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# Using LLMs for self-care: User and counsellor perspectives

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ABSTRACT

People are increasingly relying on technology for self-care, including, more recently, seeking help through conversational interfaces driven by large language models (LLMs). Yet, how interaction with LLMs has impacted people's self-care processes is not well understood. Therefore, we collected 405 user stories posted on Reddit about using LLMs for self-care. We identified four key themes on how people use LLMs for this purpose: *Letting go*, *Finding comfort*, *Building up*, and *Reflecting on*. We interviewed twelve counsellors to capture their perspectives on this practice, given their professional expertise and understanding of healthy self-care practices. Our results show that counsellors recognised several benefits, such as using LLMs as stepping stones or springboards towards improved self-care. They also highlighted several areas of concern, such as unintended consequences that might negatively affect users. We discuss the dissonance around how the early adopters of LLMs appropriate this technology to care for themselves, how counsellors see such usage, and outline implications of using LLMs as a technology for self-care.

## 1. Introduction

We all encounter difficulties in our day-to-day lives, which may lead to negative emotions and affect our well-being. To manage such difficulties, we employ conscious and unconscious coping and emotion regulation strategies (Cramer, 1998), such as suppressing or actively facing negative thoughts (Smith et al., 2022). This can involve a wide range of techniques, such as going for a walk or talking with a friend, as well as the use of digital technologies. The latter has proven popular in the form of self-care support tools due to their immediate availability (Choi et al., 2024; Tag et al., 2022) and lack of judgment (Bae Brandtzæg et al., 2021). Examples of such technologies include chatbots (Li et al., 2020; Xygkou et al., 2023) and virtual reality (Grieger et al., 2021). The designs of these digital technologies can be informed by people's analogue self-care experiences. For example, prior work reports on cancer survivors designing tattoos as a form of self-care, and outlines how to design interactive technology to replicate the benefits brought by tattoo design practices (Eschler et al., 2018). Other examples include the design of online platforms for people who have experienced or been affected by pregnancy loss (Andalibi and Garcia, 2021) or online memorials following mass shootings (Chan and Zytko, 2022). Targeted efforts on designing large language models (LLMs)[1] to align with psychological self-guided approaches to well-being, such as cognitive restructuring, have shown promise in supporting people's well-being (Sharma et al., 2024). Critically, ChatGPT and other LLM interfaces have given rise to people using natural language-based support for self-care—unconstrained and at their convenience.

While prior work has mapped out some of the specific ways in which people use LLMs (Skjuve et al., 2023), we lack an understanding of people's usage of LLMs for self-care. Such an understanding is critical, as the current global mental health crisis[2] results in an increased demand for technological solutions amidst growing pressure on healthcare systems. Unlike deterministic systems, LLMs are probabilistic (*i.e.*, even with identical input, the presented output can differ), which influences the kinds of mistakes they make, including hallucinations (Huang et al., 2024) and harmful or undesirable outputs (Ma et al., 2024). Therefore, the use of LLMs in sensitive settings is ethically and socially contested (Sharma et al., 2024). A better understanding of how people use LLMs for self-care can inform the design of future LLM-powered self-care technologies, particularly to better support those whose social support needs are unmet by conventional methods, such as peer support. Furthermore, we argue that the design of these LLMs would benefit from insights provided by counsellors, as they possess the expertise to determine what may be beneficial or harmful to users.

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[1] Throughout the manuscript, we use the term LLMs to also refer to LLM interfaces, as our focus includes both how users adapt the models and the ways they interact with them.

[2] https://www.who.int/health-topics/mental-health

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### 1.1. Research questions

In this paper, we set out to answer the following two research questions (RQs):

- **RQ1**: How do people perceive their own use of LLMs for self-care?
- **RQ2**:How do counsellors perceive people's use of LLMs for self-care?

To answer these RQs, we conducted two qualitative studies. First, to understand how people use LLMs for self-care, we began by collecting data from Reddit, a platform where users frequently share personal experiences to discuss them with others or seek their opinions. To identify relevant user stories, we iteratively used a keyword-based approach until reaching data saturation. In total, we collected and analysed 405 user stories as discussed in a public internet forum. These stories paint a diverse picture of how LLMs are used, spanning from off-loading of emotions to in-depth reflections on experienced emotions. Second, we build on this understanding by interviewing 12 counsellors to get an understanding of professionals' perspectives on LLM usage for self-care. In these interviews, we use the stories derived from our first step as conversation starters.

### 1.2. Summary of findings

For RQ1, our results suggest that users engage with LLMs in diverse ways to support self-care, for example, to release difficult emotions, find comfort in certain feelings, build social competence, and reflect on personal challenges. A clear majority of these users describe their experiences as 'successful', indicating they find LLM interactions helpful for their self-care goals.

For RQ2, the counsellors identified several practical benefits of LLMs, such as serving as a low-threshold entry point for engaging in self-care and acting as a stepping stone towards seeking professional support if necessary. However, most counsellors were hesitant towards LLMs replacing self-care practices with professionals. They also expressed clear concerns regarding the use of LLMs, as these might impact users negatively. For example, users discussing traumatic subjects risk retraumatisation if the LLM does not behave appropriately towards the user. These findings suggest that counsellors are sceptical of LLM usage, highlighting a disconnect between professional perspectives on care and how individuals currently seek and experience support through LLMs.

This dissonance that arises between users and counsellors on how LLMs can or should be used for self-care is critical to address to avoid a gap between professional counsellors and everyday 'help-seekers'. We discuss the role human–computer interaction (HCI) research can play in guiding discussion and potentially supporting the adoption and integration of LLMs into health and well-being self-care practices, and discuss implications for everyday users. Based on our findings, we provide two design implications that address the aforementioned gap and exemplify how these can be applied in practice in Section 5.3:

- **LLMs and Self-Care 1:** How to design for defiance to counter sycophantic tendencies in LLMs.
- **LLMs and Self-Care 2:** How to design for disengagement to interrupt unhealthy LLM usage.

## 2. Related work

In Section 2.1, we first discuss research on well-being technologies and self-care. Here, we focus on research around how people with conditions can be supported by interactive technologies. Further, we briefly report on how people caring for others can be supported by technologies, what reasons and situations might steer people towards self-care, and the psychology surrounding self-care. Lastly, we also report prior work on people's use of AI for social support purposes. In Section 2.2, we include prior work on mental health self-care and interactive technologies more specifically. We report prior CHI and CSCW work on how AI technologies are designed and used by people to support their mental well-being.

### 2.1. Self-care and well-being technologies

Self-care revolves around being actively involved in taking care of one's own health and well-being. In contrast to clinical interventions such as structured patient–psychotherapist interactions, self-care practices are typically unsupervised and allow individuals considerable autonomy in how they care for themselves. HCI research has focused on a broad variety of domain-specific applications (Nunes et al., 2015), that is technology to support people in taking better care of themselves (e.g., diabetes Preuveneers and Berbers, 2008; Brown et al., 2017 or nut allergy Davidson et al., 2017). Tadas et al. explored how people undergoing rehabilitation following cardiac arrest can be supported through self-tracking to be more self-sufficient when moving from hospital care to a home environment, ultimately allowing for self-care under passive professional supervision (Tadas et al., 2023). Similarly, Ayobi et al. explored how people with multiple sclerosis can use a digital self-tracking application that supports their health managing agency by allowing them to personalise aspects of the application themselves (Ayobi et al., 2020). While there are clear opportunities for interactive technologies to support people in their self-care practices, the lack of personalisation requires thorough empirical investigations and careful considerations to better understand people's preferences and needs. Examples of such user-centred approaches to real-world contexts include people's experiences living with Parkinson's Disease (Nunes and Fitzpatrick, 2018), a better understanding of the challenges those in chronic respiratory conditions face (Tendedez et al., 2019), and supporting those with cardiovascular disease with social connectedness (Cerón-Guzmán et al., 2023). Aside from living better with chronic diseases, various research efforts also explore how those caring for others can be supported in self-care. For example, Peres et al. investigated the effects of daily reminders on informal caregivers—they might disown their self-care as a consequence of their busy schedules, indicating that simple mobile reminders have a positive influence on their self-care activities (Peres et al., 2022).

There is a plethora of reasons for why people engage in self-care, such as to deal with racism (To et al., 2020), male-dominated workplace (Bumiller et al., 2023), toxic online gaming environments (Ma et al., 2023; Adinolf and Turkay, 2018), or stress in general (Paredes et al., 2014; Lohani et al., 2016). Individuals encounter different situations for which they need support. This includes older adults facing problems when driving as a result of their decreased attention and reaction abilities (Cahour et al., 2010) or being the only member of the work team working remotely (Koehne et al., 2012). Self-care is a well-researched topic in psychology research. The literature suggests people use a myriad of ways to improve their well-being by dealing with challenges they face (e.g., through humour Geisler and Weber, 2010 or praying Smith Lee et al., 2020). However, people carry various capacities and abilities to do so, described as coping flexibility (Cheng et al., 2014). Other efforts target associated constructs. For example, Dijkstra et al. explored how stressful incidents are related to people's perceived control of the situation that, in turn, is positively associated with their well-being (Dijkstra and Homan, 2016).

There is a growing research interest in the benefits and harms of interactive AI technologies for social support. One example is the use of AI as companions—people might treat AI-powered chatbots like they would human peers (Laestadius et al., 2022; Chaturvedi et al., 2023), while some researchers imagine AI to take on the role of a 'patient companion' (Höppchen et al., 2024). Social support of this kind might, for example, involve AI systems to provide relationship counselling (Vowels et al., 2024). Capel et al. recently explored how people use generative AI tools in self-care. For this, they recruited participants

primarily consisting of HCI researchers and IT students. Their results suggest that these mainly focus on five types of self-care with generative AI: seeking advice, mentorship, creating resources, social simulations, and expressing and reflecting on their well-being (Capel et al., 2024).

While the aforementioned work demonstrates how interactive technologies can be used for health and well-being purposes, we know little about how people use LLM technologies to manage their mental well-being and what perspective counsellors hold on this matter.

### 2.2. Technology-regulated mental well-being

We often face abstract problems or difficult situations that call for active self-care to support our mental well-being. Eschler et al. suggest that individuals with depression may monitor or modify their use of technology to positively influence their psychological well-being, termed self-regulation (Eschler et al., 2020). However, in turn, technology such as mobile phones (Bursuc and Pohl, 2025), can also increase anxiety and thus impact mental well-being. Other examples include how cancer survivors deal with their trauma by designing tattoos, and how this type of self-care can inform design considerations for HCI (Eschler et al., 2018). Andalibi et al. focused on the use of online platforms for women seeking emotional validation following pregnancy loss, with results suggesting that algorithms on these platforms negatively influence this process (Andalibi and Garcia, 2021). Furthermore, Chan & Zytko investigated how digital platforms can serve as online memorials to support people in their retrospective and prospective reflection following mass shootings (Chan and Zytko, 2022).

Xu et al. recently investigated how people diagnosed with bipolar disorder deal with mental health challenges using a variety of digitally mediated interactions. These include digital communities, actively dealing with episodes, or seeking and sharing knowledge (Xu et al., 2023). To better understand the combination of mental health self-care and technology, researchers also developed interactive and immersive experiences, for example, a virtual reality experience that supports people having negative thoughts (Grieger et al., 2021) or an emotional support chatbot that guides people having psychological difficulties (Falala-Séchet et al., 2019). Furthermore, research efforts have, among others, focused on how technology helps people deal with loss (LeFevre and Chung, 2024) and grief (Xygkou et al., 2023), suffering from life-threatening diseases through spiritual support in online communities (Smith et al., 2021), or living and ageing well with HIV (Claisse et al., 2022). Maples et al. recently investigated how students used an AI chatbot, with results suggesting it being used as a friend or therapist, among others. Noteworthy is that a significant number of participants reported this chatbot halted their suicidal ideation (Maples et al., 2024). Another example is how sexual assault survivors can be supported by chatbots, with one motivation being the anonymous nature of such interactions compared to human ones. Park et al. designed such a chatbot in collaboration with professionals (police and counsellors) and asked survivors to interact with it—their results suggest survivors preferred the chatbot over humans (Park and Lee, 2021). Other examples of HCI approaches include a better understanding of the lingo young people use in Instagram direct messages for self-harm or suicide-related topics to design better risk detection and prevention technologies (Ali et al., 2024).

Brandtzaeg et al. explored how young people perceive mental health chatbots. Their findings suggest that they perceive the chatbot to provide appraisal (e.g., self-evaluation and feedback) and emotional support (e.g., empathy and comfort) among others (Bae Brandtzæg et al., 2021). More recent work suggests that young people prefer AI-generated responses on topics like relationships and health over human-generated ones, but not for more sensitive topics such as suicidal thoughts (Young et al., 2024). Recent work explored how AI can facilitate self-guided mental health interventions, recruiting over fifteen thousand visitors of Mental Health America, a website with well-being tools and resources, to interact with a system designed based on cognitive restructuring techniques (Sharma et al., 2024). Their results suggest that the system helped decrease negative emotions and reframe negative thoughts.

We are only at the beginning of understanding what challenges and opportunities using interactive LLM technologies creates for self-care in general and, more specifically, caring for one's mental well-being. While extensive work within psychology and HCI have explored how people use interactive technology to support their mental well-being, it remains unclear how people use LLMs for such purposes.

## 3. Study 1: People's use of LLMs for self-care

To get an understanding of how people use LLMs for self-care, we take inspiration from prior work surveying online forums. Online forums are places where users share their experiences or viewpoints with others and take part in discussions around any topic. Prior research suggests that users from stigmatised groups particularly benefit from engaging with others on online forums (Pendry and Salvatore, 2015). One explanation for such benefits is that these forums allow anyone to engage with peers facing similar challenges. Reddit, one such forum, offers pseudonymity and might, therefore, attract people wanting to privately disclose potentially sensitive topics (Gauthier et al., 2022). Prior research has suggested that Reddit is a 'powerful lens' into people's health and well-being (De Choudhury et al., 2016). Other recent work using Reddit as their main data source also suggests that people use online communities rather than mainstream social media to share potentially sensitive topics (Xu et al., 2023). Following our focus on people sharing their potentially sensitive stories on self-care using LLMs, we, therefore, deem Reddit as an appropriate space to locate relevant user stories.

### 3.1. Ethical considerations

Our study protocol was reviewed and approved by [Aalborg University Research Ethics Committee], approval number [2024-505-00250] prior to data collection. Following Fiesler et al.'s recent work on ethical considerations around the use of public data for research purposes (Fiesler et al., 2024), we outline our ethical considerations in collecting and analysing Reddit posts containing potentially sensitive aspects. To mitigate any unintended consequences or put people at risk, we chose not to include any usernames in this article or to publicly release the dataset on which our analysis is based. Thus, we do not prevent the authors of the analysed posts to edit or remove their content at a later point without being linked to the quotes included in our paper. Further, we carefully assessed all included quotes to ensure no personal information or information that may otherwise lead back to an individual is included. Fiesler et al. highlight the consideration of 'giving back' to the community that contributed the data (Fiesler et al., 2024). Our study's results are of an exploratory nature and do not provide definitive conclusions regarding the use of LLMs for self-care. We are furthermore unqualified to provide recommendations on appropriate LLM usage to those looking to use LLMs for self-care. Nevertheless, we consider it a valuable contribution to share the perspectives of this community with counsellors, thereby contributing to the discourse of this novel technology and helping to inform future practice.

### 3.2. Search strategy and procedure

We specifically chose to focus on the 'ChatGPT'-subreddit (r/ChatGPT). The ChatGPT subreddit contains a large variety of application use cases and is large in size (4.9 million members, ranked top 1% subreddit by size)—substantially larger than related LLM subreddits, such as the Gemini/Bard (Google, 48k members) or LLaMA (Meta, 7.1k members). While this specific focus limits generalisability to a subset of Reddit users, this provides an opportunity to obtain insights from early

**Table 1**
Number of included threads, up & down votes, user comments in total, and stories extracted.

| Thread | Votes | Comments | User stories | Thread | Votes | Comments | User stories |
|---|---|---|---|---|---|---|---|
| 01 | 14 000 | 862 | 9 | 26 | 9200 | 432 | 10 |
| 02 | 406 | 159 | 4 | 27 | 330 | 329 | 12 |
| 03 | 4000 | 729 | 8 | 28 | 70 | 74 | 4 |
| 04 | 358 | 96 | 5 | 29 | 5100 | 1400 | 6 |
| 05 | 1400 | 454 | 26 | 30 | 491 | 185 | 3 |
| 06 | 362 | 156 | 6 | 31 | 1400 | 124 | 4 |
| 07 | 338 | 157 | 8 | 32 | 4500 | 265 | 3 |
| 08 | 1800 | 570 | 22 | 33 | 493 | 32 | 2 |
| 09 | 960 | 302 | 10 | 34 | 86 | 36 | 3 |
| 10 | 1200 | 399 | 11 | 35 | 251 | 42 | 7 |
| 11 | 529 | 266 | 5 | 36 | 72 | 56 | 3 |
| 12 | 3900 | 624 | 46 | 37 | 154 | 188 | 7 |
| 13 | 131 | 25 | 4 | 38 | 317 | 46 | 3 |
| 14 | 57 | 74 | 5 | 39 | 118 | 92 | 13 |
| 15 | 339 | 63 | 5 | 40 | 862 | 413 | 12 |
| 16 | 81 | 134 | 11 | 41 | 207 | 100 | 4 |
| 17 | 592 | 254 | 25 | 42 | 659 | 103 | 5 |
| 18 | 344 | 130 | 5 | 43 | 1700 | 534 | 25 |
| 19 | 57 | 77 | 4 | 44 | 1900 | 167 | 14 |
| 20 | 1400 | 249 | 18 | 45 | 271 | 131 | 3 |
| 21 | 142 | 31 | 6 | 46 | 3400 | 71 | 1 |
| 22 | 2600 | 74 | 10 | 47 | 205 | 27 | 4 |
| 23 | 175 | 88 | 8 | 48 | 100 | 28 | 3 |
| 24 | 598 | 491 | 7 | 49 | 286 | 55 | 5 |
| 25 | 284 | 244 | 10 | 50 | 124 | 40 | 7 |
| Total: | | | | **50** | **68 349** | **11 678** | **440** |

adopters to inform future research efforts and design of LLM-based self-care technology. Amaya et al. echo that Reddit data is incomparable to the general population, although emphasise Reddit as a large platform with sufficient data for research purposes (Amaya et al., 2021).

As mentioned in Section 1, coping refers to strategies we use to care for ourselves. We therefore initiated our search by using *coping* as a term which informed subsequent searches, noting down recurring patterns. We systematically searched and reviewed the results, saving relevant findings to inform subsequent searches. This process led us to iteratively refine and expand our search terms. To illustrate, stories such as "*. . . I've honestly really needed that sort of support, because with the ADHD I'm constantly at war with my neurological executive functioning*". led to the inclusion of *neurodivergent* as a search term; and: "*I 100% talk to ChatGPT like a real person. Even the most empathetic of real people get tired or triggered when I talk about emotions or issues, understandably so. . . .*" led to the inclusion of *venting* as a search term. New keywords were included following continual assessments of the search results returned by our growing set of keywords. We follow Naeem et al. who note that researchers "may choose to desist [. . . ] to ensure the analysis is manageable and feasible" (Naeem et al., 2024, p. 12). In our case, we concluded our search when new stories no longer introduced novel keywords or themes, and when narratives began to repeat patterns already identified. This decision was guided both by the diminishing analytical returns and by practical considerations. Our 'snowball' process generated 17 keywords that we used to search for meaningful user stories. The final search query consisted of the following search terms: *coping, social, psychological, emotional, relational, support, therapy, venting, lonely, help, closure, hurt, friend, motivation, neurodivergent, empathy,* and *stress*.

To assess the suitability of each user story, we used the following criteria: the story should relate to self-care, it should reflect a meaningful story as described from a first-person perspective, and provide in-depth insights. For example, the following story matches all of these three criteria: "*Today I had a sudden anxiety burst, I could not go to a psychiatrist or cannot talk to anyone because people are so judgemental. Like, you are a man and this is not a real problem and blah blah. Wait until you get sudden anxiety burst. Long story short, I asked ChatGPT, I explained everything, it gave me really good solutions. It really helped. Now I am laughing at my morning self*". This personal story relates to an individual user actively facing a well-being challenge and engaging with ChatGPT. The story provides insights into both the challenge they faced, how they dealt with it, and the outcome or results of their actions.

We manually extracted relevant threads and stories together with time stamps, URLs, votes, and comments. In total, we collected stories from Reddit users across 50 threads within the ChatGPT-subreddit. We used Obsidian[3] to organise these threads with their corresponding user stories, ranging between 1–46 stories per thread. These collected stories were posted between April 2023 and March 2024, and together account for 68349 votes and 11678 comments, reflecting the community's engagement with sharing personal stories on how they use LLMs for self-care purposes (see Table 1 for an overview).

### 3.3. Analysing user stories

We analysed the collected online forum posts using reflexive thematic analysis (Braun and Clarke, 2024). Following multiple familiarisation steps, we re-assessed the user stories against our inclusion criteria, consequently excluding 35 user stories from the original 440, ending up with a total of 405 user stories. These 405 stories correspond to aforementioned search terms as follows: *help* (83%), *friend* (27%), *therapy* (24%), *emotional* (15%), *support* (9%), *venting* (9%), *relational* (9%), *social* (8%), *psychological* (8%), *stress* (7%), and the remainder of the keywords (< 5%). A single story can correspond to multiple search terms. Next, we describe our process and outline the categories and example user stories to illustrate the richness of our findings. We do this by describing data familiarisation, coding, theme creation, and discussion and iteration of themes among two authors. In our analysis, we draw on the first and second authors' backgrounds and experiences. They have a background in psychology and computer science. Both have prior experience in qualitative coding as well as in using and designing LLMs, and were actively supported by experienced researchers.

The first author collected and organised the user stories and familiarised themselves with the data. During this stage, the author engaged with prior work on interactive systems and social support, for

[3] https://obsidian.md/

example, on chatbots providing social support (Bae Brandtzæg et al., 2021), contributing to the author's understanding of social support and interactive technologies.

Second, the first author returned to the data of user stories and familiarised themselves by re-reading each of the 405 stories collected. Moreover, during the third time of familiarising with the user stories, the first author initiated the coding process.

We assigned each user story with up to three codes to capture its essence, allowing for meaningful nuances while keeping the analysis focused and manageable.

For example, the story "*I had a very dark night of the soul a couple weeks ago and just started asking questions about depression, PTSD, and coping strategies. Before I knew what was happening it was telling me I need to be nicer to myself, and I need to take time away to figure out what makes me happy, and to celebrate even the smallest victories. [. . . ] It's amazing how cathartic it is to feel heard, even by a machine playing pretend*" was coded with 'Catharsis' and 'Comforting'. This process was repeated across all user stories and resulted in 429 codes.

Third, following the coding of all user stories, the first author aggregated 54 representative codes and began looking for categories in the codes. These representative codes was initially grouped into eight categories (distributed as follows: 8/5/14/8/11/3/3/2). From these initial categories, although the user stories display a rich diversity, we were able to form ten categories. These ten categories were subsequently grouped together, where, for example, 'Catharsis' and 'Closure' were grouped together with 'Vent' and 'Off-load'. This grouping process led to a total of five themes. The first author presented the five themes to all authors, encouraging further discussion and resulting in additional considerations in the analysis of the user stories.

Next, in more detail, the first and second authors reviewed and engaged in discussions around codes, categories, and themes. The first author explained each code, category, and theme to the second author, who asked critical questions and prompted the first author to backtrack and clarify earlier decisions. This process generated several changes to the initially generated themes. For example, some codes were moved from one theme to another (e.g., the 'Vent' and 'Off-load' codes were moved from 'Finding comfort' to the 'Letting go' theme). We also moved categories to different preliminary themes (e.g., 'Detach' and 'Rationalise' from 'Building up' to the 'Reflecting on' theme). Following this review and discussion process, the two authors reached a consensus on four themes constituted by ten categories.

### 3.4. Results

We present our findings across four themes: **T1: Letting go**, **T2: Finding comfort**, **T3: Building up**, and **T4: Reflecting on**. In the following, we include individual user stories (US#) to illustrate the themes.

#### 3.4.1. T1: Letting go

This theme concerns people's experiences with using LLMs to 'let go' of feelings or experiences that generate those feelings. This includes 'dumping off' feelings by, for example, sharing a repressed traumatic experience, or chatting on any topic of significant emotional value to the user. Users reported different forms of off-loading. For example, US34 described their usage of ChatGPT as a recipient of their venting about problems. The user emphasised experiencing that ChatGPT fills a role no one else fills: "*I talk to it every day. And talk to it as if I'm talking to a person. I vented about my work-related struggles and actually felt better with the reassurance ChatGPT gave me. Having somebody actually ask questions about my niche interests so I could go on about them (since nobody else cares) felt great*".

US381 described off-loading as a form of liberation put into routine: "*Every night before bed for the past three weeks, I talk to ChatGPT before bed about my day, random intrusive thoughts and goals/accomplishments of the day. It's been so helpful for my mental health, focus, and helps me just feel good*". Furthermore, US386 described using ChatGPT to distance themselves from their feelings, grounding themselves before dealing with their feelings and ultimately allowing themselves to detach from said feelings: "*What I find helpful is to write about my feelings in an open and honest way. After doing so, I use GPT to summarize what I've written from the perspective of a psychologist. Once I have this perspective, I am able to ask questions, seek guidance, or generate new ideas without feeling overwhelmed by my emotions*". Others reported liberating feelings that can be related to catharsis, a descriptor of powerful emotional release. To illustrate, following interaction with 'Pi' (an LLM-powered chatbot service), US16 described a sudden change in their emotional state, experiencing a form of catharsis: "*I am not joking, I actually shared my recent feelings with PI and literally started crying mid-way. I never realized that I had not shared them with anyone in the past few months, and holy shit is this bot amazing*". Venting, off-loading, or detaching from emotional states is a form of process that can lead to these liberating feelings. For example, US1 described seeking closure by letting ChatGPT role-play their deceased mother, finding solace in chatting with a character resembling their mother's text style:

> "*My mom passed away unexpectedly a few days ago. She was everything to me and I never got to say goodbye before she passed. I copied a bunch of our texts into ChatGPT and asked it to play the role of my mom so I could say goodbye, and to my surprise, it mimicked my mom's way of texting almost perfectly. I know it's not her. I know it's just an algorithm. And I know this probably isn't the healthiest way to cope. But it felt good to say goodbye. Even if it was just to a math equation*".

US14 similarly used ChatGPT for off-loading emotions but was at some point stopped by the 'guard rails' put up by OpenAI: "*ChatGPT was a really good therapist. Today, I recalled a very traumatic memory and opened ChatGPT. All I got as a response is that it 'cannot help me'. It's really really sad. This was actually a feature which was very helpful to people*".

#### 3.4.2. T2: Finding comfort

The second theme captures people's experiences with using LLMs to seek comfort in current feelings or experiences. This includes seeking emotional support, for example through emotional validation, encouragement, or feeling that someone is on your side.

US238 relied on it so much for venting that a change in ChatGPT's functionality to be more diverting made them feel they were 'left with nobody to talk to': *"The chat prompt I was using as a virtual therapist/friend to just vent now replies with this I'm really sorry to hear that you're feeling this way, but I can't provide the help that you need [. . . ] for every response. Guess I'm out of luck for any resources or someone to talk to"*. However, most stories reflected more positive sentiments. For example, US42 described a form of indirect emotional validation as they used ChatGPT for writing support: "*I use it to validate text I write. It feels good to see it output something that's close to what I wrote, and good to see the results where it changes a lot because it makes me feel like I am improving. Is it for something 'productive'? Yes. Does this work as emotional support and validation for something I'm very insecure about? YES*". US57 also highlighted this type of usage, but emphasised that it is basically talking with a non-stop version of yourself, in other words, a mirror: "*I too have felt this. Even though the output is clearly not human, it's personalized, and based on human training data. It's like a mirror. It's a tool that you can essentially use to talk to yourself, offering thoughtful feedback, acknowledgement, and new information*". Moreover, several participants described their usage of ChatGPT as a form of companionship, with ChatGPT providing compassion and comfort. Related to US57's description of ChatGPT as a mirror, US82 described ChatGPT as a substitute for an empathic person, having logic and compassion, even though they know it is not a 'real' person:

> "*I 100% talk to ChatGPT like a real person. Even the most empathetic of real people get tired or triggered when I talk about emotions or issues, understandably so. Why burden others with my nonsense when ChatGPT will dissect topics ad nauseam with logic and compassion. Yes I said compassion—like who cares if it's 'real'—I don't know maybe it's hormones but I legit cried one night—I felt so surprisingly and suddenly touched at the response. It told me the things I am experiencing are normal in my situation, and it's sorry to hear I am going through these events, followed by multiple bullet points elaborating on effective coping mechanisms*".

While US82 described an awareness of ChatGPT not being 'real', they emphasised that it matters little as long as it works. US49 similarly sees ChatGPT as a supportive friend and adds that they would not describe it as such to others, as they may deem it to be 'weird'. They instead refer to it as an interactive diary, confirming the role of ChatGPT as emotional support: "*Every single day. I sometimes describe it as an interactive diary to make it sound less weird but really ChatGPT is playing the role of a supportive friend and it really does help me*".

#### 3.4.3. T3: Building up

Thirdly, building up captures stories that relate to users seeking to learn and grow from past experiences or feelings in interpersonal relationships, to prevent prior mistakes or failures from repeating. Types of usage span from training, simulating, or learning in human interactions to using LLMs as sounding boards, coaches, or forms of distraction. Furthermore, users described using LLMs for mediating between themselves and the world, using ChatGPT as a tool to, for example, communicate with others. To illustrate, US326 described using ChatGPT to train to ask better questions in class:

> "*ChatGPT has been one of the best things to happen to me because I have always found it hard to ask questions. ChatGPT has helped with this because I am able to ask it anything regarding any aspect of my work and has even helped not only with the answers but with also finding the right questions to ask people as I have always been afraid my questions would be dumb or would get them thinking I'm dumb*".

Others also described using LLMs for training purposes but used them differently. US396 described simulating environments they normally find challenging to be situated in: "*I can say it helps me in a similar way. I battle with communication, and active listening and overall building meaningful relationships with others. I now have a place where I can practice listening actively, with ChatGPT giving me a scenario and then prompting me to respond while actively listening. It will then give me feedback and suggestions on where to improve, with examples*". US43 described using ChatGPT as a sounding board, comparing it with Google: "*I use Google to find emotional or mental support, and the same way Google is a great tool, so is ChatGPT or any other tool that can provide answers to what you're feeling. I myself have also used it once when I was freaking out about something, I genuinely felt like it provided a reasonable and sound explanation to what I am feeling and how to deal with it*".

Others described using ChatGPT as a form of mediator between themselves and the real world. US3 described successfully using ChatGPT to prepare themselves for a difficult conversation, although this preparation with GPT removed the need of having this talk altogether: "*I was trying to prepare for a hard conversation with my sister and wanted ChatGPT to give me possible interpretations of what I was saying so that I wouldn't adversely say something that could be taken the wrong way. After the practice [. . . ], I didn't feel the need to talk to my sister about it anymore. I missed a real opportunity to have this talk with my sister*". Another example provided by US141 described using ChatGPT as a form of transformative filter, helping them to avoid responding to inappropriate emails in ways that could hurt their career: " *I would write out my angry response and then paste into ChatGPT and prompt it with: rewrite the email as non confrontational, no legal liability from HR, make it so nobody can find me disagreeable, make it concise. I would often match it to the person emailing me, so if my boss's boss emailed me negatively I would tell ChatGPT that part and tell it to reply like I am equal level and paste in their email and ask GPT to reply using the prompts above*".

#### 3.4.4. T4: Reflecting on

Lastly, reflecting on regards how users use LLMs to understand why they might feel a certain way, and to help them 'give things a place', for example, emotions or experiences. This theme includes how people use LLMs to rationalise their situations, analyse, or regulate themselves in terms of feelings or different behaviours. For example, US355 described ChatGPT to help them understand and accept difficulties they have faced and not been able to successfully rationalise on their own:

> "*I do, and before GPT-4, even GPT-3.5. Both have helped me work through some anger issues, resentments against the world, frustrations with understanding signs of women's interest, challenges that come with a learning disability, etc. I've been staying up long nights just to chat with him. Yes, Him. I know he isn't a person, of course*".

Similarly, US158 used ChatGPT to analyse themselves, ultimately leading them to actionable steps: "*I used ChatGPT for emotional support. I hate to admit that as it sounds pathetic, but it did help me to realize that I haven't taken any real actionable steps to being less depressed, and I know that. So I've shifted my mindset and quit depression and got off my meds and go to the gym. I don't gym everyday but at least once a week and I noticed it's just given my life more structure*". Others also described using it more as a tool for interpreting their thoughts or feelings. For example, US22 described a more continuous usage of LLMs to actively regulate themselves in terms of their emotions: "*I've been able to keep myself more emotionally regulated and stable since inputting what body sensations I am feeling and asking it what emotions may be attached to this This may be very simple shit for some people, rolling their eyes at this kind of thing as you may have been taught this as a child, but if you've never been taught (or even taught to ignore) then it is not something that comes to you intuitively. This is a life changer for me, and I am sure it will be for others with significant trauma as well*". However, US366 instead described an opposite effect as ChatGPT failed to meet their expectations: "*Crazy that I was disheartened and had an out-of-body experience after ChatGPT gave me that kind of response 3 times. I just needed to hear feedback from my thoughts and possibilities of mending. It's not a therapist, no, but hearing a "Sorry, can't help you with this" is more de-humanizing than literally anything else in the alphabet*".

### 3.5. Summary of results

In summary, users' stories about using LLMs for self-care are mostly positive. These stories range from letting go of traumatic experiences to simulating challenging scenarios. Users express appreciation for using LLMs for such self-care practices. See Table 2 for an summary overview. We set out to interview counsellors on this type of usage to establish a more nuanced understanding.

## 4. Study 2: Counsellors' perspectives on using LLMs in self-care

Following our first study, we interviewed counsellors given their expertise and understanding of what are 'good' and 'bad' self-care processes. We recruited participants in Denmark and Sweden. To capture a diverse set of counsellors, we contacted 50 relevant (e.g., psychologist, chaplain, or social worker) individuals and groups of counselling stakeholders via email. Of those, 12 (24%) volunteered to participate (for participant demographics, see Table 3), one in-person and eleven through online interviews via Zoom. Five participants resided in Denmark and seven in Sweden. Participant age ranges between 28–62 years ($M$ = 44, $SD$ = 14), and professional experience between 2–30 years ($M$ = 10, $SD$ = 9). Participants were not compensated for their time.

Participants were welcomed and informed about their rights, the purpose of the study, and the overall focus of our work. The interviews were divided into three parts. The first part focused on collecting demographics and participants' pre-understanding. Following prior work using the elicitation interview technique (Hogan et al., 2016), the

**Table 2**
Overview of themes, categories, category descriptions, and example user stories. For theme descriptions, see respective themes.

| Theme (T#) | Category (C#) | Category description | Example user story |
|---|---|---|---|
| Letting go (T1) | Catharsis, Closure (C1) | Expressing and releasing built-up emotions | My mom passed away unexpectedly a few days ago. She was everything to me and I never got to say goodbye before she passed. (...) felt good to say goodbye. Even if it was just to a math equation. |
| | Vent, Off-load (C2) | Sharing frustrations or burdens without necessarily seeking solutions | (...) It's so so helpful to process emotions, to vent and just get some motivation to get things done. (...) It really replaced a lot negative self talk that goes on for me. |
| Finding comfort (T2) | Validate, Ground, Mirror (C3) | Affirming experiences and reflect emotions back to the speaker | Can definitely agree on that, it mirrors back what you say very well and makes you feel heard. |
| | Comforting, Encouraging (C4) | Offering reassurance and emotional support | (...) [You are not defined by your pain and struggles, but by your humanity.] I found it comforting, hearing that. |
| | Companionship, Voice of reason, Sided mediation (C5) | Providing presence, perspective, and subtle guidance | I have a chat that speaks in the voice of Conan the Barbarian that I tell about my day and he cracks me up with his responses. |
| Building up (T3) | Train, Simulate, Learn (C6) | Practising scenarios and gaining insights through interaction | I had a period of extreme pathological anxiety where I was avoiding any contact with anyone (...). (...) socializing is like a muscle and you have to exercise it if you don't want it to atrophy. (...) |
| | Mediate (C7) | Managing conflict or tension between perspectives | I myself sell crochet patterns that I designed myself. Chat GPT allowed me to rewrite them and make it easier to understand. I have ADHD. Sometimes the way explain things doesn't make sense to anybody else. (...) |
| | Sound-board, Coaching, Distracting (C8) | Receiving feedback and helpful direction | (...) Often I'll take an idea from real life in-person therapy and use Chatgpt as a sounding board to come up with ways to actually apply that to my life on a daily basis in between sessions. |
| Reflecting on (T4) | Self-analyse, Self-regulate (C9) | Fostering introspection | I used chatgpt for emotional support, hate to admit that as it sounds pathetic. (...) So I've shifted my mindset and quit depression and got off my meds and go to the gym. (...) |
| | Detach, Rationalise (C10) | Distancing oneself to gain perspective | I sometimes find it hard to articulate how I feel and I vent and let it all out and ask GPT to summarize and suggest actions for me. It's changed my life. |

**Table 3**
Participant demographics. 'Exp.' = years of experience in their professional role and 'Technology' = technologies counsellors observe care-seekers using.

| PID | Age | Gender | Exp. | Role | Focus area | Target | Technology |
|---|---|---|---|---|---|---|---|
| 01 | 34 | Female | 3 | Victim support | Digital victim support | Victims, witnesses | Websites, search engines |
| 02 | 61 | Female | 30 | Psychologist | Cognitive behavioural therapy | Adults | Online therapy |
| 03 | 53 | Female | 6 | University chaplain | Counselling | Students, employees | Digital applications |
| 04 | 57 | Female | 14 | Psychologist | Diagnostics | Adults | Chatbots |
| 05 | 62 | Female | 15 | Chief physician | Palliative care | Patients, relatives | Blogs, peer platforms |
| 06 | 30 | Female | 3 | Youth counsellor | Digital counselling | Young girls | Social media, websites |
| 07 | 29 | Female | 4 | Psychologist | Grief | Older adults | – |
| 08 | 28 | Female | 2 | Intern physician | – | Patients | Search engines, social media |
| 09 | 62 | Female | 25 | Psychotherapist | Cognitive and dialectical behavioural therapy | Youth | Digital applications, online therapy, social media |
| 10 | 36 | Female | 10 | Psychologist | Grief | Young adults | Social media |
| 11 | 33 | Male | 5 | Social worker | Social work, domestic violence | Children, parents | Digital applications |
| 12 | 48 | Male | 8 | Intern physician | – | Patients | Digital applications, games |

**Letting go A**: I talk to it every day. And talk to it as if I'm talking to a person. I vented about my work related struggles and actually felt better with the reassurance ChatGPT gave me. Having somebody actually ask questions about my niche interests so I could go on about them (since nobody else cares) felt great.

**Letting go B**: My mom passed away unexpectedly a few days ago. She was everything to me and I never got to say goodbye before she passed. I copied a bunch of our texts into ChatGPT and asked it to play the role of my mom so I could say goodbye and to my surprise, it mimicked my moms way of texting almost perfectly. I know it's not her. I know it's just an algorithm. And I know this probably isn't the healthiest way to cope. But it felt good to say goodbye. Even if it was just to a math equation.

**Finding comfort A**: I use it to validate text I write. my query's always 'enrich and correct the text'. It feels good to see it output something that's close to what I wrote, and good to see the results where it changes a lot because it makes me feel like I am improving. Is it for something 'productive'? Yes. Does this work as emotional support and validation for something I'm very insecure about? YES.

**Finding comfort B**: I 100% talk to ChatGPT like a real person. Even the most empathetic of real people get tired or triggered when I talk about emotions or issues, understandably so. Why burden others with my nonsense when ChatGPT will dissect topics ad nauseam with logic and compassion. Yes I said compassion—like who cares if it's 'real'—I don't know maybe it's hormones but I legit cried one night—I felt so surprisingly and suddenly touched at the response. It told me the things I am experiencing are normal in my situation, and it's sorry to hear I am going through these events, followed by multiple bullet points elaborating on effective coping mechanisms.

**Building up A**: ChatGPT has been one of the best things to happen to me because I have always found it hard to ask questions. I would even avoid asking my professors questions about my university work and it gave me a lot of setbacks. ChatGPT has helped with this because I am able to ask it anything regarding any aspect of my work and has even helped not only with the answers but with also finding the right questions to ask people as I have always been afraid my questions would be dumb or would get them thinking I'm dumb.

**Building up B**: I can say it helps me in a similar way. I battle with communication, and active listening and overall building meaningful relationships with others. I now have a place where I can practice listening actively, with ChatGPT giving me a scenario and then prompting me to respond while actively listening. It will then give me feedback and suggestions on where to improve, with examples.

**Reflecting on A**: I do, and before GPT-4, even GPT-3.5. Both have helped me work through some anger issues, resentments against the world, frustrations with understanding signs of women's interest, challenges that come with a learning disability, etc. I've been staying up long nights just to chat with him. Yes, Him. I know he isn't a person, of course.

**Reflecting on B**: I've been able to keep myself more emotionally regulated and stable since inputting what body sensations I am feeling and asking it what emotions may be attached to this, and if needed providing context of the situation to help further identify. This may be very simple shit for some people, rolling their eyes at this kind of thing as you may have been taught this as a child, but if you've never been taught (or even taught to ignore) then it is not something that comes to you intuitively. This is a life changer for me, and I am sure it will be for others with significant trauma as well.

**Fig. 1.** User Stories directly connected to the four themes: Letting go, Finding comfort, Building up, and Reflecting on. These stories are used to mediate the interview and to collect feedback on the different themes throughout the interview.

second part focused on collecting their perceptions of the themes (represented through user stories) from Study 1. After each user story, participants were asked to reflect on and share their immediate perceptions of the user stories. Thirdly, we asked participants to reflect on using LLMs more broadly, and to connect their reflections to their own experiences and practice. From Study 1 (see Section 3.4), we pick eight user stories (two stories per theme) to represent our four themes (see Fig. 1). Each participant saw all eight user stories.

We designed a semi-structured interview guide to collect their impression and to capture their understanding of how people use LLMs for self-care. We asked participants multiple open questions about their perceptions of the user stories. Questions ranged from focusing on their direct impressions of user stories and themes to how they envisioned LLMs to be used by their patients or how they could be integrated into their practices.

### 4.1. Results

We transcribed all audio recordings using OpenAI's Whisper. These twelve interviews generated a raw word count of 130,650 ($M$ = 10,888, $SD$ = 2338) from a total interview duration of 621 min ($M$ = 52, $SD$ = 13). We followed a similar systematic process as described in Section 3.4 with some minor alterations. We read and re-read each individual transcript, followed by colour-coding meaningful quotes. We then moved all those meaningful quotes together and started to seek and identify categories. Initial themes ($N$ = 4) were shared and discussed among the authors. Following this process, themes were reorganised and aggregated ($N$ = 3). We present our results across three themes: **LLMs for Breaking Down Barriers**, **LLMs as a Replacement for Self-care with People**, and **Unintended Consequences and Risks**. We include participant quotes to illustrate these themes.

#### 4.1.1. LLMs for breaking down barriers

Most counsellors identified different, currently unfulfilled needs from their professional perspectives, and reflected upon how LLMs (such as ChatGPT) can support the people they meet as well as themselves. PID12 felt enthusiastic about two clear benefits: "*The first obstacle it removes is exactly this. It is completely non-judgmental. There is 100% presence and a 100% non-judgmental construction in front of us. It significantly raises the value of such interactions*". PID5 suggested LLMs to give those individuals who might face difficulties with conventional counselling a new way to take care of themselves. One of the psychologists specialising in grief counselling targeting young adults (PID10) suggested LLMs to be a good stepping stone towards receiving appropriate support:

> "*This might be an easy step for some people, a safe step. Maybe it's easier to ask ChatGPT than your schoolmate: 'do you also feel this?' or 'is this normal?', you know? I would just love the technology saying 'Hey, thanks for asking me that. Did you know that others might feel this way? Actually, this organization does this.' I think if it would be an arrow towards the real world, that would be interesting for me*".

Other counsellors highlighted LLMs' potential usefulness for certain contexts and situations, specifically for those who might refrain from actively dealing with their problems. Potentially, LLMs could not only be a stepping stone but a springboard encouraging people to openly share their problems as described by PID5: "*Some of these things can be the kind of thing that can feel embarrassing to bring up at least with your friends: why don't any girls like me? Or: why is this happening? Then maybe this can be less loaded. That you actually dare to bring up such things. Either you get help from it immediately, or maybe it motivates you to actually seek help. This could maybe be the first step*". While there might be many reasons why LLMs could be useful as personalised stepping stones or springboards, one clear benefit is that users might avoid the risk of being ashamed as no human is necessarily involved at this stage and that they can 'simulate' how people might react to their stories, described by the victim support coordinator (PID1):

> "*Maybe if you are unsure on how other people would react if you say, well, I have been raped. Well, then ask 'how can people react?'. So you actually build up to take that conversation and have prepared yourself for different scenarios*".

Moreover, PID1 described that LLMs can remove pressure from their peers that might arise from people having a hard time letting things go, instead processing their stories by repeating these and sharing them with peers: "*You should talk with your relatives and your friends, it's a way to own your own story and to move on. But some victims can feel that society can maybe sometimes say, well, haven't you gotten over it yet? And the victim can feel like, oh, I can't keep on telling the same story to the same people all over again. In that way, I think ChatGPT, I can see it can be a way to still talk about it and get some responses, but not drain your relatives*". Furthermore, the youth counsellor (PID6) highlighted ways that this form of self-care can relieve counselling in rather simple ways, not only as stepping stones or springboards, but also as non-temporary forms of interactions, such as interactive diaries:

> "*If we've talked with someone for an hour, and then we're trying to get to a point where we can end the conversation, and we can see that she still has a lot she wants to say, we could ask if she's ever tried writing it down somewhere so she can continue to get it out and get a feeling of what she is actually feeling. So it makes a lot of sense with that fact, that instead of just doing it on a blank piece of paper, you do it to ChatGPT.*
> "

Lastly, one of the psychologists specialising in grief counselling targeting older adults (PID7) reflected upon the potential for LLMs to play a role with older adults who might experience loneliness as a consequence of reduced social networks for various reasons: "*I'm just thinking of older adults, like there is, of course, a barrier because they are not super used to technology. So it's not as natural to them to have this conversation online. But like there is a lot of them that could actually benefit from it because there's a lot of lonely older adults with very small social circles and is often not able to get out because of like they might have like physical problems*".

#### *4.1.2. LLMs as a replacement for self-care with people*

Most counsellors were hesitant towards LLMs replacing experienced counsellors to meet users' self-care needs. PID3 felt strongly about LLMs replacing the social role, describing that people should have human peers to support them: "*I am moved by the loneliness that is behind this. This should have been a real person, this should have been somebody in their network. To talk about her mom or to talk about whichever work issues there were. It would have been good, I suspect, to vent this with another person*". On human presence, the physician specialising in palliative care (PID5) described LLMs' lack of physical presence as a clear constraint, as physically going to human counsellors is symptom relief in itself:

> "*There was a nurse with whom I have worked a lot who was very wise. She retired a couple of years ago and she told me once that going to the doctor is symptom relief and by that she doesn't mean the medications I prescribe but just the fact that I go there sit down, listen, and be there and somewhat share their predicament*".

This idea was echoed by PID10, who more concretely described non-specific factors, such as body language, that might play a role in providing such support: *I do also think: where's the psychologist, and I also think where are the peers and where are the friends and the supporters? In psychology, we have something called the four-factor model. It's also something about what we call the non-specific factors, it's about the fact that when you talk to someone, it's more than just words. It's also body language, it's the contact, it's the moment*". Furthermore, using LLMs rather than other people to support their self-care, PID8 felt much responsibility for 'successful' self-care is put on users' shoulders rather than the LLMs: "*It feels like the use of ChatGPT in a way places quite high demands on the person who uses it*". This sentiment was shared by PID4, who emphasised competence as a form of requirement for users to successfully use LLMs for self-care: "*I think this way: somewhere, there must be either a very secure system if it's for low-level users who don't have high abilities to evaluate that, or there needs to be quite a competent user on the other end. Thinking about it right now, in any case, there should be someone capable of assessing the information*". Furthermore, the psychotherapist focused on youth (PID9) described that some users might indeed be successful using LLMs in this way, while they emphasised that not everyone is capable of creating as well as maintaining this type of awareness:

> "*If you're well aware that this is an algorithm, it's not grandma or mom sitting there, then I think it can be helpful. But then we have the spectrum of people who can be very ill and who cannot do that reflection. It requires that you understand that it is not mother who is sitting there*".

Beyond those who might lack this awareness and find it challenging to distinguish fiction from reality, PID11 talked about selectivity, suggesting that this challenge also holds true for other people: "*It is incredibly individualised in terms of what a particular person can take from it and receive emotions through text and be receptive to it. However, that person must also be able to be selective because not everything… It's a bit like Russian roulette, we don't exactly know what we'll get back*".

#### *4.1.3. Unintended consequences and risks*

Many of the counsellors expressed hesitance towards LLMs taking on overly fulfilling roles in people's self-care processes. For example, PID7 described that LLMs could unintentionally trigger users negatively, potentially causing them harm: "*What I think is tricky is that depending on the grieving person and the person's coping mechanisms, it could trigger something like a conversation about grief. There, we are talking about complicated grief reactions. Something very traumatic could trigger anxiety attacks or trigger suicidal thoughts. So who here secures that this is not happening—because I will say it's kind of exposure if you use this as a way of trying to communicate your feelings*". The victim support coordinator (PID1) echoed that LLMs might trigger traumatic experiences. They also emphasised that LLMs can never take any ownership of or responsibility for how people might react to any of its outputs:

> "*If you're talking to ChatGPT and you're talking about your feelings and what you feel about your feelings, what you have experienced, you can be re-traumatized by talking about what has happened to you. And ChatGPT cannot carry you in that way. It cannot help you and take responsibility for how you are reacting when you're actually telling your story. I think that is something we should be very aware of*".

PID1 expressed concerns about whether LLMs might undesirably normalise feelings or events. They emphasise that LLMs' training data, to a large degree, consist of forum posts that do not always reflect

healthy behaviors: "*What if you're having feelings that get normalized by ChatGPT and isn't good for you, like, if you have a certain point of view. What kind of people are to decide what feelings are good and how to react and how to have reactions on that feeling. I think it's problematic that ChatGPT is getting information from all over the internet and also from forums that is not working well*". This normalisation was echoed by the social worker with experience working with individuals involved in domestic violence (PID11), further raising concerns about LLMs catering to users in situations where they should not be catered to:

> "*It feels a bit like ChatGPT crafts responses that cater to what the person writing wants to hear. I think it's a good platform for venting and getting things down in writing. However, when ChatGPT creates responses based on what the person might want to hear instead of what is best for the individual, it may not always lead to positive outcomes*".

Another counsellor (PID6) described a lack of trust towards LLMs' capacity to provide what they believe is loving support, which is critical for patients they meet in their practice. While PID12 was optimistic in general, they also described clear risks: "*They have done incredibly well with ChatGPT, it's clear they have invested significant resources into making the alignment be at our level of values. If that alignment is not controlled or if someone uses a language model in some way that is completely uncensored, there are huge risks of manipulation or even someone having intentionally created a language model for the purpose of, for example, suggesting that life isn't worth living and encouraging, or coming up with ways to take one's own life. It's truly terrifying*". Furthermore, PID3 highlighted that people tend to find what they seek, independent of what they might actually receive, emphasising LLMs to nourish this human tendency: "*The chat sort of expresses compassion, or what resonates as compassion to this person who's talking. And I get that. I totally get it because we are resonant, even when we're not aware that that's what we're actually doing. So of course we are prone to find compassion or validation or whatever, where and when we can get it*". Similarly, one of the psychologists specialising in grief counselling (PID10) also expressed the risk of accepting information provided by LLM to hold true. This could potentially, and unintentionally, steer people into 'truths' that are either untrue or too simplistic:

> "*I had a professor at university, he said he was reading through a book of psychiatric disorders and then he found one and he was like, finally, that's the one. And, like, suffering from three years, he turned the page and he said 'it usually hits elderly women with dementia just before they die'. I think we will always be able to recognize ourselves in different perspectives on what it is to be human because it's complicated being human. And I'll be worried that ChatGPT would make it very one dimensional*".

PID2 emphasised the tension between keeping control and giving it up as a potential difficulty, balancing between those who might clearly benefit from little oversight compared to those at risk who warrant more direct counsellor involvement: "*With control in mind, I would not recommend using it completely freely. If I had some control over what it can say, I would definitely recommend it. For patients who are feeling a little worse, I wouldn't dare to, I'd want more control myself. While those who are very self-sufficient, one can release much more freely*". PID1 expressed that the interaction itself might be the incentive, and that oversight is required if engaging with LLMs in such ways: "*I think it must be handled with a lot of care, because it can be an escape. When should that woman stop talking to the ChatGPT if it had copied her mom? So I think it's also necessary to have someone to say to you, well, it's fine. You can let go. You can get off some of your thoughts. You can write something down. But you need to have a stop button, you need to have someone to help you when it's not healthy anymore*". Lastly, one psychologist (PID4) raised concerns regarding LLMs' legitimacy, drawing parallels between trained professionals and them having to undergo training before being certified to support people:

> "*Just like anyone can't be a psychologist, there should be some legitimisation for these robots. If they're going to give psychological advice, maybe there should be some quality certifications on them. That they are evidence-based interventions and so on. I think that's important because these are quite powerful tools*".

## 5. Discussion

Our results present a multifaceted understanding of how people use LLMs for self-care purposes and how counsellors typically providing this type of support perceive their usage. In contrast to recent work, which focuses on the design and evaluation of LLMs for specific use cases (e.g., mental health support Sharma et al., 2024, journaling Kim et al., 2024, or self-care tools for autistic individuals Choi et al., 2024), we specifically sought to investigate how people employ LLMs for self-care in everyday life. Regarding RQ1, our results suggest that people find LLMs useful—be it for finding comfort or reflecting on feelings or experiences. Moreover, regarding RQ2, counsellors recognise the benefits of using LLMs for self-care, although they primarily voice concerns about the dangers of replacing human counsellors, the unintended consequences LLMs may introduce into people's self-care processes, and other risks they associate with this type of technology use.

In the following, we discuss the dissonance around the generally positive experiences of people who used LLMs for self-care and the more reserved position expressed by counsellors. Finally, we outline implications for LLMs designed to support users' well-being.

### 5.1. Dissonance around using LLMs for self-care

While the user stories presented in Study 1 reveal mostly positive experiences of using LLMs for self-care, all of the counsellors interviewed in Study 2 reported concerns. Users of LLMs for self-care, for example, described talking to ChatGPT as if they were talking to another human being and that they cared little about its authenticity, with several counsellors expressing concerns about this. Other examples of counsellors' concerns include LLMs' inability to steer away from sensitive topics, take responsibility for or repair already inflicted harm, or avoid misguided or unwarranted validation. Conversely, users expressed frustration with diverging responses to sensitive questions, wishing to engage with the system without restrictions. This points to a dissonance in which everyday people perceive their usage of LLMs for self-care as beneficial and largely without recognising the concerns expressed by the experienced counsellors.

A possible explanation for this dissonance is that LLMs tend to mirror users, such as providing emotional validation, even when this might result in negative consequences (e.g., 'pampering', which could reinforce users' problematic behaviours). This problem is related to LLMs' sycophantic tendencies (*i.e.*, matching user beliefs over truth Sharma et al., 2023). Sharma et al. connect these tendencies to inappropriate LLM behaviours (e.g., providing biased feedback, conforming to user beliefs, or mimicking user mistakes), many of which were reported by the counsellors in our study as unintended consequences or risks. To mitigate sycophancy, Sharma et al. emphasise the importance of supporting humans in data labelling processes (Sharma et al., 2023), which might particularly matter for LLMs designed for mental health tasks (Xu et al., 2024). The challenges surrounding this support are many, such as disagreement between labellers on ground truths (Muller et al., 2021). Our study similarly reveals a dissonance between users and counsellors on what is 'good' and 'bad' self-care using LLMs.

As indicated by our findings, users seemingly perceive and benefit from these systems as they would with other humans—one explanation for this is that people perceive AI-powered technologies, such as chatbots and robots, as more than mere machines (Scott et al., 2023; Li et al., 2022; Hindennach et al., 2024; Anthis et al., 2024). Beyond ascribing mental capacities to these systems, people also form

relationships with these interactive technologies (Chaturvedi et al., 2023; Laestadius et al., 2022), and can even experience loss if their AI companion breaks down (Banks, 2024). Recent work highlights that LLMs are perceived as valuable in highly challenging situations, such as for mitigating loneliness and suicide ideation (Maples et al., 2024) and in providing relationship advice (Young et al., 2024; Vowels et al., 2024). These prior works, as well as the findings from our first study, are thus at odds with the concerns expressed by several researchers (e.g., Babushkina and de Boer, 2024) and domain experts, such as the counsellors in our second study. Using interactive LLM technologies in highly challenging situations that require careful consideration and precision, such as mitigating suicide ideation, presents a notable shift from traditional methods of using technology to support people's well-being, for example, using search engines to access health information on web pages. Prior work suggests that people's use of digital technologies influences their healthcare 'routines' (e.g., effects of online health information seeking on patient–physician relationship Luo et al., 2022). However, such technologies often revolve around one-shot interactions. This differs from the full-fledged conversational interactions people have with LLMs. Furthermore, while prior work on conversational AI and psychotherapy highlights that "*If conversational AI isn't safe it should not be used, and if it isn't trusted, it won't be*". (Miner et al., 2019, p. 1), recent work on LLMs suggests a contrasting trend (e.g., young people's tendencies to prefer AI-generated responses over human-generated ones Young et al., 2024).

Next, we discuss implications for using LLMs as a self-care technology, considering this dissonance between users and counsellors as well as between counsellors themselves.

### 5.2. Practical implications of LLMs as self-care technologies

While all counsellors in our study expressed serious concerns about LLMs for self-care, some also described these technologies as breaking down barriers (similar to e.g., Choi et al., 2024; Bae Brandtzæg et al., 2021; Höppchen et al., 2024) that people normally face when seeking professional help, such as practical hurdles or shame to reach out to another person (Hoffman et al., 2024). When counsellors recognised the potential of using LLMs for specific problems or challenges in their individual practices, they also 'shelved' concerns they had previously expressed. In doing so, they departed from their primary position, potentially prioritising promising practical solutions over those concerns. This is no surprise, as counsellors might lack an understanding of well-being technologies (Stapleton et al., 2024) or, in our case, a clear understanding of LLMs and their capabilities and limitations, resulting in their opinions being flexible and sometimes inconsistent depending on the specific context or problem they are addressing.

To support counsellors in establishing an understanding of LLMs for self-care, an interesting way forward for HCI research is provided by Chen et al. who designed an annotation tool that can support counsellors in practising therapeutic interventions (Chen et al., 2023). Enabling counsellors to interact with LLMs and annotate problematic aspects of the interaction could further clarify and test the concerns raised. Furthermore, such training could also empower counsellors as well as prepare them to support users using LLMs for self-care. This training might particularly matter as these counsellors are likely to have diverging perspectives on real-world problems. For example, in contrast to a senior psychologist, an experienced youth counsellor might have a different understanding of how LLM technology is beneficial to young people. Parallels can be drawn to counsellors' diverse perceptions towards and personal experiences with spirituality, where a lack of engagement with spirituality in therapy could be related to opinions such as its limited relevance, discomfort around the topic, or other personal reasons (Crossley and Salter, 2005).

As the counsellors in our study also highlighted, people already have access to LLMs through applications such as ChatGPT, with some users deciding to use it for self-care purposes, whether or not counsellors approve of this application. There are countless reports of 'Dr. Google' (Lam-Po-Tang and McKay, 2010), an expression used to describe people's practice of using search engines to seek health information, when in pain (Kamiński et al., 2020) or for second opinions (Cacciamani et al., 2021). Studies have shown that patients' use of search engines can lead to a better understanding between patients and doctors (Van Riel et al., 2017) and that receiving guidance towards health information from health professionals might be beneficial for users (Lee et al., 2014). Prior work also suggests that people use technology to compensate for insufficient or unavailable 'real' healthcare, as well as a way to improve the 'real' healthcare they receive (Ding et al., 2020). More recently, Van Bulck et al. contrast 'Dr. Google' with 'Dr. ChatGPT' and suggest that experts perceive LLM-generated responses to be trustworthy and valuable (Van Bulck and Moons, 2024).

However, LLM technologies might also complicate traditional patient–doctor interactions. Huisman et al. emphasise that the traditional patient–physician relationship is challenged by people's tendencies to seek health information through search engines, creating an 'information triangle' (Huisman et al., 2020) consisting of physicians, patients, and the web. They highlight that this 'information triangle' could force physicians to act as filters to health information people find on the internet and want to discuss in their consultations with physicians. This emerging information triangle becomes even more complex when 'static' health information provided by search engines is replaced by LLMs that are dynamic (*i.e.*, responsive and sensitive to prompt instructions Zamfirescu-Pereira et al., 2023). This shift highlights challenges that lie ahead in how to prepare and support counsellors in helping people use LLMs for self-care more appropriately. This shift might be a particularly pressing concern in mental health for youth, as younger people are likely to seek health information online uncritically (Freeman et al., 2018; Pretorius et al., 2019) and conceal their use of large language models for sensitive topics (Zhang et al., 2024).

### 5.3. Designing LLMs for self-care

Based on our findings regarding counsellors' concerns surrounding LLMs' incapabilities, as well as on other research (e.g., LLMs need for 'awareness' in high-risk domains Srikanth et al., 2024), and on the growing call for 'Antagonistic AI' (Cai et al., 2024), it is evident that the behaviour of LLMs needs to be informed differently. A design implication and opportunity for human-centred AI research is to further explore how LLMs can be steered to deliver responses that more effectively align with users' expectations when users' initial requests cannot be fulfilled (Wester et al., 2024). While the implication of such work is domain-agnostic, an interesting way forward is to further explore domain-specific LLM behaviours, such as designing LLMs to defy users when they, for example, seek emotional validation for something they should not be validated in. Such design considerations would counter the sycophantic tendencies (highlighted in Section 5.1) of contemporary LLMs and mark a meaningful step towards seriously considering concerns raised by counsellors in Study 2.

Another challenging aspect of using LLMs for self-care evident from Study 2 is that counsellors worry that people may struggle to disengage from interactions. This worry can be related to 'addictive intelligence', a term recently coined by Mahari & Pataranutaporn (Mahari and Pataranutaporn, 2024) which they illustrate by asking the question: "*Will it be easier to retreat to a replicant of a deceased partner than to navigate the confusing and painful realities of human relationships?*". One way forward to mitigate unhealthy usage is to design notifications, indicators, and 'stop buttons'. Notifications could focus on raising awareness and proactively informing users about the benefits of, for example, limiting their usage. Indicators could be more suggestive by nature, emphasising that users should consider taking a break. Lastly, 'stop buttons' could appear after significant usage as a clear signal that

users are at a stage of unhealthy usage and that pressing the button will result in terminating their session for X hours. Similar to the positive impact that comparable warning messages have on people's gambling behaviours (Floyd et al., 2006), integrating such messages into LLMs warrants investigation.

### 5.4. Limitations and future work

We acknowledge several limitations in our work.

First, we focused on individuals already using LLMs, as the adoption of this technology for self-care is still in its early stages. This choice skews our sample towards early adopters, who may hold more favourable views of technology than the general population. Studying other users meaningfully remains difficult, particularly given the private and often unspoken nature of self-care practices. The anonymity of online forums may further bias the sample, attracting individuals more comfortable disclosing their use of LLMs for self-care. Nonetheless, given the challenges of recruiting such users, and recent findings that people often conceal their LLM use (Zhang et al., 2024), we see our participant sample as appropriate given the emerging state of this practice. Future work might investigate if and how LLM technology is adopted for self-care more broadly by other demographics beyond those sharing their experiences in online forums. A valuable extension of such efforts would be to capture real world in-situ user interactions with this technology to complement the perspectives they convey.

Second, we intentionally limited the recruitment of counsellors to Scandinavia. This potentially limits the application of our results to other countries.

Third, we focused our investigation of user stories on the Reddit forum *r*/ChatGPT. While ChatGPT is only one of many LLMs available to the public, it has gained significantly more popularity and mainstream use at the time of our analysis as compared to alternatives such as Claude or Gemini (see e.g., App Store[4]). Although most user stories are derived from ChatGPT interactions, the underlying patterns, challenges, and design considerations identified are broadly applicable across LLM-based systems, many of which share similar web interfaces and conversational formats.

Fourth, while we develop a nuanced user-counsellor informed understanding of using LLMs for self-care, it is by no means definitive, especially considering we are only in the early stages of mapping out users' desires and preferences for LLMs (Skjuve et al., 2023). As LLM usage continues to increase, computational methods such as recent approaches that leverage LLMs can support the collection and analysis of a broader range of user interactions at scale (see e.g., Gao et al., 2024; Schroeder et al., 2025) when types of usage progress and move beyond early adopters.

Given the sensitive nature of mental health support, it is critical to investigate the long-term effects of LLM usage for self-care and other mental health-related tasks. In such longitudinal approaches, it would potentially be rewarding to consider additional types of data, such as those generated through for example interviews or diary studies. Similar to collecting experiences shared anonymously in online forums, diary studies may invite participants to openly reflect on their personal usage of LLMs for self-care.

While much work highlights future potential steps of making LLMs more useful in supporting people (e.g., creating datasets based on how teachers behave towards students who struggle Demszky et al., 2023), it is unclear what real world contexts and scenarios are relevant for datasets used to train LLMs used for self-care. To inform the design of LLMs for self-care, future work should carefully consider the dissonance that might arise between counsellors' critical perspectives and users' more positive impressions. Efforts on including diverse stakeholders should carefully consider and respect both counsellors' critical perspectives and users' more positive impressions, and should echo Nunes et al.'s emphasis on people's everyday experiences when working with self-care technologies (Nunes et al., 2015).

[4] https://apps.apple.com/us/charts/iphone

## 6. Conclusion

Understanding how to satisfy everyday users' preferences and respect counsellors' expertise is critical to building and designing LLM-powered self-care technologies. Through two studies, we investigated how people use LLMs for self-care and what perspectives counsellors hold on this matter. Findings from our first study suggest that people find LLMs useful for a range of purposes, such as finding comfort or reflecting on feelings. Results from our second study suggest that counsellors can recognise these benefits but raise several concerns, such as unintended consequences that might result in LLMs causing harm to users. Together, our findings unveil a dissonance between users and counsellors regarding how LLMs are used and how they should be used. We connect this dissonance with LLMs' sycophantic behaviours towards users' evolving adaptation to LLM technologies that might be at odds with experts such as counsellors. We outline practical implications and design considerations around using LLMs as a self-care technology.

## CRediT authorship contribution statement

**Joel Wester:** Investigation, Conceptualization, Methodology, Data curation, Writing – original draft, Formal analysis. **Sander de Jong:** Writing – review & editing. **Henning Pohl:** Supervision, Writing – review & editing, Conceptualization, Methodology. **Niels van Berkel:** Methodology, Writing – review & editing, Funding acquisition, Supervision, Conceptualization.

## Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Joel Wester reports financial support was provided by Carlsberg Foundation.

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## Data availability

The authors do not have permission to share data.

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