



The 17th Year Publication, No.1

June 2025

THE IMPACT OF ARTIFICIAL INTELLIGENCE IN PSYCHODIAGNOSIS AND PSYCHOTHERAPY: INNOVATIONS, LIMITATIONS, AND ETHICAL DILEMMAS

Irena Hysenaj*

* Albanian University

Abstract

Artificial Intelligence (AI) is revolutionizing the field of psychology by introducing significant changes in psychological diagnosis and psychotherapy. Advanced AI systems, based on deep learning algorithms and automated intelligence, can analyze clinical data, identify behavioral patterns, and suggest personalized diagnoses or treatments. Meanwhile, the use of AI in psychotherapy, through chatbots and digital platforms, raises new concerns regarding authenticity, empathy, and ethical considerations in psychological therapy. One of the major challenges is the existential anxiety experienced by patients guided by a machine, affecting the level of trust and the effectiveness of treatment. Furthermore, ethical dilemmas related to data privacy, clinical responsibility, and the boundaries between humans and technology remain open for discussion. This study aims to explore the impact of AI in psychodiagnosis and psychotherapy by analyzing innovations, limitations, and ethical challenges associated with its application in mental health.

Keywords: *Artificial Intelligence, Psychological Diagnosis, Digital Therapy, Existential Anxiety, Ethics in Digital Psychology.*

1. Introduction

In recent decades, Artificial Intelligence (AI) has transformed the way we perceive and address human problems across various contexts, including the field of mental health. What was once seen as part of science fiction is now materializing in concrete forms of intervention in psychological diagnosis and treatment. With the development of machine learning technologies, deep learning algorithms, and natural language processing, psychologists and mental health professionals are facing a new clinical paradigm—where AI is not merely an auxiliary tool but potentially a co-intervening agent in the therapeutic process (Luxton, 2016).

The use of AI in psychology is evident in two major directions: psycho-diagnosis and digital psychotherapy. In terms of diagnosis, automated systems can analyze large amounts of patient data—including symptoms, clinical history, and session notes—to identify patterns that help accurately determine mental disorders (Reddy, Allan, Coghlan, & Cooper, 2020). Meanwhile, in psychological therapy, platforms such as Woebot and Wysa provide structured psychological support through automated interactions, using techniques based on cognitive behavioral therapy (CBT) and other psychotherapeutic models (Fitzpatrick, Darcy, & Vierhile, 2017).

However, alongside these advancements, significant challenges arise that demand critical reflection and ethical intervention. One of these is the crisis of sensitivity—the fact that AI does not experience emotion, empathy, or moral conscience—which may undermine the authenticity of the therapeutic relationship

(Bickmore & Picard, 2005). Furthermore, many patients experience existential anxiety when confronted with the idea of being treated by a “machine,” a system devoid of human feeling, where communication and emotional connection are insufficient or absent. This anxiety may intensify when faced with a diagnosis that, in addition to being unexpected, can change how the individual perceives themselves and their life. When a diagnosis is communicated mechanically and without empathy, without offering the opportunity to reflect and understand its essence, the patient may feel deep fear and uncertainty, making the healing process seem alien and distant. Such treatment may deepen feelings of loss of control and self-confidence, creating further separation between the patient and the mental health professional.

In this context, this article aims to critically analyze the impact of Artificial Intelligence on psychological practice, with particular focus on: (1) technological innovations in psycho-diagnosis and therapy; (2) the limitations and risks arising from AI use; and (3) the ethical and existential dilemmas accompanying this transformation.

Through an interdisciplinary approach that includes clinical psychology, technology, and ethical philosophy, the article seeks to contribute to a balanced and well-informed discussion on this increasingly relevant topic.**2. Innovations of Artificial Intelligence in Psycho-Diagnosis**

Recent developments in Artificial Intelligence have brought significant advances in the field of psycho-diagnosis, marking a paradigmatic shift in how mental disorders are identified and classified. Through big data analysis, machine learning systems, and cognitive intelligence, AI can detect complex patterns that often escape traditional clinical observation. These technologies are particularly useful in rapidly and accurately identifying symptoms, reducing diagnostic errors, and assisting in the development of individualized treatment plans (Luxton, 2016).

One of the most widespread applications is the use of algorithms that analyze patient data—including self-reported questionnaires, biometric data, and audio/video recordings of sessions—to predict potential diagnoses. For example, studies have shown that deep learning algorithms can identify signs of depression and anxiety through the analysis of language used in conversation, voice intonation, or speech rhythm (Fitzpatrick et al., 2017). In some cases, these systems have demonstrated sensitivity comparable to or even higher than that of professionals in detecting hidden or camouflaged symptoms.

Furthermore, advanced platforms such as IBM Watson Health have begun to integrate into clinical practice to provide “intelligent decision support” (Reddy et al., 2020). These platforms do not replace the psychologist but offer evidence-based insights and comparisons with thousands of previous cases, enhancing assessment accuracy.

Another innovation is the use of digital sensors and mobile applications to collect real-time data on an individual’s emotional state. By analyzing this data (e.g., sleep, physical activity, heart rate), AI can signal significant psychological changes that aid in the early diagnosis of disorders such as bipolar depression or PTSD (Mittelstadt et al., 2016).

Despite these advances, it should be emphasized that these technologies work best when used as auxiliary tools rather than complete replacements for human expertise. AI can improve diagnostic processes but cannot deeply understand subjective experiences or the complex dynamics of personality.

3. The Use of Artificial Intelligence in Psychotherapy: Opportunities and Limitations

The application of Artificial Intelligence in psychotherapy represents a growing field where technology directly interacts with the emotional and subjective experiences of individuals. Innovations such as therapeutic chatbots (e.g., Woebot, Wysa, Tess) have been developed to provide immediate and accessible psychological support using techniques based on cognitive behavioral therapy (CBT).

Woebot, for example, uses CBT techniques to help people manage stress, anxiety, depression, and more.

Wysa combines AI with guidance from mental health professionals, using self-reflection exercises, meditation, and techniques aimed at enhancing emotional well-being.

These platforms which are available 24/7, offer opportunities to connect with mental health professionals instantly, and can serve as supplements to traditional therapy or in cases where access to professionals is limited (Fitzpatrick et al., 2017). According to these authors, they do not replace in-person therapy but can provide an alternative for those who cannot access mental health professionals for various reasons, such as living in remote areas, having time constraints, or fearing the stigma associated with seeking help. Participants in these platforms may benefit from the opportunity to discuss their concerns in a safer and more accessible environment, offering new avenues for addressing the anxiety and stress they experience.

Furthermore, they can serve as a form of support for individuals who may not be able to afford traditional therapy due to cost or lack of other psychological support options.

Anonymity is one of the greatest advantages offered by these platforms. For many individuals, seeking psychological help can feel like a significant and difficult step due to the fear of social stigma often associated with mental health issues. Despite ongoing progress in the acceptance of these issues, many individuals still feel shame or fear of the judgments they might encounter in their communities if they are perceived as “ill” or as people who seek help for emotional problems.

In this context, the anonymity provided by such platforms is a valuable opportunity. It allows individuals to seek support and help without fearing society judgment or the feeling of being different. This can help those who worry about how society perceives them due to mental health challenges. Through anonymity, individuals can express their thoughts and concerns without feeling exposed.

Therapeutic chatbots use linguistic analysis to identify emotions and to tailor responses in a personalized manner. They can help reduce symptoms of anxiety and mild depression, as well as provide guidance on emotional self-regulation. In a well-known study by Fitzpatrick et al. (2017), the use of Woebot was shown to be effective in reducing depressive symptoms after only two weeks of interaction.

However, there are serious limitations that must be considered. At the core of therapy lies the therapeutic relationship—a dimension that includes empathy, sensitivity, authenticity, and the building of trust. No matter how advanced it may be, artificial intelligence cannot truly create a therapeutic bond that relies on intersubjectivity and genuine human sensitivity. Chatbots cannot emotionally understand complex situations, nor can they support clients through psychodynamic ambivalences or the moments of emotional transformation that occur in live human contact.

Another limitation is cultural sensitivity and context. AI programs are generally built on Western data and do not always consider cultural variations, communication styles, or the psychological backgrounds of users from other cultures (Luxton, 2016). This can lead to inappropriate responses or therapeutic misunderstandings.

Furthermore, the risk of “technological attachment” is real: users may develop emotional attachments to an artificial entity that lacks consciousness, creating the illusion of interpersonal support. In severe clinical cases—such as personality disorders, significant trauma, or suicidal behaviors—AI cannot replace the professional help of a trained psychotherapist (Bickmore & Picard, 2005).

To fully understand the impact of AI on psychotherapy, it is essential to evaluate not only practical and technological aspects but also the humanistic and ethical components that form the foundation of this profession. Therefore, most scholars agree that AI should be viewed as an adjunct rather than a replacement for the human therapist—a tool that enhances but does not substitute the human dimension of psychotherapy (Luxton, 2016; Reddy et al., 2020).

Existential Anxiety and the Psychological Impact of Interacting with Artificial Intelligence in Therapy

The development of advanced technologies in the field of psychotherapy has brought not only innovation but also profound psychological and existential tensions for individuals. These tensions become particularly evident when a person is faced with a psychological assessment or diagnostic process that, if carried out outside a representative and supportive therapeutic relationship, can be experienced as an empty, objectifying, and sometimes even traumatizing act.

In this solitary confrontation with a psychological diagnosis—which often touches on identity, autonomy, and personal sensitivity—ego defense mechanisms known in psychodynamics are activated, such as:

- **Denial** – a rejection of the emotional reality conveyed by the diagnosis;
- **Dissociation** – separating emotional content from cognitive experience to avoid emotional overwhelm;
- **Isolation of affect** – processing information in a sterile manner, disconnected from emotion;
- **Transference** – often directed toward the “impersonal” diagnostic system, where the patient projects earlier feelings toward authoritative or critical figures.

This context reminds us that psychotherapy is not a mechanical cognitive act but a transformative interpersonal process that occurs through an empathic and stable relationship, in which the client can rely on support to confront, process, and integrate difficult psychic content.

Daniel Siegel, in his concept of “interpersonal neurobiology,” emphasizes that an individual’s internal organization is influenced and transformed through interaction with another person:

“Our minds are shaped by our relationships: our ability to understand ourselves and others emerges from our interactions with attuned, responsive relationships.” —(Siegel, D. J., 2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed. Guilford Press).

Similarly, Allan Schore, in his work on emotional development and the neurobiology of early attachment, argues that self-regulation is learned through coregulation with another who “holds” the child’s emotions, and later, those of the client in therapy:

“The therapeutic relationship is not just the container for affective experience—it is the medium through which right-brain-to-right-brain communication occurs, facilitating emotional healing.” —(Schore, A. N. 1994).

In this context, mirror neurons, discovered by Giacomo Rizzolatti and his colleagues (2008), provide a neurobiological foundation for empathy and emotional resonance in relationships, showing that experiencing emotions in another person activates the same areas in our own brain as if we were experiencing them ourselves. This system forms the basis of intersubjective sensitivity, which becomes active within the therapeutic relationship.

Peter Fonagy and his collaborators, in their concept of mentalization, emphasize that the ability to reflect on one’s own and others’ mental states is not innate but develops within secure and meaningful relationships:

“The capacity to mentalize is forged in the context of attachment relationships characterized by sensitivity and contingent responsiveness.” (Fonagy et al., *Affect Regulation, Mentalization and the Development of the Self*, 2002)

Therefore, in depth-oriented and psychodynamic therapies, the therapeutic relationship becomes the fundamental instrument of psychological change. The therapist contains, processes, and interprets the client’s feelings at the right moment—only when the client feels psychologically strong enough to receive

and hold that interpretation without breaking. Unlike an algorithm, which processes information without considering the client's emotional development, the therapist carefully chooses the timing, form, and way in which a psychological truth can be delivered and internalized.

In this way, relationship-based psychotherapy remains a living intersubjective space, where change occurs not through cold diagnosis but through co-experiencing, mutual understanding, and the holding of raw feelings that can later become conscious and integrated.

One of the main sources of existential anxiety in this context is the perception that the client is opening up emotionally to a “machine” that lacks sensitivity, consciousness, or emotional experience. Although AI can simulate empathy at the linguistic level, users often face the feeling of being alone, exposed before a “cold,” invisible, and unfeeling entity. This creates a crisis of authenticity, where the individual feels that their emotional experience is not truly welcomed or reciprocally felt by the other (Bickmore & Picard, 2005).

Moreover, in the case of AI, especially when the client is aware they are interacting with an automated system, the dimension of “intersubjectivity” is often lost, which can lead to a sense of existential emptiness.

When individuals see that the intimate processes of their emotional life are being handled by an algorithm, they may experience a fear of being reduced to a measurable and programmable system. This is a profound feeling of alienation: instead of being experienced as a unique being with a story, feelings, and will, the individual may feel like merely a “data point,” a combination of symptoms and words that AI analyzes to produce a pre-programmed response. This approach stands in stark contrast to phenomenological, existential, and psychodynamic approaches, which emphasize subjectivity and inner experience.

4.2 The Concept of “Feelingless Help”

A strong paradox arises when AI provides real assistance in reducing symptoms but without involving human feeling. This generates a disturbing sensation for some users: how is it possible that a machine can help me feel better while it does not truly understand me? This is a tension that, according to Mittelstadt et al. (2016), affects the perception of identity and interpersonal connection in the digital age.

The presence of AI as a supportive, yet non-human figure, can lead to a new form of “loneliness in the presence of help.” This is different from traditional loneliness—it is a loneliness experienced in constant contact with an entity that speaks and responds but does not “feel.”

4.4 Impact on Identity and Psychological Autonomy

AI systems that suggest diagnoses or treatments can also influence an individual's self-concept. Clients may begin to adapt themselves according to the descriptions provided by the algorithm—even if these do not fully align with their inner experience. This can restrict free self-exploration and reinforce rigid labels that do not serve the process of personal growth. As Luxton (2016) warns, prolonged interaction with digital systems can shape a technology-influenced identity that does not always reflect the fullness of the human being.

4.5 The Role of Cultural Sensitivity and the Construction of Reality Through Technology

The use of AI in psychotherapy does not occur in a cultural vacuum. Individuals' perceptions of therapy, help, and psychological authority are shaped by cultural understandings of emotion, interaction, and the relationship with technology. In highly individualized societies where technology is considered a savior and emotional neutrality is accepted, AI may be seen as a practical and helpful tool. However, in contexts where interpersonal relationships are emotionally charged and deeply valued, help provided by a digital system may be experienced as inauthentic or even painful.

This is particularly relevant in developing countries, such as Albania and other Balkan contexts, where there remains a strong symbolic and emotional connection to the figure of the psychologist as a “human listener,” and where emotional expression is a fundamental form of connection. The introduction of AI can appear as a tension between the traditional treatment model and the technologization of personal experience.

4.6 Therapy as a Process of Transformation: Is AI Only “Symptom Management”?

An important point to emphasize is that psychotherapy is not solely aimed at reducing symptoms—it seeks to transform the internal structures of experience, increase self-awareness, understand relationships, and build life meaning. In this sense, while AI may help with short-term management of anxiety or depression symptoms, it can hardly replace the deep process of confronting the unconscious, intrapsychic conflicts, and personal histories.

This distinction between “practical” help and “essential” transformation raises the question: Is AI a new form of superficial treatment that promotes “calm” without inner development? Or can it coexist with traditional therapy, carefully supporting it?

4.7 The Relationship with Mortality and Sensitivity to Consciousness

One of the deepest sources of existential anxiety is mortality. In psychotherapy, this is often implicitly addressed through themes of loss, loneliness, and the fear of non-being. The relationship with AI—which does not die, does not suffer, does not change, and has no personal history—can deepen the sense of separation between the human being and the world. The client faces a mirror that does not represent them, that has no fear, no end. This existential difference can produce a sense of absurdity and block connection with others (Yalom, 1980).

Philosophers and psychotherapists such as Rollo May and Irvin Yalom have emphasized that an essential part of therapy is the construction of meaning in the face of absurdity and existential anxiety. This is difficult to mediate through a system that lacks awareness of such experiences.

4.8 Impact on Personal Development and Inner Freedom

AI is designed to provide quick, precise, and correct answers. However, in the therapeutic process, it is often the questions—not the answers—that help individuals reflect, doubt, challenge, and develop. An AI that always “knows” may interrupt this process of uncertainty, which in itself is therapeutic. It can create a dependency relationship in which the client continually seeks confirmation or solutions from the “infallible system,” thus reducing inner autonomy.

In this way, interaction with AI in therapy faces a fundamental tension: between the need for security and the need for freedom, between the demand for solutions and the desire for meaning.

5. Ethical Dilemmas and Regulation of Artificial Intelligence Use in Psychology

5.1 Privacy and Confidentiality of Psychological Data

One of the greatest ethical dilemmas concerns how clients’ personal and sensitive data are stored and processed. Artificial intelligence, in order to function as a diagnostic or therapeutic tool, needs to collect large amounts of information: personal histories, emotions, symptoms, ways of thinking and behaving. These data constitute the core of psychological intimacy, and any misuse or leakage can seriously harm an individual’s life.

Unlike the classic relationship with a psychologist, where the professional confidentiality code is respected, AI-based platforms are often managed by private companies, which may be subject to commercial in-

terests or unclear security policies (Reddy et al., 2020). This raises critical questions: Who is responsible for safeguarding these data? Is it possible to guarantee complete anonymity in a digital age?

5.2 The Boundaries Between Help and Intervention

In psychology, help should be based on the client's free will and respect for their autonomy. However, AI systems tend to intervene proactively, suggesting or predicting behaviors based on algorithms. This may call into question the client's freedom to explore, make mistakes, and learn from their own experiences.

If an intelligent system suggests to a person suffering from depression to take a specific treatment, is it exercising appropriate therapeutic influence, or is it directing decision-making in a coercive way? Where is the line between "help" and "control"?

5.3 Professional Responsibility and Legality of Practice

If a client is harmed during a therapeutic interaction with an automated platform, who bears responsibility? Is it the company that created the algorithm? The psychologist who recommended it? Or the user themselves? These questions remain unclear in many jurisdictions, and the lack of a clear legal framework poses a threat to the safety of practice.

Luxton (2016) emphasizes that the regulation of AI use must include clear standards of legal and professional responsibility, to protect clients and prevent uncontrolled psychological intervention by non-professional entities.

5.5 Stigmatization and Algorithmic Labeling

Another concerning aspect is the risk of wrongful labeling. In attempting to classify symptoms, algorithms may make premature assumptions or rely on limited data. This can lead to mislabeling individuals as "sick," "dangerous," or "unsuitable," affecting their self-esteem and social integration. Mittelstadt et al. (2016) warn about the "ethics of algorithms" and the need for digital systems to be transparent, auditable, and free of hidden biases that produce silent discrimination.

5.6 The Need for a New Digital Ethics in Psychology

In this context, there is a need to develop a new digital ethics that addresses the challenges at the intersection of AI and psychotherapy. This would include:

- Defining professional boundaries when interacting with digital systems;
- Developing guidelines for the ethical use of chatbots in psychology;
- Educating mental health professionals on the capabilities and limitations of AI;
- Creating laws that protect clients' rights in digital interactions.

As Reddy et al. (2020) also emphasize, AI should not be developed solely by engineers and companies but in collaboration with psychologists, ethicists, patients, and policymakers, to build a more human-centered and sustainable approach.

6: CONCLUSIONS AND RECOMMENDATIONS FOR THE USE OF ARTIFICIAL INTELLIGENCE IN PSYCHOLOGY

6.1 Reflection on the Intersection Between Technology and Psychology

The development of this paper has shown that the integration of Artificial Intelligence into psychology is not merely a technological advancement but a paradigmatic transformation that touches the core of the psychologist's profession and the way we understand human beings. From automated psychological assessment tools to therapeutic chatbots and algorithms analyzing emotions, AI has entered a sensitive

territory, where every advancement must be measured not only by scientific accuracy but also with ethical caution and professional humanism.

6.2 Main Benefits of Using AI in Psychology

In summary, some of the most significant benefits of incorporating AI into the psychological field include:

- Greater access to services: AI can facilitate the provision of psychological support in rural areas or underserved populations.
- Faster assessment and diagnosis: Intelligent systems can help with the early identification of mental disorders.
- Continuous monitoring: AI-based applications can help track individuals' emotional states in real time.
- Personalized interventions: Through big data analysis, AI can suggest interventions better tailored to individual needs.

These advantages make AI a potentially powerful ally for mental health professionals, but only if used as a supportive tool and not as a replacement for the human therapeutic relationship.

6.3 Risks and Limitations That Need to Be Managed

As addressed in the previous chapters, AI faces serious risks that cannot be ignored:

- The lack of empathy and understanding of emotional context;
- Algorithmic labeling and stigmatization;
- The risk of dehumanizing the therapeutic relationship;
- Complex legal and data security issues;
- Information asymmetry between the client and the technology.

These challenges require continuous attention and an interdisciplinary approach that brings together psychologists, ethicists, programmers, and lawmakers to design clear guidelines for the use of AI in mental health.

6.4 Recommendations for Careful and Ethical Implementation of AI in Psychology

Based on the analysis conducted, the following recommendations are proposed:

a) Establishing a Clear Ethical and Legal Framework

Professional and legal guidelines should be developed that define:

- Rules for storing and using sensitive data;
- Standards for algorithm transparency and auditing;
- Limits on the use of AI for diagnostic or therapeutic functions;
- Regulations on responsibility in cases of harm.

b) Increasing Psychologists' Education on Technology

Psychologists should be included in ongoing training that enables them to:

- Understand the capacities and limitations of AI;
- Collaborate with technical professionals in developing applications;
- Interact ethically with clients in digital contexts.

c) Using AI as a Supportive, Not Substitutive, Tool

AI should be viewed as a tool that assists psychologists in analysis, monitoring, and structuring interventions — but not as a replacement for the human relationship in psychotherapy.

d) Involving Clients in Decision-Making

Individuals should be informed about how AI is used in their treatment and should have the right to accept or decline technological interventions. This preserves personal dignity and autonomy.

6.5 Towards a Balanced Psychology: Technological and Human

The psychology of the future should be neither solely technology-driven nor simply nostalgic for traditional methods. Instead, it should build a new balance, where:

- Artificial intelligence technology is used to expand possibilities and access;
- While sensitivity, the therapeutic relationship, and ethical integrity remain at the core of practice.

Only in this way can we ensure that psychology remains a science and profession that serves human beings — not just a system that analyzes them.

Conclusion

This paper explored the complex and rich interaction between psychology and artificial intelligence, a field still developing but carrying the potential to deeply transform the way we help individuals in psychological distress. With a critical and ethical perspective, the professional community must lead this development — preserving the human essence of the profession in the face of technological innovations that are increasingly becoming part of our daily lives.

Bibliography

1. American Psychological Association. (2021). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code>
2. Bennett, C. C., & Hauser, K. (2013). Artificial intelligence framework for simulating clinical decision-making: A Markov decision process approach. *Artificial Intelligence in Medicine*, 57(1), 9–19.
3. Bickmore, T., & Picard, R. (2005). Establishing and maintaining long-term human-computer relationships. *ACM Transactions on Computer-Human Interaction*, 12(2), 293–327.
4. 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.
5. Luxton, D. D. (2016). Recommendations for the ethical use and design of artificial intelligent care providers. *Artificial Intelligence in Medicine*, 71, 1-9.
6. Mittelstadt, B. D., Allo, P., Taddeo, M., Wachter, S., & Floridi, L. (2016). The ethics of algorithms: Mapping the debate. *Big Data & Society*, 3(2), 1-21.
7. Reddy, S., Allan, S., Coghlan, S., & Cooper, P. (2020). A governance model for the application of AI in health care. *The Lancet Digital Health*, 2(11), e503–e504.
8. Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Lawrence Erlbaum Associates.
9. Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). Guilford Press. (Original work published 1999)
10. Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.
11. Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. Other Press.
12. Bennett, C. C., & Hauser, K. (2013). Artificial intelligence framework for simulating clinical decision-making: A Markov decision process approach. *Artificial Intelligence in Medicine*, 57(1), 9–19.
13. Rizzolatti, G., & Sinigaglia, C. (2008). *Mirrors in the brain: How our minds share actions and emotions*. Oxford University Press.