

PSYCHOLOGISTS' PERCEPTIONS AND ATTITUDES TOWARD THE ADOPTION OF ARTIFICIAL INTELLIGENCE IN PSYCHOLOGICAL PRACTICE: A STUDY IN JODHPUR

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Abstract:

Artificial Intelligence (AI) is a widespread technology being used in sedentary lifestyles. It is a tool used in education, business analytics, market trends, medical sectors etc. With these sectors adapting to AI, mental health professionals are also in the league to incorporate AI into their practice.

This paper highlights the usage, advantages, disadvantages, key characteristics and perceptions of psychologists on including AI in their practice. The study is conducted in Jodhpur, Rajasthan with 8 psychologists and questionnaire of 20 questions consisting of Likert-Scale as well as open ended questions. The study highlighted how AI can be tailored to specific cases and how well it will work with today's era.

However, few ethical and privacy concerns emerged in open ended answers, with psychologists doubting the privacy of their patients and personal details. In addition to these challenges, the key concern is inconclusive diagnosis and ineffective treatments. Moreover, the study also highlights how AI can be leveraged to some specific tasks and how future of psychology will be affected by this emerging technology.

In conclusion, it is a key highlight that the AI technology is not trained for replacing psychologists and doctors currently but can be used for their aid in processing and communicating with patients. The world is emerging with new technologies and machineries everywhere, but while dealing with mental health, it is advisable to rely on humans rather than AI.

Index Terms—Artificial Intelligence, Psychology, Psychologists, Jodhpur, Rajasthan, Technology

I. INTRODUCTION

1.1 Background of the study

Artificial Intelligence is a trending technology for all the common sectors in the current era. With business analytics, market trends, education sector and many more, AI has aligned itself to the core of each sector. Common people, especially young adults and teenagers cannot escape the impact of AI on their day-to-day lifestyle.

Moreover, AI has established itself as a helping hand in the world of medical and health regarding sectors. Doctors, medical professionals as well as psychiatrist find themselves taking aid from AI.

Mental health professionals have taken great interest in the last 3-4 years with chatbots, Agentic AI, and Open AI's ChatGPT, to monitor patients in between sessions, automate administrative work and help in enhancing diagnostics of individual patients.

Gen AI usage is all time high in USA (Benton Foundation, (July 2026)), European countries (Eurostat, 2025) and other countries altogether. India is also leading with AI in healthcare since 2020, with major rise during COVID-19 (EconStor: Artificial Intelligence and Healthcare in India, (2021)).

However, in this study, psychologists of Jodhpur are not leveraging AI completely. With concerns for misusing of data and privacy, unreliable diagnosis and repetitive conclusions, the psychologist are fascinated but are yet to implement AI in their respective fields.

According to psychologist that have over five years of experience, people of Jodhpur are still resisting to talk about mental health. People living here are not well informed about mental health. Even students and young adults are still learning how to deal with their emotions and trauma. Therefore, psychologists and counsellors believe that leveraging AI in their work could make it difficult for people to manage their mental health.

1.2 AI in Psychology

Psychology has always been fascinating and complex for human mind. Philosophers, historians and religious holy books, imply that psychology is being analysed, tested and questioned from generations in India (Gautam, S. (1999)). With AI, we have another tool to discover and understand hidden depths of psychology.

Datasets containing massive amounts of data, like speech patterns, facial expressions, and physiological markers, can be analysed by AI-powered algorithms. The AI models, which mimic human learning, memory, decision-making, and their perceptions can be utilized to draw meaningful insights into the complex mechanisms underlying the brain.

Moreover, AI-powered chatbots, and virtual therapists can provide round-the-clock support and guidance and can create individualized psychological assessments for their patients and can be used for personalized intervention. (Bajotra, V., & Rani, N. (2024)).

It can also be utilized by doing administrative work for psychologists such as session summaries, note refinement, record summarization etc. to reduce workload of psychologists and help them to focus on more productive tasks. (Abrams, Z. (June 2025)).

In current era, AI can also help in enhancing psychoeducation and counselling sessions among students and their families. Psychoeducation is a therapy intervention that helps patients and provides them information about their diagnosis, symptoms, or the method of treatment used. In short, it is a structured and specific method of diagnosing patients. (Verywellmind.com)

Counselling, on the other hand can integrate AI by suggesting exercises, draft outlines and plans for treatment and monitor progress of people suffering from any mental health related problems (Abrams, Z. (2026, June)).

1.3 Ethical and Professional Concerns

The major concern that is common among all the psychologist's opinion is misusing of data and privacy of individuals. So far, psychologists that are integrating AI with their work, are using it as their helper or assistant, instead of relying on it for decision making.

Another concern is lack of human empathy. Although, recent chatbots are mimicking human behaviour (He, J. K., Wallis, F. P. S., Gvirtz, A., & Rathje, S. (2026)), there still lies a significant difference. Most psychologist believes that interacting face to face is more efficient than typing out the feelings/emotions. (Myruski, S., Quintero, J. M., Denefrio, S., & Dennis-Tiway, T. A. (2020)).

Lastly, another common concern was lack of accountability and bias from AI tools. With lack of human intervention and interaction, there is no guarantee that diagnosis by AI tools will be as accurate as a professional. Moreover, AI is lacking empathy and in maintaining emotional relationship/connection with their patients/clients, which results in further deterioration in mental health of individuals.

1.4 Need for the Study

The purpose of this study is to understand how usage of AI and its integration in psychology will impact mental health professionals that are practising in Jodhpur. Although AI integration in psychology is being discussed on international and national level (Prégent, J., et.al (2025)), Tier-2 cities like Jodhpur, are far behind. People here, are not still open to mental health problems and its importance, therefore, integration of such technologies can be tricky. (Kulkarni, A. (2026, March 18))

Moreover, AI is more common among young people, as they understand and implement AI applications with ease. But middle-age and older adults are not technology savvy and are facing difficulties with these modern technologies. Therefore, balancing how and when to use AI tools, is a challenge for modern psychologists.

According to psychologist's opinion that are practicing in Jodhpur, it is noteworthy that technology wise, Tier-2 cities have less opportunities, less curiosity and awareness. People are relying on interpersonal sessions rather than using screens. Therefore, the need for this study is to highlight how AI can improve already present practices and whether doctors and professionals are compatible to use it.

1.5 Research Gap

There are hundreds of research papers on integration of AI in psychology in last few years. Most of these research papers highlight that AI integration may help with improving efficiency, accessibility and scalability of mental health services. At the same time, it also raises concerns about privacy, biased algorithms, accountability and data breaches.

The Indian literature on AI and mental health is developing in recent years. Research study by (Varghese, M. A., Sharma, P., & Patwardhan, M. (2024)) highlighted how AI is perceived by public, where people have limited knowledge of AI and are more inclined towards human-based interactions. Major concerns included privacy, confidentiality, and misdiagnosis. The conclusive statement states that AI cannot replace psychologists and can be used as an aid.

The research provided an insight into public perceptions but failed to identify psychologists' perception. This distinction is important because psychologists have different position and environment than general public. Their decisions regarding AI integration involves professional compatibility, ethical obligations, therapeutic relationships, and accountability for decisions that are made using technological tools. Opinions of public cannot be generalized to viewpoint of professionals and doctors

A further limitation of the existing literature is its lack of city-level investigation. Indian studies provide useful evidence at a national or broader regional level, but national findings may conceal meaningful differences between cities and professional settings. The adoption of AI is likely to be influenced by factors such as availability of technology, institutional infrastructure, exposure to digital tools, professional networks, access to training, type of psychological practice, and the characteristics of the local mental-health service environment. Therefore, the findings that are obtained from one Indian population or healthcare setting cannot automatically be assumed to represent overall geographical context.

This issue is particularly relevant to Jodhpur, where there is a need for highlighting how psychologists understand and evaluate the emerging role of AI in their professional practice. The available literature reviewed for the present study did not identify any research study that specifically examines perceptions and opinions of professionals practicing in Jodhpur. This creates a professional and geographical gap in existing literature.

Furthermore, existing literature focuses on AI adoption by people, their attitude and opinion. This research is specifically designed to comprehend views of professionals on AI. Its questionnaire explores psychologists' familiarity with AI, its usefulness for assessment and administrative work, and potential contribution of AI in based chatbots, decision-making and concerns about privacy and its future impact on psychology.

Lastly, the present study addresses three interconnected gaps.

1. First, there is a professional gap, because relatively limited research studies have focused on practicing psychologists or healthcare professionals as a group.
2. Second, there is a contextual gap, because evidence concerning AI and psychological practice in India are not localized to individual cities.
3. Third, there is an attitudinal and implementation gap, because positive perceptions of AI do not necessarily indicate that professionals are willing to integrate AI into professional practice.

1.6 Significance of Study

The significance of this study is to comprehend how AI is impacting psychologists. It delves into how these professionals are adjusting to ever changing era and how it will influence their practice and sessions. With 2-tier cities like Jodhpur, mental health is still considered as stigma. People are not fully aware of their mental problems and therefore, this study focuses on how these professionals can balance AI in their work life.

An important aspect of psychological practice is the preservation of professional judgment and human involvement. The study specifically explores psychologists' views regarding whether AI should operate under the supervision of a licensed psychologist and whether human empathy can be fully replaced by AI. Understanding these perceptions is significant because the adoption of AI does not only involve technological capability it also involves determining appropriate boundaries between technological assistance and professional responsibility.

Moreover, future researchers can find more information to harness AI and use it to make tasks easier for psychologists and medical professionals dealing with mental health. As of today, AI is being used as a tool to take notes, summarize and analyze them, and draw conclusions. Chatbots like talk2us, Marlee, Woebot Health, Wysa, Youper etc. can deal with chatting and making a safe space for patients to share their problems and emotions, but they are not fully developed to intervene during emergencies or mental health crisis.

Most of them are used to monitor and analyze on surface level. Dealing with multitude of stress, anxiety, depression, and their causes is far-fetched for these bots. They are biased in some cases and inconclusive in others (Olsen, S. G. et al., (2026)). Therefore, to make them understand internal workings of brain, emotions and perceptions will be a new challenge. These chatbots are designed to interact with human, and mimic human behaviour according to algorithms. They are not sentient and cannot comprehend the depth of human mind, which can have severe consequences for patients (Ceurstemont, S. (2026)).

II. REVIEW OF LITERATURE

2.1 Previous Research on AI in Mental Healthcare

The convergence of Mental Healthcare and AI has significantly improved in the recent years. The ever evolving paradigm of mental health is changing continuously with cases like depression, which is a leading cause of disability according to World Health Organization (WHO) (World Health Organization, Mental disorders (2023)). Healthcare systems are facing a surge in mental health disorders in the last decade, resulting in shortages of supply and demand and affordability. The healthcare system is in dire need of new innovations that can be affordable, accessible and easily expandable.

Therefore, AI plays a vital role in advancing mental health from conventional approaches to new methods. It can handle large amounts of data and analyze patterns and relationships more efficiently which can help in early detection and intervention. It offers tailored treatments and can monitor patients 24*7 by being accessible. (Minerva, F., & Giubilini, A. (2023))

2.2 Concept and Development of Artificial Intelligence

There are few terms and concepts that are important for this research study. These concepts lay foundation of how to leverage them and use them for psychology.

2.2.1 Artificial Intelligence

In the present world, AI is the most trending technology used by billions of people. John McCarthy coined the term AI in 1956 as branch of computer science concerned with making computers behave like humans. It is the study of perceiving and recognizing patterns to mimic human behaviour. Its emphasis on computation and is different from computer science because of its emphasis on perception, reasoning and action. It makes machines smarter and more useful (Patil, N. & Patel, S. & Lawand, S.D.. (2023)).

2.2.2 Generative AI

Generative AI or Gen AI is an intelligent system that can generate texts, images, videos in matter of minutes based on the input data received from users (R. Dwivedi and L. Elluri (2024)). It uses pattern recognition, image processing, computer vision etc. to understand input string/data and generates output accordingly. Gemini, ChatGPT, Claude etc. are few emerging examples of Gen AI systems.

2.2.3 Machine Learning

Machine learning (ML) is a branch of AI that does data analysis without explicit instructions. It involves learning some properties of a data set and applying them to new data. It refers to the automatic identification of relevant patterns in a given dataset. It entails optimizing previous expertise to improve the performance of a specific algorithm. In simple terms, it is a self learning model that understands the input data and make inferences about it in a form of output. (M. Sadiku and A. Ajayi and J. Sadiku (2025)).

2.2.4 Natural Language Processing

Natural language processing or NLP is a subfield of computer science that helps in communication between computer and human. It receives human instructions via text or voice-based systems and interprets them to provide output in either format. Common examples include Apple's Siri, Alexa, voice operated GPS systems in cars and mobile phones. They are used in Gen AI systems like ChatGPT, Gemini etc. (Stryker, C., & Holdsworth, J. (2024)).

2.2.5 AI based Decision systems

AI-based decision support systems (AI-DSS) integrates machine learning, neural networks, and predictive analytics to elevate organizational accuracy (Soori, M., Jough, F. K. G., Dastres, R., & Arezoo, B. (2026)). The system is used for enhancing organization's judgements and improve overall operational performance. They have emerged as important tools for organization to process and analyze large volume of data and make accurate and informed decisions.

2.3 Psychological Concepts

2.3.1 AI in Psychological Practice

In the current era of psychological practice, AI is being leveraged as a means for early diagnosis, specialised treatments, 24*7 monitoring and recognizing patterns of underlying mental illness much faster and accurately. There are multiple ways like Augmented Reality, Therapeutic Computer Games, Interactive Virtual Reality simulations etc. to analyze brain activity and stimulation and help doctors for further diagnosis. (Luxton, D. (2013))

2.3.2 Perception

Perception is an idea or a thought that a brain constructs depending on external environment, experience and expectations of individuals. It is a process of understanding the situation or context and acting on it accordingly. In simple term, it is an information picked up by brain in mere moments and is processed for further action and understanding the meaning of that information. (Ms, K. M. (2024)).

2.3.3 Attitude

Attitude acts as a guide on internal mental states about the information we perceived and understood. It is a mental state that showcases reaction and behaviour of individuals (Kapur, R. (2024).) In simple terms, it is an outlook of individual that can be either negative (arrogance, brashness, boldness, etc.) or positive (optimism, gratitude, resilience).

2.4 Applications of AI in Psychology and Mental Healthcare

With use of AI in medical field, here are some of the applications in mental health field where AI is leveraged and works efficiently.

2.4.1 AI and administrative work

AI and administrative tasks are coming hand to hand in this current era of technology. With AI powered note taking systems to providing 24*7 chat support to patients, these systems are common in today's medical field. The most repetitive tasks like billing, patient documentation, scheduling, note-taking etc. are being replaced by AI that reduces operational costs and staff burnout (Professional and Continuing Education Staff. (2025)).

Although AI is a tremendous tool in medical and health fields, it cannot fully replace human assistance and their skills in monitoring these tasks. Humans have emotional intelligence and unique problem solving abilities that cannot be replicated by AI systems (Eastwood, B. (2026)).

2.4.2 AI and Access to Mental Health Services

AI is omnipresent in this current era of technology. With 24*7 accessibility, it can easily monitor patients and note their parameters for further analysis. These parameters act as a deep dive into patient's mindset and help mental health practitioners with early detection and tailored treatment. (Olawade, D. Bet et al., (2024))

Moreover, these AI systems can alert patients if their parameters are abnormal and can advise them some exercises and tasks if professionals are indisposed. The systems can help professionals with patients that are in remote regions. And it is cost efficient as compared to human interactions. (Rahman, M. A et al., (2025).)

And lastly, people who are still being held back to open-up about mental health and its stigma, can easily access these systems with complete anonymity. Although these systems cannot replace a professional, they can replicate them to some extent and can provide care for some extent of time.

Still, at present, there are few concerns for AI access for mental health services that makes it unreliable. Primarily, false or inaccurate results and secondly, privacy of individuals. With misleading response, AI can further deteriorate mental health of patients resulting in negative consequences. And moreover, chatbots do not hold confidentiality like professionals' exhibit, there is always a concern of leaking private data and chats.

2.4.3 AI-Based Chatbots and Initial Mental-Health Support

AI based chatbots are useful in remote areas for their availability and quick response. The chatbots mimics empathy and care, which makes it easier for patients to openly chat with them. (Omarov, B et al. (2022))

However, these chatbots can provide inaccurate results and are unlikely to intervene at crucial time, which makes them unreliable and unsuitable for extreme cases and situations. They are designed to find patterns and similarities, rather than working on emotional intelligence and determined decision making. With unsupervised chatbots, there is likely a threat of information leak and misuse, which can have negative consequences. (Chadwick, J. (2026))

They are helpful in low and non-threatening cases and can help initially as an instrument for early screening and processing. But being wholly dependent on chatbots can have negative impact on mental state of person which can further deteriorates their well-being. It is advisable to find a mental health practitioner and sharing details of chats to them for further analysis and diagnosis.

2.4.4 AI-Assisted Clinical Decision Making

AI-assisted clinical decision-making (CDM) integrates machine learning, natural language processing, and deep learning into healthcare workflows to enhance diagnostic accuracy, risk prediction, and treatment planning in individuals. (James, A. et al. (2026))

The CDM emphasizes that it is an augmentative tool that can help medical practitioners with their diagnosis and is not an autonomous tool, as it is unaccountable for treatment and inaccuracies.

The main concern is "how machine is making decision" or black box problem. The lack of transparency makes it difficult to interpret how AI model reaches to certain outputs. Another challenge is overdependency on AI models. It can increase unnecessary diagnosis in critical situations and can further endanger risk. (Pratyak, A. S. G. S. (2026))

Additionally, these models are also unsupervised and can create unbiased predictions among elderly and diverse patients (Hu, J., Ren, L., Wang, T., & Yao, P. (2025)), making diagnosis difficult for mental health professionals.

However, the accuracy and diagnostics capabilities of AI models have improved by processing electronic health records (EHRs) and medical imaging. This is handy for professionals as CDM tool screens patients early and makes workflow efficient.

2.5 Psychologists' Perceptions and Acceptance of AI

As AI is everywhere, the need for willingly use this tool to advantage as psychologist is a crucial task. Psychologist over the world are perceiving AI chatbots and tools for administrative work, organisational tasks and early screening of patients, but are reluctant to its usage for clinical judgement, core therapeutic tasks and activities.

The psychologists are willing to leverage AI to some extent but overall well-being of individuals and their treatment requires human involvement. Although AI chatbots help with early detection and screening, it lacks in tailored treatment, emotional and empathetic response for individuals. (Santos Faria, C et al. (2026))

Some psychologists are unwilling to adopt AI in their field, while others are relying on it for their daily routine. The readiness and eagerness to adopt AI in psychology field is unclear as professionals are willing to adopt it, but are concerned as advanced AI chatbots are acting as licensed therapist which confuses patients with mental conditions (Sharif, L., Almadadi, R. et al. (2025)).

With two-tier city like Jodhpur, the acceptance and usage of AI is still far behind. The new and younger generations is enthusiastic to integrate AI with their field, while older and experienced generation are implementing traditional approach.

The trust in AI tools is uncertain, as various concerns like privacy, inaccuracy, unnecessary diagnosis etc. are still very much larger in play (Aaron C. (2025)). Although, these tools can be used as support for professionals, but in no way, they are considered substitute for them.

2.6 AI Education and Training for Psychologists

AI education and training is an important and informative part in western countries like USA, Canada and parts of Europe. Virtual patients and simulations are created to make psychology students efficient and practice more independently without any risks.

Furthermore, the students are trained to integrate AI applications in their treatment plans to monitor their patients more closely and with utmost care. These tools are adopted to provide trainees and educators personalized pathways to learn and teach simultaneously and at their own pace. (Mansur, S. (2025))

Moreover, AI tools are used for administrative tasks like report writing, note taking, grading feedback etc. that reduces mundane tasks for professionals and provide them with ease to focus on more urgent tasks. (Farmer, R. L. et al. (2025))

Lastly, with AI integration, psychologist can expand their geographical area with remote and third world countries, to provide them with treatment plans and sessions based on AI chatbots and tools. (Hodson, A. et al. (2026))

With developing countries like India, AI integration into psychology for training purposes is limited. There are various challenges to adopt AI as mental well being is still considered a stigma among orthodox societies. Therefore, AI chatbots are helpful for people with limited access to professional treatment and sessions. But AI integration in psychology as well as in training will take some time.

2.7 Future of Psychology in the Age of AI

AI has revolutionised every field in its wake. Psychology is also transformed with AI, where chatbots act as therapist, operational works gets done with ease and monitoring is available all time. The future of AI in psychology is bright, as it has improved 90% diagnostics accuracy (Orrù, L., & Mannarini, S. (2026)) and helps with data collection and analysis.

However, AI still faces backlash in terms of privacy, consent, inaccurate output, unnecessary workload at time of crisis and lacking emotional depth. These concerns play a crucial role in unwillingness of individuals to adoption of AI for their mental states.

Moreover, the lacking of genuine emotional intelligent, awareness, and ability to build a true empathetic alliance with patients is the biggest challenge to overcome. Machines are not sentient to fully comprehend their surroundings and therefore lack the ability to differentiate between simulations and reality (Kearns, K. (2025)). They are intelligent enough to gauge texts, patterns, etc. (Samaripour, H., & Bayat, A. (2024)), but are unable to understand them in depth as humans do.

Therefore, AI tools can help psychologist with their office tasks, can play a role of assistant to some extent, but cannot substitute professionals with expertise and human emotions. These tools need strict supervision by professionals to fully comprehend the mental state of patients ((Orrù, L., & Mannarini, S. (2026))) and to validate their outputs for accuracy.

2.8 AI Adoption in the India for Mental-Health Care

Mental health care is a new concept in India in last recent years. With lack of awareness and social stigma, mental health is emerging as “trend” rather than a serious problem in the country. The awareness and willingness in younger generation for improving mental well-being is evolving with rapid speed. It is narrowing the gap for clinical specialist, social stigma and linguistics barrier (Shah, E. (2025)).

Unknowningly, Gen AI tools are helping people with emotional support at the time of crisis. With 24*7 accessibility, the rapid rise to treat AI tools for therapist has increased in last few years. These tools also detect underlying and undetected mental health problems and provide treatment by analysing digital biomarkers (Agrawal, S., & Agbeyangi, A. O. (2026)).

Moreover, corporate sectors are also incorporating the use of AI check-ins and automated documentation for scaling employee well-being and provide clinical decision-making and emotional support if necessary (MHFAIndia. (2025)).

Although there is low baseline knowledge among people regarding AI integrated mental health tools, which makes them to rely more on human-led care in high-risk situations rather than trusting technology (Varghese, M. A, et al. (2024)). Then there is a major concern for reliability and diagnostic validity of these tools which highlights that individuals and professionals rely on AI to an extent, as these tools are biased and non-transparent, making it difficult to use them in critical situations (Agrawal, S., & Agbeyangi, A. O. (2026)).

2.9 Synthesis of Literature and Research Gap

The existing literature indicates that AI has potential to support psychological and mental-health practice through improved efficiency, assistance with clinical decision-making, reduction of administrative workload, and increased access to mental-health

services. At the same time, research and professional guidance emphasize that the adoption of AI cannot be considered only from a technological perspective. Challenges related to privacy, confidentiality, bias, transparency, accuracy, accountability, and human oversight remain important considerations in mental healthcare. The World Health Organization (2021) emphasized that human autonomy, privacy, safety, transparency, and accountability should remain central to the development and use of AI in healthcare. Similarly, recent evidence from psychologists indicates growing use of AI in professional practice alongside continuing concerns regarding data breaches, social harms, biased outputs, and the reliability of AI-generated information (American Psychological Association, 2025). These findings suggest that psychologists may recognize the potential benefits of AI while simultaneously requiring appropriate ethical safeguards and professional supervision (Naeim, M., & Narimani, M. (2026)). Recent research has also begun to examine the perspectives of mental-health professionals regarding AI integration, identifying both enthusiasm about opportunities such as expanded access and reduced workload and concerns regarding therapeutic relationships, data security, response quality, and professional responsibility (Abrams, Z. (2025)).

However, much of the available evidence is based on broader national or international samples. There remains value in examining these perceptions within specific professional and geographical contexts. There is limited context-specific evidence was identified for psychologists practicing in Jodhpur regarding their familiarity with AI, perceived usefulness, ethical concerns, willingness to adopt AI, and perceptions of the future role of psychologists.

Therefore, the present study addresses this contextual gap by exploring the perceptions and attitudes of psychologists in Jodhpur toward the adoption of AI in psychological practice. By combining Likert-scale responses with open-ended opinions, the study seeks to provide an exploratory understanding of both the measurable attitudes and the underlying concerns and expectations of participating psychologists.

III. RESEARCH OBJECTIVES

The study aims to explore the perception of psychologist regarding AI and its usage in psychology. The primary objective of this study is to understand attitudes of psychologists in Jodhpur toward the adoption of Artificial Intelligence in their psychological practice. It seeks to examine the need of AI for their administrative work, regular monitoring, 24*7 accessibility and decision making.

Although there are concerns regarding privacy, ethical issues, and the role of human empathy in psychological practice, the study aims to explore these concerns in depth for a two-tier city like Jodhpur. Moreover, the study aims to explore psychologists' willingness to use AI-based tools, their views regarding AI-related education and training, and their expectations about how AI may influence the role of psychologists in the future.

The specific objectives of the study are:

1. To assess psychologists' familiarity with and perceptions of AI applications in psychology.
2. To examine psychologists' perceptions regarding the potential benefits of AI in psychological practice.
3. To identify major ethical, privacy, and professional concerns associated with the use of AI in mental healthcare.
4. To assess psychologists' willingness to adopt AI-based tools in their professional practice.
5. To examine psychologists' perceptions of the future role of AI and its potential impact on the psychology profession.
6. To explore psychologists' opinions regarding which psychological tasks may be supported by AI and which should remain under the responsibility of human psychologists.

IV. RESEARCH METHODOLOGY

The present study adopted a **cross-sectional mixed-methods descriptive research design** to examine psychologists' perceptions and attitudes toward the adoption of Artificial Intelligence (AI) in psychological practice. The study specifically focused on psychologists practicing in **Jodhpur, Rajasthan**, with the objective of understanding their views regarding the potential benefits, limitations, ethical concerns, professional implications, and future adoption of AI in the field of psychology.

A mixed-methods approach was considered appropriate for the present study because the research instrument collected both quantitative and qualitative information. The quantitative component consisted of Likert-scale statements that assessed participants' level of agreement with different statements related to AI in psychology. The questionnaire used a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. These questions examined areas such as familiarity with AI applications, perceived improvement in psychological assessment, reduction of administrative workload, access to mental health services, usefulness of AI-based chatbots, AI-assisted clinical decision-making, privacy concerns, professional supervision, human empathy, willingness to use AI, AI education and training, and the overall future impact of AI on psychology.

The qualitative component consisted of open-ended questions that allowed participants to express their opinions in their own words. These questions explored the perceived advantages of incorporating AI into psychology, concerns and risks associated with AI in mental healthcare, psychological tasks that could potentially be performed by AI, previous professional experience with AI tools, ethical guidelines required for AI adoption, training requirements for psychologists, expected changes in the role of psychologists over the next ten years, and additional comments regarding AI in psychology.

The study was cross-sectional in nature, as information was collected from the participants during a defined period rather than following the same participants over an extended period. Data collection and completion of the study were carried out over a period of 28 days. During this period, responses were obtained from a total of **8 participants** who met the requirements of the study. The relatively small sample provides a focused exploratory view of psychologists' perceptions within the selected geographical setting of Jodhpur. Therefore, the findings are intended primarily to describe the views of the participants included in this study rather than to represent all psychologists in Jodhpur or India.

As the study includes only eight participants, the results will primarily be interpreted as descriptive patterns within the study sample rather than as evidence for broad population-level generalizations.

The qualitative responses will be examined to identify recurring ideas, viewpoints, concerns, and suggestions expressed by the participants. The responses to the open-ended questions can be organized into relevant themes such as perceived benefits of AI, efficiency and workload reduction, accessibility of mental healthcare, privacy and ethical concerns, human supervision, empathy

and human involvement, professional responsibility, AI-related training, and the future role of psychologists. These themes can then be compared with the quantitative findings to provide a more comprehensive understanding of participants' perceptions. The research design therefore allows the study to examine AI adoption from two complementary perspectives. The quantitative component indicates the level of agreement among participants regarding specific aspects of AI, while the qualitative component provides greater depth by allowing psychologists to explain their opinions, concerns, experiences, and expectations.

The combination of these two forms of data is particularly relevant to the present research because attitudes toward AI cannot be understood solely through numerical responses; participants' explanations can provide additional context regarding why they support, question, or place limitations on the use of AI in psychological practice.

The study consequently follows the overall research framework:

Psychologists in Jodhpur → Questionnaire Administration → Quantitative Likert-Scale Responses + Qualitative Open-Ended Responses → Descriptive and Thematic Analysis → Interpretation of Psychologists' Perceptions and Attitudes Toward AI Adoption

Thus, the selected research design provides a structured approach for examining how the participating psychologists perceive the opportunities and challenges associated with AI and how they view its possible integration into psychological practice.

4.2 Participants

The participants were chosen from ages 22-45. There all are residing in Jodhpur, Rajasthan. They all are currently practising psychology in their respective field. All the participants were female.

2 participants have expertise in child psychology

3 participants are involved with counselling sessions

2 participants are meditation and psychology professors

1 participant is in corporate sector as counsellor

They all were approached via email/messaging app.

4.3 Research Instrument

The participants are provided with a questionnaire consisting of 20 questions with additional 5 questions on their demographics.

Table 1 questionnaire design

Section	Content	Questions
A	Demographic information	1-5
B	Likert-scale attitudes/perceptions	1-12
C	Open-ended responses	13-20

The Likert scale ranges from 1 = Strongly Disagree to 5 = Strongly Agree.

4.4 Variables / Constructs

The questionnaire theme varies from different constructs and variables.

Table 2 theme and relevant questions

Construct/theme	Questionnaire items
AI familiarity	Q1
Perceived benefits/utility	Q2-Q6
Ethical/professional concerns	Q7-Q9
Adoption intention/readiness	Q10
Training/education	Q11
Overall future attitude	Q12

4.5 Data Collection Procedure

The participants were given a pdf of questionnaire via email and messaging app. They wrote their answers and opinions in pdf format only. The questionnaire is strictly anonymous, and no personal data is shared. It took 8-10 days for approaching participants and gaining their consent and confidence. The overall procedure took almost a month.

The questions were administered with sole purpose to understand perceptions of psychologists and to provide insight into this study's research objectives.

4.6 Data Analysis

As the questionnaire was divided into two major parts, the findings are of two types, quantitative and qualitative.

The Likert scale questions were easy to analyse as they represented frequency. Following table represents the data for Q1-Q12 for the 8 participants:

Table 3 quantitative findings of Likert-Scale questions

Question	Theme	Response Scale				
		1	2	3	4	5
1	Familiarity with AI	0	0	3	1	4
2	AI can improve efficiency	0	2	2	2	2
3	Reduce Administrative workload	0	2	2	3	1
4	Improve accessibility in remote areas	0	0	3	3	2
5	AI chatbots can be used initially	1	2	3	2	0
6	AI can help psychologist in decision making	1	2	2	3	0
7	Data privacy is a concern	0	0	1	4	3
8	AI should be supervised	0	0	0	2	6
9	Human empathy cannot be replaced	0	0	0	0	8
10	Willingness to use AI tools in practice	1	2	2	2	1
11	AI integration in psychology training and education	0	2	2	2	2
12	AI will have positive outcome in future	0	0	1	3	4

V. RESULTS

5.1 Participant Characteristics

The study included eight participants with backgrounds in different areas of psychology. The participants represented clinical psychology, counselling psychology, industrial and organizational psychology, and child psychology. This variation provided an opportunity to explore perspectives on AI from professionals working in different psychological contexts.

Regarding educational qualifications, four participants held a master's qualification, two were pursuing a Ph.D., and two reported a doctorate in psychology. The participants also differed in their reported professional experience, ranging from approximately two to more than ten years, as recorded in the demographic data. This variation in educational and professional backgrounds provides useful context for understanding their views on the adoption of AI in psychological practice.

In terms of specialization, three participants were associated with clinical psychology, two with counselling psychology, two with industrial and organizational psychology, and one with child psychology. The inclusion of these different specializations is relevant because the potential applications and limitations of AI may vary according to the nature of psychological work performed.

The demographic information suggests that the study captured perspectives from a small but professionally varied group of participants. However, the sample consisted of only eight individuals, and the findings should therefore be interpreted as an exploratory account of their views rather than a representative assessment of psychologists in Jodhpur. The demographic information provides context for the subsequent quantitative and qualitative analyses but does not, by itself, establish differences in attitudes between professional groups.

Table 4 demographics of participants

No. of participant	Age	Qualification	Specialization	Years of experience
1	20-25	Masters	Industrial and organizational	3-4 years
2	25-30	Masters	Clinical	2-5 years
3	30+	Pursuing PHD	Clinical	5+ years

4	30+	Masters	Industrial and organizational	5+ years
5	40+	Pursuing PHD	Counselling	5 years
6	40+	Doctorate psychology	Clinical	8+ years
7	40+	Doctorate psychology	Child Psychology	10+ years
8	30+	Masters	Counselling	5+ years

5.2 Quantitative Findings

The quantitative findings revealed varied perceptions among the eight participants regarding the adoption of AI in psychological practice. Responses indicated a distinction between participants' recognition of AI's potential future value and their willingness to use AI tools in their own professional work.

Regarding familiarity with AI, five participants (62.5%) agreed or strongly agreed that they were familiar with AI applications in psychology, while three (37.5%) selected the neutral response. No participant disagreed with this statement. The mean response was 4.13 out of 5, indicating a generally positive self-reported familiarity with AI among the participants, although familiarity levels were not uniform.

For the perceived benefits of AI, four participants (50%) agreed or strongly agreed that AI could improve the efficiency of psychological assessments, and an equal number selected neutral or disagreement responses. Similarly, four participants (50%) expressed agreement that AI could reduce administrative workload. Five participants (62.5%) agreed or strongly agreed that AI could improve access to mental-health services in remote areas. These findings suggest that participants saw potential in some practical applications of AI, particularly accessibility, but their views regarding efficiency and workload reduction were more mixed.

The responses concerning AI-based chatbots and clinical decision-making were comparatively cautious. Only two participants (25%) agreed that AI-based chatbots could provide useful initial mental-health support, while three (37.5%) disagreed or strongly disagreed and three (37.5%) remained neutral. Regarding AI-assisted clinical decision-making, three participants (37.5%) agreed or strongly agreed, three (37.5%) disagreed or strongly disagreed, and two (25%) selected neutral. These results indicate that the participants were less consistently supportive of AI when its role involved mental-health support or clinical judgment.

Ethical and professional safeguards received stronger agreement. Seven participants (87.5%) agreed or strongly agreed that patient data privacy was a major concern when using AI in psychology. All eight participants (100%) agreed or strongly agreed that AI systems should operate under the supervision of a licensed psychologist. Similarly, all eight participants (100%) strongly agreed that human empathy cannot be fully replaced by AI in therapy.

The willingness to adopt AI tools was less pronounced than agreement with the need for professional supervision and human empathy. Three participants (37.5%) agreed or strongly agreed that they were willing to use AI-based tools in their professional practice, two (25%) were neutral, and three (37.5%) disagreed or strongly disagreed. Four participants (50%) supported including AI in psychology education and professional training, while two (25%) disagreed or strongly disagreed and two (25%) remained neutral.

Lastly, seven participants (87.5%) agreed or strongly agreed that AI would have a positive impact on the future of psychology. Taken together, the findings indicate that these participants generally recognized AI's possible future contribution while expressing stronger and more consistent views about the importance of human empathy, professional supervision, and patient privacy than about direct AI adoption in their own practice.

The table below provides summary of Likert-Scale question and calculates mean of theme/questions:

Table 5 result summary of Likert-Scale questions

Q.	Statement/theme	Mean (out of 5)	Agree/Strongly agree
1	Familiarity with AI	4.13	5 (62.5%)
2	AI can improve efficiency	3.50	4 (50%)
3	Reduce administrative workload	3.38	4 (50%)
4	Improve accessibility in remote areas	3.88	5 (62.5%)
5	AI chatbots can provide initial support	2.75	2 (25%)
6	AI can assist clinical decision-making	2.88	3 (37.5%)
7	Patient data privacy is a concern	4.25	7 (87.5%)
8	AI should be supervised by a psychologist	4.75	8 (100%)
9	Human empathy cannot be fully replaced	5.00	8 (100%)
10	Willingness to use AI tools	3.00	3 (37.5%)
11	AI should be included in psychology training	3.50	4 (50%)
12	AI will have a positive future impact	4.38	7 (87.5%)

5.3 Qualitative Findings

The qualitative analysis of the open-ended responses identified recurring perspectives concerning the potential benefits, limitations, ethical implications, and future role of AI in psychological practice. The responses were organized into themes reflecting participants' views on the practical applications of AI, the importance of human involvement, concerns about responsible implementation, and the competencies required for effective adoption.

S.No	Theme	Relevant Questions	Key Findings
1	Improved Access to Mental Health Support	Q13, Q19	AI is viewed as having potential to make mental health information and support more accessible to people who face geographical or practical barriers to professional services.
2	AI-Assisted Insights and Pattern Identification	Q13, Q15, Q19	Responses suggest AI may help organize and flag patterns in client information that a psychologist might overlook. These insights are framed as supplementary rather than conclusive clinical judgments.
3	Suitable Uses for AI in Practice	Q15, Q16	Respondents identify structured, supportive, and lower-risk tasks as potential uses for AI, including preparing educational materials and providing general resources between sessions.
4	Limits of AI in Clinical Responsibility	Q15, Q19	The responses distinguish the support tasks from core clinical responsibilities. Diagnosis, crisis response, therapy, and other high-stakes decisions are described as responsibilities that should remain with qualified psychologists.
5	Privacy, Confidentiality, and Data Security	Q14, Q17, Q20	Protection of sensitive client information is a central concern. Respondents call for safeguards governing data handling, access, and confidentiality before AI is widely used in psychological practice.
6	Accuracy, Reliability, and Risk of Errors	Q14, Q16, Q17	Respondents recognize that AI-generated information may be inaccurate or miss important warning signs. They describe reviewing and verifying outputs rather than using them uncritically, especially where client care is involved.
7	Human Empathy and Understanding of Context	Q14, Q15, Q19	The responses emphasize that psychological care depends on empathy, trust, contextual understanding, and interpreting subtle emotional cues. These human elements are considered difficult for AI to replicate.
8	Professional Oversight and Accountability	Q15, Q17, Q20	AI use is considered appropriate only when qualified professionals retain oversight and accountability. Respondents oppose allowing technology to make or enact clinical decisions independently.
9	Ethical Governance and Informed Consent	Q17, Q20	Respondents call for clear ethical standards and regulation, transparent communication with clients, informed consent, and ongoing evaluation for accuracy, fairness, and bias.
10	Training and Digital Literacy	Q18, Q20	Respondents identify training as necessary for safe and effective AI adoption. Suggested areas include understanding how AI works, recognizing its limitations, assessing generated information, protecting data, and maintaining digital literacy.
11	Practical Experience with AI Tools	Q16	The reported experience is primarily supportive and productivity oriented. Both responses describe human review and editing of AI outputs and explicitly avoid relying on AI alone for clinical decisions or interventions.
12	Changing Professional Role of Psychologists	Q19	AI is expected to change how psychologists work by handling more routine tasks and supporting screening or progress tracking. The responses anticipate a complementary role for AI rather than replacement of psychologists.
13	Clinician Involvement in AI Development	Q20	One response explicitly recommends involving clinicians in the development process so that AI tools address practical problems in psychological practice rather than adding technology without clear value.

5.3.1 Perceived benefits and practical applications of AI

The participants identified improved access to mental-health information and support as a potential benefit of AI, particularly for individuals facing geographical or practical barriers to professional services. Other suggested applications included intake screening, psychoeducation, preparation of coping resources, appointment management, report summaries, and the identification of patterns in client information. The responses indicate that participants considered AI potentially useful for structured and supportive tasks that could complement psychologists' work.

5.3.2 Clinical limitations and human responsibility

The participants distinguished between tasks that AI might support and responsibilities that should remain with qualified psychologists. Diagnosis, crisis intervention, treatment planning, psychological assessment, and the therapeutic relationship were identified as areas requiring professional judgment and human involvement. Participants' responses emphasized that AI-generated insights should be treated as supplementary information rather than as definitive clinical conclusions.

5.3.3 Ethical and professional concerns

Privacy and confidentiality emerged as important concerns in the qualitative analysis. Participants emphasized the need to protect sensitive mental-health information and establish safeguards for data storage and access. Some concerns were also expressed about inaccurate AI-generated information and the possibility of overlooking important warning signs. Participants therefore emphasized the importance of reviewing AI outputs rather than relying on them without verification. Human empathy, emotional understanding, interpretation of non-verbal cues, and the development of therapeutic trust were also identified as important elements of psychological practice that AI may not adequately reproduce.

5.3.4 Training and practical experience

The responses highlighted the importance of AI-related training and digital literacy. Participants identified a need to understand the capabilities and limitations of AI tools, evaluate generated information critically, and maintain appropriate privacy safeguards. The recorded experiences of AI use were primarily associated with supportive tasks such as drafting psychoeducational materials, brainstorming, and organizing information. These accounts also emphasized the importance of reviewing and modifying AI-generated outputs before using them professionally.

5.3.5 Future role of psychologists

The participants anticipated that AI could change the way psychologists perform routine tasks and interpret information. Rather than describing AI as a complete replacement for psychologists, the responses generally presented it as a complementary technology that may support selected aspects of practice. Participants also highlighted the importance of involving practicing clinicians in AI development so that tools address genuine professional needs.

Overall, the qualitative findings portray AI adoption as a process requiring a balance between potential practical benefits and safeguards for clients. Participants' responses emphasized the importance of human expertise, ethical responsibility, professional supervision, and appropriate training in determining how AI should be incorporated into psychological practice.

VI. DISCUSSION

6.1 Psychologists' Familiarity With AI

The findings indicate that most participants reported some familiarity with AI applications in psychology, although a substantial proportion selected a neutral response. Five of the eight participants (62.5%) agreed or strongly agreed that they were familiar with AI applications in the field, while three (37.5%) remained neutral. This variation suggests that familiarity with AI was not consistent across the study sample.

Familiarity is an important consideration when examining technology adoption because professionals need to understand what a tool can and cannot do before making informed decisions about its use. However, self-reported familiarity should not be equated with technical competence, practical experience, or the ability to evaluate AI-generated information critically. The present questionnaire measured perceived familiarity rather than objectively assessed AI knowledge.

The finding can be discussed alongside the American Psychological Association's policy on artificial intelligence and psychology, which recognizes AI's implications for psychological practice, training, research, and professional responsibilities (American Psychological Association [APA], 2024). The APA's subsequent ethical guidance for health service psychology also emphasizes the importance of understanding AI tools and evaluating their outputs responsibly (APA, 2025).

In the context of the present study, the results suggest that opportunities may exist to strengthen AI literacy among psychologists, particularly regarding the appropriate selection, evaluation, and ethical use of AI tools. Nevertheless, because the study included only eight participants, the results cannot establish the overall level of AI familiarity among psychologists in Jodhpur. Further research using larger samples and more direct measures of AI knowledge would be needed to examine this issue in greater depth.

6.2 Perceived Benefits of AI

The findings indicate that participants recognized potential benefits of AI in selected areas of psychological practice, particularly improving access to mental-health information and supporting routine professional tasks. Five participants (62.5%) agreed or strongly agreed that AI could improve access to mental-health services in remote areas. In comparison, four participants (50%) expressed agreement that AI could improve assessment efficiency, and an equal number agreed that AI could reduce administrative workload.

The qualitative findings provide further context for these responses. Participants identified possible uses such as psychoeducation, preparation of educational materials, appointment management, report summaries, intake screening, and tracking patterns in client information. These responses suggest that participants perceived AI as potentially useful for structured and supportive tasks that may assist psychologists in organizing information and managing routine responsibilities.

However, participants were more cautious about AI-based chatbots and AI-assisted clinical decision-making. Only two participants (25%) agreed or strongly agreed that chatbots could provide useful initial mental-health support, while three (37.5%) disagreed or strongly disagreed. Similarly, responses concerning AI-assisted clinical decision-making were divided. This distinction suggests that perceived usefulness may depend on the nature and potential consequences of the task rather than on a general acceptance or rejection of AI.

The American Psychological Association's ethical guidance identifies possible benefits of AI in areas such as workflow efficiency, access to care, and support for clinical work, while also emphasizing the need to evaluate the quality and appropriateness of individual tools (APA, 2025). The World Health Organization likewise recognizes the potential of AI in healthcare while stressing that its design and use must be guided by ethical principles and human rights (World Health Organization [WHO], 2021).

The present findings are consistent with the need to distinguish between AI used to support routine tasks and AI used in situations requiring complex clinical judgment. Nevertheless, this study measured participants' perceptions rather than the actual effectiveness of any AI application. The findings therefore indicate what these psychologists considered potentially useful, not whether the tools would necessarily improve clinical outcomes in practice.

6.3 Ethical and Professional Concerns

Ethical and professional concerns were prominent in the findings. Seven of the eight participants (87.5%) agreed or strongly agreed that patient data privacy was a major concern when using AI in psychology. All eight participants supported the supervision of AI systems by licensed psychologists, and all eight strongly agreed that human empathy cannot be fully replaced by AI in therapy. These results indicate that participants placed considerable importance on confidentiality, professional oversight, and the human aspects of psychological care.

The qualitative responses expand on these concerns by highlighting the need to protect sensitive client information, verify AI-generated content, obtain informed consent, monitor potential bias, and maintain professional accountability. Participants also expressed concern that AI tools might produce inaccurate suggestions or fail to identify important warning signs. These perspectives indicate that participants viewed the adoption of AI as a matter of professional and ethical responsibility, rather than solely as a question of technological convenience.

These findings can be compared with the WHO's guidance on ethics and governance of AI for health, which emphasizes human autonomy, safety, transparency, accountability, inclusiveness, and the responsible use of health-related data (WHO, 2021).

Similarly, the APA's guidance for health service psychology addresses informed consent, data privacy, bias, accuracy, and the need for psychologists to retain responsibility for professional decisions (APA, 2025).

The strong support for supervision in the present study suggests that participants preferred an approach in which AI assists professional work without independently assuming responsibility for clinical decisions. This is particularly relevant when AI outputs could influence psychological assessment, treatment planning, or responses to clients experiencing significant distress. The findings also reinforce the perceived importance of maintaining empathy, trust, and contextual understanding within psychological practice.

However, the unanimous responses should be interpreted cautiously because each participant represents 12.5% of the sample. The findings demonstrate strong agreement within this group of eight participants, but they do not establish that all psychologists share the same views. Future studies involving larger and more diverse samples could examine how these concerns vary across professional specializations and levels of experience.

6.4 Willingness to Adopt AI

The findings indicate that participants' willingness to adopt AI in their professional practice was less pronounced than their expectations regarding its future impact on psychology. Three participants (37.5%) agreed or strongly agreed that they were willing to use AI-based tools in their professional work, while three (37.5%) disagreed or strongly disagreed. The remaining two participants (25%) selected the neutral response. In contrast, seven participants (87.5%) agreed or strongly agreed that AI would have a positive impact on the future of psychology.

This difference is an important observation in the present study. It suggests that a positive perception of AI's potential benefits does not automatically translate into willingness to use AI in professional practice. Participants may recognize possible opportunities while remaining uncertain about practical implementation, the reliability of available tools, ethical responsibilities, or the suitability of AI for particular psychological tasks. However, these possible explanations should be treated as interpretations rather than established reasons because the questionnaire did not directly measure all these factors as separate determinants of adoption.

The qualitative findings provide additional context. Participants identified practical applications such as preparing psychoeducational materials, brainstorming, organizing information, and assisting with routine documentation. At the same time, they emphasized the need to verify AI-generated outputs and avoid relying on AI independently for clinical decisions. These responses suggest that willingness to adopt AI may depend on the intended application and the safeguards available.

The APA's ethical guidance for health service psychology emphasizes the importance of evaluating AI tools, understanding their limitations, protecting client information, and maintaining professional responsibility (APA, 2025). Such considerations provide a useful framework for interpreting why professional adoption may require more than a general belief in AI's potential.

The findings suggest that encouraging responsible adoption may require practical training, clear ethical guidance, reliable tools, and opportunities for psychologists to evaluate AI applications in their own professional contexts. Nevertheless, the present study cannot establish which factors influence adoption willingness or whether the participants will use AI in the future. Given the small sample, the findings should be understood as an exploratory indication of the difference between perceived future value and stated willingness to adopt AI.

6.5 Psychologists' Perceptions of the Future

The findings indicate that the participants generally anticipated a positive future impact of AI on psychology. Seven of the eight participants (87.5%) agreed or strongly agreed that AI would have a positive impact on the future of the profession. The qualitative responses further suggest that participants expected AI to influence the way psychologists perform routine tasks, organize client information, monitor progress, and interpret patterns that may be relevant to psychological practice.

An important feature of the qualitative findings is the distinction between AI as a supportive technology and AI as a replacement for psychologists. Participants anticipated that AI might assist with selected tasks while psychologists continued to exercise professional judgment, provide therapeutic support, and remain responsible for clinical decisions. Their responses emphasized the continuing importance of empathy, trust, contextual understanding, and the therapeutic relationship. This perspective suggests that the anticipated future of psychology may involve greater interaction between human expertise and technological assistance rather than the complete replacement of human professionals.

The findings can be discussed alongside the APA's policy on artificial intelligence and psychology, which recognizes the implications of AI for psychological practice, research, education, and human well-being (APA, 2024). The APA's subsequent professional guidance also emphasizes the importance of responsible implementation, appropriate human oversight, and careful evaluation of AI systems in health service psychology (APA, 2025).

Another important finding concerns the role of psychologists in the development of AI tools. The qualitative analysis identified a recommendation to involve practicing clinicians in the design process so that technological applications address actual professional requirements. This perspective is relevant because the usefulness of an AI tool depends not only on its technical capabilities but also on its suitability for the context in which it is used.

The findings suggest that future preparation for AI adoption may require psychology education to address AI literacy, ethical decision-making, evaluation of AI-generated information, and the appropriate boundaries of technology-assisted practice.

VII. CONCLUSION

The present study explored psychologists' perceptions and attitudes toward the adoption of AI in psychological practice, with particular reference to eight participants in Jodhpur, Rajasthan. The findings indicate that participants generally recognized the potential future contribution of AI while expressing important reservations about its practical use in psychological services.

The quantitative results showed that seven participants (87.5%) anticipated a positive impact of AI on the future of psychology. Participants also demonstrated strong agreement regarding the importance of professional supervision and the continuing role of human empathy. All eight participants agreed or strongly agreed that AI systems should operate under the supervision of a

licensed psychologist, and all eight strongly agreed that human empathy cannot be fully replaced by AI in therapy. In addition, seven participants (87.5%) identified patient data privacy as a major concern.

However, willingness to adopt AI in professional practice was more limited. Only three participants (37.5%) agreed or strongly agreed that they were willing to use AI-based tools in their work. The qualitative findings provided further context by identifying possible applications of AI in routine administrative tasks, psychoeducation, information organization, and selected supportive activities, while emphasizing the need for professional judgment and verification of AI-generated outputs.

The most promising overall interpretation and conclusion of the present study is that the participants appear optimistic about AI's future potential but are cautious about its direct adoption in psychological practice, with particularly strong emphasis on human empathy, professional supervision, and privacy. This interpretation is supported by both quantitative results and qualitative theme summary.

Given the exploratory nature of the study and its small sample, the findings cannot be generalized to all psychologists in Jodhpur or elsewhere. Nevertheless, they provide an initial perspective on how the participating psychologists understand the opportunities and challenges associated with AI. The study supports the need for continued research and informed professional discussion to ensure that AI adoption in psychology remains responsible, transparent, and supportive of human well-being.

VIII. LIMITATIONS

The present study provides an exploratory understanding of psychologists' perceptions and attitudes toward AI adoption; however, several limitations should be acknowledged when interpreting the findings.

The first limitation is the small sample size. The study included only eight participants, which restricts the diversity of perspectives captured and limits the extent to which the findings can be generalized. Although the responses provide useful insights into the views of the participating psychologists, they should not be considered representative of all psychologists practicing in Jodhpur or other parts of India.

Second, the geographical scope was restricted to Jodhpur, Rajasthan. Perceptions of AI adoption may differ across regions depending on professional exposure, institutional resources, access to technology, and opportunities for training. Consequently, the findings may not reflect the experiences of psychologists working in other urban or rural settings.

Third, the study used a cross-sectional research design. It therefore captures participants' perceptions at a particular point in time and cannot establish how their attitudes may change with increased exposure to AI tools, professional training, or developments in AI technology.

Fourth, the study relied on self-reported questionnaire responses. Participants' answers may have been influenced by their existing knowledge, personal experiences, interpretations of the questions, or social-desirability considerations. The study did not independently assess participants' AI-related knowledge or verify the effectiveness of the AI tools they discussed.

Fifth, the questionnaire was researcher-developed. Although it addressed relevant dimensions of AI adoption, the present study did not establish that the instrument is a validated measure of AI-related attitudes. The small sample also limits the scope for statistical testing and meaningful comparisons between demographic or professional groups.

Finally, the qualitative findings were based on participants' written responses to open-ended questions. These responses provided valuable insights but may not have captured the depth and contextual detail that could be obtained through follow-up interviews.

Despite these limitations, the study offers an initial account of the perceived benefits, ethical concerns, adoption intentions, and future expectations expressed by the participating psychologists. Its findings can inform the development of larger and more comprehensive investigations into AI adoption in psychological practice.

IX. RECOMMENDATIONS FOR PRACTICE

Based on the findings of the present study, several recommendations can be proposed for the responsible integration of AI into psychological practice. These recommendations should be interpreted as preliminary implications arising from the responses of the eight participants rather than as universally established requirements.

9.1 AI-related education and professional development

Psychologists may benefit from learning how AI tools operate, understanding their limitations, recognizing inaccurate outputs, and evaluating whether a particular application is appropriate for a given professional task. AI should receive greater attention for professional development in psychology

9.2 AI is not a human substitute

The unanimous support among participants for professional supervision highlights the importance of maintaining human oversight, particularly when AI-generated information could influence psychological assessment, treatment planning, or decisions involving vulnerable clients.

9.3 Privacy and confidentiality

Privacy and confidentiality should remain central considerations when selecting and using AI tools. Psychologists and institutions should examine how client information is collected, processed, stored, and shared. Client consent, transparent communication about AI use, and appropriate safeguards for sensitive information should be considered before introducing AI into professional workflows.

9.4 Verifying AI tools before integrating them professionally

AI tools should be evaluated for their accuracy, reliability, suitability, and potential biases before being used in psychological settings. AI-generated summaries, suggestions, or recommendations should be reviewed by appropriately qualified professionals. Tools should not be assumed to be clinically reliable merely because they produce convincing or well-written responses.

9.5 Encouraging informed discussions about the ethical uses of AI

These discussions may help professionals distinguish appropriate supportive applications from tasks that require direct human involvement, empathy, contextual understanding, and professional accountability.

9.6 AI developers' collaboration with psychologists

The developers of AI applications for psychology should seek input from practicing psychologists during the design and evaluation process. Such collaboration may help ensure that tools address genuine professional needs while considering ethical responsibilities and the experiences of the people receiving psychological services.

These recommendations are consistent with the broader principles of responsible AI use in healthcare, including human oversight, privacy protection, transparency, safety, and accountability (World Health Organization, 2021; American Psychological Association, 2025). However, their implementation should be informed by further evidence and relevant professional and legal requirements.

X. FUTURE RESEARCH

The findings of the present study indicate several directions for further investigation into the adoption of AI in psychological practice. Since the current research involved eight participants from Jodhpur, future studies could expand the sample and geographical coverage to develop a broader understanding of psychologists' perceptions and attitudes.

One important direction is to conduct studies involving larger samples of psychologists from multiple cities and regions across India. Including participants from urban and rural settings may help identify differences in AI familiarity, perceived usefulness, ethical concerns, and willingness to adopt AI. Such studies could also explore whether professional exposure and access to technological resources are associated with adoption intentions.

Future research could examine differences across psychological specializations, including clinical, counselling, educational, child, and industrial-organizational psychology. The potential applications and limitations of AI may differ according to professional responsibilities. Comparative studies could therefore help identify which applications are considered appropriate in different areas of practice.

Another direction is to investigate the relationship between AI knowledge, professional experience, training, trust, and willingness to adopt AI. Future researchers could use established technology-acceptance frameworks and validated measurement instruments to examine these relationships systematically. Longitudinal studies could also investigate whether attitudes change after psychologists receive AI training or gain practical experience with specific tools.

Qualitative research using semi-structured interviews or focus groups could provide deeper insights into psychologists' concerns, professional experiences, and expectations. This would allow researchers to explore the reasoning behind responses concerning privacy, empathy, professional supervision, and the boundaries of AI-supported practice.

Further studies could also examine the perspectives of psychology students, mental-health service users, educators, and AI developers. Comparing these viewpoints may help identify differences in expectations and concerns among stakeholders.

Finally, empirical research should evaluate specific AI applications rather than relying exclusively on perceptions. Studies could investigate the accuracy, usability, safety, and practical effectiveness of AI-assisted documentation, psychoeducation, screening, or other carefully defined applications. Such research would help distinguish perceived benefits from demonstrated outcomes and support evidence-informed decisions about AI integration in psychology.

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APPENDIX: QUESTIONNAIRE

Section A: Demographic Information

1. Age: _____
2. Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other _____
3. Highest Qualification: ☐ Master's ☐ M.Phil. ☐ Ph.D. ☐ Other _____
4. Area of Specialization:
☐ Clinical Psychology
☐ Counselling Psychology
☐ Educational Psychology
☐ Industrial/Organizational Psychology
☐ Other _____
5. Years of Professional Experience:
☐ Less than 2 years
☐ 2–5 years
☐ 6–10 years
☐ More than 10 years

Section B: Likert Scale Questions Instructions:

Please indicate your level of agreement with each statement. Scale:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

No.	Statement	1	2	3	4	5
1.	I am familiar with AI applications in psychology.	☐	☐	☐	☐	☐
2.	AI can improve the efficiency of psychological assessments.	☐	☐	☐	☐	☐
3.	AI can reduce the administrative workload of psychologists.	☐	☐	☐	☐	☐
4.	AI can improve access to mental health services, especially in remote areas.	☐	☐	☐	☐	☐
5.	AI-based chatbots can provide useful initial mental health support.	☐	☐	☐	☐	☐
6.	AI can assist psychologists in making more informed clinical decisions.	☐	☐	☐	☐	☐
7.	Patient data privacy is a major concern when using AI in psychology.	☐	☐	☐	☐	☐
8.	AI systems should always operate under the supervision of a licensed psychologist.	☐	☐	☐	☐	☐
9.	Human empathy cannot be fully replaced by AI in therapy.	☐	☐	☐	☐	☐
10.	I am willing to use AI-based tools in my professional practice.	☐	☐	☐	☐	☐
11.	AI should be included in psychology education and professional training.	☐	☐	☐	☐	☐
12.	Overall, AI will have a positive impact on the future of psychology	☐	☐	☐	☐	☐

Section C: Open-Ended Questions

13. In your opinion, what are the biggest advantages of incorporating AI into psychology?
14. What concerns or risks do you have regarding the use of AI in mental healthcare?
15. Which psychological services or tasks do you think AI can perform effectively, and which should remain solely the responsibility of psychologists?
16. Have you ever used AI tools (such as ChatGPT, AI-based assessment software, or mental health chatbots) in your professional work? If yes, please describe your experience.
17. What ethical guidelines should be established before AI is widely adopted in psychological practice?
18. What skills or training should psychologists receive to effectively work alongside AI technologies?
19. How do you think AI will change the role of psychologists over the next 10 years?
20. Please share any additional comments or suggestions regarding the use of AI in psychology.

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