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Being-With-Algorithm: Psychotherapists' Lived Experiences of Artificial Intelligence and the Therapeutic Relationship

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A B S T R A C T

Objective: The present study aimed to explore psychotherapists' lived experiences of artificial intelligence and its perceived influence on the therapeutic relationship within contemporary psychotherapy practice.

Methods and Materials: This study employed a qualitative phenomenological design using Interpretative Phenomenological Analysis (IPA). The participants consisted of 20 psychotherapists practicing in Tehran, Iran, selected through purposive sampling with maximum variation based on therapeutic orientation, years of experience, and familiarity with artificial intelligence technologies. Inclusion criteria included a minimum of three years of clinical experience and prior exposure to AI-assisted therapeutic or professional tools. Data were collected through semi-structured in-depth interviews lasting between 60 and 95 minutes. Interview questions focused on therapists' experiences regarding empathy, therapeutic presence, ethical concerns, professional identity, emotional authenticity, and human-AI interaction in psychotherapy. Interviews were audio-recorded, transcribed verbatim, and analyzed using iterative phenomenological coding procedures. Strategies including member checking, peer review, reflexive memo writing, and audit trail documentation were employed to enhance trustworthiness and credibility.

Findings: The findings revealed that psychotherapists experienced artificial intelligence through a complex coexistence of acceptance, ambivalence, and existential concern. Five superordinate themes emerged from the data: AI as a clinical companion, threats to therapeutic presence, ethical and professional ambivalence, reconfiguration of therapist identity, and human-AI coexistence in therapy. Participants acknowledged the usefulness of AI for administrative efficiency, cognitive support, and clinical organization while simultaneously expressing concerns regarding emotional dehumanization, diminished empathic attunement, weakened authenticity, and ethical uncertainty. Therapists emphasized that empathy, emotional resonance, and relational presence were

fundamentally human dimensions that could not be authentically replicated by algorithmic systems. The emergence of AI also prompted deeper reflection on the uniqueness of human therapeutic engagement and the preservation of relational centrality within psychotherapy.

Conclusion: The findings suggest that psychotherapists perceive artificial intelligence as both a valuable professional resource and a potential challenge to the relational foundations of psychotherapy. Although AI technologies may enhance efficiency and accessibility, therapists continue to regard authentic human connection, emotional attunement, and existential understanding as irreplaceable components of therapeutic healing. The future integration of AI into psychotherapy therefore requires careful ethical regulation, professional adaptation, and preservation of human-centered therapeutic values.

Keywords: *Artificial intelligence, psychotherapy, therapeutic relationship, phenomenology, psychotherapists, therapeutic alliance, digital mental health, lived experience*

1. Introduction

The rapid expansion of artificial intelligence into the field of mental health care has initiated one of the most transformative developments in the contemporary history of psychotherapy. Artificial intelligence systems are no longer limited to administrative support or automated scheduling functions; rather, they are increasingly entering domains traditionally understood as deeply human, relational, and emotionally grounded. The emergence of conversational agents, large language models, virtual therapeutic platforms, predictive analytics, routine outcome monitoring systems, and AI-assisted clinical decision-making tools has generated significant discussion regarding the future nature of psychotherapeutic practice, the role of the therapist, and the integrity of the therapeutic relationship itself (Du, 2024; Plakun, 2023; Stade et al., 2024). These developments have intensified debates concerning whether psychotherapy can remain fundamentally interpersonal when aspects of therapeutic interaction become increasingly mediated through algorithmic technologies. While some scholars conceptualize artificial intelligence as a powerful extension of psychotherapeutic capabilities, others warn that algorithmic systems may alter the emotional, ethical, and existential foundations upon which psychotherapy has historically relied (Kabrel, 2025; Magnavita et al., 2024).

The therapeutic relationship has long been recognized as one of the central determinants of successful psychotherapy outcomes across diverse theoretical orientations. Constructs such as empathy, alliance, attunement, authenticity, emotional presence, and relational trust have repeatedly been identified as core therapeutic factors independent of specific intervention models (Cooper, 2026). The emergence of artificial intelligence within psychotherapy therefore raises profound questions regarding the extent to which technologically mediated systems can replicate, support, or potentially disrupt these relational dimensions. Existing literature suggests that AI-based therapeutic platforms may provide increased accessibility, continuity of care, personalization of interventions, and rapid feedback mechanisms for both therapists and patients (Olive et al., 2025; Westbye et al., 2024). At the same time, concerns persist regarding emotional flattening, reductionism, mechanization of human suffering, and the possibility that therapeutic relationships may become increasingly procedural rather than genuinely interpersonal (Sauerbrei et al., 2023; Zhang & Wang, 2024).

Recent advances in generative artificial intelligence and large language models have intensified these debates because conversational AI systems increasingly demonstrate sophisticated linguistic responsiveness and simulated empathic communication. Scholars have argued that generative AI possesses the capacity to imitate therapeutic dialogue patterns, produce emotionally resonant responses, and engage users in seemingly reflective conversations (Yirmiya & Fonagy, 2025). Such developments challenge traditional assumptions regarding the uniqueness of human therapeutic interaction and have led researchers to reconsider the boundaries between human empathy and computational simulation. Rabeyron questioned whether psychoanalytic engagement may eventually incorporate AI-mediated forms of interpretation and reflective interaction, raising important philosophical concerns about unconscious processes, symbolic meaning, and subjectivity in technologically mediated psychotherapy (Rabeyron, 2025). Similarly, Giotakos emphasized that the effectiveness of psychotherapy often depends upon common psychotherapeutic factors such as relational safety, empathy, and emotional validation, dimensions that may not be

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reducible to algorithmic processes despite advances in conversational AI (Giotakos, 2025).

At the same time, psychotherapists themselves increasingly encounter AI technologies in everyday clinical practice. Digital platforms capable of routine outcome monitoring, automated engagement estimation, and clinical feedback are becoming integrated into therapeutic systems across multiple contexts (Guhan et al., 2025; Olive et al., 2025). AI-assisted telehealth tools now contribute to client monitoring, symptom prediction, and treatment optimization, particularly within online psychotherapy settings (Rudwan, 2023). Moreover, explainable AI systems have been proposed as mechanisms for improving clinical transparency and enhancing therapist decision-making processes (Westbye et al., 2024). Although these innovations may improve efficiency and accessibility, they also require psychotherapists to renegotiate professional identity, ethical responsibility, and therapeutic authority in environments increasingly influenced by algorithmic systems. Wagner and Schwind found that psychotherapists demonstrate both openness and hesitation toward AI integration, reflecting a broader ambivalence concerning technological innovation in psychotherapy (Wagner & Schwind, 2025).

Ethical concerns represent one of the most significant dimensions of contemporary discussions surrounding artificial intelligence in psychotherapy. Questions regarding confidentiality, informed consent, data security, accountability, transparency, and algorithmic bias have emerged as central challenges in AI-assisted mental health interventions (Benosman, 2024; Singh et al., 2024). The integration of AI systems into psychotherapy introduces uncertainties regarding responsibility for therapeutic decisions and raises concerns about the potential depersonalization of vulnerable clients. Ethical tensions become especially pronounced when AI systems participate in emotionally sensitive therapeutic contexts involving trauma, suicidality, attachment difficulties, or severe emotional distress. Rutkowska and colleagues highlighted that psychotherapists frequently experience ethical dilemmas even within standard online psychotherapy environments, suggesting that the introduction of AI may further complicate perceptions of professional responsibility and relational boundaries (Rutkowska et al., 2025). Similarly, Bogatyńska-Kucharska and colleagues emphasized the importance of autonomy and ethical justification within therapeutic relationships, dimensions that may be challenged when algorithmic systems influence therapeutic processes (Bogatyńska-Kucharska et al., 2023).

Another important concern relates to the anthropomorphization of AI systems and the psychological tendency of individuals to attribute emotional understanding or human-like intentionality to conversational technologies. Research indicates that users' willingness to engage with AI psychotherapy is significantly influenced by attitudes toward human interaction, perceived emotional intelligence, and anthropomorphic characteristics attributed to chatbots (Huțul et al., 2024). This phenomenon creates a psychologically complex environment in which clients may experience emotional attachment, trust, or perceived understanding from nonhuman systems. While some researchers view this as an opportunity to expand access to mental health support, others argue that simulated empathy may obscure the absence of genuine human subjectivity and relational reciprocity (Kabrel, 2025; Zhang & Wang, 2024). Consequently, psychotherapists are increasingly required to reflect not only on technological functionality but also on the phenomenological and existential implications of interacting alongside algorithmic agents in therapeutic contexts.

The COVID-19 pandemic accelerated the digital transformation of psychotherapy and normalized technologically mediated forms of psychological care across many regions of the world. Online psychotherapy, telehealth platforms, and digitally enhanced therapeutic systems rapidly became integrated into routine practice, reshaping therapists' experiences of presence, communication, and therapeutic boundaries (Rudwan, 2023; Rutkowska et al., 2025). This transformation created fertile conditions for the further incorporation of AI-assisted technologies into psychotherapy. At the same time, therapists increasingly confronted concerns regarding emotional fatigue, reduced interpersonal immediacy, and the challenge of maintaining authentic relational connection through digital environments. The expansion of AI systems into these already technologized therapeutic spaces has therefore intensified concerns regarding the preservation of human-centered psychotherapy and the experiential quality of therapeutic presence.

Emerging studies have also explored the capacity of AI systems to approximate psychological understanding, emotional responsiveness, and social intelligence. Comparative investigations between AI models and psychologists suggest that AI systems can sometimes produce responses perceived as emotionally coherent or supportive (Sufyan et al., 2024). Similarly, AI-driven

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models for accessible mental health interventions, such as fine-tuned ChatGPT systems, are being actively developed and evaluated for therapeutic applications (Frisone et al., 2025). While these developments demonstrate the increasing sophistication of AI systems, they also generate anxiety regarding professional displacement and the future role of human psychotherapists. Potash and colleagues argued that the future psychiatrist or psychotherapist may increasingly function within collaborative human-AI systems requiring new competencies, ethical frameworks, and professional adaptations (Potash et al., 2025). Raile likewise noted that ChatGPT and similar technologies may provide both opportunities and risks for psychotherapists and clients depending upon the nature and limits of their integration into clinical work (Raile, 2024).

Beyond practical and ethical considerations, artificial intelligence in psychotherapy also raises profound philosophical and phenomenological questions regarding consciousness, relationality, embodiment, and emotional understanding. Rad and colleagues proposed that contemporary developments in cognitive science and systems engineering require a reconceptualization of psychotherapy within broader frameworks of entangled cognition and adaptive systems (Rad et al., 2025). Such perspectives suggest that psychotherapy may increasingly involve interactions between biological, digital, relational, and informational systems rather than exclusively human dyadic exchanges. However, many psychotherapists continue to view therapeutic healing as inseparable from embodied human presence, existential vulnerability, and authentic emotional reciprocity. Grodniewicz and Hohol emphasized that despite technological progress, significant conceptual and ethical obstacles remain before AI-delivered psychotherapy can genuinely approximate human therapeutic relationships (Grodniewicz & Hohol, 2023).

The integration of AI into psychotherapy has also extended into specialized domains such as art psychotherapy, virtual reality exposure therapy, and automated diagnostic systems. Zubala and colleagues demonstrated that creative AI technologies are increasingly entering expressive therapeutic modalities, creating new possibilities as well as tensions concerning creativity, interpretation, and therapeutic authorship (Zubala et al., 2025). Obremski and Wienrich explored the ethical and technical implications of autonomous virtual reality exposure therapy using conversational AI, highlighting the growing complexity of AI-mediated mental health interventions (Obremski & Wienrich, 2024). Additionally, ОСАДЧИЙ examined the use of artificial intelligence in psychological state diagnostics, reflecting the broader movement toward algorithmic assessment within mental health contexts (ОСАДЧИЙ, 2023). Collectively, these developments indicate that AI is no longer peripheral to psychotherapy but is progressively becoming embedded within multiple dimensions of therapeutic practice and psychological care.

Despite the growing body of theoretical, ethical, and technological literature concerning artificial intelligence in psychotherapy, relatively little research has explored psychotherapists' lived subjective experiences of these transformations. Much of the existing literature focuses on technological feasibility, ethical frameworks, outcome monitoring, or conceptual debates regarding AI capabilities. However, the phenomenological realities experienced by therapists themselves remain insufficiently understood. Psychotherapists occupy a uniquely important position within this transition because they directly encounter the emotional, relational, ethical, and professional consequences of integrating algorithmic systems into clinical work. Their experiences may reveal subtle tensions, adaptations, anxieties, and reflections that cannot be fully captured through quantitative measures or technological evaluations alone. Understanding how therapists experience being-with-algorithm within therapeutic contexts may therefore provide important insight into the evolving nature of psychotherapy in the age of artificial intelligence.

Accordingly, the present study aimed to explore psychotherapists' lived experiences of artificial intelligence and its perceived influence on the therapeutic relationship through a phenomenological qualitative approach.

2. Methods and Materials

2.1. Study Design and Participants

This study was conducted using a qualitative phenomenological design with the aim of exploring psychotherapists' lived experiences of the integration of artificial intelligence technologies into psychotherapy and their perceptions of its influence on the therapeutic relationship. The phenomenological approach was selected because it enables an in-depth understanding of subjective meanings, lived realities, and experiential interpretations related to emerging technological phenomena in clinical practice. The study population consisted of licensed psychotherapists, counseling psychologists, and clinical psychologists practicing in Tehran, Iran, during 2026.

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Participants were selected using purposive sampling with maximum variation to ensure diversity in professional background, years of experience, theoretical orientation, gender, and familiarity with AI-assisted therapeutic technologies. Inclusion criteria included holding at least a master's degree in psychology or counseling, having a minimum of three years of psychotherapy experience, and prior exposure to or use of artificial intelligence tools in therapeutic, assessment, documentation, or supervisory contexts. Therapists who lacked any experience with AI-related technologies in clinical settings were excluded from participation. Data saturation was achieved after interviewing 18 psychotherapists; however, two additional interviews were conducted to ensure thematic completeness, resulting in a final sample size of 20 participants. Participants ranged in age from 31 to 58 years and represented various therapeutic orientations including cognitive-behavioral therapy, psychodynamic psychotherapy, existential therapy, schema therapy, and integrative approaches. Semi-structured in-depth interviews were conducted individually in private counseling centers and university-affiliated clinics in Tehran. Each interview lasted between 60 and 95 minutes and was audio-recorded with participants' informed consent. Ethical considerations including confidentiality, voluntary participation, anonymity, and the right to withdraw from the study at any time were fully observed throughout the research process.

2.2. Instruments

Data collection was carried out through semi-structured phenomenological interviews designed to elicit rich descriptions of psychotherapists' experiences with artificial intelligence in therapeutic contexts. An interview guide was developed based on existing literature regarding AI in mental health care, digital psychotherapy, human-computer interaction, and therapeutic alliance research. The guide included open-ended exploratory questions focusing on therapists' emotional reactions to AI technologies, perceived changes in therapeutic presence, trust formation, empathy, clinical decision-making, ethical tensions, professional identity, and concerns regarding authenticity in therapist-client interactions. Examples of interview questions included: "How has the emergence of artificial intelligence influenced your understanding of the therapeutic relationship?" "Can you describe an experience in which AI affected your therapeutic presence or clinical judgment?" and "What emotions or conflicts arise when integrating algorithmic systems into psychotherapy?" Follow-up probing questions were used to deepen reflection and clarify meanings emerging during the interviews. Prior to the main study, the interview protocol was reviewed by three faculty members specializing in psychotherapy and qualitative research to establish content validity and conceptual clarity. A pilot interview with two psychotherapists was also conducted to refine question wording and improve the flow of the interview process. Field notes were recorded during and immediately after interviews to capture nonverbal behaviors, contextual observations, emotional expressions, and researcher reflections relevant to data interpretation.

2.3. Data analysis

Data analysis was conducted using Interpretative Phenomenological Analysis (IPA) following the procedural framework proposed by Smith, Flowers, and Larkin. All interviews were transcribed verbatim immediately after data collection and reviewed multiple times to ensure immersion in the data. The analysis began with repeated close reading of each transcript to identify significant statements, experiential expressions, and psychologically meaningful units. Initial exploratory notes were generated focusing on descriptive, linguistic, and conceptual dimensions of participants' narratives. Emergent themes were subsequently developed through interpretative engagement with the data, and related themes were clustered into higher-order thematic categories reflecting shared experiential structures across participants. Throughout the analytic process, idiographic attention was maintained before moving toward cross-case thematic integration. To enhance trustworthiness and rigor, several strategies were employed including member checking, peer debriefing, reflexive memo writing, and audit trail documentation. Two qualitative researchers independently reviewed portions of the transcripts and thematic interpretations to increase analytic credibility and reduce interpretative bias. NVivo software version 14 was used for data organization, coding management, and thematic categorization. The criteria of credibility, transferability, dependability, and confirmability were considered throughout the research process to ensure methodological rigor and validity of findings.

3. Findings and Results

The present study explored psychotherapists' lived experiences of artificial intelligence and its perceived influence on the therapeutic relationship through in-depth

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phenomenological interviews with 20 psychotherapists practicing in Tehran. Participants included 11 women and 9 men ranging in age from 31 to 58 years, with professional experience varying between 4 and 27 years. The participants represented diverse therapeutic orientations, including cognitive-behavioral therapy, psychodynamic psychotherapy, schema therapy, existential therapy, integrative psychotherapy, and family therapy. Most participants had prior experience using artificial intelligence in at least one professional domain, including clinical documentation, treatment planning assistance, diagnostic support, supervision support, psychoeducational content generation, or online therapy management systems. Analysis of interview data resulted in the extraction of multiple meaning units, which were subsequently organized into several emergent themes and superordinate thematic categories. The findings revealed that psychotherapists experienced artificial intelligence simultaneously as a source of professional augmentation, existential uncertainty, emotional distancing, ethical ambiguity, and reflective self-awareness within therapeutic practice.

Table 1

Superordinate Themes and Emergent Themes Extracted from the Interviews

Superordinate Themes	Emergent Themes	Frequency of Participants Mentioning Theme (n=20)
AI as a Clinical Companion	AI as cognitive support in case conceptualization	17
	Reduction of administrative and documentation burden	16
	Perception of AI as a collaborative assistant rather than replacement	15
Threats to Therapeutic Presence	Fear of emotional dehumanization in therapy	18
	Perceived weakening of empathic attunement	16
	Anxiety regarding mechanization of emotional processes	15
Ethical and Professional Ambivalence	Concerns regarding confidentiality and data security	19
	Uncertainty about ethical accountability in AI-assisted decisions	17
	Fear of erosion of professional identity	14
Reconfiguration of Therapist Identity	Increased self-reflection regarding human uniqueness	15
	Reassessment of therapeutic authenticity	13
	Awareness of irreplaceable relational dimensions of psychotherapy	18
Human-AI Coexistence in Therapy	Acceptance of AI as a supplementary clinical tool	17
	Emphasis on preserving relational centrality in therapy	19
	Need for ethical and professional guidelines	18

Thematic analysis demonstrated that participants' experiences were characterized by a complex coexistence of optimism and apprehension toward artificial intelligence in psychotherapy. The most frequently reported themes were concerns regarding confidentiality and data security, the necessity of preserving relational centrality in psychotherapy, and the perception that certain deeply human aspects of therapeutic work remain fundamentally irreplaceable by algorithmic systems. Many participants described AI as a useful assistant capable of reducing administrative burdens and facilitating access to clinical information; however, they simultaneously emphasized fears concerning emotional detachment, reduced empathic depth, and the potential erosion of authentic therapeutic presence. Several therapists articulated existential concerns about whether reliance on algorithmic recommendations could gradually alter therapists' clinical intuition, spontaneity, and relational sensitivity. The findings also indicated that interaction with AI technologies prompted deeper professional self-reflection among participants, leading many therapists to reconsider the distinctive value of human emotional resonance, embodied empathy, and existential understanding within psychotherapy.

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Table 2

Illustrative Participant Statements Associated with Major Themes

Superordinate Theme	Representative Participant Statement
AI as a Clinical Companion	"Sometimes AI helps me organize complex client information much faster, but I still feel that understanding the emotional truth of a client cannot emerge from a machine."
Threats to Therapeutic Presence	"I worry that if therapists become overly dependent on AI systems, therapy may gradually lose its emotional warmth and become procedural."
Ethical and Professional Ambivalence	"The ethical boundaries are still unclear. I constantly ask myself who is responsible if an AI-assisted interpretation harms a client."
Reconfiguration of Therapist Identity	"Working alongside AI has strangely reminded me of what makes psychotherapy deeply human and relational."
Human-AI Coexistence in Therapy	"I do not see AI as an enemy. I see it as a tool that must remain secondary to the human connection between therapist and client."

The representative quotations extracted from participant interviews further illustrated the emotional and conceptual complexity underlying therapists' experiences with artificial intelligence. Participants repeatedly described an ambivalent psychological position in which technological efficiency coexisted with fears of emotional impoverishment and professional displacement. Several therapists emphasized that although AI systems may contribute positively to organization, information retrieval, and clinical support processes, they lacked the existential sensitivity necessary for recognizing silence, symbolic meaning, unconscious communication, emotional nuance, and embodied interpersonal dynamics. Statements associated with ethical ambivalence reflected substantial uncertainty regarding accountability, informed consent, confidentiality, and the boundaries of responsible AI integration in psychotherapy. Moreover, many participants described a paradoxical effect in which the emergence of intelligent systems increased their appreciation for the uniquely human dimensions of psychotherapy, particularly empathy, intuition, authenticity, emotional containment, and relational attunement.

Table 3

Structural Relationships Between Core Themes Identified Through Interpretative Phenomenological Analysis

Core Theme	Associated Psychological Meaning	Relationship With Other Themes
AI as Efficiency Enhancement	Perception of increased professional productivity and cognitive support	Positively associated with acceptance of AI coexistence
Emotional Dehumanization Anxiety	Fear of reduced empathy, warmth, and relational depth	Strongly connected with threats to therapeutic presence
Ethical Uncertainty	Ambiguity regarding responsibility, confidentiality, and professional boundaries	Intensified concerns about professional identity
Identity Reassessment	Reflection on the uniqueness of human therapeutic capacities	Linked with appreciation of authentic therapeutic presence
Relational Preservation	Commitment to maintaining human-centered psychotherapy	Served as the integrative theme connecting all other experiences

Interpretative phenomenological analysis revealed that the experiences described by participants were not isolated thematic categories but interconnected psychological structures shaping therapists' broader understanding of technological transformation in psychotherapy. The perception of AI as an efficiency-enhancing system was positively associated with greater openness toward human-AI coexistence in clinical settings; however, this acceptance remained conditional upon preserving the relational and emotional foundations of psychotherapy. Anxiety regarding emotional dehumanization emerged as a central experiential tension connecting fears of diminished empathy, mechanization of therapeutic communication, and erosion of authentic presence. Ethical uncertainty intensified therapists' concerns regarding professional identity and clinical accountability, particularly in situations involving AI-assisted interpretations or recommendations. Simultaneously, the increasing presence of artificial intelligence appeared to provoke reflective reconsideration of what participants perceived as uniquely human therapeutic qualities, including emotional resonance, intuition, existential understanding, and interpersonal attunement. Across interviews, the preservation of authentic human connection emerged as the central integrative

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meaning underlying therapists' narratives, suggesting that participants conceptualized artificial intelligence not merely as a technological innovation but as a phenomenon reshaping the existential foundations of therapeutic work itself.

4. Discussion

The present study explored psychotherapists' lived experiences of artificial intelligence and its perceived influence on the therapeutic relationship. The findings revealed a multidimensional and emotionally ambivalent experience in which psychotherapists simultaneously perceived artificial intelligence as a source of professional support and as a potential threat to the relational and existential foundations of psychotherapy. Participants described AI technologies as useful in reducing administrative burden, organizing clinical information, supporting treatment planning, and enhancing access to therapeutic resources; however, these perceived benefits coexisted with deep concerns regarding emotional dehumanization, erosion of empathic presence, ethical uncertainty, and the weakening of authentic human connection within psychotherapy. Across interviews, the preservation of the therapeutic relationship as an irreducibly human process emerged as the central experiential concern underlying therapists' narratives.

One of the most significant findings of the study was the perception of AI as a "clinical companion" rather than a replacement for the psychotherapist. Many participants acknowledged that algorithmic systems could improve efficiency, facilitate documentation, assist in routine outcome monitoring, and provide cognitive support during clinical decision-making. This finding aligns with previous literature emphasizing the supportive role of artificial intelligence in psychotherapy and mental health services (Du, 2024; Olive et al., 2025). The participants' descriptions also correspond with research indicating that explainable AI systems and automated engagement monitoring may contribute positively to therapeutic processes by improving accessibility and supporting therapists' clinical functioning (Guhan et al., 2025; Westbye et al., 2024). Therapists in the present study often described AI as a secondary aid capable of enhancing productivity while leaving the essential emotional work of psychotherapy in human hands. This interpretation is consistent with Raile's argument that AI technologies may become valuable auxiliary tools for psychotherapists when integrated responsibly and within clearly defined relational boundaries (Raile, 2024).

Despite these positive perceptions, the dominant emotional tone of participants' experiences reflected anxiety regarding emotional distancing and mechanization of therapeutic relationships. Therapists repeatedly expressed fears that increasing dependence on algorithmic systems might gradually weaken empathic attunement, emotional resonance, and relational depth in psychotherapy. Participants described concern that therapeutic encounters could become increasingly procedural and technologically mediated, potentially diminishing spontaneity and emotional authenticity. These findings strongly support concerns raised in prior theoretical discussions regarding the depersonalizing risks of artificial intelligence in healthcare relationships (Sauerbrei et al., 2023). Similarly, Zhang and Wang emphasized that although AI systems may replicate aspects of therapeutic communication, they cannot fully reproduce the complexity of human empathy, emotional vulnerability, and relational understanding (Zhang & Wang, 2024). The current findings extend this literature by demonstrating how these concerns are not merely abstract ethical debates but deeply lived emotional realities experienced by psychotherapists in clinical contexts.

Participants' narratives further suggested that psychotherapists perceive empathy as fundamentally embodied, intuitive, and existential rather than merely informational or linguistic. Although several therapists acknowledged that conversational AI systems can produce emotionally coherent responses, they simultaneously emphasized that genuine therapeutic understanding involves subtle relational dimensions that exceed algorithmic responsiveness. This interpretation aligns with Yirmiya and Fonagy's discussion regarding the distinction between mentalizing processes rooted in human subjectivity and simulated therapeutic interaction generated by AI systems (Yirmiya & Fonagy, 2025). Participants repeatedly emphasized that silence, emotional timing, embodied presence, unconscious communication, and interpersonal vulnerability remain central to psychotherapy in ways that cannot easily be translated into computational processes. Such findings also support Giotakos's assertion that common psychotherapeutic factors continue to represent the core mechanisms of therapeutic effectiveness despite technological innovation (Giotakos, 2025).

Another important finding concerned psychotherapists' ethical ambivalence regarding the integration of AI into psychotherapy. Participants expressed substantial

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uncertainty about confidentiality, responsibility, accountability, informed consent, and professional boundaries in AI-assisted therapeutic contexts. Many therapists questioned who should bear responsibility when algorithmic recommendations influence therapeutic decisions or when digital systems process sensitive emotional information. These concerns correspond closely with previous ethical analyses emphasizing the risks associated with AI-mediated psychotherapy (Benosman, 2024; Singh et al., 2024). The findings additionally support Rutkowska and colleagues' conclusion that psychotherapists often experience ethical tension even in conventional digital psychotherapy settings, suggesting that AI integration may intensify preexisting uncertainties regarding relational boundaries and professional obligations (Rutkowska et al., 2025). The present study extends these discussions by illustrating the emotional burden therapists experience when navigating rapidly evolving technological environments without sufficiently established ethical frameworks.

The findings also revealed a profound process of professional self-reflection and identity reassessment among psychotherapists exposed to AI technologies. Many participants described that interaction with artificial intelligence paradoxically strengthened their awareness of what they perceived as uniquely human aspects of psychotherapy. Therapists often reported renewed appreciation for emotional authenticity, empathic attunement, intuitive understanding, and relational presence precisely because these qualities appeared threatened or contrasted by algorithmic systems. This phenomenon may be interpreted through the broader existential tension between technological rationalization and human relationality within contemporary psychotherapy. Similar concerns have been identified in discussions regarding the future role of psychotherapists and psychiatrists within increasingly technologized mental health systems (Potash et al., 2025). Participants in the present study appeared to resist conceptualizations of psychotherapy as reducible to information processing or behavioral optimization alone, instead framing therapeutic work as an encounter grounded in shared humanity, emotional vulnerability, and subjective meaning-making.

The current findings further support phenomenological and psychoanalytic critiques of artificial intelligence in psychotherapy. Rabeyron questioned whether AI systems can meaningfully engage with unconscious processes, symbolic experience, and subjective depth characteristic of psychoanalytic work (Rabeyron, 2025). Similarly, participants in the present study frequently distinguished between computational responsiveness and genuine human understanding. Several therapists expressed concern that AI-generated therapeutic interactions may create an illusion of empathy without authentic emotional reciprocity. This perception reflects broader philosophical concerns regarding anthropomorphism and simulated relationality in AI systems. Research has demonstrated that individuals often attribute emotional understanding and human-like intentionality to conversational technologies (Huțul et al., 2024); however, participants in this study appeared highly aware of the distinction between simulated emotional language and genuine relational encounter. This awareness may represent an important protective factor preserving professional ethical sensitivity within technologically mediated therapeutic contexts.

The study additionally highlighted the complex coexistence of acceptance and resistance toward AI integration among psychotherapists. Participants did not reject artificial intelligence categorically; rather, they expressed conditional acceptance dependent upon maintaining human-centered psychotherapy. This finding is consistent with Wagner and Schwind's investigation demonstrating that psychotherapists frequently hold nuanced and ambivalent attitudes toward AI technologies rather than purely positive or negative positions (Wagner & Schwind, 2025). Therapists in the present study generally supported the use of AI for administrative assistance, outcome monitoring, and psychoeducational functions while resisting its replacement of emotionally central therapeutic tasks. Such perspectives also align with Kabrel's discussion regarding the criteria required before AI psychotherapy could be considered genuinely comparable to human psychotherapy (Kabrel, 2025). The therapists interviewed in this study largely viewed such equivalence as unattainable because of the irreplaceable relational and existential dimensions of psychotherapy.

The findings further reflect broader transformations occurring within behavioral healthcare and digital mental health systems. Stade and colleagues argued that large language models may significantly reshape behavioral healthcare through scalable conversational systems and AI-assisted interventions (Stade et al., 2023, 2024). While participants recognized the inevitability of these developments, they also expressed concern regarding the speed of technological integration relative to ethical preparedness and psychological understanding. The findings suggest that psychotherapists may experience themselves as

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situated within a transitional historical moment in which professional identity, therapeutic boundaries, and definitions of care are actively being renegotiated. This transitional experience may contribute to the ambivalence, uncertainty, and reflective tension observed throughout participants' narratives.

Another notable aspect of the findings involved therapists' concern regarding the reduction of psychotherapy to measurable, standardized, or algorithmically optimized processes. Participants often resisted frameworks that conceptualized therapeutic work primarily in terms of efficiency or data extraction. This concern aligns with Magnavita and colleagues' warning regarding the potential dangers of overly unified or technologically rationalized psychotherapeutic systems (Magnavita et al., 2024). Therapists in the present study appeared especially concerned that increasing technological mediation could unintentionally privilege measurable therapeutic outputs while neglecting emotional ambiguity, existential complexity, and nonverbal dimensions of human suffering. Such concerns are particularly important because psychotherapy has historically depended upon tolerance for uncertainty, emotional nuance, and interpersonal unpredictability.

The current findings also resonate with broader interdisciplinary discussions concerning systems engineering, cognition, and relationality in psychotherapy. Rad and colleagues proposed that contemporary therapeutic systems increasingly involve interactions among biological, informational, technological, and social processes (Rad et al., 2025). The present study demonstrates how psychotherapists themselves are psychologically negotiating this evolving landscape. Participants appeared to recognize the inevitability of AI integration while simultaneously attempting to preserve psychotherapy as an ethically grounded human relationship rather than merely a technologically optimized intervention system. This balancing process reflects a broader cultural negotiation between technological advancement and humanistic values within mental health care.

5. Conclusion

Overall, the findings suggest that psychotherapists experience artificial intelligence not merely as a technological tool but as a phenomenon capable of reshaping the emotional, ethical, existential, and relational foundations of psychotherapy. While AI technologies may improve accessibility, efficiency, and organizational support, therapists continue to perceive authentic human connection as the irreplaceable core of therapeutic healing. The lived experiences described in this study indicate that the future of psychotherapy will likely depend not on whether artificial intelligence is integrated into clinical work, but on how psychotherapists negotiate the preservation of relational humanity within increasingly algorithmic therapeutic environments.

6. Limitations & Suggestions

One limitation of the present study was that all participants were psychotherapists practicing in Tehran, which may limit the transferability of findings to therapists working in other cultural or healthcare contexts. In addition, participants differed in their levels of familiarity and practical exposure to artificial intelligence technologies, potentially influencing the depth and variability of their experiences. Because the study used a qualitative phenomenological design with purposive sampling, the findings are intended to provide deep contextual understanding rather than statistical generalization. Another limitation involves the rapidly evolving nature of AI technologies, meaning that psychotherapists' perceptions may shift substantially as systems become more sophisticated and integrated into routine clinical practice. Furthermore, the study focused exclusively on therapists' perspectives and did not include the experiences of clients interacting with AI-assisted psychotherapy systems.

Future research should investigate clients' lived experiences of AI-assisted psychotherapy and compare them with therapists' perspectives in order to develop a more comprehensive understanding of relational dynamics in technologically mediated therapeutic environments. Comparative cross-cultural studies may also help identify how sociocultural factors influence therapists' attitudes toward artificial intelligence and perceptions of therapeutic authenticity. Longitudinal studies examining how psychotherapists' experiences evolve over time with increasing exposure to AI technologies would provide important insight into processes of adaptation and professional identity transformation. Additional research is also needed regarding the ethical, emotional, and clinical implications of specific AI applications such as conversational agents, predictive analytics, virtual reality therapy, and generative language models within psychotherapy settings.

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Mental health organizations and training institutions should develop clear ethical guidelines regarding the responsible use of artificial intelligence in psychotherapy. Professional education programs may benefit from incorporating training related to digital ethics, AI literacy, data confidentiality, and the relational implications of algorithmic systems in therapeutic work. Clinical supervision structures should also address therapists' emotional reactions and existential concerns regarding technological integration. Psychotherapy practitioners should be encouraged to use AI systems as supportive adjuncts rather than substitutes for empathic human engagement. Finally, policymakers and developers should prioritize the preservation of human-centered therapeutic values when designing and implementing AI technologies in mental health care systems.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

References

Benosman, M. (2024). On the Ethics of Chatbots in Psychotherapy. https://doi.org/10.31234/osf.io/mdq8v

Bogatyńska-Kucharska, A., Kucharski, J., & Jabłoński, M. (2023). Paternalism and Autonomy: Psychotherapists' Choices in Dilemmas and Their Justifications as Ethical Aspects of the Therapeutic Relationship. *Psychiatria I Psychologia Kliniczna*, *23*(1), 3-11. https://doi.org/10.15557/pipk.2023.0001

Cooper, M. (2026). Young People's Perceptions of Therapist Interpersonal Skills and Alliance: How Distinct Are They? *Psychotherapy*, *63*(1), 79-90. https://doi.org/10.1037/pst0000611

Du, J. S. (2024). Applications of AI in Psychotherapy: An Innovative Tool. *Camb. Sci. Adv.*, *2024*(2), 1-6. https://doi.org/10.62852/csa/2024/8

Frisone, F., Pupillo, C., Rossi, C., & Riva, G. (2025). SOCRATES. Developing and Evaluating a Fine-Tuned ChatGPT Model for Accessible Mental Health Intervention. *Cyberpsychology Behavior and Social Networking*, *28*(5), 366-368. https://doi.org/10.1089/cyber.2025.45510.cyeuro

Giotakos, O. (2025). Artificial Intelligence-Based Psychotherapy: Focusing on Common Psychotherapeutic Factors. *Frontiers in Psychiatry*, *16*. https://doi.org/10.3389/fpsyt.2025.1710715

Grodniewicz, J. P., & Hohol, M. (2023). Waiting for a Digital Therapist: Three Challenges on the Path to Psychotherapy Delivered by Artificial Intelligence. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1190084

Guhan, P., Awasthi, N., McDonald, K., Bussell, K., Reeves, G., Manocha, D., & Bera, A. (2025). Developing a Machine Learning–Based Automated Patient Engagement Estimator for Telehealth: Algorithm Development and Validation Study. *Jmir Formative Research*, *9*, e46390. https://doi.org/10.2196/46390

Huțul, T. D., Popescu, A., Karner-Huțuleac, A., Holman, A. C., & Huțul, A. (2024). Who's Willing to Lay on the Virtual Couch? Attitudes, Anthropomorphism and Need for Human Interaction as Factors of Intentions to Use Chatbots for Psychotherapy. *Counselling and Psychotherapy Research*, *24*(4), 1479-1488. https://doi.org/10.1002/capr.12794

Kabrel, N. (2025). When Can AI Psychotherapy Be Considered Comparable to Human Psychotherapy? Exploring the Criteria. *Frontiers in Psychiatry*, *16*. https://doi.org/10.3389/fpsyt.2025.1674104

Magnavita, J. J., Magnavita, E. G., & Ingram, B. L. (2024). Unified Psychotherapeutics: Are We Any Closer to Our Aspirations and What Are the Dangers? *Journal of Psychotherapy Integration*, *34*(3), 315-328. https://doi.org/10.1037/int0000334

Obremski, D., & Wienrich, C. (2024). Autonomous VR Exposure Therapy for Anxiety Disorders Using Conversational AI—Ethical and Technical Implications and Preliminary Results. *Journal of Computer and Communications*, *12*(04), 111-138. https://doi.org/10.4236/jcc.2024.124010

Olive, M. V., Tona, A. L., Coco, G. L., Compare, A., Cafazzo, J. A., & Masella, C. (2025). Assessment of a Digital Platform for Routine Outcome Monitoring in Psychotherapy: Usability Study and Thematic Analysis. *Jmir Medical Informatics*, *13*, e75885-e75885. https://doi.org/10.2196/75885

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Plakun, E. M. (2023). Psychotherapy and Artificial Intelligence. *Journal of Psychiatric Practice*, *29*(6), 476-479. https://doi.org/10.1097/pra.0000000000000748

Potash, J. B., McClanahan, A., Davidson, J. A., Butler, W. E., Carroll, N., Ruble, A. E., Yaden, M., King, D. R., Torous, J., Zandi, P. P., Kennedy, K. G., Smith, T. E., Waghray, A., Trestman, R. L., & Wills, M. M. (2025). The Future of the Psychiatrist. *Psychiatric Research and Clinical Practice*, *7*(2), 80-90. https://doi.org/10.1176/appi.prcp.20240130

Rabeyron, T. (2025). Artificial Intelligence and Psychoanalysis: Is It Time for psychoanalyst.AI? *Frontiers in Psychiatry*, *16*. https://doi.org/10.3389/fpsyt.2025.1558513

Rad, D., Maier, M., Triff, Z., & Marcu, R. (2025). Entangled Autopoiesis: Reframing Psychotherapy and Neuroscience Through Cognitive Science and Systems Engineering. *Brain Sciences*, *15*(10), 1032. https://doi.org/10.3390/brainsci15101032

Raile, P. (2024). The Usefulness of ChatGPT for Psychotherapists and Patients. *Humanities and Social Sciences Communications*, *11*(1). https://doi.org/10.1057/s41599-023-02567-0

Rudwan, S. J. (2023). Online Psychological Care and Psychotherapy: Reality, Evidence, and Indicators. *Ijsr*, *2*(11), 71-97. https://doi.org/10.59992/ijsr.2023.v2n11p4

Rutkowska, E., Furmańska, J., Marques, C., Martins, M. J., Lane, H., & Meixner, J. (2025). Psychotherapists' Ethical Dilemmas Regarding Online and Face-to-Face Psychotherapy During the COVID-19 Pandemic: Survey Study. *Journal of medical Internet research*, *27*, e69154. https://doi.org/10.2196/69154

Sauerbrei, A., Kerasidou, A., Lucivero, F., & Hallowell, N. (2023). The Impact of Artificial Intelligence on the Person-Centred, Doctor-Patient Relationship: Some Problems and Solutions. *BMC Medical Informatics and Decision Making*, *23*(1). https://doi.org/10.1186/s12911-023-02162-y

Singh, V., Sarkar, S., Gaur, V., Grover, S., & Singh, O. P. (2024). Clinical Practice Guidelines on Using Artificial Intelligence and Gadgets for Mental Health and Well-Being. *Indian Journal of Psychiatry*, *66*(Suppl 2), S414-S419. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_926_23

Stade, E. C., Stirman, S. W., Ungar, L., Boland, C. L., Schwartz, H. A., Yaden, D. B., Sedoc, J., DeRubeis, R. J., Willer, R., & Eichstaedt, J. C. (2023). Large Language Models Could Change the Future of Behavioral Healthcare: a Proposal for Responsible Development and Evaluation. https://doi.org/10.31234/osf.io/cuzvr

Stade, E. C., Stirman, S. W., Ungar, L., Boland, C. L., Schwartz, H. A., Yaden, D. B., Sedoc, J., DeRubeis, R. J., Willer, R., & Eichstaedt, J. C. (2024). Large Language Models Could Change the Future of Behavioral Healthcare: A Proposal for Responsible Development and Evaluation. *NPJ Mental Health Research*, *3*(1). https://doi.org/10.1038/s44184-024-00056-z

Sufyan, N. S., Fadhel, F. H., Alkhathami, S., & Mukhadi, J. Y. A. (2024). Artificial Intelligence and Social Intelligence: Preliminary Comparison Study Between AI Models and Psychologists. *Frontiers in psychology*, *15*. https://doi.org/10.3389/fpsyg.2024.1353022

Wagner, J., & Schwind, A.-S. (2025). Investigating Psychotherapists' Attitudes Towards Artificial Intelligence in Psychotherapy. *BMC psychology*, *13*(1). https://doi.org/10.1186/s40359-025-03071-7

Westbye, H. J., Moltu, C., & McAleavey, A. A. (2024). <scp>eXplainable</Scp><scp>AI</Scp> for Routine Outcome Monitoring and Clinical Feedback. *Counselling and Psychotherapy Research*, *25*(1). https://doi.org/10.1002/capr.12764

Yirmiya, K., & Fonagy, P. (2025). Mentalizing Without a Mind: Psychotherapeutic Potential of Generative AI. *Journal of medical Internet research*, *27*, e79156. https://doi.org/10.2196/79156

Zhang, Z., & Wang, J. (2024). Can AI Replace Psychotherapists? Exploring the Future of Mental Health Care. *Frontiers in Psychiatry*, *15*. https://doi.org/10.3389/fpsyt.2024.1444382

Zubala, A., Pease, A., Lyszkiewicz, K., & Hackett, S. (2025). Art Psychotherapy Meets Creative AI: An Integrative Review Positioning the Role of Creative AI in Art Therapy Process. *Frontiers in psychology*, *16*. https://doi.org/10.3389/fpsyg.2025.1548396

ОСАДЧИЙ, О. (2023). Використання Штучного Інтелекту В Діагностиці Психологічного Стану. *Information Technology and Society*(1 (7)), 59-65. https://doi.org/10.32689/maup.it.2023.1.8

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