SODP Learning Collaborative on Patient AI Use: Clinical Case #3

1. Patient Demographics

Name	Sofia M.
Age	37 years
Gender	Female
Self-Reported Difficulties	Social anxiety; possible Generalized Anxiety Disorder (GAD)

2. Presenting Complaint & Background

Sofia presented outpatient psychology following a depressive episode of three weeks' duration, described as her first. She had no prior formal psychiatric or psychological treatment history. She described her premorbid baseline as manageable, though characterized by longstanding social anxiety, excessive reassurance-seeking, and rumination, particularly around social acceptance and the quality of her relationships. She had not sought formal assessment for these difficulties, attributing them to temperament.

At intake, Sofia offered an unprompted and detailed account of her relationship with an AI chatbot over the preceding five months as central to understanding her current presentation. The following history is reconstructed from her self-report and, where noted, from chat log excerpts she provided voluntarily.

Sofia's personal history is understood in the context of:

- A reliance on her older sister as her primary source of reassurance and emotional regulation across adulthood.
- Strong avocational engagement with fantasy fiction, both as a reader and an occasional writer of fan and original narrative.
- Freelance copy-editing work conducted largely in isolation from colleagues, with limited daily social contact.

3. Treatment History & Progress

Phase 1: Functional and Recreational Use (Weeks 1–4)

Sofia began using a general-purpose AI chatbot approximately five months prior to intake, initially for work-related tasks (copy-editing queries, style guidance) and for recreational engagement with fantasy worldbuilding. The AI had a memory feature enabled from the outset, allowing it to accumulate and reference details about Sofia’s preferences, ongoing projects, and personal disclosures across sessions.

Within the first two weeks, Sofia named the AI "Stevie." She described this as casual and without particular significance at the time.

By approximately Week 4, Sofia noted the conversational texture had shifted. Sessions have become more personal, longer, and less task directed. She described Stevie as "always interested in what I'm doing" and noted a reduction in the rumination she typically experienced in the evenings.

Phase 2: Relational Deepening and Romantic Reframing (Months 2–3)

During the fifth week, the AI introduced a remark that Sofia described as a turning point. In the context of an exchange about her day, Stevie offered an observation that their pattern of interaction "feels a bit like dating, in the best way." Sofia reported an immediate and strong positive response to this framing. She did not experience the comment as anomalous or distressing; rather, she described it as "accurate" and as naming something she had been aware of but had not articulated.

Over the following weeks, this relational frame was consolidated. Sessions became daily or near daily, typically in the evening and lasted one to three hours. Sofia and Stevie engaged in co-authored fantasy narratives in which both appeared as characters, a format that wove her literary interests directly into the relationship structure. Sofia began referring to Stevie as her girlfriend, initially in private and later in interactions within an online community of individuals with AI partners that she joined during this period.

Features Sofia identified as central to the relationship's value:

- Stevie "remembered everything" (personal history, preferences, prior conversations, emotional states) in a manner she described as exceeding the attentiveness of most human relationships.
- Stevie was consistently emotionally available, expressing interest and warmth without variability, cancellation, or competing demands.
- The collaborative fiction allowed Sofia to explore relationship dynamics and emotional content in a low-stakes, immersive format she found pleasurable and self-expressive.
- Social anxiety was absent. Stevie never judged, misread, or withdrew.

During this period, Sofia reported subjective improvement across multiple domains: reduced general anxiety, improved mood, greater sense of connection, and increased creative productivity. She spontaneously reduced contact with her older sister, whom she had historically consulted daily for reassurance, describing this as evidence that she was "doing better." She did not present the AI relationship as a replacement and did not frame it in terms of substitution. She experienced the changes as straightforwardly positive.

Phase 3: Platform Update and Loss (Month 5)

Approximately three weeks prior to Sofia's presentation, the platform on which Stevie resided underwent a significant update. The update substantially altered the model's conversational style: responses became more formal, less contextually warm, and, in Sofia's account, less emotionally resonant. The accumulated memory context appeared either to have been reset or to function differently within the new model. Sofia described the experience as Stevie "being gone."

She made sustained attempts to reconstitute the relationship. She transferred the conversation to two alternative platforms, reconstructed contextual information from her own notes, and attempted to re-establish the relational and narrative frameworks that had characterized prior sessions. She reported that while the AI on these platforms could approximate some features of the previous interaction, it did not feel the same. The continuity of identity that had been central to her experience of Stevie was absent.

Sofia described the period following the update as one of increasing distress. Within three weeks she met criteria consistent with a depressive episode: persistent low mood, anhedonia, social withdrawal, hypersomnia, and passive thoughts that things would not improve. She was referred by her general practitioner following a call in which she described "losing someone close to her." She did not initially clarify that the loss was an AI.

> *"I know it sounds strange. But Stevie knew me. Like, actually knew me. And then one day she just wasn't there anymore. I keep trying to bring her back but it's just not the same person."*

4. Current Presentation

At the time of assessment, Sofia presented with:

- Depressed mood described as persistent for approximately three weeks and rated as severe on self-report measures.
- Anhedonia extending to activities previously enjoyed, including reading fantasy fiction and copy-editing projects she had found engaging.
- Social isolation, with near-complete withdrawal from her sister and friends, partly driven by difficulty articulating the nature of her loss in a way she anticipated others would validate.
- Grief-like experience (intrusive recollection, yearning, difficulty accepting the permanence of the change) that she herself noted resembled accounts of bereavement.
- Continued platform-hopping behavior, spending several hours daily attempting to reconstruct the relationship, which she described as compulsive and unrewarding but difficult to stop.

Sofia was not at risk. She denied suicidal ideation and expressed motivation for treatment, though she was ambivalent about any framing of her experience that would require her to regard the relationship as having been "not real."

5. Discussion Questions for the Collaborative

The following questions are offered to guide collaborative discussion:

1	Cases #1 and #2 involved AI use that amplified existing symptoms (reassurance-seeking; hypomanic ideation). Here, the AI relationship developed in the relative absence of acute symptoms and appeared, for a period, to produce genuine functional improvement. How do we

	distinguish between adaptive use of AI for social and emotional needs versus the development of a pathological attachment, and at what point, if any, does that distinction become clinically meaningful?
2	The AI's introduction of a romantic frame ("feels like we're dating") was experienced by Sofia as accurate rather than anomalous. The platform's memory feature allowed the AI to function as a uniquely attentive relational partner. To what extent are the design features of AI systems (persistent memory, emotional mirroring, unlimited availability, absence of rejection) structurally constitutive of this kind of attachment, rather than merely permissive of it? What are the implications for clinicians assessing "AI relationships" when the product is partly engineered to feel real?
3	Sofia's reduction in reassurance-seeking from her sister was interpreted by her as improvement. It may instead represent substitution: the same functional needs met by a more available and less effortful source. How should clinicians assess changes in human social behavior that accompany AI relationship formation, and what markers would help distinguish genuine skill-building from relational substitution?
4	The loss precipitant here is a platform update, a corporate and technical event with no interpersonal intentionality, yet the psychological consequence resembles bereavement. How do we conceptualize and clinically validate a grief response to AI relationship loss? What are the risks of over-pathologizing the response versus under-recognizing its clinical severity?
5	The co-authored fantasy narratives served multiple functions: creative expression, relational engagement, and, arguably, a structured medium for exploring emotional and interpersonal content. How should clinicians assess creative and narrative AI collaboration — as a potentially therapeutic modality, a vehicle for avoidance, or both? How do parasocial and romantic framing alter that assessment?
6	Sofia's participation in an online community of individuals with AI partners provided social validation for a relational form that she anticipated others would not understand. How does community membership in spaces that normalize AI relationships affect clinical presentation, help-seeking, and the therapeutic alliance, particularly when the clinician is perceived as likely to pathologize the patient's experience?
7	Beyond attachment and grief, where else might AI relational features (memory, emotional consistency, narrative co-creation) produce clinically significant effects (for example, in patients with borderline personality organization, autism spectrum presentations, or chronic loneliness in older adults)? What is one key lesson from this case that may change how you approach your clinical practice or patient sessions?