

# Examining the Relationship Between AI-Based Therapeutic Working Alliance and Loneliness: An Analysis of Gender Differences

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## Abstract

Today's young adults deal with social disconnection as a regular part of life, even when surrounded by other committed individuals. With that being said, mental wellness support through chatbot and virtual therapist, (part of artificial intelligence of AI family) is on the rise. The study at hand analyses the effectiveness of AI therapy on 18- to 25-year-old, young adults' loneliness, and whether there is a difference between the response of young adult males and females. The study consists of 119 participants, 60 males and 59 females who are resident of India. With respect to the AI virtual therapist, participants completed assessments that balanced their perceived relational connection with the AI therapist along with the AI therapist level of working alliance. Data analysis illustrated that AI therapy and loneliness are not significantly correlated. Although the AI system provided relaxed and comfortable responsiveness to interview roles, there was a lack of impact on the participants overall state of loneliness. Additionally, no significant correlation was found between gender, AI therapy responses, and levels of loneliness. The findings demonstrate that AI therapy offers emotional support and listening ear but cannot be a substitute for actual human contact.

**Keywords:** Loneliness, Young Adults, Artificial Intelligence, AI therapy, Emotional Support, Working Alliance, Gender Difference, Mental Health, Social Connection.

## Introduction

**Loneliness** has become a serious psychological and public health issue in today's world. It does not simply mean being alone. A person may feel lonely even when they are surrounded by many people around them. **World Health Organization** has recognized loneliness as a growing global concern because it can affect both mental and physical health. Many health-related problems such as depression, anxiety, memory issues, and even higher risk of early death can be a consequence of being lonely. The **American Psychological Association** also explain loneliness as the distress people feel when their social relationships do not meet their needs.

**Psychologist Daniel Russell** has described loneliness as a personal and emotional experience that appears from being unhappy with one's social connections. This means loneliness is about how a person feels, not how many friends they have with them. Research show that young adults between the age range of 18-25

are more likely to feel lonely. This stage of life includes many challenges, such as starting college, looking for jobs, building their identity, becoming independent, and securing their future. These changes can create stress and emotional challenge for most of the individuals. Increased use of digital technology and social media may also affect how young people connect with others.

In recent years, technology has started to play a remarkable role in mental health support. One important development is Artificial Intelligence (AI) based therapy. Artificial intelligence refers to computer systems that can perform tasks that normally require human thinking, such as learning, understanding, language, and solving problems. According to **National Institute of Technology**, AI systems are designed in such a way that they collect information, process it, and make decisions to achieve certain goals in accordance with the persons' needs. In mental healthcare, AI is used in the form of chatbot, as virtual counsellor, and mobile applications that provide emotional support and guidance.

**AI therapeutic intervention** means using AI powered programs to provide psychological help. These programs can offer emotional support, suggest coping strategies, and use technologies based on Cognitive Behavioural Therapy (CBT) and mindfulness. Unlike the conventional use of face-to-face therapy, AI therapy is available at any time, is often less expensive, and allow users to remain anonymous and their details confidential. This may minimize and reduce the fear or stigma that comes along while seeking help. There are also concern about privacy, ethical issues, and whether an AI system can truly build an emotional connection like a human therapist. As loneliness has become more prevalent among young adults and AI therapy is becoming more common, it is important to study whether AI therapy can actually reduce loneliness. It is also important to understand whether males and females respond differently to AI based support, as gender may influence emotional experiences and help seeking behaviour. Therefore, the present study aims to examine the relationship between of AI therapeutic working alliance and loneliness among young adults aged 18 to 25 years. Also, it also seeks to explore whether there are gender differences in its effectiveness. This research hopes to add meaningful knowledge to the field of digital mental health and addresses loneliness among young people in today's technology driven world.

## Review of Literature

Syed Shoeb Ali et al. (2024) There is a significant rise in Artificial Intelligence that has introduced to us innovative pathways and alternative approaches to address issues such as loneliness and emotional suffering. It has been observed that there is a swift progress towards digital technology that has immensely impacted the mental healthcare. This has resulted in the development of various new interventions like mental health applications that are powered by artificial intelligence. AI determined technologies that include AI chatbots and companion robots provide interactive experiences that help alleviate human loneliness. These technologies have the potential to provide emotional support that reduce feelings of loneliness and also improve the overall well-being of an individual. Cacioppo et al. (2009) Social isolation has been strongly linked psychological outcomes including feelings of sadness, anxiety, and reduced sense of overall wellbeing among individuals. In particular it has emerged as a growing mental concern. Torous et al. (2020) In response to this, researchers have increasingly turned their attention to digital mental health care intervention aimed at reducing loneliness and encouraging positive pro social behaviour. Alotaibi, J.O et al. (2024) Although there are several aspects through which social support can be provided but recent advances in technology have paved the way for providing AI based therapeutic interventions that hold the potential to minimize loneliness and acts as a source of emotional support. Merrill, K. Jr, Kim J, Collins (2022) Earlier studies have already shown potential impact of AI therapy on loneliness in young

adults in adults. AI driven technology is valuable for people facing various mental challenges and it also offers companionship to reduce loneliness. Fitzpatrick et al. (2017) One promising development is the use of AI powered chatbots for psychological support. These tools offer scalable cost effective and easily accessible assistance making mental health resources widely available to all. Its design simulate human like conversation that many chatbots incorporate. Evidence based therapeutic approaches such as mindfulness, emotional regulation strategies, cognitive behavioral therapy, helping users better understand and manage their thoughts and emotions.

Peplau L.A & Perman D (1982) Loneliness refers to the subjective feeling that occurs when the person perceives inconsistency between social relationships they desire and the relationships, they actually have. Weiss (1973) It refers to the multi-dimensional construct that posses both emotional loneliness which means absence of innate attachment figure as well as social Loneliness which refers to lack of social connections, contracts or engagement social network. This distinction has gain widespread acceptance and has been applied in further studies to comprehend various aspects of loneliness. L.C Hawkley et al., (2010) Loneliness has been marked by negative emotions rising from lack of close relationships. Several issues among young adults including students have been affecting their mental health, academic performance, and their overall well-being. Cacioppo (2025) Various studies shows that loneliness has increased since last century. One of the prominent types of research in this study shows that in 1980 around 20% of people in America felt lonely and then 10 years later this figured increased to 40%. Among these around 80% of the age of 18 years reported feelings of loneliness at some point. Nowland, (2018) An article 2018 summarized various surveys around the world illustrating that young people between the age of 18 to 25 feel the loneliest. Alinejad, V.& Diehl, K (2018) Despite being surrounded by populous environment many students experience loneliness that leads to stress, anxiety and depressive symptoms. Naidu C.K at al. (2019) The COVID-19 pandemic has further exacerbated these issues highlighting the interventions for such problems.

Witters, D. (2023) Loneliness and anxiety are some common mental illnesses seen in several people. Indeed, loneliness is an epidemic that has been affecting many of Americans with around 17% of people experiencing significant loneliness. Office of the surgeon general (2023) Loneliness is far more than just a bad feeling; it harms both individual and societal health. It is associated with greater risk of cardiovascular disease, dementia, depression, anxiety, and premature death. Contemporary psychological literature conceptualized loneliness as a trans-diagnostic construct that interacts with emotional regulation, social cognition, and interpersonal behaviour. Young adults experiencing loneliness often develop heighten sensitivity to social rejection, negative self appraisal, and avoidance of social situations, which further reinforces isolation. These findings suggest the urgency for accessible, and stigma free interventions tailored to the psychological needs of young adults.

Griffith, C. et al. (2020) In recent years, communication has increasingly been viewed as valuable tool for addressing feelings of loneliness and anxiety. As digital platforms become integrated into everyday life Kumar researchers are playing closer attention how these technologies can provide emotional and psychological support. From the perspective of human-machine communication, scholars have specifically examined the role of artificial and virtual companions in influencing mental health outcome. Meng et al. (2021) Rapid advancement in AI have enabled these systems to engage in natural socially meaningful interactions with users. Unlike earlier automated programs, AI simulate conversation respond empathetically and adapt to user's emotional cues. As a result, they are not just able to provide information but also offer a sense of companionship and understanding. For individuals experiencing loneliness or

emotional distress these AI based platform serve as accessible source of support, guidance and as reassurance during unsuitable times.

### **Rationale of the study**

Loneliness is considered to be a real problem affecting a large number of young people. Unfortunately, young adults in the 18 to 25 years old age group are being specially hit hard by this condition. In this stage of life young adults are expected to navigate through many overwhelming decisions such as university or college, career, partner, family, and future. Additionally, there are so many external expectations that are enforced by families, society, and the media and coping with these stressors can lead to a wide range of negative psychological social effects such as feeling of isolation, depression, and detachment for young adults. While face to face therapy is considered the gold standard for psychological intervention, many young adults abstain from accessing the mental health services provided in clinics due to several barriers which in turn hinders the possibility of receiving help from the professional support they need. These barriers emerge from fear of being judged or not able to afford it or because the mental health services are insufficient or found far from the young adults' residence. AI has been applied to a growing number of projects focusing on therapy and online mental health platforms. Some have turned to chatbots and virtual assistants to offer a form of emotional support. Many have come to these online platforms because they can be accessed at anytime from anywhere while remaining anonymous. This offers a convenient level of accessibility that can be more appealing to young adults allowing them to feel more comfortable in reaching out for the support they need.

However little research has been done to confirm the efficacy of these services in combating feelings of loneliness and isolation, particularly among young adults. Additionally, there has been little inquiry into the gender specific belief and responses of individuals using an AI based therapeutic platform to discuss loneliness. This article describes a study focused on the relationship between loneliness and AI based therapeutic working alliance in young adults including the explanation of possible gender differences. This research could help psychologists and psychiatrists decide if AI can be a relevant and attractive choice of support for young adults and therefore inform the need for improvement in the digital mental health sector.

### **Methodology of the study**

#### **Objectives**

1. To examine the relationship between AI based therapeutic working alliance and loneliness among young adults.
2. To access the level of loneliness among young adults, aged 18 to 25 years.
3. To examine the level of AI based therapeutic working alliance among young adults.
4. To examine gender difference in loneliness among young adults.
5. To examine gender differences in AI based therapeutic working alliance among young adults.

#### **Variables**

- Independent Variable: Loneliness
- Dependent Variable: AI based Working Alliance
- Grouping Variable: Gender

### **Research Design**

The present study used a quantitative and correlation and research design. Cross-sectional method was adopted, and data were connected at one point in time from young adults aged 18 to 25 years. Standardized self reporting questionnaires were used to measure loneliness and AI based working alliance. Statistical methods such as Pearson product moment correlation, and independent sample t- Test were applied to analyze the data.

### **Sample**

The study consisted of total sample of 119 young adults, including 60 males and 59 females, within the age range of 18 to 25 years. All participants were residents of Lucknow. This age group was selected as young adulthood is often considered a developmental period where heightened feelings of loneliness, and transitional life challenges occur. The convenience sampling method was used for selection of participants. This approach was chosen primarily for its practicality and ease of access, as it allowed the researcher to recruit individuals who were readily available and willing to participate in the study. Although convenience sampling may limit generalizability, it was considered appropriate given the time and resource constraint of the research.

### **Tools**

The tools used in the present study for collecting the data are as follows.

#### **UCLA Loneliness Scale**

The UCLA loneliness scale was developed by M.L Ferguson, Daniel Russell and Letitia Anne Peplau. It was developed by these researchers at university of California, Los Angeles (UCLA). The original version was published in 1978 as a 20-items scale. Initial evaluation of the scale found high levels of internal consistency and good scores and other measures of validity. The UCLA loneliness scale was the first loneliness scale to achieve widespread acceptance among scientists. It has been revised several times, including in 1980 and 1996.

#### **Working Alliance Inventory (AI adapted version)**

The working alliance inventory was introduced by Edward S Bordin in 1979. Later a shorter version of this scale was developed in 2006 by Hatcher and Gillapsy. After that when online and technology-based therapy became more common, an adapted version called WI-TECH-SF was created to measure working alliance in online setting. According to Bordin, the working alliance has three parts, bond, task, and goal. Bond means there is trust and understanding between the therapist and the client. Task means both agree on what activities or steps will be done in the therapy. Goal means both agree on what they want to achieve from therapy. When these three things are clear and strong, therapeutic relationship becomes effective.

#### **Inclusion criteria**

- Participants in this study were young adults age between 18 and 25 years.
- Both male and female individuals were considered eligible to participate.
- Participants who were comfortable reading and understanding English were included as the research tools were provided in English.

**Exclusion criteria**

- Individuals younger than 18 years or older than 25 years were not included in the study.
- Anyone who choose not to give consent was excluded from participation.
- Questionnaire that were left incomplete or contained missing responses were removed from the analysis.
- Participants who reported serious mental health conditions requiring intensive clinical treatment were not included.

**Result**

**Table 1**  
**Pearson Product Moment Correlation between Loneliness and AI Based Therapeutic Working Alliance (N=119)**

Variable	1	2
Loneliness (UCLA Total Score)	-	.10
Working Alliance (WAI Total Score)	.10	-

Note.  $r = .10, p = .259$  (two tailed).

**Interpretation:** The results included a small positive correlation between loneliness and working alliance,  $r(117) = .10, p = .259$ . However, the correlation was not significantly statistically significant at .05 level. This suggest that there is no significant relationship between loneliness and AI based therapeutic working alliance among young adults. Therefore, hypothesis 1 is rejected as the obtained p value .259 is greater than .05.

**Table 2**  
**Independent Samples, t- Test showing Gender Differences in Loneliness.**

**Statistical Groups**

Gender	n	Mean	Standard Deviation
Male	60	49.52	9.97
Female	59	46.63	11.45

**Independent Samples t- Test**

Variable	t	df	p	Mean Difference	95% CI Lower	95% CI Upper
Loneliness	1.47	117	.144	2.89	-1.00	6.78

Note. Equal variance is assumed.( Levene’s test:  $F = .62, p = .432$ )

**Interpretation:** An independent- samples t-Test was conducted to determine whether there was a significant gender difference in loneliness scores. The results showed that males ( $M = 49.52, SD = 9.97$ ) reported slightly higher loneliness scores than females ( $M = 46.63, SD = 11.45$ ). However, this difference was not statically significant,  $t(117) = 1.47, p = .144$ . Since the p value is greater than .05, the difference between males and females in loneliness is not statistically significant. Therefore, hypothesis 2 is rejected as the obtained p value .144 exceeds the significance level of .05.

**Table 3**  
**Independent samples t-Test showing Gender Differences in AI-Based Therapeutic Working Alliance**

**Group Statistics**

Gender	N	Mean	Standard Deviation
Male	60	91.43	31.23
Female	59	82.83	25.92

**Independent Samples t-Test**

Variable	t	df	p	Mean Difference	95% CI Lower	95% CI Upper
Working Alliance	1.63	117	.105	8.60	-1.83	19.03

Note. Equal variances assumed (Levene’s test:  $F = 2.56, p = .112$ )

**Interpretation:** An independent samples t-Test was conducted to examine gender differences in AI based therapeutic working alliance. The findings revealed that males ( $M = 91.43, SD = 31.23$ ) reported slightly higher working alliance score, compare to females ( $M = 82.83, SD = 25.92$ ) However, this difference was not statistically significant.  $t(117) = 1.63, p = .105$ . As the p value is greater than .05, gender does not significantly influence AI based working therapeutic working alliance. Therefore hypothesis 3 is rejected since the p value .105 is greater than .05.

**Discussion**

A closer look at how young adults connect with AI therapy tools showed no clear link to their feelings of loneliness. Instead of stronger bonds reducing isolation, results stayed flat across participants. Gender patterns failed to appear when comparing scores on connection strength or solitude. Neither assumption held up under analysis - no matter which way the data shifted. What seemed likely before testing slipped away once numbers came in. A look at the data showed almost no real link between feeling connected to an AI and being lonely. Even when connections appeared, they barely made a difference in how alone people felt. With a tiny impact measured - just  $r = .10$  - it became clear the bond with AI didn’t shift loneliness much at all. Because of this, the idea that closer ties to artificial intelligence ease isolation did not hold up. Just because someone feels attached to a machine does not mean it fills emotional gaps left by human absence. What makes someone feel alone often comes down to wanting more connection than what they actually have. Because people naturally seek lasting bonds, being part of something real matters deeply. Even if machines sound supportive, mimic care, or keep conversations going, they do not experience feelings the way humans do. Since there is no mutual understanding or true presence behind their responses, any sense of closeness fades over time. Without shared moments that shape trust, these exchanges stay surface level - structured, yet emotionally thin. So, while goals might align during sessions with artificial helpers, depth in relationship stays out of reach. Real warmth cannot grow where only programming answers back. Some earlier work lines up with these results, though not completely. Evidence shows AI tools for mental health may ease anxiety and depression symptoms (Karkosz et al., 2023), while many people say talking to AI chatbots feels supportive at times (Dosovitsky & Bunge, 2021; Ta et al., 2020). Still, less emotional pain doesn’t always mean less loneliness. What seems clearer now is that loneliness ties more closely to how strong someone’s face-to-face bonds are, whether they feel emotionally

backed by others, and their sense of belonging (Holt-Lunstad et al., 2015). Beyond that, factors like temperament, how one connects to others emotionally, and time spent socially outside screens matter more than online exchanges when it comes to isolation (Liu et al., 2025). One reason might lie in how deeply people need actual contact with others when feeling alone. So even if machines help manage emotions, they fall short of standing in for genuine bonds between people.

A second idea about how men and women might differ in feeling lonely or connecting with AI didn't hold up when tested. Data showed little to no gap between males and females on these measures. Even though past work hinted that women could feel lonelier because they notice emotions more clearly, newer findings suggest such gaps tend to be small - shaped heavily by situation (Maes et al., 2019). Starting out in adult life often brings common struggles, no matter if you are male or female - figuring out who you are, building connections, trying on different roles, finding your path at work. Such overlapping hurdles might explain why both sexes feel lonely at about the same rate. On top of that, therapy tools powered by artificial intelligence could help break down old patterns tied to gender when it comes to getting emotional support. Take men, for instance - they sometimes skip in-person counselling because they fear judgment or think society expects them to stay silent (Andrade et al., 2014). But online systems offer space where names stay hidden and thoughts can flow freely, making it easier for anyone to open up. Fewer distinctions show up when machines reply to the same way every time. Responses might feel alike whether coming from a male or female coded system. What we see could simply follow from how tech delivers words. Growing in similar ways matters too. Digital spaces tend to level out differences anyway. Finding new ways to understand AI's place in mental wellness, researchers add to what is already known. Even though digital helpers seem to build trust and show care, that bond does not ease loneliness much in younger people. What really matters sits outside screens - deep connections in everyday life, the kind where emotions are truly shared. Missing those ties keeps loneliness alive, no matter how smart the technology acts. What stands out here is how AI falls short when it comes to swapping real human bonds for lonely moments. Yet when used alongside personal interactions, tech-driven mental health aids can offer ways to manage emotions, give direction, sometimes just show up when needed. Down the road, studies ought to dig deeper into how artificial intelligence fits within mental health support. Instead of assuming one size fits all, attention might shift to how lifelike the technology feels, how long people engage with it, what kind of personalities respond best, on top of how screen-based chats stack up against face-to-face talk. Peering into these details could reveal moments where AI lifts mood or strengthens bonds - or when it just gets in the way.

## Conclusion

The present paper focused on examining AI-based therapy, the working alliance involved in this type of therapy, and its effects on young adults, loneliness, as well as possible gender-based differences. It was anticipated that there would be a stronger working alliance with AI therapeutic interventions and consequently, a working alliance would lead to strong gender differences. However, these hypotheses remain unsupported. There was no correlation found between loneliness and AI-based therapeutic working alliance. This is evidence that attachment to an AI will not help with loneliness. While an AI has the capability to hold a simple conversation and give a level of emotional assistance, it will not serve a substitute for the human loneliness. Another finding was that there was no significant difference between men and women in their feelings of loneliness and AI based therapeutic working alliance. This indicates that men and women may have experienced the AI system and its nonjudgemental and emotional

expressive environment similarly in a way that the gap around emotional expression was reduced. Both hypotheses were rejected. AI therapy systems might provide some resemblance of emotional support, but they cannot equate real social relationships. The research suggests that while AI based therapeutic systems may offer some level of support, they cannot replace authentic human relationships. Meaningful face to face social contacts in addition to technological support, are probably necessary to reduce loneliness.

### **Limitations**

The present study has several limitations which should be considered when interpreting the findings. First is the sample which only included young adults and limits the result from applying to other age categories like adolescent and middle, aged and older adults. Loneliness and reactions to AI based therapeutic working alliance might vary across different life stages. The second limitation is the use of self report measure which can be shaped by social desirability, response bias, and inaccurate self perception. Participants might not have fully shared true feelings of loneliness or real experience with AI therapy systems. Third, the study's cross-sectional design makes-cause and-effect relationship hard to determine. Since data were collected once we cannot conclude if AI interaction affects loneliness in long-term. Another limitation is that the study did not consider significant personal factors like personality traits, mental health, and social support and how often or how long AI is used. These factors can significantly affect feelings of loneliness and developing a working relationship with AI. Moreover, the study did not look at the specific type of AI therapy platform used by participants. Different chatbot have caring designs, qualities, empathy, and functionalities which may lead to different user experiences. Lastly, the sample size and sampling method, May limit how representative the findings are. Participants might not represent the diversity within the young adult population.

### **Directions for Future Research**

Looking at a different age groups in future research, particular adolescence, middle aged, and older people, would clarify the strength of the association between working alliance and loneliness over the lifespan. Further research should be done following the long-term effects of interaction with the AI. While the present findings indicate that the effects of the AI are incremental, being able to access the longitude interaction with the AI would provide insight into whether continuing interaction with the platform significantly impact, social well-being or emotional adaptations over time. In addition to those predictor variables discussed above, there are psychological factors such as personality, attachment, style, mental health and the size of a person's social network that would worth exploring in relation to loneliness and AI therapy. A comparison study of two or more different types of AI therapy platforms (e.g., a formalized, therapeutic chatbot and a companion chatbots) could shed insight to what kinds of aspects are most supportive to users. For example, would empathy, communication style or high personalization be the best support?

Additionally, further study could examine whether therapy is more successful in alleviating loneliness when administered in conjunction with other human interventions, such as in-person therapy or support groups. To improve study still further, future research should also seek to include larger, more diverse samples from various cultural and socio-economic backgrounds in order to be able to generate the findings more widely and explore impact of contextual influences.

**Appendix**

We hypothesized that people who can better disclose their "true" or inner self to others on the Internet than in face-to-face settings will be more likely to form close relationships on-line and will tend to bring those virtual relationships into their "real" lives. Study 1, a survey of randomly selected Internet newsgroup posters, showed that those who better express their true self over the Internet were more likely than others to have formed close on-line relationships and moved these friendships into a face-to-face basis. Study 2 revealed that the majority of these close Internet relationships were still intact 2 years later. Finally, a laboratory experiment found that undergraduates liked each other more following an Internet compared to a face-to-face initial meeting.

**Scale:**

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

Statement	Never	Rarely	Sometimes	Often
*1. How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2. How often do you feel that you lack companionship?	1	2	3	4
3. How often do you feel that there is no one you can turn to?	1	2	3	4
4. How often do you feel alone?	1	2	3	4
*5. How often do you feel part of a group of friends?	1	2	3	4
*6. How often do you feel that your gexel in my common with the people around you?	1	2	3	4
*7. How often do you feel that you are longer close to anyone?	1	2	3	4
*7. How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
*9. How often do you feel outgoing and friendly?	1	2	3	4
*10. How often do you feel close to people?	1	2	3	4
*12. How often do you feel that your relationships with others are not meaningful?	1	2	3	4
*13. How often do you feel that no one really knows you well?	1	2	3	4
*14. How often do you feel isolated from others-*	1	2	3	4
*14. How often do you feel that there are people who that are nou want it?	1	2	3	4
*17. How often do you feel close to peron people who really understatut you?	1	2	3	4
*12. How often do you feel that your relationships with others are n: not meaningful?	1	2	3	4
*15. How often do you feel that no one really knows you well?	1	2	3	4
*16. How often do you feel that you can find companionship when you want it?	1	2	3	4

**Scoring:**

Items with an asterisk are reverse scored. Keep scoring on a continuous basis.

This scale is provided only for Researchers.



**WORKING ALLIANCE INVENTORY – AI ADAPTED VERSION (WAI-AI-SF)**

**Instructions:**

Please read each statement carefully and indicate how well it describes your experience while interacting with the AI/chatbot.

**Response Scale:**

1 = Not at all	2 = Very Slightly	3 = Slightly	4 = Moderately	5 = Quite a bit	6 = Very much	7 = Completely
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**SECTION A – GOALS**

No.	Statement	1	2	3	4	5	6	7
1.	The AI and I agree on the goals I should work on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The AI helps me stay focused on what I want to improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The AI seems to understand what I want to achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The goals the AI suggests feel relevant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B – TASKS**

No.	Statement	1	2	3	4	5	6	7
5.	The AI provides suggestions or exercises that feel helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The AI's guidance and tasks seem appropriate for my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I feel that the AI and I work together toward the same objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The AI's responses help me make progress on my concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C – BOND**

No.	Statement	1	2	3	4	5	6	7
9.	I feel comfortable expressing my thoughts to the AI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel understood by the AI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I trust the AI to support me in a helpful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I feel a sense of connection with the AI during our interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Scoring:**

- **Total Score** = Sum of all 12 items (Range: 12 – 84)
- **Higher scores** indicate a stronger working alliance.
- **Subscale Scores:** • Goals: Items 1 – 4 • Tasks: Items 5 – 8 • Bond: Items 9 – 12

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