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**INTEGRATION OF ARTIFICIAL INTELLIGENCE IN COUNSELLING
PSYCHOLOGY: HUMANISTIC INTEGRITY, UBUNTU ETHICS, AND
ETHICAL GOVERNANCE IN A DIGITAL ERA**

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Abstract

Artificial intelligence (AI) is rapidly transforming mental health service delivery through automated screening, conversational agents, predictive analytics, and clinical decision-support systems. While these technologies promise expanded access and efficiency, their integration into counselling psychology raises profound philosophical and ethical questions. Counselling psychology is grounded in relational presence, empathic modification, and human growth, principles that may appear at odds with algorithmic mediation. This paper critically examines AI integration through a synthesized framework combining Rogers' person-centred theory, the Technology Acceptance Model (TAM), and African relational philosophy, particularly Ubuntu ethics. It argues that AI should function as augmentative support rather than a substitute for therapeutic presence. Special attention is given to African contexts, where infrastructural disparities, communal ontologies of personhood, and concerns about digital colonialism shape technology adoption. A Hybrid Relational–AI Integration Model is proposed, emphasizing human relational anchoring, structured technological augmentation, ethical oversight, and culturally adaptive design. The paper concludes that responsible AI integration requires not technological enthusiasm or resistance, but disciplined governance grounded in humanistic and communal values. Counselling psychology's future depends on preserving relational authenticity while navigating digital transformation.

Keywords: Artificial intelligence, counselling psychology, Ubuntu, digital mental health, ethics, Africa, technology adoption.

Introduction

The digitization of healthcare has accelerated dramatically over the past decade, reshaping clinical practice, documentation systems, and patient engagement. Artificial intelligence now

contributes to symptom screening, suicide risk prediction, automated note generation, and structured therapeutic dialogue. In mental health contexts, AI-driven platforms are increasingly deployed to provide scalable cognitive-behavioural interventions, monitor mood patterns, and

offer 24-hour conversational support.

For counselling psychology, these developments generate both opportunity and unease. Unlike disciplines primarily structured around diagnostic efficiency or pharmacological management, counselling psychology is historically rooted in relational depth, empathic understanding, and the subjective meaning-making process. Therapeutic effectiveness is not understood merely as the application of technique but as the emergence of growth within an authentic relational encounter.

This raises a fundamental question: can systems that operate through probabilistic pattern recognition meaningfully participate in processes traditionally grounded in human presence?

The urgency of this inquiry is heightened within African contexts. Many African countries face severe shortages of trained mental health professionals, particularly in rural and economically marginalized regions. AI-based platforms are frequently presented as scalable solutions capable of bridging service gaps at reduced cost. Yet counselling psychology within African settings is not simply a technical service model; it is often embedded within communal, spiritual, and relational worldviews that differ significantly from the individualistic assumptions underlying many Western-designed AI systems.

This paper does not adopt a polarized stance of technological optimism or resistance. Rather, it argues that AI integration must be philosophically interrogated, ethically governed, and culturally grounded. By synthesizing Rogers' person-centred theory, the Technology Acceptance Model, and African relational philosophy, particularly Ubuntu, the paper advances a Hybrid Relational–AI Integration Model suitable for African counselling contexts.

Artificial Intelligence in Mental Health: Conceptual Clarifications

Artificial intelligence refers to computational systems capable of performing tasks associated with human cognition, including pattern recognition, predictive modelling, and natural language processing. Within mental health services, AI applications have expanded rapidly and now encompass several domains. Conversational agents and chatbots deliver structured psycho-education, cognitive restructuring prompts, behavioural activation exercises, and mood tracking tools. Predictive analytics systems analyse linguistic patterns, digital behaviour, or clinical records to identify markers associated with depression or suicidal ideation. Clinical decision-support systems assist practitioners through diagnostic suggestions and documentation automation. Emerging technologies attempt to infer affective states through speech patterns, typing rhythms, or facial micro-expressions.

While these tools demonstrate functional sophistication, it is essential to distinguish between simulation and phenomenological experience. AI systems generate outputs based on statistical correlations within training datasets. They do not possess consciousness, moral agency, or

embodied intentionality. An algorithm may reproduce empathic phrasing, yet it does not encounter a client as a subject.

Empirical evidence suggests moderate efficacy of AI-supported cognitive-behavioural interventions for mild-to-moderate distress. However, the literature remains limited regarding complex trauma, culturally embedded suffering, severe psychopathology, or relational disruptions rooted in communal contexts. These limitations underscore the need for theoretical and ethical reflection rather than uncritical adoption.

Theoretical Review

Rogers' Person-Centred Theory: The Primacy of Authentic Presence

Rogers' person-centred theory conceptualizes therapeutic change as emerging from specific relational conditions: empathy, congruence, and unconditional positive regard. Empathy, in Rogers' account, is not merely an accurate reflection but an experiential immersion in the client's internal frame of reference. Congruence requires therapist authenticity, while unconditional positive regard affirms the intrinsic worth of the individual. Within this framework, therapeutic transformation is relationally constituted. Growth unfolds when individuals feel genuinely understood and accepted within a psychologically safe environment.

AI systems challenge this premise. While they may replicate empathic language structures, they lack intentional subjectivity. The critical question is therefore not whether AI can produce supportive responses, but whether therapeutic change requires moral and relational accountability that only humans possess. A defensible synthesis recognizes that certain structured components of therapy, psycho-education, behavioural rehearsal, and cognitive reframing may be technologically facilitated. However, existential validation and corrective emotional experiences remain anchored in human encounter. Thus, from a person-centred perspective, AI must function as an augmentation rather than a replacement.

The Technology Acceptance Model: Practitioner Adoption and Professional Identity

While Rogers' framework addresses therapeutic validity, the Technology Acceptance Model (TAM) explains behavioural adoption dynamics. TAM proposes that perceived usefulness and perceived ease of use predict technology uptake. However, in counselling psychology, additional mediators shape adoption decisions. Practitioners may perceive efficiency benefits yet experience identity conflict if AI appears to commodify care. Professional congruence, alignment between technology use and core therapeutic values, becomes central. Ethical safety perception, regulatory clarity, and liability boundaries also influence acceptance.

In African contexts, infrastructural feasibility, digital literacy, and cultural resonance further mediate perceived usefulness. A technologically advanced system that disregards communal healing norms may be viewed as professionally incongruent despite functional benefits.

Integrating Rogers and TAM yields a dual-layer evaluative framework:

1. Relational Validity Layer – Does AI preserve therapeutic authenticity?

2. Adoption Behaviour Layer – Do practitioners perceive alignment with professional and cultural commitments?

African Relational Philosophy: Ubuntu, Personhood, and Communal Healing

To ground this discussion regionally, African philosophical traditions must be engaged substantively rather than symbolically. John Mbiti's formulation—"I am because we are"—articulates a relational ontology in which personhood is constituted through community. Psychological well-being is therefore intertwined with relational harmony rather than exclusively internal states. Similarly, African psychology scholars such as Nwoye (2015) emphasize the reconstruction of communal narratives and spiritual continuity in healing processes. Distress may be interpreted within relational or cosmological frameworks that exceed individual symptom categorization.

Thaddeus Metz's moral theory of Ubuntu frames personhood as achieved through participation in harmonious relationships characterized by empathy and reciprocity.

Moral agency requires relational accountability, an attribute AI systems lack. When Rogers' relational authenticity is considered alongside Ubuntu's communal ontology, a powerful convergence emerges. Both traditions reject reductionist views of human flourishing. Both centre relationship as constitutive rather than instrumental. This convergence strengthens the argument that AI may assist with structured intervention elements but cannot substitute for morally accountable relational presence.

African Contextual Realities: Access, Infrastructure, and Epistemic Sovereignty

Discussions of AI in global mental health frequently frame African contexts primarily through a lens of scarcity, shortages of clinicians, funding constraints, and limited service reach. While these realities are significant, such framing risks reinforcing a deficit narrative that overlooks the complexities of epistemology, culture, and governance. Mental health conceptualizations across African societies are often embedded within communal, spiritual, and relational frameworks. Distress may be interpreted in relation to family disharmony, ancestral disconnection, social exclusion, or moral rupture. Counselling interventions, therefore, frequently extend beyond dyadic therapist–client encounters to include family systems, community elders, or faith leaders. AI systems designed around individualized symptom tracking and self-directed cognitive restructuring may insufficiently account for these communal dimensions.

Infrastructure disparities further complicate technological adoption. Rural and peri-urban communities may experience unstable internet connectivity, inconsistent electricity supply, and limited access to smart phones or secure data storage platforms. The assumption that AI-based platforms are universally accessible obscures persistent digital divides. A further layer concerns data governance and epistemic sovereignty. When behavioural data from African users is stored on external servers and incorporated into proprietary systems without local oversight, the issue transcends privacy concerns. It becomes a matter of digital colonialism: extraction without

quitable participation in ownership, interpretation, or regulatory control. Responsible AI integration requires regionally grounded data protection frameworks, transparent algorithmic accountability, and participatory design processes involving African scholars and practitioners.

Thus, AI integration in African counselling contexts must be understood not merely as a clinical decision but as a socio-political and epistemological matter.

Ethical and Governance Challenges

The integration of AI into counselling psychology introduces multi-layered ethical considerations that extend beyond conventional confidentiality concerns.

Data Sovereignty and Confidentiality

Psychological data are among the most sensitive categories of personal information. AI platforms often rely on cloud-based storage, third-party analytics, and algorithmic training pipelines. These systems create vulnerabilities related to data breaches, secondary data use, and cross-jurisdictional regulation. In contexts where data protection laws are evolving, ambiguity regarding ownership and liability can undermine trust.

Ethically responsible implementation demands explicit informed consent regarding algorithmic involvement, data storage location, and potential secondary use in system training. Encryption standards and regional regulatory alignment are essential.

Algorithmic Bias and Cultural Validity

AI models are only as representative as the datasets on which they are trained. Systems developed primarily using Western clinical populations may misinterpret culturally normative expressions of distress, resilience, or spirituality. Linguistic nuances in African languages may not map onto Western diagnostic taxonomies embedded within training data.

Without culturally diverse datasets and bias auditing, AI systems risk reinforcing structural inequities under the guise of neutrality. Cultural misinterpretation may lead to inappropriate risk flagging or therapeutic recommendations.

Therapeutic De-Skilling

A subtler risk involves the gradual erosion of clinical judgment. Automated diagnostic prompts and risk assessment alerts may encourage overreliance on algorithmic authority. Over time, practitioners may internalize technological scaffolding as default guidance rather than reflective support.

Maintaining professional competence requires positioning AI as advisory rather than determinative. Final interpretive authority must remain with trained clinicians.

Emotional Substitution and Dependency

Conversational agents capable of responsive dialogue may foster attachment-like experiences, particularly among vulnerable individuals experiencing loneliness. While such

systems may offer temporary relief, prolonged reliance could inadvertently substitute technological interaction for human relational engagement. Ethical deployment requires clarity regarding the limits of AI-mediated support.

The Hybrid Relational–AI Integration Model

In response to these challenges, this paper advances a Hybrid Relational–AI Integration Model grounded in humanistic integrity and Ubuntu-informed ethics.

Human Therapist as Relational Anchor

The counsellor remains central as the moral and relational agent responsible for therapeutic direction. AI tools may inform practice, but responsibility for interpretation, intervention choice, and relational engagement rests with the therapist.

Therapeutic presence characterized by empathy, congruence, and unconditional positive regard, cannot be outsourced. Within Ubuntu ethics, relational accountability defines moral personhood. AI lacks moral agency and therefore cannot substitute for this responsibility.

AI as Structured Augmentation

AI may support structured components of therapy, including:

- ◆ Psycho-education modules
- ◆ Behavioural tracking and reminders
- ◆ Session summarization and documentation
- ◆ Preliminary risk alerts

Such functions can reduce administrative burden and enhance consistency. However, structured augmentation must not eclipse narrative co-construction or contextual meaning-making.

Continuous Ethical Oversight

Implementation requires dynamic governance mechanisms, including:

- ◆ Bias auditing procedures
- ◆ Transparent algorithmic documentation
- ◆ Clear consent protocols
- ◆ Periodic ethical review committees

In African contexts, these mechanisms should involve regional academic institutions and professional bodies to ensure contextual accountability.

Ubuntu-Aligned Cultural Safeguards

AI platforms deployed within African counselling settings should incorporate features that reflect communal orientation. Examples may include family-inclusive modules, culturally

adaptive language frameworks, and flexible narrative input structures that accommodate spiritual interpretations of distress.

Rather than importing fixed technological architectures, co-design approaches should involve

community stakeholders in development and evaluation processes.

This model reframes AI integration as structured coexistence grounded in relational ethics.

Competency Development and Professional Reform

Responsible integration requires transformation within training and regulatory structures and Curriculum Reform. Counselling psychology programmes should incorporate:

- ◆ Digital ethics and data governance education
- ◆ Algorithmic literacy and bias recognition
- ◆ Interdisciplinary collaboration with technology developers
- ◆ Reflective seminars on technological impact on therapeutic identity

Students should critically examine not only how to use AI, but also when its use is inappropriate.

Professional Regulation

African counselling associations and regulatory boards should develop explicit guidelines addressing:

- ◆ AI-assisted interventions
- ◆ Documentation automation
- ◆ Liability boundaries
- ◆ Cross-border data governance

Ethical codes must evolve alongside technological capabilities to prevent regulatory ambiguity.

Future Research Directions

Empirical research must accompany conceptual development.

Key priorities include:

- ◆ Longitudinal comparisons of therapeutic alliance quality in hybrid versus traditional modalities
- ◆ Cross-cultural validation of AI interpretive accuracy across African linguistic groups
- ◆ Participatory design research involving community representatives
- ◆ Ethical impact assessments examining unintended dependency effects

African-based research institutions should lead such studies to prevent epistemic dependence on externally generated datasets.

Conclusion

Artificial intelligence is reshaping the landscape of mental health care. For counselling psychology, the challenge is neither uncritical embrace nor categorical rejection. Instead, the

profession must exercise philosophical clarity and ethical discipline. When examined through Rogers' relational framework and Ubuntu's communal ontology, a consistent conclusion emerges: therapeutic transformation is relationally constituted and morally accountable. AI systems, while functionally sophisticated, cannot assume moral agency or embodied presence.

However, this limitation does not render AI irrelevant. Properly governed, culturally adapted, and relationally subordinated to human oversight, AI can extend access, enhance efficiency, and support structured interventions. The future of counselling psychology, particularly within African contexts, depends on balancing technological innovation with humanistic integrity. AI should expand human reach, not displace human presence. The decisive factor will not be technological capability, but ethical governance grounded in relational philosophy.

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INFLUENCE OF PSYCHOLOGICAL VARIABLES ON MENTAL HEALTH OF POSTGRADUATE STUDENTS IN SOUTH-SOUTH, NIGERIA

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