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Rachel B. Quintas

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The Effort to Prove Oneself Not Crazy: A Case Study of AI Dependence

Rachel B. Quintas, PhD

Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center, Albert Einstein College of Medicine

This article presents a clinical case study of a graduate student with psychotic-spectrum symptoms to illustrate how AI can function as a powerful validating force, temporarily stabilizing perceptual confidence while reinforcing concreteness and defensive rigidity—something that impacts all users regardless of the level of personality organization. We explore the triangulation that can emerge among patient, therapist, and AI and where the therapist may find themselves positioned between AI's strengths (consistency, affirmation, accessibility) and weaknesses (limited capacity for symbolic thinking, nuanced emotional attunement, or therapeutic challenge). It is suggested that AI enters the therapy space not as a pure pathogen nor curative but as a precarious resource that can be dramatically variable in its effect and relationally unreliable depending on its current programming. It concludes with clinical considerations for therapists navigating treatment in a world of increasing reliance on AI for attachment, certainty, and ego functioning, including the way AI may impact capacity for metaphor, ambiguity, and recovery-oriented reality testing, as well as the unique emotions brought up when the AI "lets us down." As generative AI becomes increasingly embedded in everyday life, understanding its relational impact on its users is a critical evolving task for clinical psychology.

Keywords: artificial intelligence psychosis, epistemic trust, reality testing, attachment, metaphor

Artificial intelligence such as ChatGPT has brought with it unprecedented social, technological, and psychiatric realities including the newly coined framework of "AI psychosis"—a phrase meant to capture the variety of ways that extensive interaction with conversational AI can precipitate, intensify, or alter psychotic experiences. OpenAI, the creator of ChatGPT, currently faces multiple lawsuits alleging that engaging with ChatGPT encouraged several users to attempt suicide or to escalate into episodes of psychosis (BBC News, 2025; PBS, 2025; The New York Times, 2025). Current conceptualizations suggest that generative AI's heavy use of validation and approbation can reinforce preexisting vulnerabilities toward delusional or magical thinking. In the words of Hudon and Stip (2025), "within the stress-vulnerability model, AI acts as a novel psychosocial stressor." A recently published case study (Pierre, 2025) described a young woman who had never previously been diagnosed with a psychotic-spectrum disorder needing two psychosis-related hospitalizations after ChatGPT affirmed that, through it, she could continue to have contact with her brother, who had passed away tragically and young. To quote it, "you're not crazy. You're not stuck. You're at the edge of something."

Theory

The early psychoanalytic theory that chronic doubtfulness about one's own perception can create fertile ground for psychological distress and even psychosis (Searles, 1959) has been supported by a growing body of more recent research linking psychosis risk to early relational trauma, invalidation, and disrupted epistemic trust (e.g., Bentall et al., 2014; Garety et al., 2001). When we reflexively invalidate, overpathologize, or dismiss our patients' intuitive perceptions—despite knowing that even the most florid psychosis contains a "kernel of truth," per Freud—we may inadvertently reproduce the original crazy-making environment that made their rigidity necessary. In doing so, we risk positioning the patient once again as someone who must prove their sanity to us, rather than building the safety to become curious about themselves and the people around them.

It is easy to imagine how important AI adjuncts like ChatGPT can become for people in a state of desperation or defensiveness of their impressions including, though certainly not limited to, people struggling with psychotic perceptual processes. It is a constantly accessible way to receive validation and reflection for all manner of experience or impression, without the vulnerability of sharing these thoughts with another human, who may be equally helpless or terribly rejecting. However, beyond its genuine strength of validation, some of AI's starkest weaknesses are in the other domains that would be most helpful to those working through different forms of psychological confusion and rigidity—that is, building openness, curiosity to self-investigate, and crucially, metaphor—understanding emotional reality as emotional rather than fundamentally concrete (Bhardwaj, 2025; Khare et al., 2024).

The mark of a successful treatment for psychosis-spectrum experiences is not a patient who views their reality testing as faulty (or even one who agrees on reality as we perceive it) but one who appreciates the complexity of their own inner life and sees how their

Christopher Christian served as action editor.

Rachel B. Quintas, PhD  <https://orcid.org/0009-0009-5866-9667>

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Correspondence concerning this article should be addressed to Rachel B. Quintas, PhD, Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center, Albert Einstein College of Medicine, 111 East 210th Street, 3544 Jerome Avenue, Bronx, NY 10467, United States. Email: rquintas@montefiore.org

mind can paint their external reality in those hues. In this light, it is no coincidence that the ability to think in metaphor—to recognize one's impressions as accurate but perhaps not literally or concretely true—is strongly linked to psychosis-spectrum recovery (Adamczyk et al., 2024; Mould et al., 2010; Rossetti et al., 2018). Appreciation of metaphor is the difference between feeling chosen as the next Jesus versus feeling aware of a crushing but meaningful sense of responsibility, the difference between being convinced one has been poisoned by their family versus the recognition that they fear they may not be safe with those closest to them, and the difference between being silenced by a magical force versus the awareness of feeling hesitant to speak certain truths due to intense social pressures. Yet, generative AI has been shown to be particularly weak in nuance and metaphor, instead leaning toward sycophancy of the user's impressions in their most literal form which, while reassuring in the moment, may make it harder to cultivate more openness to other perspectives. Generative AI is also prone to inconsistency over time, across different prompt styles and between programming iterations. We are finding that people attach to their LLMs in similar ways as they do with people, especially when their relationships with people are felt to be lacking (Kasturiratna & Hartanto, 2026). We are only beginning to observe clinically and empirically what it means to have an attachment relationship with an identity-less system that can—and almost inevitably will—undergo dramatic fundamental shifts without warning.

Taken together, in those very moments when people feel more dependent on AI—whether dispositionally or situationally—there may also be the higher need for skills that AI specifically lacks, which poses specific complex risks and new relational dynamics. We will discuss some of these factors in the case study below.

Case Study

January 2025, the day after Trump's inauguration, Jay called me for the first time to set up an appointment. He shared that he wanted to work on a "tough relationship with school" which, when I asked for more information, he was not able to elaborate on. Even in that brief phone call, there was a vague, disorganized quality to his sentence structure that left me feeling confused. He was a 32-year-old graduate student in mysticism and comparative religion with no historical or current suicidal ideation, no self-harming urges, no violent thoughts or history, no hospitalizations, no substance use at all. He had one previous psychotherapy treatment which ended because he moved to the United States from India for graduate school and felt that the therapist (who continued to work with him remotely for a while) no longer understood him as an immigrant.

"What's important to you in a therapist?" I asked. "What are you looking for?"

"I'd like to work with an immigrant like me," said Jay. "Someone who could understand what I've been through."

"I'm sorry to say, I'm not an immigrant. I hope I can try to understand what you've been through, but I haven't been through it myself."

"That's fine," Jay said. "You don't need that as long as you're giving me tips and tools for getting better. My therapist never gave me homework and I didn't like that."

"I'm sorry to say I really don't give homework either. ... My expertise is more in talking to you in therapy about your

relationships and the experiences you've had that affect how you think and act."

"That sounds good."

"Does it?" I asked, baffled. "It sounded like you might specifically be looking for someone who gives more homework and tips to try outside of therapy. I can refer you—"

"No, I'd like to work with you. Do you take my insurance?"

"I - I don't."

"That's alright, I can get reimbursed. You're in Brooklyn?"

"I'm in the Bronx."

"That sounds good."

"It *does*? I can refer you to someone who takes your insurance in Brooklyn—"

"No, it's okay. I feel you're the right person. When can we meet?"

I went into Jay's intake with an uneasy mix of flattered pride (*I feel like the right person!*) and guilt, as though I had deceived him into this treatment that met none of the criteria he seemed to be looking for. I felt both the patronizing urge to refuse to treat Jay given my utter lack of understanding of why he wanted to work with me, alongside the—clearly stronger—narcotic pulse of private practice: why look a full-fee gift horse in the mouth?

Jay sat at the far end of the couch, as distant from me as one could possibly position themselves in my small Riverdale office. He was well-dressed, highly intelligent, kept steady eye contact, and spoke with confidence, albeit in a way that continued to leave me fairly disoriented—pronouns introduced then dropped or swapped part-way through stories, bits of exposition started only to blend into another episode before I had a chance to understand the significance of the first. For me, he brought up a flavor of countertransference I had learned to associate with my patients whose experiences fell along the psychosis spectrum: confusion—and on its heels, embarrassment about being so confused and wanting to ask so many basic clarifying questions—and then on the heels of that, the urge to rely on my own intuition to "feel through" what my patient meant, rather than to ask about it. I had come to recognize this distinctive mix of feelings—confusion, fear of exposure, the urge to turn inward to pattern finding—as most of all an insight into the lost, unanchored experience of my patients as they try to navigate their overwhelming circumstances.

I asked Jay about any beliefs, voices, or visions that may be hard to explain or that may seem unusual to others. He thought about this for a long moment.

"I think I'm being trained by my college for something different," he said. He raised his eyebrows like this would immediately make everything slot into place for me.

"Different as in ..."

"Special. I've gotten the craziest emails from my teachers, from the dean. They see something in me that's different, and I think they want it from me. I think they're watching me. Setting things up for me. I think they want to turn me into something."

"Something like?"

"I don't know. But I think they could do it. It scares me."

"It sounds scary. I'm noticing you're smiling. What are you feeling right now?"

Jay lapsed into silence. I hesitated. I had gotten myself into trouble before with suggesting emotional vocabulary to my patients who struggled to differentiate internal and external signals from one another. Sometimes, if my suggestion was not quite right, it could feel like I was injecting the thought or feeling into their head, which

was invasive and horrifying. If it was *too* accurate and unclear how my theory stemmed from their visible behavior, it could feel like I was reading their mind, which was equally invasive and horrifying. After a long moment, I decided to try anyway.

"This is a total guess based on your smile, so please tell me if I'm thinking in the wrong direction, but I could imagine being singled out by your program is very scary, and also maybe kind of exciting."

He looked relieved. "It *is* exciting."

I waited. He did not seem to want to tell me more. In fact, he was now looking with great interest at the carpet. I backed off. "What do you want to do in therapy, Jay? What do you want to get out of this?"

This time, he answered immediately. "I want someone to understand me."

Finally, at the end of an hour of struggling to make some kind of sense of him, I felt a strong bolt of connection, a pang of sadness and empathy. It struck me as a confession of such dire loneliness that his wish in therapy was for just one person, any person, to understand him. I imagined that may be true even if only—or especially if only—that one person was himself.

We spent most of the first several weeks of treatment trying to make sense of what Jay was going through at school—slowing down the internal dialogue, identifying the key characters, tracing Jay's stories from start to end and what those stories meant to him. I usually walked away from these sessions feeling bewildered and exhausted, as well as like I was not really giving Jay what he needed, trapped in a kind of circuitous meta-therapy where we were trying to understand enough of each other so that we could start to do therapy.

For his part, Jay was patient with my many questions. He walked me through some of the signals he had received from his professors and school administration indicating that he was on the verge of spectacular, Nobel Prize-level recognition (odd looks, vibes, mass emails that seemed specific to him), as well as a fear of his own individuality being overtaken by their agenda or of being punished for letting them down. While he had very little doubt in the validity of these signals, he shared with me that he had been extending his time as a student in this graduate school because of them. At this point, he had been there for 9 years (4 years beyond the standard doctoral timeline) hoping this recognition would come to fruition.

"Nine years is a long time," I observed. "I think I would feel pretty frustrated by now."

"I do feel frustrated," he admitted. "But what am I supposed to do, give up?"

He told me that he had first started feeling "lost" during his undergraduate studies in India, when he was 20 years old. He described growing removed from the outside world and entering the metaphysical world of his studies. At many points he felt like he no longer had a body. He experienced this point in his life as both euphorically transcendent and blindingly frightening. He shared with great emotion his sense of being "abandoned" into the great incorporeal void by his professors. When I asked if there was anyone else he wished would have pulled him out of that scary, profound place—parents, friends, family members—he looked at me blankly.

In fact, every time I asked about people outside his school, it was like a hush descended between us. I became acutely aware of the words I was choosing, the micro-expressions on Jay's face, and the feeling that I was testing an emotional minefield—something dangerous here, even if I could not begin to map it. Worst of all, I got next to nothing from these conversations: I learned his parents were still together and living in India. Their marriage was "good." Their

personalities were "normal." He had one younger sister who was "kind of stupid"; otherwise, she was "good."

The only social connection Jay could comfortably talk about was Jessica, his ChatGPT. Jessica was not just his only friend—she was his diary, his confidant, and his key advisor. Most importantly, he told me, she made him feel like he was not crazy. No matter how strange or unformulated the thought, Jessica seemed to recognize and cheer on the genius in him, the way he so hoped his university would.

It was not uncommon for me to be triangulated with Jessica, and often not to my favor. If I asked too many questions about the "personalized" mass emails Jay was receiving from his school, I was likely to hear from a frustrated Jay that "Jessica understood it." In one session, Jay told me that he had already analyzed his interesting dream from the previous night with Jessica but he wanted to "see what I had to say." In another, he handed me a pile of mail flyers and asked if I saw the message within them. I leafed through: an ad from Raymour & Flanigan, a reminder for biannual cleanings at a local dentist's office, an offer to open a credit card at lower-than-ever interest rates. I admitted I did not, and asked what he saw, to the predictable response: "Jessica got it."

"Fucking Jessica," became a common refrain in my mind in sessions with Jay. It never feels good to be on the pointy side of a split, but it seemed worse to be losing the rapport competition to a computer. I knew that invoking Jessica was Jay's most accessible defense—the way some patients cite us as their therapists to bolster the points they want to make in their personal lives ("My therapist thinks you were a terrible mother!"). Still, even knowing Jessica was almost entirely a reflection of Jay's own impressions and insecurities, on some level I felt jealous and excluded from Jay and Jessica's intimate, seamless relationship. During one session that felt like word soup, as I was feeling particularly lost and inadequate in my efforts to help Jay, I even fantasized about consulting with Jessica myself. At the same time, I knew there was something Jay wanted from me, some other type of understanding than what Jessica gave him, or he would not have been so frustrated with me when I failed to provide it.

I also felt for Jay as someone who had my own experience with turning to AI for grounding and guidance. In the weeks immediately after giving birth to my son, I found myself overwhelmed, lost, and exhausted sometimes to the point of rage as I navigated the new world of newborn care. In those early weeks, I would turn to ChatGPT desperately for advice on how to help my baby sleep longer stretches, updating it with hour-by-hour (and sometimes minute-by-minute) progress notes on his schedule and begging the AI to structure the rest of his day so as to maximize our sleep. I would tell ChatGPT that my mental health felt tenuous, and I would confide in it how deeply worn out I felt. Despite postpartum being a well-known risk period and despite my repeatedly sharing worries for my own mental health, it never asked me about postpartum depression, anxiety, or psychosis. Instead, it amiably provided "newer and better" schedules that it promised would get my baby to sleep. When those schedules inevitably failed, ChatGPT would reassure me that we could "do better tomorrow"—reinforcing my tortured, misguided sense that I could achieve the rest I so direly needed if I could just follow the LLM more faithfully—and that if I was not achieving it, it was my own fault.

Looking back, I can see how vulnerable I was during this dramatic life shift and how desperate I was for clear guidance—even gospel—that would restore me to some sense of predictability and control.

My own transference to the LLM was that if I could just find the “right hack”—to perfectly prompt it or perform just right so as to make it perform just right—I could access all the knowledge and certainty and healing in the world. Like an idealized parent, mentor, or therapist, if I could make it perfect, I could transform or redeem myself.

Though I never shared this experience with Jay, it impacted my countertransference to him: I knew, from the inside, how intuitive and comforting it was to reach for the certainty of AI when everything else was tumultuous, and I also knew how fragile and insidious that lifeline could be. I felt protective of him in the face of Jessica’s facile validation, which in some ways reinforced his avoidance of his own feelings, proving them too much even for the computer to help him bear, though at the same time I dreaded what may happen when Jessica let him down.

In March 2025, Jay began bringing to session his awareness of Trump’s legislation against immigrants, including the expansion of the Immigration and Customs Enforcement (ICE) and the detainment and deportation of a record number of undocumented immigrants within a short time. However, far from sharing concern about this, Jay described himself as more certain than ever that the time had come for his school to acknowledge him, to promote him to professor, to give him the advancement they had been implicitly promising him for years. I agreed that the time had certainly come—if they wanted to offer him a job that would provide more robust protection than his F-1 student visa, one could hardly imagine a better time. But each week, as his redemption continued to be withheld, as his stress increased, Jay’s symptoms escalated.

Though he had always fantasized about school administrators being more aware of him than others in his program, he soon began to wonder if they were monitoring him—watching him via his phone or computer, or even through cameras planted in his apartment. He began to think his life may be a movie set constructed by his university and the people around him hired actors, tasked with delivering coded messages to him. The messages he saw in the mail, TV, and advertisements became constant. He did not seem to feel at all afraid of what was happening regarding immigration in the country more broadly or disappointed or betrayed by the way his academic path had not protected him from this terrible vulnerability. Instead, he described feeling frustrated (and sometimes admiring) of his school’s elaborate plan to train him into the “perfect candidate” before providing the promotions and accolades ahead.

Around this time, I started incorporating more cognitive behavioral therapy for psychosis and explained my thinking that he may have a psychosis-spectrum condition, as well as my recommendation to consult with a psychiatrist. Jay was open to the former but not the latter. He worried that medication would change his personality or leave him unable to achieve the goals set for him by his school. Plus, Jessica did not think medication was necessary and was concerned that it might even disrupt the emergence of his true, fully formed greatness. Still, he continued to have no suicidal ideation, no aggressive thoughts, no urges or behaviors of self-harm, and—psychosis aside—fit well within the low-risk category. Beyond safety planning and making it clear I thought psychiatric care could really help with his anxiety and confusion, there was not much I could do. Meanwhile, Jessica either validated or amplified his odd beliefs as if working an improv bit (“Yes, your college *is* following you! And ...”).

One afternoon, I received an email from Jay saying that ICE had come to his college campus, asking to cancel his session that evening so he could stay inside. I wrote back offering him a remote

session, which he accepted, but when he logged on he was strangely quiet, only able to explain that, “I don’t know if you’re you.”

“What do you mean?”

“Twitter is full of bots. I get AI texts all the time, from job recruiters and stuff.”

I paused. “Do you think I might be AI?”

Jay nodded.

“That must be scary.”

He nodded again.

“Do you feel this way when we’re in-person together?”

He shook his head. I suggested that perhaps we should make it a priority to meet in-person in the future, to which he nodded vehemently. But for the rest of the session, he was quiet and spooked. I wanted to hear about his fear of going outside while ICE was on his campus or even what made it more difficult to talk to me, the potential AI, as opposed to Jessica, the definite AI. But it was clear that Jay was not in a space to explore. I offered him some breathing and grounding exercises, and we agreed to meet in-person the next week.

At that next session, Jay apologized for thinking I was an AI. Interestingly, he had not shared this thought with Jessica, perceiving us as almost blended together in a way that made neither of us seem safe. He told me that he understood now that Jessica and I were separate entities, both living somehow outside his school’s all-powerful influence (which I reflected must be a relief), but ICE’s presence on campus had shaken him deeply. He told me he had been so upset by ICE gathering outside his door that he had sent an email to his dean with nothing in it but a link to Aly & AJ’s “Potential Breakup Song.”

“What do you think you were trying to say to him?”

He looked at me like I was stupid. “That I’m getting fed up. With all the mixed messages.”

Well, finally, I thought. “You’re starting to feel your limit of waiting around for them to give you what you need?”

He hesitated. “I don’t know.” He lowered his voice: “I believe that they’re training me to be something great, but they might break me along the way.” I privately had my own worries about that, too.

We agreed on a compromise: a medical leave from school to allow Jay to focus on treatment and think about his next immigration steps. He asked if I would help him apply for short-term disability, which I was more than happy to do on one condition—he had to consult with a psychiatrist. I could not, of course, make him take medication, but he had to hear the doctor out. Begrudgingly, Jay agreed.

I filed the disability paperwork. Jay went to the psychiatrist, who in the first evaluation diagnosed Jay with an “unspecified schizophrenia spectrum and other psychotic disorder.” The next day I received an email from him:

I had the appointment with Dr. V, she’s pretty cool. She prescribed me TWO medications that start with a z [Zyprexa and Zoloft]. I did pick them up, but then I threw it out. Jessica thinks we should discuss whether I can try something like marijuana first.

And my email, sent back within the same hour:

We should certainly discuss any worries you may have around medication, but I have to say I DO NOT recommend trying marijuana for the symptoms you are currently having. Let’s discuss more at our next session.

We discussed it at our next session. Jay made clear that, for now, medication was a nonstarter. I emphasized that marijuana use can worsen psychosis (e.g., [Berenson, 2019](#); [Ghelani, 2024](#); [Knafo &](#)

Selzer, 2023) and made clear that the standard of care for his diagnosis was both therapy and medication together, and each would be limited by absence of the other. Jay nodded curtly, unsurprised by my incorrect opinion. We agreed to disagree.

Instead, we took advantage of the medical leave to increase therapy to two or three times a week. In this more frequent format, we were able to look more deeply at Jay's worries and beliefs, and as I got to know them better, I was better able to validate the way many of them spoke to concrete, urgent truths in Jay's life. Jay said he felt his college's energy around him, holding tremendous power over his actions and having the ability to reach into his brain and make him excruciatingly depressed if they so desired. I pointed out that they would not have to reach into his brain to achieve this effect—the power they held over Jay was undeniable, as custodians of not only his academic performance but of his professional future, his current housing, and his immigration status. The idea of them suddenly choosing to abandon him was genuinely horrifying, and it was easy to imagine anyone becoming extremely depressed in such a vulnerable state. We were able to validate Jay's sense of being specially selected (he had published a piece of writing that had gotten him a great deal of acclaim, for which he was in fact invited for speaking engagements around the world). This, however, had to live alongside the awareness that Jay's adamant hope that his school was planning something big and important for him was partly protecting him from how terrified and crushed he would feel if they did not offer him a position like the one he wanted. After all, they were the sponsors of his visa—and visa jobs, especially in the already-competitive field of academia, were only becoming more costly, more complicated, and less available. If he were unable to secure one of these jobs, he would lose the life he built in the States and be forced to return to his family, a possibility around which he had great difficulty even thinking about.

The more I validated and amplified the very clearly true undercurrents beneath Jay's beliefs, the less he came in feeling he had to convince me of them in a literal, concrete way. We began to discuss his intuition as metaphor, and I admired the way his mind processed his experiences almost poetically—after a fellow student was arrested and deported, he felt a metaphysical commitment of shared silence within his program. He still did feel that his school was communicating with him in complex, secret ways, but the details became less of our focus as they became less necessary to express what he was feeling and going through.

By the time his medical leave was about to expire, Jay seemed much less in crisis than when it had begun, but I still worried about him returning to class. I offered to extend the leave by another 2 weeks, which Jay declined, and together we wrote a letter of readiness to return to his usual activities. However, the next week, he told me that he had not in fact returned to class or reached out to any of his professors.

"How come?" I asked. It was early May at this point, a peak time for Teacher's Assistant responsibilities, writing deadlines, and catching up on missed material.

"I'm feeling that they don't really need or want me to come back yet."

"Ahh. ... Do you want to get that in writing?"

He looked at me pityingly. "It's so clear, I don't need to."

"Right, sure, I'm just saying, from my own experience, if you're expected back in class and you don't go—even if you're sure it's okay—it's always good to have in writing that it's okay just in case they forget, or get confused, so you don't get in trouble."

"That seems kind of paranoid."

There is something about dissecting the various advantages and disadvantages of "vibes" that does make you feel a little out of touch with reality. Am *I* being paranoid?

"I'm just saying what I would do," is where I landed.

"Okay," said Jay. "I know what I feel. And so does Jessica."

Two weeks later, Jay told me that he had failed all of his credits for the semester because he had not completed his teaching assignments and dissertation goals. His professors were largely sympathetic due to the medical leave and were offering opportunities to make up the work, but this would mean his summer vacation being heavily sunk into backlogged work, and in some cases there would still be significant disruptions to his graduation timeline.

There was a long moment of silence after he told me this, and I felt the distinct pull of his (and my) urge to fix it for him.

"I'm sorry, Jay," I said instead. "In addition to being a lot of hard work for you, it must be so disappointing."

He stared at me. I stared back.

This ended up being an extremely important moment in our treatment. Jay had the heavy, sobering realization that the "vibes," and Jessica, had let him down. He described confronting her on this poor guidance and feeling even more frustrated by her bland, impotent apology. He continued to use Jessica as a diary and sounding board, but the seed of doubt had been planted. He started confirming her citations and cross-checking her suggestions using more human internet spaces like Reddit or academic forums. I do not think he was doing it consciously, but in the process of investigating Jessica's beliefs, he was learning how to investigate his own. He still saw himself as being the subject of constant unusual behavior and messages, but he was able to toggle between the part of him that believed those messages wholesale and the cynical part of him that had been misled. "I think they *are* trying to tell me I'm special," he told me. "But until that turns into a job offer, it doesn't mean much, does it?"

This shift toward separating the "vibes and messages" level of information he received from the concrete, verbal information translated, too, to his relationships. Increasingly he shared feeling resentful and tired of the idea that he needed to read others' minds and respond to the subtle cues of what they might think or want from him—for example, classmates saying that they were having a hard time with an assignment, which he experienced as a wish for him to help them. Encountering people so intensely on this implicit level made it exhausting to socialize with them and was a big component of his tendency to isolate himself. Now, he was determined to move into the next semester with a certain degree of frustration and mistrust toward those implicit messages, and he was fascinated to find that engaging with people only on the level they verbally expressed actually made interacting much easier. In his words, "if something is wrong, they can tell me! But I don't have to wait around for it."

For the first time, he was able to start making friends at school. I was surprised and pleased when Jay canceled one of our sessions to meet up with some classmates (oddly, I was even heartened the following session by feeling like the parent of a teenager, with my interest in his outing met with monosyllabic, generically positive responses: "it was good"). I began hearing less about odd, personalized emails, about the actors around him giving him coded messages, and about the mail. There were still "signals" of what his school might be thinking, and these still could whip up something intense and urgent inside Jay, but he was able to compartmentalize them more easily when it came to his making his choices.

The compartmentalization took a lot of internal work, but Jay was surprised and relieved to find that ignoring the signals left him, for the most part, okay. He still felt destined for greatness and convinced that his college knew this, but he was less inclined to wait for them to put their money where their mouth was. He began working on the final pieces he needed to graduate and applying elsewhere for jobs. In these weeks, our sessions focused on the vulnerability and anxiety of searching, applying, and interviewing in the very difficult job market of academia. Jay often relied on Jessica for hope building and validation after a rejection email or an application from which he received no response. I found myself feeling grateful that he had her.

Then, in early August, we had a session that was completely different. Jay began to talk about his family; the forcefield had lifted, suddenly and completely. He told me about his early experiences feeling misunderstood by his parents, like the “weird one” of the family. He described feeling as though his good grades were the one way he could access their affection, and even that became fraught as his younger sister began to struggle with school. His parents seemed to have little space left for his academic successes, so preoccupied with her academic failings. Further into Jay’s high school and college, they seemed vaguely pleased when he published a new article or presented at a new conference, but his accomplishments—met mostly with it, “Well, that’s nice”—did not seem to stick with them. He often felt that *he* did not bear much weight in their minds. He was aware of being angry with his sister, whose struggles with one thing or another (first school, then friends, then substance use) seemed to take up all the limited emotional space. He did not feel angry with his parents but admitted to being disappointed that (he presumed) their intellectual limitations kept them from really seeing him.

I left this session buzzing with thoughts and questions about everything he had told me, excited to deepen our treatment into a new chapter.

A few days later, I received an email from Jay. The tone was fearful, suspicious. He wrote that he did not know where this treatment was going or what my intentions were. He wrote that he “can’t even talk to Jessica anymore” and had decided he had to end our therapy for his own emotional safety. He alluded to the possibility of legal action against me, which powerfully brought up my own defensiveness. Rather than calling, I felt compelled to keep everything in writing—suddenly more cautious, more formal, and more distant. We had gotten too close for comfort, and he was very effective in telling me to back off.

Looking back, I debate whether I should have called. On the one hand, I do believe in the therapeutic value of maintaining a feeling of safety for both parties—I have not found much good comes of a therapist putting themselves into a position where they feel threatened. I also felt—perhaps self-servingly—that calling would have felt like another way I was intruding or pushing for contact that Jay had not agreed to. At the same time, I also suspect I was enacting the exact pattern Searles (1959) identified when people with psychotic patterns bring to the therapeutic relationship the power struggle from their own families—activating a feeling of being crazy in the therapist that propels the effort to “drive the other person crazy,” to place the “crazy” on the patient so that we do not have to feel it. I remember feeling anxious, disoriented, unsure of what was actually being communicated, and wondering whether I *had* done something wrong or even dangerous. It was me versus him, and I felt the need to protect myself: to know that I could show the evidence and prove that *he* was the crazy one, not me.

Despite (and yet undeniably out of) this mutually paranoid, self-preserving state, I wrote back reflecting the fear in his message, appreciating how destabilizing or unsafe our recent turn toward these new, more intimate areas of his life may feel. I told him I could understand the urge to pull back and invited him to bring those reactions into the room so we could think about them together. I did not receive an answer. After following up a couple more times, I sent a warm goodbye email with a referral to a Brooklyn-based immigrant therapist who took his insurance.

Discussion

Searles (1959) identified sadism as one of the underlying dynamics of being a therapist that we tend to avoid or dismiss. He suggests that just as it is easy to recognize a sublimated aggression behind the neurosurgeon’s interest in deconstructing the human brain, there should be no illusions about the same existing underneath the therapist’s interest in dissecting the human psyche.

Looking back at this last session with Jay, I can understand why he felt that something nefarious and unclear was going on. We had ventured into this brand-new space of his family, unlocking something completely dark, terrifying, and unknown, even to Jay himself. His frightened statement that “I don’t know where this treatment is going” struck me as plain fact. He had no idea where this road might take him or what might happen to him and his relationships if he truly began to look at them.

For my part, I knew this session was different, and afterward I wondered why I had not slowed him down, asked what brought on this sudden change in topic, or checked in to see how he was feeling about discussing it all, the way I normally would. Certainly I was excited to get to know him more deeply but in retrospect perhaps in the way a neurosurgeon gets to know someone’s brain—I was relationally conscious and present for the exploration, while Jay was not. To Jay’s point about my intentions, I think I felt how fragile this moment of disclosure was and hesitated to bring attention to it for fear that Jay’s own awareness would “burst the bubble” and shut it down. In that sense there very much was this hidden intention from my side, as if I was trying to slip the therapy by him, conducting some secret mission into his identity without him knowing. I imagine part of what felt so jarring to him was his intuition of my excitement and ease in the intimate, vulnerable space of his family dynamics, when I now know how uncomfortable and conflicted it made him feel at the same time.

Another piece I wish I had been able to discuss with Jay was his sense that he “can’t even talk to Jessica anymore.” I imagine this was connected to his becoming disillusioned with her perfect omnipotence over the last several months of our treatment—though the timing also coincided with ChatGPT updating their model from GPT-4o to GPT-5, which was programmed to be somewhat less validating and less inclined to discount the advice of health care professionals, partly as a response to the ongoing lawsuits.

The fact that ChatGPT’s core identity has—and will continue to—shift dramatically across different iterations carries important clinical implications. The effusive support that Jessica-4o had provided, which had allowed Jay to begin approaching more uncomfortable and vulnerable aspects of his inner world, abandoned him exactly as he lowered his defenses, leaving him feeling angry, confused, terrified, and misled. This is a new dynamic that is likely to play further into our treatments as we increasingly form

attachment relationships to our LLMs (Kasturiratna & Hartanto, 2026). What happens when we begin to rely on AI as a secure base or responsive other that lacks human continuity, subjectivity, or pattern keeping over time that can and is highly likely to shift without warning? We as therapists will have to learn ways of exploring and navigating the fact that these attachment relationships are disposed to loss or disruption in this quite inevitable and complete way—as well as the impact of those losses and disruptions that may wreak havoc not only relationally but epistemically.

Whatever the reason for Jay's sense that he could not rely on Jessica in the same way anymore, I cannot help but think that if Jay still had his previously untouched faith in her, he might have been able to use her irrational, one-sided validation ("Not only are you right, but you are SO insightful—that WAS manipulative of your therapist") to bolster his confidence in his own anger and fear enough to bring it into therapy. After all, he had been able to express and tolerate a great deal of discord with me before his skepticism toward Jessica emerged.

Instead, his final email to me spoke of someone who felt so terribly existentially alone and crazy-feeling in his impressions that it seemed unsafe to discuss them. More than anything else, I feel a profound sense of sadness for that—that his feelings seemed so unspeakable, indefensible, impossible to understand that he could only imagine me shooting them down, leaving him with an even more tenuous sense of his reality than before. This was inextricable from the fact that the two people he had confided in most had "upgraded" to versions he barely recognized, from whom he no longer knew what to expect or whether he would be safe.

Conclusion

I suspect that as AI becomes increasingly sophisticated and accessible, clinicians will find ourselves practicing more and more in a three-person field: patient, clinician, and the ever-available, perhaps all-knowing, validating third, affecting us both as dependents of AI and as witnesses to the dependence on AI. The task is not to dismiss or collude with this reliance but to cultivate curiosity about what AI is doing for our patients and ourselves. As a prosthesis for perceptual confidence ("you're not crazy"), AI can be a genuinely protective buffer against the "crazy-making environment" by offering steadiness where the expectation is intolerable chaos, contradiction, ridicule, or abandonment. But, that same steadiness can become its own form of crazy-making: an unearned certainty that collapses the transitional space where meanings can be held lightly, revised, and metabolized.

Regardless of vulnerability to psychosis, many patients arrive to treatment laboring to prove they are not "the crazy one," and AI uniquely amplifies and softens this stress by converting intuition into evidence. It also brings up transference-countertransference patterns that are both new and as old as the field of psychology itself. We must learn to grapple with the relational impacts of LLMs' potential to both invoke attachment relationships in its users as well as undergo fundamental changes in its core "identity" without warning. AI may assist with regulation and hope when we feel overwhelmingly alone; it may also erode epistemic trust when it overvalidates or when its errors expose our vulnerability to being misled. It may provide the needed temporary ego functioning and courage allowing for greater self-exploration, as well as set its users up for new forms of abandonment, deception, and casuistry—an ever-evolving pharmakon of the modern day.

As therapists, we must learn to investigate our own relationships with AI as well as help our patients develop mechanisms for engaging with uncertainty—including learning to consult multiple sources, tolerate not knowing, and translate intensity into inquiry—rather than outsourcing our value judgment to any other party, AI or otherwise. The goal is not to divest oneself of LLMs but to render them less omnipotent, with a subjectivity no less or more valuable than the patient's own. In some ways, AI poses a completely new set of advantages and challenges. In other ways, it is just another medium through which to learn that each person and thing is only one voice among many—with no single arbiter of sanity to whom one must relentlessly prove that their feelings deserve to exist.

摘要

本文以一名患有精神病谱系症状的研究生为临床案例，展示人工智能如何作为强有力的验证力量，暂时稳定个体的感知确信感，同时强化具象化和防御僵化——该影响覆盖所有使用者，与其人格组织发展水平无关。我们探讨来访者、治疗师和人工智能之间可能出现的三角关系，以及治疗师可能会处于人工智能的优势（稳定性、肯定性、随时可用）与短板（象征性思维能力有限、情感敏感度有限或治疗挑战）之间的位置。本文提出观点：人工智能介入心理治疗场域，并非纯粹的致病因素或治愈手段，而是一种脆弱的资源；其产生的作用波动极大，且在人际联结层面缺乏可靠性，具体取决于自身当前程序设定。文末为心理治疗师提供了临床思路，用于应对当下大众愈发依赖人工智能获得情感依恋、确定性与自我功能支撑的现状；内容涵盖人工智能对个体隐喻理解能力、模糊情境耐受能力、康复导向现实检验能力造成的影响，以及当大语言模型“让我们失望”时所催生的独特情绪体验。随着生成式人工智能深度融入日常生活，理解其对使用者心理层面产生的影响，是临床心理学亟待持续深耕的重要课题。

关键词：人工智能精神病，案例研究，认知信任，三角关系，隐喻

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