AI IN MENTAL HEALTH: A TOOL FOR SUPPORT, NOT A SUBSTITUTE FOR THE HUMAN PERSON

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Introduction: The Rise of AI in Mental Health[1]

In recent years, artificial intelligence (AI) has moved from the periphery of clinical experimentation to the center of innovation in mental health care. Its promise is compelling: intelligent systems that monitor mood patterns, generate therapeutic dialogue, and deliver crisis interventions now offer scalable solutions amid global shortages of mental health professionals. Applications such as conversational agents, diagnostic algorithms, and affective computing are reshaping the therapeutic landscape with the allure of immediacy, personalization, and cost-efficiency. Yet amid this momentum lies a crucial question: what kind of mental health care are we building, and what vision of the human person drives it?

This article proposes a critical reorientation. While acknowledging AI's utility in enhancing access and augmenting clinical capacities, it argues that mental health cannot be meaningfully addressed without an account of the human person that integrates body, mind, and spirit. Technological tools, however sophisticated, must remain subordinate to a vision of care grounded in moral formation, relational presence, and spiritual depth. To that end, this inquiry draws on Christian virtue

[1] This article is part of the research project *Theology and Digitalization: Anthropological and Ethical Challenges* (J6-60105), which is co-funded by the Slovenian Research and Innovation Agency (ARIS).

https://doi.org/10.35469/poligrafi.2025.506 | Poligrafi, no. 119/120, vol. 30, 2025, pp. 161–174

ethics and theological anthropology to articulate a framework for ethically integrating AI into mental health practice—one that upholds the irreducible dignity of the person and the formative character of healing.

A Holistic Framework for Mental Health

Mental health, when approached from within a Christian humanist tradition, is not adequately defined by the absence of psychological distress or by the efficient modulation of cognitive and behavioral functions. Rather, it entails a dynamic, integrative process of human flourishing—encompassing body, mind, and spirit—within relational, communal, and transcendent dimensions. This understanding stands in critical contrast to prevailing biomedical or technocratic models, which often foreground symptom reduction or behavioral normalization as sufficient indicators of psychological well-being.

The theological anthropology grounding this framework affirms that each human person is created in the image of God (*imago Dei*) and is thereby intrinsically relational, embodied, and ordered toward moral and spiritual development.[2] Mental affliction, under this view, cannot be regarded as merely a diagnostic anomaly or malfunction to be corrected. It is, rather, a lived reality embedded in a person's narrative, vocation, and moral journey. Thus, the process of healing is not only reparative but also formative: it aims to restore function, while simultaneously deepening self-knowledge, cultivating virtue, and reorienting the person toward meaning and purpose.[3]

This integrative approach resists the fragmentation that frequently arises when mental health care is exclusively governed by clinical or instrumental logics. For example, while AI-driven tools that analyze vocal tone or facial affect may yield valuable insights into depressive symptomatology, such technologies are not designed to perceive the existential contours of a person's suffering—such as the experience of

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[2] Ivan Platovnjak and Tone Svetelj, "Artificial Intelligence and Imago Dei: A New Dilemma for Philosophical and Theological Anthropology," *Bogoslovni vestnik* 84, no. 4 (2024): 840–842, https://doi.org/10.34291/BV2024/04/Platovnjak.

[3] Alasdair MacIntyre, *After Virtue*, 3rd ed. (Notre Dame, In: University of Notre Dame Press, 2007), 209–225.

purposelessness, alienation, or spiritual estrangement. In the absence of a moral or spiritual horizon, such tools risk reducing the person to a cluster of quantifiable features, thereby obscuring the complexity and depth of the human condition.

Christian virtue ethics offers a compelling counterpoint to this reductionism. As Alasdair MacIntyre has argued, moral character is formed through participation in coherent life narratives and sustained engagement with traditions and communities that articulate shared visions of the good. Virtues such as courage, humility, patience, and compassion are not innate dispositions, but the fruits of embodied practice, communal accountability, and sustained moral formation. Within this perspective, mental health care is not solely concerned with the amelioration of distress, but with guiding persons into habits of ethical maturity and spiritual integrity.

Kristján Kristjánsson further expands this account by drawing attention to the affective and imaginative dimensions of virtue cultivation.[4] The capacity to suffer meaningfully, to empathize, and to envision oneself as a moral agent capable of self-giving love are essential aspects of psychological and spiritual well-being. Christian traditions of pastoral counseling and spiritually integrative therapies have long recognized this interior depth, fostering practices of prayer, discernment, and reflection alongside clinical interventions.[5]

This theological and moral vision has found renewed urgency and affirmation in recent studies. For example, K. Long (2024)[6] notes the increasing integration of spiritual dimensions into health paradigms in the Philippines, underscoring a shift toward recognizing spiritual well-being as indispensable to mental health. Similarly, advances in transdisciplinary approaches within integrative medicine reflect a growing

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[4] Kristján Kristjánsson, *Virtues and Vices in Positive Psychology: A Philosophical Critique* (Cambridge: Cambridge University Press, 2013), 79–83.

[5] Ivan Platovnjak and Tone Svetelj, "Ancient Greek and Christian understanding of contemplation in terms of a resonant attitude towards the world," *Bogoslovni vestnik* 82, no. 3 (2022): 634–635, https://doi.org/10.34291/BV2022/03/Platovnjak.

[6] Katelyn N. G. Long, Xavier Symons, Tyler J. VanderWeele, Tracy A. Balboni, and Ronald C. Kessler, "Spirituality as a Determinant of Health: Emerging Policies, Practices, and Systems," *Health Affairs* 43, no. 6 (2024): 785, https://doi.org/10.1377/hlthaff.2023.01643.

consensus that reductionist frameworks are inadequate for capturing the fullness of human distress or healing.[7]

In addition to its philosophical and theological underpinnings, a holistic vision of mental health increasingly aligns with contemporary trauma research, which emphasizes the integration of neurobiological, relational, and meaning-making dimensions. Studies by Bessel van der Kolk and others have illustrated how trauma is stored in the body and shaped by social context, suggesting that healing requires modalities that engage the whole person rather than discrete cognitive processes alone.[8] This underscores the inadequacy of narrowly data-driven interventions and affirms the need for a therapeutic stance that honors embodiment, story, and trust.

Recent developments in AI technologies—particularly those involving wearable biosensors and sentiment analysis—hold potential for supporting this integrative model. When ethically designed and attentively deployed, such technologies can help individuals monitor somatic cues, reflect on emotional patterns, and engage in habits of virtue through contextualized feedback. However, the meaningful use of these tools depends on embedding them within a relational matrix of care. Without accompanying human insight, moral discernment, and spiritual direction, technological aids risk devolving into mechanisms of behavioral control rather than pathways toward genuine flourishing.

Finally, restoring a virtue-oriented model of mental health invites renewed attention to the formative environments in which persons live, suffer, and heal. Schools, congregations, workplaces, and families all play a crucial role in cultivating the moral and spiritual architecture necessary for resilience and transformation. Public theology and ethics, therefore, have a vital role to play in shaping policies and technologies that uphold communal well-being and resist commodification. In this broader moral ecology, AI is not the locus of care, but one component within a participatory vision of healing that takes into account the sacred complexity of the human person.

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[7] John F. Peteet, *Doing the Right Thing: An Approach to Moral Issues in Mental Health Treatment* (Washington, DC: American Psychiatric Association Publishing, 2004), 37.

[8] Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014), 102.

Consequently, a holistic approach to mental health means paying attention not only to biological and psychological dimensions, but also to relational, moral, and spiritual ones.[9] It requires a framework in which suffering can become a site of transformation—wherein individuals encounter not only their fragility, but also the possibility of grace. Healing, in this context, does not take place solely through intervention or treatment, but through presence, relationship, and the movement toward wholeness within a community of care.

As digital technologies—including AI systems—become increasingly embedded in mental health service delivery, this framework serves as a vital conceptual anchor. It suggests that a person is never merely a clinical problem to be managed, but a mystery to be encountered—an encounter that calls for reverence, discernment, and hope.

Promise and Peril: Evaluating AI's Role in Mental Health

The rapid proliferation of AI technologies in mental health care offers promising avenues for expanding access, enhancing diagnostic accuracy, and personalizing interventions. AI-driven applications, such as chatbots, mood-tracking algorithms, and virtual therapists, can provide timely support in contexts where human resources are scarce or unavailable. These tools facilitate continuous monitoring, offer psychoeducation, and deliver cognitive-behavioral strategies that may reduce the barriers to care.[10] For many users, especially those facing stigma or logistical obstacles, AI-based platforms represent a critical entry point into mental health services. This democratization of care aligns with public health imperatives to broaden reach and equity.

Nevertheless, the allure of AI's scalability and efficiency conceals significant ethical and practical challenges. While algorithms excel in pattern recognition and data processing, they inherently lack the capacity

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[9] John Vayalilkarottu, "Holistic Health and Well-Being: A Psycho-Spiritual/Religious and Theological Perspective," *Asian Journal of Psychiatry* 5, no. 4 (2012): 348, https://doi.org/10.1016/j.ajp.2012.09.010.

[10] John Torous et al., "Opportunities from the Coronavirus Disease 2019 Pandemic for Transforming Psychiatric Care with Telehealth," *JAMA Psychiatry* 77, no. 12 (2020): 1205, https://doi.org/10.1001/jamapsychiatry.2020.1640.

for empathy, moral reasoning, and contextual discernment.[11] The reliance on AI may inadvertently foster a reductive understanding of mental health, emphasizing symptom management and behavioral modification while neglecting deeper existential and relational dimensions. Such an approach risks commodifying human distress and transforming rich, nuanced experiences into metrics and probabilities. This dynamic raises questions about the extent to which AI can—and should—function as a surrogate for human caregiving, which is grounded in trust, presence, and mutual recognition.

Moreover, concerns about data privacy, algorithmic bias, and informed consent highlight the precarious ethical terrain of digital mental health.[12] AI systems trained on limited or unrepresentative datasets may perpetuate disparities, misdiagnose marginalized populations, or exacerbate existing issues. Transparency regarding data use and algorithmic decision-making remains limited, leaving users vulnerable to exploitation or misunderstanding. Ensuring that AI tools are developed and deployed with rigorous ethical oversight is imperative to safeguard dignity and autonomy.

The risk of depersonalization intensifies when AI becomes the primary interface for mental health interaction. Human suffering is deeply embodied and embedded in interpersonal contexts, elements that technology alone cannot replicate.[13] The absence of embodied presence and affective attunement constrains AI's ability to engage the person holistically. This gap is particularly pronounced in crisis situations, where nuanced judgment and relational responsiveness are essential. While AI may assist by flagging risks or facilitating referrals, the ultimate responsibility and care must reside with trained human professionals.

At the same time, the growing integration of AI invites a reassessment of professional roles and identities within mental health care.

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[11] Sherry Turkle, *Reclaiming Conversation: The Power of Talk in a Digital Age* (New York: Penguin, 2015), 14–20.

[12] Mehrdad Rahsepar Meadi, Tomas Sillekens, Suzanne Metselaar, Anton van Balkom, Justin Bernstein, and Neeltje Batelaan. "Exploring the Ethical Challenges of Conversational AI in Mental Health Care: Scoping Review." *JMIR Mental Health* 12 (2025), https://doi.org/10.2196/60432.

[13] Turkle, *Reclaiming Conversation,* 21–22.

Practitioners may find themselves navigating complex collaborations with technology, requiring new competencies in digital literacy and ethical discernment.[14] The therapeutic alliance, long recognized as central to effective treatment, may be transformed but not supplanted by AI interfaces. This evolution prompts reflection on how to preserve the core values of empathy, respect, and person-centeredness amidst technological mediation.

In theological and philosophical terms, the use of AI in mental health evokes enduring questions about the nature of the person, freedom, and moral agency.[15] AI tools function as instruments without volition or moral intentionality; they cannot participate in the ethical formation of the individual. This distinction underscores the irreplaceable role of human caregivers in fostering virtues and facilitating the interior conversion essential for genuine healing. From the perspective of Christian virtue ethics, technology's utility is contingent on its capacity to serve the holistic flourishing of body, mind, and spirit.

Empirical research further underscores the limits of AI's clinical efficacy and the importance of relational factors. Studies indicate that patient outcomes correlate strongly with therapeutic rapport, trust, and the clinician's attuned presence—dimensions inaccessible to AI.[16] These findings caution against overreliance on digital interventions and advocate for hybrid models that integrate AI support with sustained human engagement. Such integrative approaches can harness AI's strengths while preserving the relational core of care.

Recent technological advancements have improved AI's sophistication in natural language processing and affect recognition, enabling more nuanced interactions.[17] However, the question remains whether

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[14] Mohamed Terra, Baklola Mohamed, Shaimaa Ali, and Karim El-Bastawisy, "Opportunities, Applications, Challenges and Ethical Implications of Artificial Intelligence in Psychiatry: A Narrative Review," *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery* 59, no. 1 (June 2023): 83, https://doi.org/10.1186/s41983-023-00681-z.

[15] Conor M. Kelly, *The Moral Vision of Pope Francis: Expanding the US Reception of the First Jesuit Pope*, ed. Kristin E. Heyer (Washington, DC: Georgetown University Press, 2024), 71.

[16] John C. Norcross and Michael J. Lambert, "Psychotherapy Relationships That Work II," *Psychotherapy* 53, no. 1 (2016): 13, https://doi.org/10.1037/pst0000193.

[17] Kai-Wei Chang et al., "Recent Advances in Natural Language Processing for Mental Health," *NPJ Digital Medicine* 4, no. 1 (2021): 4, https://doi.org/10.1038/s41746-020-00357-2;

these improvements translate into genuine understanding or remain simulacra of empathy. AI's ability to detect emotional cues does not equate to moral responsiveness or the capacity to bear witness to suffering. These qualitative distinctions matter profoundly in mental health contexts.

Furthermore, the symbolic and cultural dimensions of mental health care must not be neglected. Rituals, narratives, and communal practices contribute to healing by situating individual suffering within shared frameworks of meaning.[18] AI's mechanistic logic is ill-equipped to engage these symbolic realms. The risk of eroding such dimensions invites critical scrutiny of how digital tools are incorporated into care systems.

Moreover, the integration of AI into mental health care compels us to reconsider the fundamental anthropological assumptions underpinning therapeutic engagement. Unlike human caregivers, AI lacks embodied presence, intentionality, and the capacity for moral imagination—qualities that enable clinicians to perceive not only symptoms but also the person's unique narrative and existential concerns.[19] This ontological gap underscores the indispensability of human judgment and relational attunement in healing processes. AI's contributions, while valuable, remain fundamentally instrumental and must be framed within a broader ethical commitment to uphold the person's dignity as a moral agent, not merely as data to be managed or optimized.[20] Such a stance resonates deeply with virtue ethics, which situates character formation and ethical flourishing at the heart of mental health, emphasizing that technology should serve rather than supplant the irreplaceable virtues embodied in human care.

Terra et al., "Opportunities, Applications, Challenges and Ethical Implications of Artificial Intelligence in Psychiatry," 115.

18 William James, *The Varieties of Religious Experience* (New York: Longmans, Green & Co., 1902), 450–455.

19 Peteet, *Doing the Right Thing*, 43–45.

20 Kelly, *The Moral Vision of Pope Francis*, 72–73.

Embodied Virtue and the Role of Character Formation

The integration of AI into mental health care invites renewed reflection on the role of virtue and character formation as foundational to healing and flourishing. Within a framework of Christian virtue ethics, mental health is not merely the absence of dysfunction or the management of symptoms, but the cultivation of a well-formed character oriented toward the good.[21] This emphasis on character situates ethical formation and moral growth at the heart of mental health, underscoring that authentic healing requires transformation not only of behavior but of the agent's interior dispositions and virtues.

Pope Francis's reflections exemplify this focus, as he repeatedly focuses on the moral agent's character over isolated acts or rules.[22] His insistence on "returning to the heart of the message of Jesus Christ" challenges a rigid legalism and calls for a conversion of attitudes that precedes structural reform.[23] This resonates deeply with the Aristotelian adage *agere sequitur esse*—"action follows being"—which captures the virtue ethics conviction that good actions arise from a well-formed character.[24] For Francis, virtue formation is indispensable in fostering the attitudes and dispositions necessary for moral life, including patience, humility, courage, and compassion.

This paradigm contrasts with approaches that reduce ethics to discrete decisions or external compliance, instead emphasizing a dynamic process of growth and maturation.[25] The journey of discipleship, in Francis's vision, involves ongoing discernment, the cultivation of good habits, and a deepening orientation toward love and fraternity.[26] Such growth is never solitary; it unfolds within communities, traditions,

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21 MacIntyre, *After Virtue*, 204–225.

22 Conor M. Kelly, "Pope Francis Virtue Ethicist?," in *The Moral Vision of Pope Francis: Expanding the US Reception of the First Jesuit Pope*, ed. Conor M. Kelly and Kristin E. Heyer (Washington, DC: Georgetown University Press, 2024), 75.

23 *Ibid.*, 73.

24 MacIntyre, *After Virtue*, 219–223.

25 Conor M. Kelly, "Pope Francis Virtue Ethicist?," 76–78.

26 *Ibid.*, 73–76.

and relational accountability, reflecting MacIntyre's insight that virtues emerge through engagement in shared practices and narratives.[27]

The embodied nature of virtue is also critical. Virtues are not abstract ideals but embodied capacities expressed through habitual action.[28] Thus, character formation involves the whole person—body, mind, and spirit—and is reflected in how individuals relate to themselves, others, and the transcendent. Mental health, understood in this way, transcends symptom management and points toward a holistic flourishing grounded in ethical integrity and spiritual vitality.[29]

In clinical practice, this framework invites a reorientation toward healing as an integrative process that fosters virtue alongside symptom relief. Mental health professionals are not only called on to alleviate distress but also to guide patients in cultivating inner dispositions that support resilience, empathy, and meaning-making. This approach aligns with pastoral care traditions that emphasize prayer, reflection, and discernment as vital complements to therapeutic interventions.

The centrality of character formation also cautions against an overreliance on AI tools, which lack the capacity to engage the moral and spiritual dimensions of the person. While AI may assist in monitoring symptoms or offering psychoeducation, it cannot participate in the formation of virtues or the interior conversion that Francis deems essential.[30] Human caregivers, imbued with moral wisdom and relational sensitivity, remain indispensable in fostering the transformation that undergirds authentic mental health.

Furthermore, several empirical studies emphasize that therapeutic outcomes correlate strongly with relational qualities such as empathy, trust, and moral presence—qualities that AI cannot replicate.[31] This evidence supports the virtue ethics claim that character and relational engagement constitute the bedrock of healing. AI, therefore, functions

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27 MacIntyre, *After Virtue*, 210–213.

28 Kristján Kristjánsson, *Virtues and Vices in Positive Psychology: A Philosophical Critique* (Cambridge: Cambridge University Press, 2013), 79–83.

29 Peteet, *Doing the Right Thing*, 42–45.

30 Kelly, "Pope Francis Virtue Ethicist?," 72.

31 Meadi et al., "Exploring the Ethical Challenges of Conversational AI in Mental Health Care," e60432.

best as a supportive adjunct, enhancing but never substituting for the moral and relational work of clinicians.

The role of discernment is also integral within this framework. Pope Francis links virtue formation with the ongoing exercise of practical wisdom (*phronesis*), emphasizing that moral growth requires attentive judgment within concrete contexts.[32] This dynamic discernment enables individuals to navigate complex, ambiguous situations and to align actions with the good in ways that transcend rigid rule-following. Mental health care, informed by this insight, prioritizes personalized, context-sensitive approaches over standardized algorithms.

Moreover, the theological dimension of character formation underscores the belief in God's active presence in moral growth. Francis's personalist theology affirms that virtue cultivation is not a purely human endeavor but involves grace and divine accompaniment.[33] This conviction situates mental health within a transcendent horizon, where suffering becomes an opportunity for conversion and transformation.

The communal aspect of virtue cultivation further highlights the importance of social and relational contexts. Virtue ethics understands individuals as embedded within communities that nurture and sustain ethical life.[34] Mental health, therefore, involves relational healing that restores not only brokenness within the individual but also in their interpersonal and communal relationships.

In practical terms, this perspective encourages mental health professionals to foster environments that support character development through relational presence, ethical modeling, and engagement with patients' narratives.[35] Such care requires attentiveness to patients as whole persons—embodied, relational, and spiritual beings—not merely as collections of symptoms or data points.

Finally, the challenge of integrating AI into mental health calls for thoughtful ethical guidelines that respect this holistic vision. AI's role should be explicitly designed to complement human virtue and character formation, facilitating supportive functions while preserving space

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32 Kelly, "Pope Francis Virtue Ethicist?," 71.
33 *Ibid.*, 81.
34 MacIntyre, *After Virtue*, 219–220.
35 Peteet, *Doing the Right Thing*, 43–44.

for human moral agency and relational depth. This integration requires ongoing dialogue between ethicists, clinicians, technologists, and communities to ensure that technological advances promote rather than undermine the flourishing of the body, mind, and spirit.

In sum, the Christian virtue ethics framework invites a profound rethinking of mental health care in the age of AI. It centers the formation of character and the cultivation of virtues as indispensable to authentic healing. AI, while a valuable tool, remains secondary to the relational, moral, and spiritual work that sustains human flourishing. Upholding this priority affirms the dignity of the person and the enduring necessity of human presence, judgment, and love in mental health.

Conclusion

The integration of artificial intelligence into mental health care presents promising opportunities to enhance accessibility, efficiency, and personalized support. However, such technological advances must be critically situated within a holistic and ethically grounded framework that respects the full complexity of the human person. Drawing from Christian virtue ethics and theological anthropology, mental health is understood as an integrative process of flourishing involving the body, mind, and spirit within relational and moral contexts.[36] This perspective challenges reductionist and technocratic approaches that risk fragmenting care into mere symptom management or data optimization.

At the core of this framework lies the conviction that authentic healing necessitates the formation of moral character and the cultivation of virtues such as compassion, humility, and courage. Pope Francis's emphasis on interior conversion, discernment, and communal belonging exemplifies the continuing relevance of virtue ethics within contemporary mental health discourse. While AI serves as a valuable adjunct, it remains inherently limited in its ability to engage the spiritual, ethical, and relational dimensions essential to true mental well-being.

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[36] Ivan Platovnjak, "Meeting the Spiritual Needs of a Dying Person," *Nova prisutnost* 20, no. 1 (2022): 59, 72, https://doi.org/10.31192/np.20.1.4.

Accordingly, AI's role is best understood as complementary rather than substitutive—supporting human caregivers in nurturing virtue and relational presence without supplanting the irreplaceable moral agency of the human person. The ethical deployment of AI in mental health demands ongoing interdisciplinary collaboration to ensure that technological innovation promotes holistic flourishing and safeguards human dignity.

Ultimately, mental health care remains a profoundly human endeavor, situated at the intersection of science, ethics, and spirituality. Amid rapid technological evolution, upholding the primacy of character formation and relational care offers a crucial corrective and guidepost. This vision invites hope, reverence, and humility as society navigates the opportunities and challenges inherent in integrating AI into the sacred work of healing.

Bibliography

Chang, Kai-Wei, Glen Coppersmith, Elad Yom-Tov, Munmun De Choudhury, and Ayah Zirikly. "Recent Advances in Natural Language Processing for Mental Health." *NPJ Digital Medicine* 4, no. 1 (2021): 4. https://doi.org/10.1038/s41746-020-00357-2.

James, William. *The Varieties of Religious Experience*. New York: Longmans, Green & Co., 1902.

Kelly, Conor M. "Pope Francis Virtue Ethicist?" In *The Moral Vision of Pope Francis*, edited by Conor M. Kelly and Kristin E. Heyer, 71–95. Washington, DC: Georgetown University Press, 2024.

Kelly, Conor M. *The Moral Vision of Pope Francis: Expanding the US Reception of the First Jesuit Pope*, edited by Kristin E. Heyer. Washington, DC: Georgetown University Press, 2024.

Kristjánsson, Kristján. *Virtues and Vices in Positive Psychology: A Philosophical Critique*. Cambridge: Cambridge University Press, 2013. https://doi.org/10.1017/CBO9781139177818.

Long, Katelyn N. G., Xavier Symons, Tyler J. VanderWeele, Tracy A. Balboni, and Ronald C. Kessler. "Spirituality as a Determinant of Health: Emerging Policies, Practices, and Systems." *Health Affairs* 43, no. 6 (2024): 785–792. https://doi.org/10.1377/hlthaff.2023.01643.

MacIntyre, Alasdair. *After Virtue*. 3rd ed. Notre Dame: University of Notre Dame Press, 2007.

Meadi, Mehrdad Rahsepar, Tomas Sillekens, Suzanne Metselaar, Anton van Balkom, Justin Bernstein, and Neeltje Batelaan. "Exploring the Ethical Challenges of Conversational AI in Mental Health Care: Scoping Review." *JMIR Mental Health* 12 (February 2025): e60432. https://doi.org/10.2196/60432.

Norcross, John C., and Michael J. Lambert. "Psychotherapy Relationships That Work III." *Psychotherapy* 59, no. 4 (2022): 340–353. https://doi.org/10.1037/pst0000193.

Peteet, John F. *Doing the Right Thing: An Approach to Moral Issues in Mental Health Treatment*. Washington, DC: American Psychiatric Association Publishing, 2004.

Platovnjak, Ivan, and Tone Svetelj. "Ancient Greek and Christian Understanding of Contemplation in Terms of a Resonant Attitude Towards the World." *Bogoslovni vestnik* 82, no. 3 (2022): 623–637. https://doi.org/10.34291/BV2022/03/Platovnjak.

Platovnjak, Ivan, and Tone Svetelj. "Artificial Intelligence and Imago Dei: A New Dilemma for Philosophical and Theological Anthropology." *Bogoslovni vestnik* 84, no. 4 (2024): 835–846. https://doi.org/10.34291/BV2024/04/Platovnjak.

Platovnjak, Ivan. "Meeting the Spiritual Needs of a Dying Person." *Nova prisutnost* 20, no. 1 (2022): 57–72. https://doi.org/10.31192/np.20.1.4.

Terra, Mohamed, Baklola Mohamed, Shaimaa Ali, and Karim El-Bastawisy. "Opportunities, Applications, Challenges and Ethical Implications of Artificial Intelligence in Psychiatry: A Narrative Review." *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery* 59, no. 1 (2023): 80–110. https://doi.org/10.1186/s41983-023-00681-z.

Torous, John, and Til Wykes. "Opportunities from the Coronavirus Disease 2019 Pandemic for Transforming Psychiatric Care with Telehealth." *JAMA Psychiatry* 77, no. 12 (2020): 1205–1206. https://doi.org/10.1001/jamapsychiatry.2020.1640.

Turkle, Sherry. *Reclaiming Conversation: The Power of Talk in a Digital Age*. New York: Penguin, 2015.

Van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking, 2014.

Vayalilkarottu, John. "Holistic Health and Well-Being: A Psycho-Spiritual/Religious and Theological Perspective." *Asian Journal of Psychiatry* 5, no. 4 (December 2012): 347–350. https://doi.org/10.1016/j.ajp.2012.09.010.