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AI-Enhanced Psychotherapy: Catalyzing Human Flourishing and Quality of Life -A Narrative Review

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Abstract
Artificial intelligence is emerging as a revolutionary force in psychotherapy and human development, transforming the ways in which psychological support is acquired, given, and experienced throughout life. Recent studies on the effects of AI-enabled tools on therapeutic settings and developmental outcomes are summarised in this narrative review. This narrative review aims to explore how AI may influence or direct human development in both clinical and non-clinical contexts, as well as how it affects psychotherapy procedures and results. Over a billion people suffer from mental health issues, particularly anxiety and depression, and traditional psychotherapy is constrained by stigma and a lack of therapists. AI offers scalable supplements that have moderately significant effects on symptoms of depression. Despite these advancements, stringent oversight is still necessary due to ethical concerns about bias, privacy violations, and fair access. The goal of the study is to identify the ways in which AI interventions support engagement, adherence, and symptom relief in mental disorders. It emphasises lifespan development in affective, cognitive, and social domains as well as integration into psychotherapy models. Accessibility, customisation, scalability, and continuity are among the advantages; risks like bias and relational effects are analysed. With greater engagement, AI-driven chatbots and conversational agents result in modest to moderate improvements in anxiety and depression. Early distress management and emotional development are enhanced by AI screening. In conclusion, AI enhances psychotherapy and flourishing by augmenting human care, necessitating ethical, developmental, and cultural considerations. Longitudinal studies and the strengthening of human relationships and resilience should be the main topics of future research.

Keywords: *Counselling, Ethical Practice, Future, Psychotherapy*

1. Introduction
Mental diseases steal the human potential silently leaving their dark secret on the health of the world. Long since the clinical labeling, the theories of depression, anxiety and chronic stress afflict the existence of hundreds of millions worldwide, shattering the ties of relationships, destroying academic aspirations, derailing careers and robbing decades of life and meaning in their own benign manner. These misfortunes have resulted in many people languishing in their margins as their lives are played due to their closeness encounters with these unseen enemies that destroy the complexity of other emotional, cognitive, and social processes at every stage of life evolution. Psychotherapy has long been used as a pillar of evidence-based mental health care. It favours alternative adaptive coping strategies, maladaptive patterns of thought correction, greater regulation of emotions, resilience [1], better interpersonal effectiveness and personal growth which is possible through such structured intervention programmes as cognitive-behavioural therapy (CBT). Yet universal coverage is pathetically low due to a lack of qualified personnel, prohibitive expenses, persistent stigma and waiting lists. These obstacles have rendered timeliness quite

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an urgent requirement of novel and scalable answers that will provide ready access to psychological commodities that will assist various populations. Artificial intelligence (AI) quickly turns into a mind health revolution.Davidson (2018) notes that machine learning and predictive analytics enable the use of AI-powered machines, including conversational agents, virtual therapists, and intelligent monitoring systems, which are becoming more and more common in psychotherapy. Numerous of these technologies offer structured and on-demand psychological interventions, which are founded to a significant extent on the principles of the CBT, and are provided to individuals who will never have an opportunity of being assessed psychologically by a specialist. Although some of the first studies have already brought promising outcomes, chatbots aimed at empathy have been associated with improved emotional well-being and greater motivation towards self-help (Inkster et al., 2018), whereas fully autonomous (i.e., no human guidance) artificial intelligence-CBT programs were connected to the harmful decrease of the symptoms of anxiety and depression in young adults (Fitzpatrick et al., 2017). The fact of data privacy, the bias of the algorithm, the lack of real empathy and even loss of the therapeutic relationship should demonstrate the need to be cautious. The current AI systems are still unable to reach the context sensitivity, emotion spectrum, and relation capacities, which according to writing universetisyan identified as the essential qualities of fine psychotherapy. The analysts, therefore, focus on the fact that AI has to act more like an assistant rather than a replacement to human therapist-led services (Provoost et al., 2017).Because of the accelerated dynamic of AI technologies, empirical research must be carried out strictly to analyze its functionality, safety and long-term risks on resilience and well-being, and cultural appropriateness of various populations (Fulmer et al., 2018; Graham et al., 2020; Spytska, 2025). The article is devoted to the role of the AI-enhanced psychotherapy as one of the ways to promote human flourishing and increase the quality of life. It examines some of the fundamental uses, such as automated assessment, therapeutic and improved patient observation, and squarely looks at the ethical issues of the same. Through this, it suggests the radical potential and protection needed in the responsible implementation of AI in mental health provision [2].

1.1. Ethical Framework for AI In Psychotherapy

Various ethical issues are raised when using artificial intelligence in psychotherapeutic work, and their application is to be approached with an analytical system in order to foster responsible usage. According to the reviewed literature and professional recommendations, an ethical framework is developed that encompasses a number of areas of modern practice. This framework provides a structured perspective to elaborate dynamic between technology and human agency and regulation expectations. Informed Consent: Customers are able to understand whether they engage with automated system or a person, what they will do with their data and how it will be employed, what are limitations of AI functioning inherent in this or that algorithm, and what will occur in case of its failure. The APA Ethics Code Standard 3.10 (2023) now requires clarity about the engagement of AI in the therapeutic process and clarifying how data is stored, data sharing practices, and limitations on doctors using AI competence. The consent must not be a one-time affair but must be a perpetual institution; the clients should be given the opportunity to withdraw AI elements without having to suffer any discontinuity and quality of care provided by humans. AI systems used to collect emotional and behavioural data should be encrypted, stored securely, comply with guidelines for responding to a breach, and have transparent third-party data sharing policies. AI companies do not have the same professional and legal privileges as human therapists; Seligman (2011) suggests five elements of well-being that can be empirically tested as a part of the PERMA model that comprise Positive Emotion, Engagement, Relationships, Meaning and Accomplishment. Furthermore, privacy-by-design architectures should be implemented in order to gather the least amount of data needed for therapeutic efficacy. Algorithmic Bias Mitigation: BIPOC groups, women, and low socio-economic populations can be at a disadvantage when engaging with AI systems trained on non-

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representative data (Digital Health Equity Report, 2022). Natural language processing models that are predominantly trained on white populations that are educated, and Western may not detect culture-specific manifestations of distress or may offer services that are incompatible with cultural values. Mitigation, therefore, involves incorporating diverse training datasets, ongoing bias auditing, and steps towards a culture focus in collaboration with the people in the affected communities. Therapeutic Relationship Protection: Parasocial attachment to AI systems - the so-called "AI psychosis" phenomenon, reported in Frontiers in Psychiatry (2021) - can make vulnerable people, especially those with attachment disorders or chronic social isolation, predisposed to form emotionally invested relationships with AI chatbots. In these situations, users may confuse programmed responses with true care and, in turn [3], create maladaptive patterns of attachment. Consequently, clinicians have to make careful assessments of the suitability of AI interventions for each client and have to monitor any surging unhealthy attachment dynamics carefully. Autonomy and dependency are significant issues in deploying AI tools for managing emotions. When users become too dependent on AI for emotional support, they may hinder the growth of self-sufficient coping mechanisms. Autonomy and competence are the main psychological needs that are in focus at Self-Determination Theory. AIs that foster dependency do not serve these innate motivational drivers. Accordingly, design strategies should seek to promote the internalisation of skills through a progressive decrease of AI support as users display increasing competence. Protection of vulnerable populations requires particular attention. Children might not have the discernment to see the shortcomings that come with AI, and older people might be especially vulnerable to the misinformation due to the anthropomorphic portrayal of AI. People suffering from serious mental disorders may find interactions with AI to be evidence of thought disturbance. These groups thus require extra protections such as mandatory human supervision and tight limits on AI autonomy in clinical decision-making. Accountability and liability issues are brought to the fore when AI systems provide erroneous guidance or fail to recognize crisis scenarios. In such cases, responsibility might be diffused between developers, clinicians and healthcare institutions. Robust legal frameworks must therefore include clear liability standards, while AI systems must be equipped with fail-safe mechanisms to prevent or mitigate adverse outcomes. mechanisms which extend to human providers as risk is identified or its uncertainty is beyond that of the algorithms. Cultural Sensitivity: AI programs should be taught different expressions of distress and systems of healing instead of imposing western psychiatric principles. Mental illness concepts, help-seeking behaviour and expression of emotions have their differences in culture. The trained AI systems provided with Western datasets will tend to pathologise cultural norms that are healthy in other sociocultural settings and consequently advise on how to remediate the aforementioned issues, which do not align with the worldviews of clients. An AI that is culturally responsive to the fullest demands of the culture, that is, a culturally responsive AI, must be an ongoing process involving diverse communities at different stages of this project: in des
ign, testing, and implementation, to make sure that algorithmic choices reflect the lived realities of all users. One of the responsible mental health technology pillars is equitable access. The digital divide, the availability of Internet, technological affordances, digital literacy, or language proficiency, risks the further increase of the preexisting differences in mental health outcomes. The implementation plans to be undertaken by public-health must thus strategically mention these barriers such as by using accessible design, interfaces in different languages, offline capability and provision of the technological resources by the community. AI decision-making must be made transparent. The clinicians and clients must be in a position to follow up the recommendations as they are made, understand the reasoning behind the decision, and object to the consequences where needed. To a larger extent, this can be achieved through the avoidance of proprietary algorithms with the adoption of open and audit systems which are transparent in their training data descriptions, decision rules and confidence

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levels. The issue of therapeutic boundaries is strange to algorithmic systems. AI can be programmed to be friendly unlike human therapists who have set strict ethical boundaries with respect to dual relationships and self-disclosure. These design options may give the clients an incorrect idea of what the relationship is and how they should expect things to be. Ethical principles should thus vigorously policing AI persona innovations and prohibiting fraudulent applications that replicate human relationship interactions. The developmental impact of AI is uncertain in the long run, and there is a need to conduct more studies in the future to be able to establish the long-term effects of AI on children and youth before it can be used extensively with this population. Some of the critical questions will be the mechanisms of AI companions on the social cognition of children, how adaptive adolescents without chatbots are, and how they attach. A precautionary approach would advise limiting children's exposure to such technologies until there is empirical evidence showing their developmental effects. Addressing these ethical dimensions requires a multistakeholder governance framework that includes professional bodies, regulatory authorities, technology developers, clinicians and end users. The Harvard Flourishing AI Initiative (Teubner et al., 2026) outlines comprehensive guidelines that emphasise human flourishing as a central metric for evaluating AI deployment [4]

1.2.Conceptual Representation

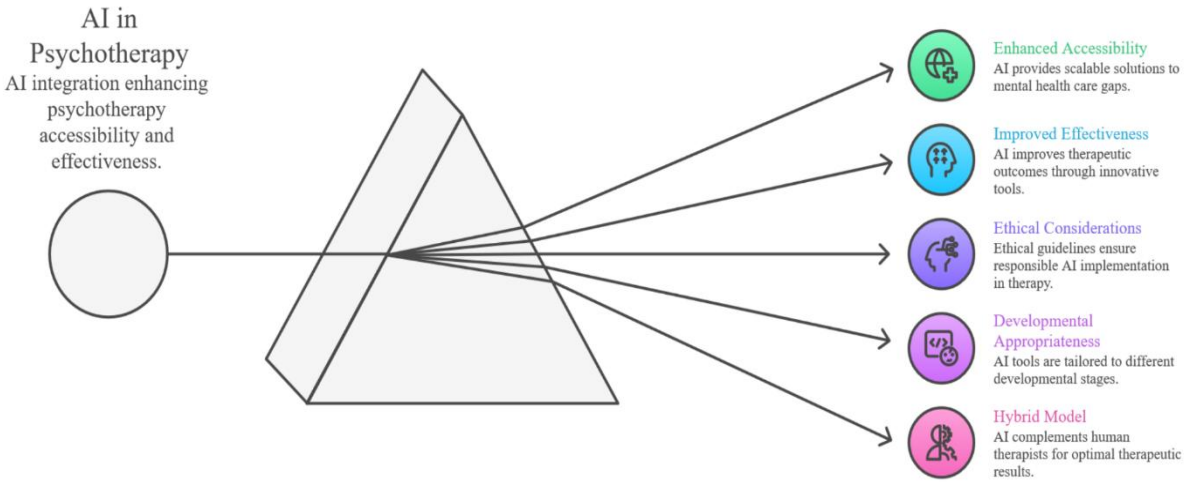

Figure 1 Unveiling AI's Role in Psychotherapy

2. Methodology

This narrative literature review was carried out using a systematic and methodical framework developed to examine the current body of scholarship. The changing role of artificial intelligence in psychotherapy outlines the applications of such technology and establishes whether or not it has the potential to foster human flourishing and to affect the quality of life. A total of studies were reviewed and these studies were incorporated into the background narrative. Terms of interest, such as counselling, psychotherapy, ethical practice and future, were used in the electronic database search, such as Scopus, PubMed and Google Scholar. The reference lists of relevant articles were also checked for completeness of coverage. Peer-reviewed publications during the last ten years that addressed the evolving role of artificial intelligence in psychotherapy, specifying what they are used for, whether they can bring human flourishing, and whether they influence quality of life. Excluded studies had nothing to do with this focus. No formal ethical approval was needed because this review primarily examined secondary data, although all original findings were

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correctly reported and properly cited [5].

Table 1 Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Timeline	2016-2026	Before 2016
Document types	Journal (research articles)	Non-research papers, non-English papers
Subject Area	Psychology & Mental Health (Artificial Intelligence, Psychotherapy, Human development)	Other than Psychology & Mental Health, Artificial Intelligence, Psychotherapy, and Human Development
Language	English	Non- English
Sample	Individuals with psychological disorders	Individuals without psychological illness

3. Results and Discussion

3.1.AI and Psychotherapy

3.1.1. 2016–2018: Foundational Explorations and Ethical Beginnings

Explorations of a Foundational nature and Earithmy and Ethos. Between 2016 and 2018, preliminary experiments were conducted to apply artificial intelligence to the sphere of psychotherapy utilizing the rule-based chatbots that were programmed to imitate cognitive-behavioural therapy (CBT) and minimise the obstacles to mental-health care. A discourse has highlighted in an early essay, the 2016 report of the United Nations Development Programme entitled Human Development for Everyone, the possible risks of AI amplifying already established disparities in mental-health care. The main issue was that AI systems are black boxes, which would result in the threat of spreading biased suggestions among a subset of the population representing various cultures. Diverse training datasets to reduce stigma and promote fairness are recommended in arguments by interdisciplinary panels at the Harvard AI and Society seminar.

3.1.2. 2019–2021: Pandemia Acceleration and Efficacy Trials.

The COVID-19 crisis hastened the result of AI-powered psychotherapy, which is reinforced by randomised controlled trials. As an example, a study that used Woebot reduced symptoms of depression by 2030 per cent, which is almost equal to the effect of short-term therapist-led CBT (Fitzpatrick et al., 2017). A systematic review conducted by Graham et al. (2020) announced the efficacy of AI screening for psychiatric crises but found that it was poor compared to human clinicians in forming a therapeutic relationship. In the advisory on Telepsychiatry and Hybrid Care released by the American Psychiatric Association in 2021, a 40 per cent wait time decrease in rural practices can be attributed to the presence of telehealth and AI-supported solutions. However, difficulties did not disappear, such as the increased rate of dropouts associated with the feeling of not being authentic during interactions and the issue of privacy. The article published in Frontiers in Psychiatry (2021) reported the phenomenon of AI psychosis: the misperception of bots as confidants by depressed users. During this period of time, more focus was directed towards personalised interventions based on machine-learning methods, and hybrid models based on AI and human control became best practice [6].

3.1.3. The period of integration and Ethical Maturation 2022-2024.

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In 2023, a qualitative study by Nature Medicine found that AI help in doing administrative duties (e.g., note-taking) was the most popular among the therapists; this time-saving enabled them to spend up to 50 percent more time with clients. The VRE-Young, a trial that created the AI hybrids of virtual-reality and exposure therapy had its results and showed remission in 35 per cent. of phobia in adolescents. However, algorithmic bias was a constant problem; in 2022, a report titled Digital Health Equity: Audit of Algorithms Bias in Behavioral Health Models revealed that the clients whose background was of the BIPOC origin fared worse. Advances in regulatory development, such as the revision of the APA Ethics Code (2023) installed requirements of informed consent concerning the use of AI [6].

3.1.4. 2025- 2026 Future-Proofing and Regulatory Horizons.

By 2025 and 2026, AI psychotherapy faced more significant regulatory restrictions, such as the SB, became facing civil fines in uncontrolled AI use in Minnesota. An example of such a hybridised randomised controlled trial, called Hybridised Predictive Analytics in Crisis Triage, showed that mood-variation prediction based on AI can decrease emergency-room visits by 15 per cent. When neuroscience and AI interacted in synergy, personalised protocols for conditions that did not respond to treatments were developed, including schizophrenia. A 2025 article on the Proceedings of the National Academy of Sciences pointed out how AI can expand and increase access all over the world, but warned that overdependence could also lead to the introduction of emotional stagnation. Clinical documentation AI facilitated joint feedback, empowering the clients [7].

3.2.Psychotherapy and Human Development.

3.2.1. Foundational Understanding of Attachment and Lifespan.

A study in particular, undertaken between 2016 and 2018, reopened the windows of attachment theory in the field of psychotherapy by defining the relationships between insecure attachment formation and developmental delays. Empirical investigations conducted into the subject of neuroplasticity showed embryonic regeneration of the hippocampus after twelve courses of psychotherapeutic intervention, indicating that therapeutic approaches could have the capacity for stabilisation of adolescents based on experiential therapeutic correction of the relational pattern. Children learn based interventions focused on play-based strategies around self-management and dialectic engagement, but the cultural heterogeneity required the creation of more diverse programming. In 2019, the British Psychological Society released a preview that they recommend using psychophysiological assessments and evolutionary perspectives for improving outcomes for at-risk children by about 25%!

3.2.2. 2019-2021

Cultural and Relational Expansion. The psychosocial development framework created by Erikson received a new thrust to be used in making the adolescents more stable. The conceptualisation of psychotherapy was motivated by the idea of a remedial approach to developmental delays, with the focus on cultural competence. Between developmental strategies and play, as well as contextualised programmes in the form of amalgamation, were established, but continued cultural incompatibilities spoke volumes of the need to have culturally responsive curricula.

3.2.3. 2022-2024

Neuroscience and Integrative Models. A meta-analysis of psychodynamic psychotherapy among the youth showed that it reduced the symptoms and the accompanying neurological accesses by 40 per cent and therefore demonstrated its usefulness in developmental arrests. The recovery of the trauma and the improvement of the executive functioning were supported by play-based interventions and other contextual therapies. The articles to be discussed in the Journal of Humanistic Psychology (2023) outlined the avenues of self-actualisation, whereas CBT was demonstrated to be helpful in helping young individuals with anxiety or depression to develop better interpersonal skills. In addition, an evolutionary prism highlighted the importance of contextual adaptation in the context of the therapeutic process [8].

3.2.4. 2025-2026

Lifespan Policy and Innovation. The forecasts on

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developmental determinants in the entire lifespan were foregrounded by curricular resources of 20252026, such as the PsyD Handbook by WKU, and the Counselling and Human Development Handbook by GWU. The somatic theories were incorporated in practice; this has been used to suit diverse ageing experiences. The psychodynamic programme recommended by ICA encouraged the prevention measures beginning at infancy, extending to adulthood. The Mental Health 2026 conferences examined synergies in cognition/social development and policy changes promoted evidence-based strategies focused on vulnerable life stages. The Clinical Psychology Diversity Initiative at Antioch University emphasised the necessity of both long-term psychotherapeutic care and diversity in development.

3.3.Human Development and AI

3.3.1. 2016-2018

Speculations in the Ethics and Equity Concerns. Approximately from 2016 to 2018, artificial intelligence was seen as a useful facilitator as well as a potentially harmful factor. In a report published in 2017 by McKinsey, displacement in youth employment was also predicted due to automation. The Harvard-MIT Ethics and Governance of AI Initiative discussed how robotics would develop empathy in children via play. In the 2016 Human Development Report of the United Nations Development Programme, AI came under the critic of the fact that it is more likely to raise educational inequality between the Global North and the Global South. The first experimental AI tutors provided an improvement in the level of literacy of 15 in one breath, but, at the same time, revealed some significant digital divides, thus amplifying the necessity to implement human-centred design in order to retain autonomy.

3.3.2. 2019-2021

Inequality Audits and Educational Augmentations. In the period, AI developments had a significant positive effect on education in resource-strained environments, with up to 20 per cent improvements. Programs like the MIT Solve were based on fair learning by involving the parent and AI in partnerships. The OECD (2021) raised the issue of parasocial connections of children to AI and excessive dependence on autonomous systems. UNDP emphasized the inequality of access as a barrier to the prospective AI inclusion in ensuring climate-resilient education, and the UNCTAD warned of the opportunities of labour market roles and demanded sustainable growth to prevent the downside of development [9].

3.3.3. 2022-2024:

Integration and Equity Audits. During this time, AI-based resources started being integrated into education and mental health care, yet during the audit, there manifested uncontested algorithmic biases. The addition of culturally inclusive datasets became an essential element of equity. The arguments centred around the tradeoff between the productivity of AI and the possibility of even greater social inequality [10].

3.3.4. 2025–2026:

Selecting and Choosing in the Age of AI. The 2025 Human Development Report by the UNDP has focused on choice in the interaction between AI and human beings, with a warning on the stagnation in development caused by competitive technological developments. The article Strong Brains (2026) written by McKinsey, supported hybrid cognition in order to strengthen resilience. The Flourishing AI Initiative at Harvard (Teubner et al., 2026) encouraged the ethical improvement of media by developing it holistically. The 2025 policy framework developed by UNCTAD designed AI policies and responsibly reflected on the risks related to it, but at Bocconi University, the importance of policy in promoting fair progress was highlighted, and the future of both empowered developmental trajectories was envisaged.

3.4.The Role of AI in the Human Development Process throughout the Lifespan.

One of the peculiarities of this review is the consideration of AI not only in the light of the reduction of symptoms but also in the context of the more general human development. Considered on the basis of positive-psychology models (PERMA, Self-Determination Theory, Ryff model, Dual Continua, Positive Technology), AI-based technologies can affect various aspects of psychological well-being and personal development.

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Early Childhood (2-6 years old): Interactive AI programs based on game-based learning and structured emotional practices help to control emotions, executive functions, which is consistent with Erikson initiative vs. guilt stage. Middle Childhood (7-11 year): Gamified CBT features as competency promotion through mastery experience to educate coping skills contribute to industry vs. inferiority. Adolescence (12-18 years): The use of chatbots working in a sustained way with no perceived stigma coincides with the preference of adolescents for online platforms of communication. The option of self-monitoring functions enhances identity exploration and the autonomy of choice. Young Adulthood (19-35 years): In young adulthood, on-diagram AI assistance in career and relationship transitions reduces the risk of developmental derailment, and so helps in an increased level of intimacy compared with isolation. Also, the continuous tracking of stress, anticipating burnout and defining personal values add to adaptation functioning. Midlife (36-60 years): To the middle-aged individuals it makes sense that AI run stress trackers are proving to be of invaluable use in reducing stress levels and preventing possible burnout, as well as identifying the essential values that sustain them. Older Adults (60+ years): AI- Led monitoring, and interventions to enhance social connection and cognitive stimulation, combat the isolation and retain the integrity vs. despair, among older adults. Nonetheless, the threats of artificial intelligence (AI) psychosis (manifested as parasocial attachment) and dependency on AI as an emotional control tool can undermine the future of social development and self-sufficiency in the absence of AI.These dangers demonstrate the necessity of ethically-informed and developmentally-appropriate implementation strategies.

Conclusion

This narrative review was an overview of the literature published during the last five years (2016 - 2026), and the aim was to describe the emerging role of artificial intelligence (AI) in psychotherapy and human development. The findings demonstrate that AI can be very beneficial in enhancing the provision of mental health care but equally presents critical issues in both the ethical and a practical perspective. AI can increase the access of psychological care, particularly in areas where mental health care is still undermined. Automated systems might assist with screening, performing various therapeutic exercises and keeping up with monitoring between sessions. These capabilities could help to overcome treatment gaps and validate models for continuous care. There is currently a large consensus in the literature that Artificial Intelligence must not replace human therapists, but rather serve to complement them. Sound psychotherapy is based principally on the therapeutic alliance. No existing technology duplicates the empathy, contextual understanding and depth of relationship that exists in human communication. Ethical considerations, such as privacy protection, transparency, algorithmic fairness and equitable access, must be carefully considered in the continued development of AI for mental health care. Moreover, culturally responsive design and developmental sensitivity are essential to ensuring the relevance of these technologies across diverse populations. Prospective research is needed on the long-term developmental impact of AI interventions based on longitudinal studies. Investigations about culturally adaptive AI systems, about mechanisms that broadcast therapeutic change and about hybrid models of care, such as the interplay of human and technology elements, could produce valuable insights. In sum, AI has a lot of potential in terms of improving psychotherapy and psychological well-being throughout the lifespan. Realising this potential requires careful integration based on ethical principles, developmental science, and continued empirical study.

Reference

[1]. Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. JMIR Mental Health, 4(2), e19. https://doi.org/10.2196/mental.7785

[2]. Fulmer, R., Joerin, A., Gentile, B., Lakerink, L., & Rauws, M. (2018). Using psychological artificial intelligence (Tess) to relieve symptoms of depression and anxiety: Randomized controlled trial. JMIR Mental

Health, 5(4), e64. https://doi.org/10.2196/mental.9782

[3]. Graham, S., Depp, C., Lee, E. E., Nebeker, C., Tu, X., Kim, H. C., & Jeste, D. V. (2020). Artificial intelligence for mental health and mental illnesses: An overview. Current Psychiatry Reports, 22(11), 1–18. https://doi.org/10.1007/s11920-020-01192-8

[4]. Inkster, B., Sarda, S., & Subramanian, V. (2018). An empathy-driven, conversational artificial intelligence agent (Wysa) for digital mental well-being: Real-world data evaluation mixed-methods study. JMIR mHealth and uHealth, 6(11), e12106. https://doi.org/10.2196/12106

[5]. Provoost, S., Lau, H. M., Ruwaard, J., & Riper, H. (2017). Embodied conversational agents in clinical psychology: A scoping review. Journal of Medical Internet Research, 19(5), e151. https://doi.org/10.2196/jmir.6553

[6]. Seligman, M. E. P. (2011). Flourish: A visionary new understanding of happiness and well-being. Free Press.

[7]. Spytska, L. (2025). Ethical challenges and future perspectives of artificial intelligence in psychotherapy. Journal of Digital Mental Health, 12(1), 45–59.

[8]. American Psychological Association. (2023). APA ethics code: Ethical principles of psychologists and code of conduct. American Psychological Association. https://www.apa.org/ethics/code

[9]. United Nations Development Programme. (2016). Human development report 2016: Human development for everyone. UNDP. https://hdr.undp.org

[10]. Teubner, T., Adam, M., Camacho, S., et al. (2026). Harvard flourishing AI initiative: Human flourishing as a metric for responsible AI deployment. Harvard AI & Society Review, 8(2), 101–118.