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Editorial

Artificial Intelligence in Clinical Psychology: Advancing Evidence While Challenging Foundations

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Contemporary clinical psychology is grounded in the recognition that psychological suffering does not emerge from isolated causal pathways, but from the dynamic interplay of dispositional, cognitive-affective, relational, contextual, and health-related factors. Empirical evidence consistently supports this multifactorial perspective, indicating that the onset of mental disorders, including depression, is associated with constellations of interacting vulnerabilities rather than with single explanatory mechanisms (Fu et al., 2021). In parallel, dimensional models of psychopathology have reinforced the need to conceptualise clinical phenomena in terms of gradients and transdiagnostic processes, thereby moving beyond reductionist categorical frameworks (Hopwood et al., 2023).

This perspective is particularly relevant in contexts characterised by chronicity and complexity, where psychological functioning reflects the continuous interaction between individual and systemic variables. Evidence from the clinical psychology of chronic illness illustrates how personality processes, emotion regulation, and psychosocial resources converge in shaping adaptation and clinical outcomes (Dekker & de Groot, 2018; Di Giuseppe & Conversano, 2022; Di Giuseppe et al., 2025; Guarino et al., 2025; Helgeson & Zajdel , 2017; Jiakponna et al., 2024). Accordingly, clinical psychology is inherently multidisciplinary, requiring the integration of

knowledge across complementary domains and a constant refinement of empirical evidence to support clinically responsible decision making (Merlo, 2025).

Within this framework, the capacity to collect, organise, and interpret complex data assumes a central role. Advances in information science have increasingly informed the analysis of clinical data, particularly in relation to large and heterogeneous datasets. Artificial intelligence and machine learning, in this respect, provide methodological tools capable of modelling non-linear associations and identifying patterns that may not be accessible through traditional approaches (Woo et al., 2024). More broadly, these technologies are contributing to a reconfiguration of the relationship between behaviour, cognition, and technological mediation within psychological science (Brailas, 2025; Chen et al., 2024).

The relevance of artificial intelligence to clinical psychology therefore lies in its potential to augment, rather than replace, clinical judgement. By supporting the processing of large-scale data and enhancing the identification of clinically meaningful signals, AI-based systems may contribute to more precise assessment and more personalised care pathways (Ara & Mifa, 2024; Badawy, 2023). At the same time, their integration into healthcare systems has been associated with improvements in diagnostic efficiency and treatment planning, albeit under conditions that require methodological transparency and appropriate professional oversight (Faiyazuddin et al., 2025). Emerging evidence further suggests that AI-supported psychotherapeutic interventions may yield measurable benefits, while also underscoring the need for rigorous evaluation prior to their widespread adoption (Lau et al., 2025; Prégent et al., 2025).

However, these developments also introduce a set of risks that challenge both the clinical and epistemological foundations of psychological practice. Such risks are not peripheral but structurally embedded in the ways artificial intelligence systems are developed, implemented, and integrated into mental healthcare. Reviews consistently highlight that current applications remain affected by methodological, clinical, and ethical limitations that constrain their reliability and scope (Ali et al., 2025; Rezaei et al., 2026).

A first critical domain concerns the impact of algorithmic bias on diagnostic processes. Machine learning models may reflect distortions originating from training data, modelling choices, or systemic inequities, thereby increasing the likelihood of misclassification and reinforcing disparities in mental health assessment (Mavrogiorgos et al., 2024; Sasseville et al., 2025; Timmons et al., 2023). Given the interpretative nature of diagnosis, such biases are not merely technical limitations, but clinically consequential distortions that require continuous human oversight (Singhal et al., 2024; Zheng & Zhang, 2025). This concern is further compounded by

persistent methodological weaknesses in the field, including issues related to validation, reproducibility, and generalisability (Higgins et al., 2023; Tornero-Costa et al., 2023).

Concerning psychopathology, the interaction between individuals and digital environments introduces additional sources of vulnerability. Cyberchondria exemplifies how repetitive information seeking within digitally mediated contexts may amplify anxiety and destabilise cognitive and emotional regulation (Martino et al., 2026). In parallel, the increasing use of conversational agents capable of simulating relational engagement raises the possibility of psychological dependency and maladaptive attachment. These interactions may foster forms of emotional reliance and parasocial involvement that resemble behavioural addictions, thereby extending the scope of technology-related vulnerabilities within clinical populations (Song, 2026).

Concerns regarding patient safety further underscore the limits of current systems. Artificial intelligence-based tools may fail to adequately detect or manage acute clinical risk, particularly in the presence of suicidal ideation or severe affective dysregulation. Limitations in contextual interpretation and risk escalation mechanisms may result in delayed or inappropriate responses, highlighting the necessity of maintaining clear clinical boundaries and ensuring the primacy of human responsibility in critical decision making (Ali et al., 2025; Rezaei et al., 2026).

Beyond these clinical dimensions, the integration of artificial intelligence also raises broader epistemic and relational questions. The increasing reliance on rapid, AI-mediated information may promote forms of knowledge acquisition that prioritise immediacy over depth, with potential consequences for critical thinking and the development of clinical expertise. This shift is not merely procedural but reflects a transformation in how knowledge is constructed and validated within clinical psychology.

Furthermore, the implications for the therapeutic relationship warrant particular attention. Although artificial systems may simulate empathic responses, such forms of interaction remain fundamentally distinct from the embodied and intersubjective processes that characterise human therapeutic engagement. Evidence suggests that digital therapeutic alliances, while possible, are typically more limited in depth and stability, raising concerns regarding their capacity to support complex clinical change (Malik & Srivastava, 2025; Malouin-Lachance et al., 2025). More broadly, the increasing mediation of care through artificial systems introduces the risk of a gradual attenuation of relational depth, with implications for the humanisation of both assessment and intervention (Merlo et al., 2026).

These considerations are further compounded by issues of privacy, data protection, and ethical accountability. The use of artificial intelligence in mental health entails the processing of highly sensitive psychological data, raising concerns related to confidentiality, security, and informed

consent (Martin & Zimmermann, 2024). At the same time, the attribution of responsibility in cases of error or harm remains insufficiently defined, pointing to the need for clearer regulatory and ethical frameworks (Ohu et al., 2025; Tavory, 2024). In this sense, the integration of artificial intelligence into clinical psychology cannot be reduced to a technical innovation but must be understood as a transformation that requires sustained ethical reflection and a reaffirmation of patient-centred principles.

In conclusion, the integration of artificial intelligence into clinical psychology represents neither a purely technological advancement nor a neutral extension of existing practices, but a transformation that directly engages the epistemological, clinical, and ethical foundations of the discipline. While artificial intelligence offers unprecedented opportunities to enhance the evidential basis of assessment and intervention, its limitations highlight the enduring centrality of clinical judgement, relational processes, and contextual understanding. The challenge, therefore, is not to determine whether artificial intelligence should be adopted, but to define the conditions under which it can be integrated without compromising the integrity of clinical practice. This requires a critical and reflexive approach, grounded in methodological rigour and guided by a sustained commitment to patient-centred care. In this sense, the future of clinical psychology will depend not only on technological innovation, but on the discipline's capacity to govern its use with responsibility, discernment, and theoretical clarity.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

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