility, affordability, and privacy).
- **Attitudes Toward Counselling Modalities:** Sixteen items on a Likert scale were used to evaluate attitudes towards emotional safety, stigma, privacy concerns, accessibility, affordability, perceived effectiveness, and trust in AI-based and human counselling systems.

Data Analysis

Responses were transferred to a Google Sheet for cleaning and organisation. Responses that were not completed or were incomplete were discarded, and 56 participants were used for analysis. The results were treated as ordinal data, and due to small sub-group sizes used non-parametric statistical testing methods. Mann–Whitney U tests and Kruskal–Wallis tests were used to compare groups, while Spearman correlations were used to examine relationships among the psychological variables. A chi-squared test was used to examine relationships between categorical variables. Analysis was performed using Google Sheets and DataTab and the significance level was set at $\alpha = .05$.

RESULTS

Trust and Privacy Concerns

The difference in trust in AI systems between those who thought that their client confidentiality was breached when using AI-based counselling systems was significant ($U = 157.00$, $p = .001$). Furthermore, participants who indicated they had concerns about privacy indicated a higher level of concern about misuse of their personal information ($U = 187.50$, $p = .007$). These results indicate that perceived confidentiality and transparency of data are strong determinants of trust in AI-assisted counselling services.

Table 1: Trust in AI by Privacy Concern

Privacy Concern	n	M	Mdn	SD
Yes	18	1.78	2.00	0.88
No	38	2.89	3.00	1.16

Note. Mann–Whitney $U = 157.00$, $p = .001$.

Table 2: Data Misuse Concerns by Privacy Perception

Privacy Concern	n	M	Mdn	SD

Yes	18	4.28	4.50	0.89
No	38	3.55	4.00	0.92

Note. Mann–Whitney U = 187.50, p = .007.

Emotional Safety and Stigma

There were statistically significant differences in emotional safety across the three counselling preference groups (AI-based, Human, and Depends on the issue), as participants preferring AI counselling reported significantly more emotional safety when interacting with AI compared to those preferring human counsellors, $\chi^2(2) = 7.72$, $p = .021$.

Fear of judgement was positively related to emotional safety within AI counselling; there was also a strong positive correlation between fear of judgement and embarrassment about disclosing personal problems, $r = .736$, $p < .001$. Stigma-related concerns therefore appear likely to significantly limit openness towards receiving AI-assisted therapy.

Table 3: Emotional Safety Across Counselling Preferences

Preference Type	**n**	**Mean Rank**
AI-based	3	36.83
Human	28	22.68
Depends on issue	25	34.02

Note. Kruskal–Wallis $\chi^2(2) = 7.72$, $p = .021$.

Table 4: Correlations Between Stigma and AI Preference

Variables	**r**	**p**
Fear of judgement ↔ Emotional safety with AI	.399	.002
Fear of judgement ↔ Embarrassment sharing issues	.736	< .001

Perceived Effectiveness of Counselling Modalities

Human Counselling

Participants who preferred human counselling rated human counsellors as more capable than did participants who preferred AI-assisted counselling. The difference in perceived capacity of AI to manage emotionally complex conditions, compared across the three preference groups, was statistically significant ($p = .033$).

In addition, participants who believed human counselling was useful were significantly more likely than those who rated human counselling as less effective to believe that AI systems lack the ability to empathize with people in distress ($p = .001$).

Table 5: Perceived Effectiveness of Human Counselling

Preference Type	n	Mdn	Mean Rank
Human	28	4	32.66
Depends on issue	25	4	25.68
AI-based	3	3	13.17

Note. Kruskal–Wallis $\chi^2(2) = 6.81$, $p = .033$.

AI-Based Counselling

Differential perceptions of AI effectiveness varied by participants' preference for counselling type ($p = .002$). Participants preferring AI-based counselling were 44% more likely to believe that AI would improve their mental well-being than participants preferring human counselling.

A negative correlation emerged between perceived AI effectiveness for improving mental well-being and perceived human effectiveness for the same purpose ($p = .030$).

Table 6: Perceived Effectiveness of AI-Based Counselling

Preference Type	n	Mdn	Mean Rank
AI-based	3	4	41.67
Depends on issue	25	3	34.76
Human	28	3	21.50

Note. Kruskal–Wallis $\chi^2(2) = 12.48$, $p = .002$.

Accessibility and Affordability

Accessibility and affordability were identified as the two strongest benefits of AI-assisted counselling services. Perceived availability of AI-assisted therapy was positively correlated with perceived unavailability of human therapists ($p = .012$). Perceived accessibility of AI-assisted counselling was also positively associated with the perception that AI-assisted counselling is affordable ($p = .001$). Finally, perceived ease of use of AI, compared with difficulty accessing human therapists, showed a positive and significant association ($r = .359$, $p = .007$).

Table 7: Availability of AI Versus Human Counsellors

	AI Available	AI Not Available	Total
Human Counsellors Unavailable — Yes	10	3	13
Human Counsellors Unavailable — No	16	27	43
Total	26	30	56

Note. $\chi^2(1) = 6.33$, $p = .012$.

Table 8: AI Availability and Affordability

	Available	**Not Available**	**Total**
Affordable — Yes	16	5	21
Affordable — No	10	25	35
Total	26	30	56

Note. $\chi^2(1) = 11.97$, $p = .001$.

Prior Help-Seeking Behaviour

Participants' prior engagement with mental health services significantly influenced anxiety levels, $\chi^2(2) = 7.15$, $p = .028$. Participants who had considered seeking support but had not accessed counselling services reported the highest levels of interpersonal anxiety.

Table 9: Anxiety by Help-Seeking Status

Status	**n**	**Mean Rank**
Not sought support	40	27.80
Sought support	9	21.50
Considered but not tried	7	41.50

Note. Kruskal–Wallis $\chi^2(2) = 7.15$, $p = .028$.

Rank Ordering of Psychological Factors

To address the relative importance of the psychological factors examined in this study, the four factors were rank-ordered using the strength of their associated statistical tests as an approximate indicator of effect strength. This approach has an important limitation: the underlying tests are not of the same type (Mann–Whitney U, chi-square, and Spearman correlation), so their p-values and test statistics are not strictly comparable as measures of effect size.

Table 10: Approximate Rank Ordering of Psychological Factors by Strength of Statistical Association

Rank	**Factor**	**Strongest Associated Statistic**
1	Stigma (fear of judgement)	$r = .736$, $p < .001$ (fear of judgement ↔ embarrassment)
2	Privacy concerns / trust	$U = 157.00$, $p = .001$ (trust by privacy concern)
3	Accessibility / affordability	$\chi^2(1) = 11.97$, $p = .001$ (affordability by availability)
4	Emotional safety	$\chi^2(2) = 7.72$, $p = .021$ (across preference groups)

Stigma was the most common association followed by concerns about privacy, accessibility and emotional safety. As noted above, the test types differ, and as such the ordering of variables based on the strength of the statistical relationship with counselling-related attitudes should not necessarily be interpreted as a hierarchy of importance between the variables (fear of judgement and embarrassment).

DISCUSSION

The purpose of this study was to come to know the psychological processes that underlie the preferences of artificial intelligence (AI) counselling and human counselling among Indians. The following interpretation is presented around the two groups which are of primary theoretical interest: participants who preferred AI-based counselling (n = 3) and participants who preferred human counselling (n = 28). Participants who reported that they preferred to "depend on the issue" (n = 25) are not included in the following interpretation narrative. The underlying results indicate that stigma, emotional safety, privacy concerns, accessibility and perceptions of empathy are significant factors influencing counselling preferences, with the strongest statistical link with stigma and privacy concerns (see Section 4.6).

AI counselling preferences and emotional comfort with AI systems were greater for participants who were less concerned about being judged or having interpersonal anxiety. As in the past, others with social anxiety disorders report less anticipatory anxiety and discomfort when speaking to a robot counsellor than to a human therapist (Li & Ogi, 2025). Similarly, Aktan et al. (2022) found that there is a possibility of reducing embarrassment and self consciousness in sharing personal experiences in the context of AI-supported counselling.

The current level of anxiety was strongly correlated with emotional safety. AI systems can be beneficial to individuals with social anxiety due to their detached and impersonal nature.AI systems can be helpful to people with social anxiety because they are impersonal and emotionless. Likewise, Wang et al. (2025) revealed that the size of anxiety symptoms was a key determinant in the acceptance of AI counselling tools.

Another key aspect that shaped trust in AI systems was privacy concerns. Those who expressed concerns about data handling in AI counselling also had significantly less trust and greater concerns regarding data misuse. They may be related to the lack of awareness among the public of the information stored, the use of algorithms, and the maintenance of confidentiality in AI systems. Menard and Bott (2024) suggested that the more broadly used processes of sensitive personal data with AI technologies, increase awareness of privacy issues and the potential for unauthorized use.

Those who believed AI systems lacked empathy and context also felt less well supported by human counsellors in emotionally complex situations.Participants who believed human counsellors were more effective in emotionally complex situations also felt that AI systems lacked empathy and context. Although AI can simulate an empathetic discourse, it cannot match a human's comprehension of

non-verbal aspects of communication, tone, body language, or situational cues (Chen et al., 2023). Previous studies also indicate that AI chatbots are poor at picking up on subtleties in human communication that are essential for effective psychotherapy (Hipgrave et al., 2025; Rządeczka et al., 2024).

The participants sometimes viewed AI counsellors as competing with human counsellors, not working alongside them.Participants were sometimes viewing AI counsellors as a competitor instead of a complement to human counsellors. This could be correlated with a general fear of AI taking over jobs where human interaction is required, including emotional support. Some scholars argue that AI systems have been viewed as a threat to the identity and relevance of professionals because of their increasing cognitive and communicative abilities (Zhang et al., 2025). Human therapists have also expressed concerns about the application of AI in therapy (Wagner & Schwind, 2025).

Accessibility and affordability were the two key strengths of AI-driven counselling systems revealed in this study. The result is consistent with the Technology Acceptance Model (TAM) that suggests that perceived usefulness and perceived ease of use are the two determinants of technology adoption. Those who were aware of the accessibility and affordability of AI based counselling were also more likely to think that AI counselling was easy to use, consistent with the ease of use aspect of TAM. Perceived usefulness was influenced by privacy concerns and limited trust in AI systems, which suggests that TAM's framework would benefit from being supplemented with trust-related variables in sensitive contexts like mental healthcare. This finding is of particular relevance in the Indian setting, where mental health resources remain limited and unevenly distributed (Patel et al., 2016).

The study also found that those who had high interpersonal anxiety were more likely to think about seeking psychological help but not to actually do so. The avoidance of traditional mental health care may be attributable to this anxiety and could be a contributing factor to lower utilization of traditional mental health care services. AI counselling systems can be used to overcome this barrier by offering instant, anonymous, and easily accessible counselling.

Returning to the study's research questions, and interpreting findings primarily through the two-group comparison of AI-preferring versus human-preferring participants described above, the findings collectively indicate that (1) stigma and privacy concerns show the strongest statistical associations with counselling preferences among the factors examined, followed by accessibility and emotional safety (see Section 4.6); (2) perceived judgement and social stigma shape openness to AI-based counselling, with higher fear of judgement associated with greater reported emotional safety when using AI; (3) accessibility and affordability are perceived as the principal practical advantages of AI-based counselling; and (4) relational bonding and perceived empathy remain key factors favouring human counselling, with AI systems perceived as limited in their capacity to replicate relational bonding and emotional understanding.

These results collectively indicate that neither mode of delivery is sufficient on its own to meet all psychological needs, underscoring the importance of an integrated approach.

There are some limitations in this study that warrant acknowledgement.First of all, the study is based on a relatively small convenience sample comprising majority of urban Indian participants, thus reducing the generalizability of the results. The sample size for the counselling group that preferred AI was very small (n = 3), reducing the power of comparisons involving this group and making results for AI-preferring participants preliminary. Likewise, for interpretative purposes, the three-group comparison (AI-preferring, human-preferring, and "depends on the issue") was converted into a two-group comparison (AI-preferring versus human-preferring participants, n = 31), but the statistical tests reported in Section 4 were not recalculated for this two-group subsample. This means the two-group narrative should be read as a descriptive simplification rather than as a result independently verified by statistical testing, and future revisions of this work should recompute the relevant tests directly on the 31-person subsample to confirm whether the patterns described hold when the "depends on the issue" group is excluded. Second, self-report questionnaires may have introduced response bias and social desirability effects. Third, the cross-sectional design does not allow for causal inferences about the observed relationships.

Additionally, several variables that may influence counselling-modality preference were not measured or statistically controlled for in this study, including age, gender, socioeconomic status, length of prior engagement with counselling services, and preferred style of therapy (e.g., humanistic, cognitive behavioural, dialectical behavioural, psychodynamic, or integrative approaches). Participants' length of time in therapy, in particular, may be confounded with broader generational shifts in technology adoption that occurred around the COVID-19 pandemic; individuals who began therapy before this period may have developed preferences for human counselling independent of the psychological mechanisms examined here. Future studies should gather and statistically control these variables to determine the contribution of these variables to counselling-modality preference independent of one another.

It is recommended that future research use larger and more diverse samples (including rural participants and international participants) to evaluate the differences in counselling preferences across cultures. In the future, the evolution of conversational technologies could benefit from insights from longitudinal studies regarding the evolution of user confidence in AI systems over time.

CONCLUSION

This research aimed to gain insight into the factors influencing the choice of AI-assisted counselling and human-to-human counselling within India, focusing on a comparison of 3 participants who preferred AI counselling and 28 participants who preferred human counselling, with 25 participants stating that they would prefer "depending on the issue". This two-group framing is not a statistically independent result, but a descriptive simplification, as indicated in the Limitations. The results show several key psychological processes that have a direct impact on individuals' attitudes towards each type of counselling, including: emotional safety (the extent to which one feels emotionally safe), fear of judgement (how much someone believes they will be judged), privacy issues (the extent to which one feels their information will remain private), accessibility (the extent to which someone feels they could access a counselling session), and perceptions of empathy (the extent to which someone feels the

counsellor will be able to demonstrate empathy).

Participants who reported experiencing stigma or interpersonal anxiety felt more comfortable with counselling with AI as it was perceived as a non-judgemental counselling service. On the other hand, there was a correlation between participants' worry about privacy, transparency, and possible misuse of their personal data, and their lack of confidence in AI systems. The findings also show that people still prefer human counsellors because they think their counsellors can read their non-verbal communication and be real in building a relationship.

This research also revealed that besides stigma and anxiety, people appreciated using AI-assisted counselling as a substitute for professional mental health counselling because of its accessibility, affordability, convenience, and ease of use, especially in areas where professional mental health services are not available. Many of the participants also did not see AI systems as a substitute for "real" counselling services, but as complements.

Overall, this research highlights the need for continued efforts to integrate ethical protections, transparency, and human-centered design principles into health systems that employ AI tools, to instil trust in AI and to ensure its continued advancement and integration to complement and not replace traditional psychotherapeutic methods for improving access to mental health care for the public.

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