Letter to the editor

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AI in Psychiatry: Attempting to Recreate What the Patient Tells

José Francisco Pérez-Barrientos[1]

1Higher School of Medicine, Instituto Politécnico Nacional, Mexico City, Mexico

I read with great interest the article "ChatGPT and other Chatbots in Psychiatry", which discusses the significant inroads Artificial Intelligence (AI) chatbots, particularly ChatGPT, are making in the field of psychiatry [1]. The aim of this review was to gather and discuss the contemporary knowledge about the use of chatbots as ChatGPT in clinical psychiatric work. The review discusses perfectly how ChatGPT and chatbots can analyze patient data, provide diagnostic insights, recommend evidence-based treatments, and offer drug information. It can also generate summaries from medical records, saving clinicians time, as well, how beneficial it can be for patient and medical education and highlighting the cost and effectiveness of these tools.

However, the article lacks discussion of the use of conversational AI to transform patients' subjective descriptions into images. This intersection highlights a unique opportunity: while ChatGPT facilitates interaction, assessment, and even therapeutic support, generative AI extends these applications into the realm of visualization [1]. Psychiatry, being deeply reliant on subjective accounts and symbolic language, has long faced the challenge of accessing and conveying the lived experiences of patients. By combining conversational AI with generative models, it becomes possible not only to document but also to approximate the internal world of patients in ways that were previously unattainable.

It is important to mention that many interpretations of patients' hallucinations and illusions remain only within the patient's imagination, and on very rare occasions can they be depicted or represented in a physical medium. Thanks to AI, we can now obtain images where the prompt is the description of hallucinations, visions, or delusions, which may also serve to enrich and support clinical sessions or case descriptions, though with important nuances. Some descriptions could not be represented due to limitations of the chatbots (descriptions of or prompts that include "blood", "murder" or "guns" cannot be represented).

Text-to-image models such as Stable Diffusion 3, DALL·E, or MidJourney allow the transformation of verbal descriptions into visual representations. For instance, a patient might report, "I see a shadow with red eyes behind me," and AI can generate an approximate image based on that description. These images do not represent an objective "photograph" of the experience, but rather a symbolic and creative translation [2].

Such representations may serve as support in clinical sessions, enhancing understanding of the narrative, facilitating empathy, and enriching the teaching of psychopathological phenomena. In case reports, they may also illustrate patient experiences in a way that is closer to their subjective experience. However, they must be handled with ethical caution: they should not replace the patient's narrative nor be imposed as a definitive interpretation.

Correspondence to:
José Francisco Pérez-Barrientos
Neuropsychiatry Unit, Instituto Nacional de
Neurologia y Neurocirugía "Manuel Velasco Suárez",
Avenue Insurgentes Sur 3877, La Fama, Tlalpan, Mexico City, Mexico

Limitations and challenges

- **Subjectivity**: AI interprets according to trained patterns, not the patient's actual experience.
- **Risk of suggestion:** Showing the image to the patient could influence or distort their speech about what they manifested previously.
- **Confidentiality and ethics:** Anonymization and informed consent are required if these images are to be used in teaching or publications. There is also an important privacy issue to consider. Specifically, when creating prompts, personal information that could link an individual patient to the depicted hallucinations or delusions must not be disclosed. It is the responsibility of the healthcare professional, who must have the necessary expertise in managing sensitive data, to ensure that such information remains protected [2]. Furthermore, such representations might also eventually become part of the patient's clinical record.

AI represents an emerging tool with enormous potential in medicine, and its incursion into psychiatry presents unique challenges and potentially beneficial applications [3,4]. In this specialty, the patient's subjective narrative is the main clinical input, composed of language loaded with metaphors, emotions, inner experiences, and personal meanings. Interpreting what the patient reports (particularly in psychotic states, delusional states, hallucinations) requires delving into narratives that are fragmented, symbolic, and often ineffable. Many of these experiences, such as visual hallucinations, illusions, or delusional imagery, remain trapped in the patient's imagination, without the possibility of objective physical representation.

Thanks to advances in generative AI models, it is now possible to translate these subjective descriptions into visual representations, using prompts based on what the patient reports. This ability not only offers a novel way to recreate what the patient describes, but also enriches clinical sessions, improves the teaching of psychopathological phenomena, and provides illustrations that are closer to the original experience in case reports. These images are not intended to be objective evidence, but rather symbolic accompaniments that invite empathetic understanding of the altered mental experience.

AI is emerging as a disruptive tool in medicine, and its application in psychiatry presents unique challenges and unprecedented opportunities. Unlike other specialties, psychiatry relies heavily on the patient's subjective account, which is articulated through language, metaphor, and personal history. In this context, one of the greatest challenges for AI models is not only to identify diagnostic patterns, but to attempt to recreate what the patient reports (that is, to approximate the psychic experience). This task is not limited to transcribing or classifying symptoms, but requires capturing the narrative, the emotionality, and the subtleties that shape the experience of mental suffering.

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Conflict of Interest

None to declare.

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