

Self-Care with Generative AI Tools: Reflections on HCI and Health

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ABSTRACT

This submission consists of two parts. First, we briefly present a recent successful paper [5] on the use of generative AI tools for self-care. Generative AI presents new opportunities for self-care through its capability to generate varied content, including self-care suggestions via text and images, and dialogue with users over time. However, there are also concerns about the accuracy and trustworthiness of self-care advice provided via AI. Based on a diary study with 29 people, the paper contributed a framework of five practices with AI-generated content for self-care: advice seeking, mentoring over time, resource creation, social simulation, and therapeutic self-expression. Second, we use this paper to reflect on the notions of health, contributors, and contribution types that would form the scope and vision for a future conference on HCI and Health.

CCS CONCEPTS

• Human-centered computing • Interaction design • Empirical studies in interaction design

KEYWORDS

Self-Care, generative AI, human-AI interaction

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1 Summary of Self-Care with AI Paper

In recent years, there has been a rise in the understanding and practice of self-care in people's everyday lives. Self-care refers to practices to maintain, recover, and improve one's health and wellbeing [20]. Originally associated with managing chronic conditions such as diabetes and heart failure [13], self-care has

shifted into popular discourse and now represents a broad set of practices aimed at achieving balance and holistic wellbeing [16]. In this context of everyday life, self-care is understood to include physical, mental and social aspects, but it also includes lifestyle-related practices such as managing finances, personal care and beauty, and a balance in the use of digital devices [1]. The COVID-19 pandemic heightened the importance of self-care, making it a requirement for everyone (e.g., the wearing of masks).

HCI research in this area largely focuses on how people seek and manage self-care information. Research on bespoke self-care technologies [12] commonly focuses on people living with chronic health conditions, with a focus on designing technologies that offer individuals information about their health, lifestyle factors, and important care activities [12]. There has also been a more recent focus on self-care technologies for mental health [15], such as apps to track information about moods or to guide mindfulness and meditation. Beyond that, HCI researchers investigated information seeking through emerging online platforms, such as using search engines as “Dr. Google” to find information to care for chronic conditions [10], using social media platforms to learn about self-care trends [17], as well as how users discern if they can trust the accuracy of online health information [19].

The rise of generative Artificial Intelligence (GenAI), such as ChatGPT and Midjourney, presents new opportunities for self-care. GenAI refers to models such as Large Language Models (LLMs) and Large Vision Models (LVMs), and algorithms such as Generative Adversarial Networks (GANs), that can generate novel content based on a training dataset in response to a user prompt. This allows for creating content as varied as text, images, voice, and music, for use in self-care practices. ChatGPT made news headlines when it was found that it can provide health advice and pass the US medical licensing exam with a 60% accuracy rate even though it was not trained for health purposes [9]. At the same time, public discussions of GenAI have focused on potential technical risks, such as biased and inaccurate content which is associated with a risk of hallucination [2]. Potential social risks have also been raised, like users becoming emotionally vulnerable or attached to technology that feels human [18]. While there is much discussion (and hype) about GenAI, there are few qualitative studies on how people adopt and integrate them with their self-care practices and how they perceive these risks.

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The work reported in the paper aimed to explore people's self-care practices using popular GenAI platforms to generate content for their own self-care, as well as their perception of potential limitations or risks. To achieve this, we conducted a study that combined first-person and third-person perspectives. Like other HCI researchers [7], we (the authors) started with a first-person approach to examine the feasibility of using AI for our self-care and to acknowledge our perspectives in the production of new knowledge on this highly personal and sensitive topic. We then recruited 24 participants who regularly practice self-care. All researchers and participants engaged in a three-part study: 1) a workshop to explore applications of GenAI for one's self-care; 2) a two-week diary study to trial self-care with GenAI in daily life; and 3) a follow-up interview to reflect on the experience with GenAI for self-care and to discuss future opportunities and challenges.

Based on our findings, the paper contributes a framework of five practices with AI-generated content for self-care: advice seeking, mentoring over time, resource creation, social simulation, and therapeutic self-expression (Figure 1). The framework explored in the paper maps these to two axes, one to reflect the spectrum of modalities engaged (from chat-based to multi-modal) and the other to reflect the extent to which the AI or the human was positioned as the expert within the interaction.

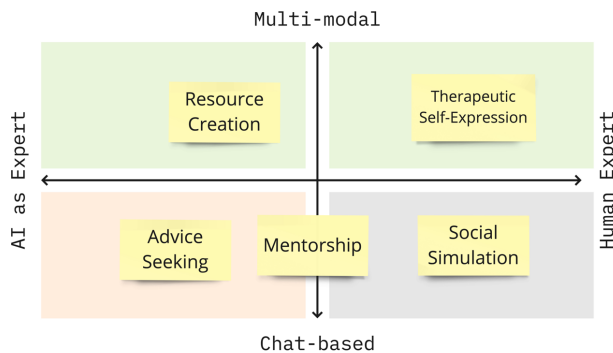


Figure 1: GenAI for self-care framework: people integrate GenAI with their self-care for advice seeking, mentorship, resource creation, social simulation, and therapeutic self-expression. These practices differ in the locus of expertise (horizontal axis) and in the degree of modality (vertical axis).

These five practices are briefly summarized below.

- **Advice Seeking:** Participants used GenAI to receive personalized self-care advice, often preferring AI-generated responses over traditional search engines such as Google. For example, one participant used ChatGPT to generate a list of potential diagnoses for a rare condition and used it to inform discussions with a medical specialist.
- **Mentorship:** Participants engaged in ongoing interactions with GenAI resembling mentorship, using AI as a coach, counsellor or confidant over an extended period. For example, one participant used ChatGPT as a triathlon coach,

receiving weekly training plans and adjusting strategies based on challenges with motivation and fatigue.

- **Resource Creation:** AI was used to generate self-care resources, such as guided meditations, journaling prompts, and creative inspiration. For example, one participant created an AI-generated bedtime meditation story tailored to their four-year-old daughter's humor and interests as part of their nighttime routine.
- **Social Simulation:** One participant used GenAI to simulate and experiment with social interactions, prompting ChatGPT to create fictional social situations and adjusting details to explore different ways they could navigate real-world interactions.
- **Therapeutic Self-Expression:** Participants used GenAI to express emotions through generated images and music. For example, one participant used an AI image generator as a mood diary, creating a daily visual representation of their emotions using DALL-E and then mapping these to an online whiteboard.

In the successful paper [5] we argued that this framework highlights two important opportunities for self-care technologies, firstly by showing that content from GenAI not only offers information but important personalized self-care advice (as illustrated through advice seeking and mentoring) and that secondly, it allows people to be creative through the ability to produce resources, to simulate social encounters, and to engage in therapeutic self-expression. By reflecting on the different configurations of expertise and modalities in the practices we observed, we sought to offer lessons for HCI researchers and designers to investigate new self-care technology designs.

2 Reflections on HCI and Health

We chose to present this self-care study [5], partly because we hope that this would fit the scope and vision of a potential future conference on HCI and Health, and partly because it made us reflect on what we mean by the intersection of HCI and Health and where its boundaries might be drawn.

Firstly, we reflect on the notion of Health. Our paper focuses on self-care and largely on mental wellbeing, which we see fit with the way health is defined in the preamble to the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health and self-care technologies in HCI [12] are often framed through a pathogenic lens that focuses on disease and disease management. While this was the case for some of our participants, most of them practiced self-care from a salutogenic perspective [11] without any disease present. We assume that both pathogenic and salutogenic perspectives will be welcomed in the HCI and Health community, but we wonder if the community would also consider planetary health as a research focus. Our study relied on generative AI platforms, which are well known for their detrimental impact on planetary health through the consumption of electricity and water to power data centres [3],

and the mining of rare earths required for the hardware infrastructure [6]. Are these environmental impacts part of the scope of the new community, or the health impacts that citizens experience due to climate change?

Secondly, we reflect on the relationships between HCI researchers and other contributors under the Health umbrella. Our AI self-care work [5] was partly autobiographic, driven by both our wellbeing needs, and our curiosity in emerging AI technologies and their capabilities and limitations. We then invited participants to our study, some of whom brought their lived experience with chronic illness and mental illness to this study, which provided unique insights for the study and, more broadly, made HCI and Health research interesting. However, a limitation of our work was that we did not have a health expert on our team who could have helped to highlight the significance of this work for health researchers or practitioners. Given the explicitly interdisciplinary nature of HCI and Health research, we ask if the inclusion of Health experts and/or stakeholders (e.g., patients, clients, people with lived experience, carers) in the research team should be required for any papers submitted.

Finally, we ponder what types of contributions future conferences might envision. Our paper was aligned with the standard contributions to CHI (<https://chi2025.acm.org/contributions-to-chi/>), specifically, to understand users in the context of emerging AI tools. We suspect many HCI and Health studies will likely fit with established contributions, such as developing new artifacts, methods, and theoretical contributions. However, a new conference in the context of HCI and Health may also consider other contributions. Specifically, would this conference also accept contributions that explicitly present health outcomes and the efficacy of HCI designs, which traditionally require longer timeframes and different study designs, and hence seen as outside the realm of HCI research [4, 8, 14].

We look forward to discussing these reflections on the notions of health, contributors, and contribution types at the workshop and to contribute to the scope and vision of a future conference on HCI and Health.

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