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Mental Health in the Age of Artificial Intelligence: How AI Use Affects Individual Emotion Regulation and Psychological Autonomy

Puhan Wang

Willowdale High School, Toronto, Canada
Minnie_Wang0308@163.com

Abstract. Artificial intelligence (AI) is increasingly used not only to obtain information or complete tasks, but also to interpret feelings and make sense of difficult experiences. This review considers how such use may relate to emotion regulation and psychological autonomy. Drawing on self-determination theory and process-based accounts of emotion regulation, it examines evidence of both support and risk. Conversational systems may help users name emotions, consider alternative interpretations, and practise coping strategies in settings that feel private and accessible. However, these benefits should not be assumed to persist: when users routinely hand over emotional interpretation or personal decisions to a system, they may have fewer opportunities to exercise their own judgement. The implications therefore depend on the purpose and pattern of use, users' psychological needs and developmental circumstances, and the design of the system. The review discusses implications for AI developers, mental-health practitioners, educators, and policymakers.

Keywords: artificial intelligence, emotion regulation, psychological autonomy, self-determination theory

1. Introduction

Artificial intelligence has settled into ordinary routines, including the ones that carry uncertainty, stress, and interpersonal difficulty. A language model drafts a message in the morning, and users consult it for reassurance late at night; companion chatbots answer practical questions and are also used to make sense of an emotional experience. This diffusion has unfolded alongside rising concern about anxiety, depression, and loneliness among young people. Two trends running in parallel establish neither that AI produces these difficulties nor that it eases them. They do make it worth asking what part these systems now play in how people cope [1].

Two concepts organise the discussion. Emotion regulation covers the processes through which people influence their emotional responses: what they attend to, how they interpret a situation, and how they respond to it [2]. Psychological autonomy, as the term is used here, is the experience of acting and deciding volitionally, in line with one's own values, rather than under external demand [3]. The two are related but not interchangeable. A user can leave an exchange feeling calmer

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without having acquired a strategy that survives the next difficult day, and asking a system for help can support autonomy when the user still evaluates the advice and decides what to do with it.

What follows is a conceptual review rather than a new empirical study. AI is not treated as a single intervention: a tool consulted occasionally to organise a decision differs from one that has become the main source of emotional reassurance or of guidance. The argument begins with the theoretical concepts, turns to reported benefits and then to risks, and closes with the individual, developmental, cultural, and design conditions that shape outcomes. One limitation recurs throughout. Evidence of short-term symptom change, or of an association between use and distress, cannot by itself show whether AI use produces durable change in regulatory skill or in autonomy.

2. Theoretical framework

2.1. Emotion regulation

Emotion regulation refers to the processes through which people influence which emotions arise, when they arise, and how they are experienced or expressed. Gross's process model locates regulation at several points: selecting or modifying a situation, directing attention, changing an interpretation, and modulating a response [2]. No single point is best in all circumstances. Reappraisal is indicated when an initial interpretation is unduly negative, whereas distraction is defensible when a person needs a pause before addressing the problem. Flexibility in choosing among strategies is therefore more informative than the frequency with which any one of them is used. Rigidity narrows that flexibility; its familiar forms are persistent rumination, blanket suppression, and intolerance of distress.

A conversational system can enter this sequence at several points: by asking a user to describe a feeling, by proposing an interpretation, or by helping to rehearse a response to a stressful event. Assistance of this kind lowers the cost of trying an unfamiliar strategy, particularly for someone reluctant to disclose the concern to another person. Generating a plausible interpretation is not the same as teaching a user to evaluate interpretations, however. Where the explanation arrives too quickly, the user can accept it without examining the evidence behind it; where the system asks first what the user makes of the situation, the same exchange becomes practice rather than delivery. That distinction (supplying an answer versus scaffolding a skill) organises much of the argument that follows.

2.2. Psychological autonomy and self-determination theory

Self-determination theory separates autonomy from acting alone. Autonomy concerns whether an action feels self-endorsed; competence concerns whether a person believes they can act effectively; relatedness concerns whether they feel connected to others. Satisfaction of these needs is associated with motivation and well-being, and their frustration with the loss of both [3]. The framework suits the present question because a single design feature can have opposite effects. An immediate, non-judgmental reply may leave a user feeling supported, yet a system that keeps choosing on the user's behalf can erode the sense of competence or of ownership that made the support worthwhile.

The clearest benefit concerns access. Coping information that once required an appointment is available at any hour, and a person can compare several ways of approaching a difficult conversation before deciding which, if any, fits their values; the system widens the options without taking the decision. A different pattern appears when the recommendation is treated as the answer to be followed rather than as material to be weighed. Research on perceived loss of autonomy in relation

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to autonomous technologies gives that concern an empirical footing, without implying that every use of AI reduces personal control [4]. The practical question is therefore narrow and testable: does the assistance leave the user better or worse able to make a considered choice without the system?

3. Potential benefits for emotion regulation and autonomy

Trials of conversational agents designed for mental health provide the most direct evidence. A systematic review and meta-analysis reported reductions in depression symptoms and psychological distress across studies of AI-based conversational agents, while also finding that outcomes vary with the intervention and the study design [5]. Cautious interest is warranted; stronger claims are not. Nothing in that literature shows that every generative system works, that gains survive the end of use, or that an agent can take the place of professional care. Users give familiar reasons for their engagement: convenience, the absence of a listener's judgement, and a place to rehearse a difficult conversation. Those reasons explain the appeal of such tools; they do not establish clinical effect.

Survey work with Chinese university students adds a different kind of evidence. Sun and colleagues found an association between use of AI mental-health tools and psychological well-being, with emotional self-efficacy and perceived autonomy reported as partial mediators [6]. A mediation model fitted to cross-sectional data cannot establish that tool use produced the improvement, and the authors do not claim otherwise. What the pattern suggests is a pathway worth testing: users may benefit when an interaction leaves them more capable of managing their own difficulties. For students with social anxiety, a low-pressure exchange may also make it easier to put a feeling into words before saying it to someone who matters, although whether that preparation improves later offline encounters remains an open question.

Self-determination theory specifies when such benefits could be expected. An interaction supports competence when it leaves the user able to execute a strategy, autonomy when it preserves a meaningful choice, and relatedness when it leaves the user feeling heard. None of these follows automatically from a warm or fluent response. The test is what the user can do afterwards: explain their own reasoning, adapt the strategy to a new situation, recognise when human help is required. Current findings justify studying those possibilities; they do not yet show how durable the effects are, or whether they survive outside the setting that produced them.

4. Risks to regulatory skill and psychological autonomy

Affective use of generative AI, meaning a request for comfort rather than for task assistance, needs care before it is treated as harm. In a study of adolescents and young adults, Bonnesen and colleagues found affective use associated with more emotional problems after loneliness and perceived mattering were taken into account [7]. The direction of influence is not established. Distressed young people may be more likely to seek comfort from a system; use may interact with difficulties already present; both may be true at once. What the finding supports is closer examination of when affective use occurs and what follows it, not a conclusion that such use causes poorer mental health.

A second concern is the steady delegation of interpretation and of ordinary judgement. Where a system is asked to say what the user feels, how another person should be understood, or which option to take, the occasions for independent evaluation become rarer. Work on perceived autonomy and personal control supplies the conceptual basis; research on AI dependence has examined dependence-related constructs alongside stress, anxiety, and quality of life [4, 8, 9]. These sources answer related but distinct questions, and they do not describe a single pathway from use to

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dependence. The developmental case is nevertheless strong, because adolescence and early adulthood are when habits of coping and deciding are formed, and the balance between guided practice and habitual delegation is settled there [1, 8].

Bonds with companion systems raise a separate issue. Research on the loss of AI companions indicates that service changes and discontinuations can be experienced as distressing by users who had formed such bonds [10]. That response is not automatically pathological; people form meaningful attachments to fictional characters and to other non-human entities, and the capacity to do so is long established. The distinction that matters is between the comfort an interaction provides and the range of relational skills available outside it. Human relationships require negotiation between people with separate needs, the possibility of disagreement, and mutual responsibility. A companion can simulate the conversation but does not take part on those terms, and if it becomes a user's principal source of connection, the consequences for offline relationships and support networks deserve closer study.

The final risk concerns perceived authenticity. Fluent language and steady affirmation can make an exchange feel supportive, and can also raise the question of whether anything behind the response understands. Le and colleagues examine this tension between autonomy-supportive messaging, felt intimacy, and perceived authenticity [11]. Warmth is not inherently misleading; the effect appears to depend on whether supportive language is transparent about what the system can and cannot do. A user who reads generated reassurance as evidence of personal understanding faces a sharper disappointment when those limits become apparent, and the trust lost at that point is difficult to recover. Designers therefore face an exacting task: to respond respectfully without implying reciprocity or a certainty that the system cannot substantiate.

5. Moderating factors

The consequences of AI use are unlikely to be uniform, and several factors may help explain variation. The first is the user's purpose. Seeking a summary, brainstorming options, or preparing for a conversation is different from repeatedly seeking reassurance or companionship. Affective use has been associated with emotional difficulties in youth, but the direction of this relationship remains uncertain [7]. Second, users' existing psychological needs may matter. Someone who feels isolated or ineffective may find accessible support especially valuable, while also being more vulnerable if the interaction displaces other sources of support. These are plausible moderating pathways rather than settled causal conclusions, and should be tested directly.

Developmental and design factors also warrant attention. Adolescents and young adults may benefit from low-stakes opportunities to practise emotional expression, yet frequent delegation could reduce occasions to develop independent coping strategies [1, 8]. System design may influence this balance. Clear statements about limitations, prompts that invite users to produce their own interpretations, and routes to human assistance can preserve user agency more effectively than unqualified agreement or authoritative recommendations [11]. Cultural context cuts across these factors. A private exchange may make emotional reflection easier in settings where open disclosure is discouraged, but systems trained on data that overrepresent particular cultural settings may not recognise all locally meaningful ways of expressing distress [6, 12]. These possibilities call for culturally sensitive evaluation rather than assumptions that one interaction style will suit all users.

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6. Implications for design, clinical practice, and policy

If the objective is to support regulatory capacity rather than replace it, several design principles follow. Scaffolding should take precedence over substitution: users should be invited to generate their own reappraisals before suggestions are offered, offline practice should be prompted at intervals, and the system should be framed as a temporary aid rather than an authoritative guide. Transparency about the system's non-human status, and about its inability to form genuinely reciprocal relationships, helps to keep expectations realistic. Features that detect prolonged high-intensity affective use and redirect users towards human resources would reduce the risk of deepening the isolation that such use is meant to relieve [1, 9].

Clinicians and educators occupy a complementary position, and their work begins with routine inquiry. Questions about how patients or students currently use AI for emotional purposes, what they find helpful, and whether they have noticed any change in their offline regulatory confidence can open a productive conversation at little cost. Digital literacy curricula might go further, teaching the distinction between functional and affective reliance and rehearsing strategies for preserving autonomy while using these systems.

Policy raises the same question in institutional form. Clearer standards for the mental-health claims that AI products may make, requirements for crisis-response protocols, and attention to the psychological consequences of abrupt updates or discontinuations would remove foreseeable harms at modest cost [1, 12]. Because generative AI already functions as a de facto mental-health resource for many users, awaiting conclusive evidence before acting is itself a policy choice with consequences.

7. Conclusion

Nothing in the evidence reviewed here supports a verdict on AI as such. Whether these systems strengthen or weaken emotion regulation and psychological autonomy is settled case by case: by the design of the system, by the motive and context of its use, and by the developmental and psychological position of the user. The short-term gains are not illusory, since reductions in distress and increases in emotional self-efficacy have been documented and are clinically meaningful for some users [5, 6]. Nor are the longer-term risks of skill atrophy, diminished autonomy, and intensified isolation [7, 10, 11].

What follows is not a case for prohibition, nor for uncritical adoption. It is a case for deliberate shaping: for building and deploying these systems in ways that enlarge, rather than contract, the repertoire of human self-regulation and self-direction. That is a collaborative task, and it involves researchers, developers, clinicians, educators, and the users themselves.

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