



A Study on the Relationship of Cyberchondria, Health Anxiety, and Coping Strategies among Adults

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Abstract: Young adults face many problems related to mental health. One of them is cyberchondria, which refers to the repeated searching regarding health issues and illness on the internet, sometimes leading to self-diagnosis, which leads to health anxiety and stress. The present study aimed to investigate the relationship of cyberchondria, health anxiety, and coping strategies among young adults. For this purpose, a sample of 51 individuals in the age range of 18-30 years was taken. Standardized measures of Cyberchondria, Health Anxiety, and Coping were administered to the participants. The study found a significant positive correlation between cyberchondria and health Anxiety, meaning that if the self-diagnosis behavior and repeated health-related searches increase, health anxiety also increases, and there is a significant negative correlation between health anxiety and coping, suggesting that higher health anxiety is deeply associated with poor coping abilities, and a person who is catastrophizing about illness shows difficulty in using coping strategies. These findings implicated the need to reduce the excessive use of phones and searching for every health-related information on the internet, and to avoid self-diagnosis of their health, because it gives unnecessary stress and health-anxiety to you.

Keywords: *Cyberchondria, Health anxiety, Mental Health, Coping strategies.*

1. Introduction

“I have had a lot of worries in my life, most of which never happened.”

Martin Twain

Cyberchondria generally means excessive searching behavior regarding illness or symptoms of any disease on the internet, and self-diagnosis of any health issue, which leads to

anxiety and stress, and further affects day-to-day life functioning. Cyberchondria is not a formal diagnosis and is not listed in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.). Health Anxiety implies that worrying excessively that an individual is or may become seriously ill. These individuals believe that normal body sensations or small symptoms are signs of major illness, which further leads to severe psychological distress and anxiety.

Basic symptoms of hypochondria or health anxiety:

- a) Avoiding places and people who seem to be the cause of illness.
- b) Repeatedly searching for the illness and its symptoms.
- c) Seeking reassurance from others about illness symptoms. It creates a vicious cycle of reassurance.
- d) Exaggerating the symptoms and their severity.
- e) Extreme anxiety related to health.
- f) Excessive worrying leads to functional impairment. A person faces a problem with concentration on work, unable to enjoy social gatherings and relations.
- g) It also leads to physical symptoms like chest pain, sweating, insomnia, etc.

Coping implies conscious efforts and strategies that the individual uses to handle and overcome the stressful situation and problems. It breaks the vicious cycle of anxiety and gives temporary relief. It prevents the avoidance behavior as a person thinks any specific action leads to illness, and gradually that person starts avoiding that behavior. It also reduces the need for seeking reassurance from others.

A systematic review and meta-analysis by McMullan et al. (2019) on the relationship between health anxiety, online health information seeking, and cyberchondria was explored. The purpose of this review was to understand the magnitude of these associations and identify any moderator variables. A systematic literature search was performed across several databases and reference lists of included studies. This review found a positive correlation between health anxiety and online health information seeking, and between health anxiety and cyberchondria.

Kefeli Col et al. (2025) in their study seek to understand the E-Health literacy, health anxiety, cyberchondria, and death anxiety. This study was conducted on 568 students. Key findings of this research were that cyberchondria is low in women, and E-Health literacy was high in those earning above minimum wage, health anxiety was positively correlated with cyberchondria and death anxiety and negatively correlated with E-Health literacy. Low E-Health literacy can increase health anxiety, which in turn can worsen cyberchondria and death anxiety.

1.1 *Cyberchondria*

“Heightened health anxiety or distress associated with excessive or repeated searches online for health-related information is referred to as cyberchondria” (Starcevic and Berle, 2013). Taylor (1999) defined cyberchondria as “the extreme search for information regarding medical care and health on the internet.”

Cyberchondria refers to “excessive online health searches that are compulsive and may serve the purpose of seeking reassurance, whilst leading to a worsening anxiety or distress and further negative consequences” (Vismara et al., 2020).

Mohammed et al. (2019) conducted a study on online behavior and health anxiety. The study aimed to examine how the development of cyberchondria relates to characteristics of the person searching the internet, including their medical history, age and health-related anxiety. A cross-sectional survey was conducted between 2015 and 2016. The study found that cyberchondria was third among those who conducted health-related internet searches, with higher frequencies in older, previously healthy individuals who had health anxiety.

Turkistani et al. (2020) studied Cyberchondria and the impact of social media among the students in Taif University. A self-administered structured questionnaire was administered to the students in Taif University from November 2019 to March 2020, and the Cyberchondria Severity Scale. The study found that Cyberchondria can have harmful consequences on patients and can result in misleading medical advice. The study further revealed that cyberchondria is more common among young adult females and is correlated with regret.

Sen (2023) studied on the role of Problematic Internet use and cognitive overload in cyberchondria among adult IT professionals. A sample of 203 was taken by using purposive sampling. The Cyberchondria Severity Scale, the Problematic Internet Use Scale, and the Cognitive Overload by Information Overload Questionnaire were used. The study found that both problematic internet use and cognitive overload were positively correlated with cyberchondria. Females had a higher level of cyberchondria than men.

A study by Hussain et al. (2025) on cyberchondria, defined as excessive and anxiety-provoking online health information seeking, is a growing concern among young adults. The objectives of the study were to explore the prevalence of cyberchondria among adults, its association with psychosocial factors such as gender, age, education, etc., and to identify the prevalent subscales of cyberchondria. A cross-sectional design was used. The results revealed that cyberchondria is not strongly determined by demographic factors but may be more closely linked to psychological vulnerability, such as anxiety and health-related cognitive patterns.

1.2 Health Anxiety

Diagnostic and Statistical Manual of Mental Disorders (fifth edition) defined Illness anxiety disorder as “a preoccupation with acquiring or having a serious illness, and it reflects the high spectrum of health anxiety.” According to Asmundson et al. (2001), health anxiety is defined as “fears and worries about one's physical health and well-being, cognitions about one's health being at risk, and an overall preoccupation with health”. Moser et al., (2007) conceptualized as “a cognitive manifestation of one's perceived susceptibility to illness.” As a result of these dysfunctional biases and cognitive styles, individuals with health anxiety “excessively attend to their health and utilize health care more frequently” (Salkovskis & Warwick, 1986).

A study was conducted by Gerolimatos and Edelstein (2012) on how anxiety-related constructs mediate the relation between age and health anxiety. This study examined similarities between health anxiety and anxiety disorders. Anxiety-related constructs, including anxiety sensitivity, intolerance of uncertainty, emotion regulation, and anxiety control, were examined as mediators of the relation between age and health anxiety. Eighty-six older adults aged 60 and older and 117 young adults aged 18 to 30 completed several self-report measures of health anxiety and anxiety-related constructs. This study found that young adults have higher levels of health anxiety than older adults. Anxiety sensitivity and intolerance of uncertainty are predisposing characteristics that appear to explain age-related differences in health anxiety partially.

Lagoe and Atkin (2015) examined Health Anxiety in the digital age. The study tried to explore those factors that may influence Health information seeking behaviors among adults. A sample of 245 American adults participated in this study. Structural equation modeling was used to model the relationship between Gender, Neuroticism, Health Anxiety, Internet efficacy, Internet use and Health information. The study found that health anxiety mediates the relationship between neuroticism and information seeking. Internet efficacy was also identified as a mediator between internet experience and information seeking.

A study was conducted by Gala (2023) on Cyberchondria and Health Anxiety among young adult females. Research shows that Hypochondriac adults who seek help on the internet for their symptoms may end up becoming more distressed after the search. The objectives of the study the correlation between Health Anxiety and Cyberchondria among young adult females. The result found a positive correlation between Health and Cyberchondria.

1.3 Coping Strategies

Coping can be defined “as abilities used by people to face problematical and stressful situations. Coping is basically a process that changes over time in accord with situational contexts in which it occurs” (Cucchetti, 2018). “Strategies for coping with stress include a wide range of methods that are either constructive or of limited value. The aim is to master, reduce and/or tolerate the demands caused by stress” (Krawford, 2015). Coping strategies are discussed by Lazarus and Folkman (Lazarus and Folkman, 1984) who refer to coping strategies as “cognitive and behavioral efforts that allow individuals to tolerate, escape, or minimize the effects of stress” (Marley, 2017).

A study was conducted by (Hunt et al., 2003) on worry and use of coping strategies among older and younger adults. Worry Scale for older adults- Revised and Penn State worry questionnaire used. The study found that older adults report relatively low levels of worrying when compared with the younger population, and younger adults utilized more coping strategies to control worry.

A study was conducted by Gorgen et al. (2013) on exploring and clarifying possible relationships between dimensions of health anxiety and cognitive and emotional regulation strategies. Two studies were conducted on non-clinical samples by using structural equation modeling. The study found that health anxiety is associated with dysfunctional coping and emotion regulation strategies, and behavioural dimensions of health anxiety serve as a compensatory strategy to overcome difficulties in cognitive coping.

A study was conducted by Dattilo et al. (2021) on the role of avoidance coping and illness uncertainty in the relationship between transition readiness and health anxiety. This study found that worse transition readiness was associated with increased avoidance as a coping mechanism, which in turn is associated with increased illness uncertainty and ultimately health anxiety.

Veisani et al. (2021) studied on the association between common stressful life events and coping strategies in adults. The study aimed to investigate the main stressful life events and common coping styles in the adult population. The cross-sectional study was conducted by using a stratified sampling technique. Coping Inventory for Stressful Situations-21, The Holmes-Rahe Stress Inventory, and the 28-item General Health Questionnaire were used in the interview. This study found that there is a positive relationship between coping styles and a lower risk of mental health problems and stressful life events. Activities and training programs are useful in reducing the side effects of stressful life events.

1.4 Purpose

The purpose is to examine the relationships of cyberchondria, Health anxiety, and coping strategies among adults.

1.5 Hypothesis

H₁: There will be a significant relationship between Cyberchondria and Health Anxiety.

H₂: There will be a significant relationship between Health Anxiety and Coping.

H₃: There will be a significant relationship between Cyberchondria and Coping.

2. Methodology

2.1 Sample

The study used a sample of individuals from the Indian population, more specifically from Chandigarh, between the age of 18 and 30, encompassing both males and females. The study has a sample size of 51 participants.

2.2 Measures

The Cyberchondria Severity Scale Short Form (CSS-12): The Cyberchondria Severity Scale Short Form was used to measure Cyberchondria among adults in the study. The scale was developed by McElroy and Shevlin (2014). The scale consists of 12 items and a rating scale included, Never (1), Rarely (2), Sometimes (3), Often (4), Always (5). These items correspond to 4 unique subscales: Excessiveness, Distress, Reassurance, Compulsion.

Short Health Anxiety Inventory (SHAI): The Short Health Anxiety Inventory was used to measure Health-related Anxiety among adults for the study. The Inventory was developed by Salkovskis et al. (2002). The Inventory consists of 18 items.

Coping Scale: The Coping Scale was used to measure Coping Strategies among adults for the study. The scale was developed by Hamby et al. (2013). The scale consists of 13 items and a rating scale included: Not true about me (1), A little true about me (2), Somewhat true about me (3), Mostly true about me (4).

2.3 Procedure

The data were collected through the Google Form. The questionnaire link was created and shared with participants through an online platform. Before data collection, participants' voluntary participation was ensured. The data were analyzed using the correlation analysis to understand the relationships among Cyberchondria, Health Anxiety and Coping among adults.

3. Analysis of Data

3.1 Results

Table 1: *N, Mean and Standard Deviation*

	Excessiveness	Distress	Reassurance	Compulsion	Coping	Health Anxiety	Negative Consequences of Illness
N	51	51	51	51	51	51	51
Mean	7.90	6.94	6.51	6.27	38.0	23.3	27.0
Standard deviation	2.99	3.20	2.78	3.09	7.23	12.0	14.8

Table 2: *Correlation between Cyberchondria, Health Anxiety, and Coping*

	Excessiveness	Distress	Reassurance	Compulsion	Coping	Health Anxiety	Negative Consequences of Illness
Excessiveness	—						
Distress	0.724***	—					
Reassurance	0.680***	0.719***	—				
Compulsion	0.638***	0.780***	0.613***	—			
Coping	0.005	0.078	0.102	-0.115	—		
Health Anxiety	0.401**	0.420**	0.211	0.563***	-0.446**	—	
Negative Consequences Of Illness	0.381**	0.404**	0.188	0.545***	-0.458***	0.992***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

3.2 Discussion of the Results

The present study aimed to understand the relationship of Cyberchondria, Health Anxiety and Coping strategies among adults. The above table 2. showed that there is a very strong correlation among Cyberchondria components. The result found that there is a significant positive relationship between Distress and Excessiveness ($r = 0.72$, $p < .001$); between Distress and Reassurance ($r = 0.71$, $p < .001$); between Distress and Compulsion ($r = 0.78$, $p < .001$).

Reassurance and Excessiveness have a positive and significant relationship ($r = 0.68$, $p < .001$); between Compulsion and Excessiveness ($r = 0.63$, $p < .001$). Similarly, Compulsion and Reassurance ($r = 0.61$, $p < .001$). These findings suggest that cyberchondria works as a cycle. When an individual experiences distress about their health, they search excessively for

health information on the internet, feel a compulsion to keep searching, and seek reassurance through searching again and from others.

Health anxiety was positively significantly correlated with Negative consequences of illness ($r = 0.99$, $p < .001$). It suggests that individuals who worry about health almost always expect the worst possible outcomes. Health anxiety was positively correlated with Excessiveness ($r = 0.40$, $p < 0.1$) and Compulsion ($r = 0.56$, $p < .001$). This showed that health anxiety leads uncontrollable urge to search online about illness symptoms, and this searching behavior become more frequent and excessive. Negative consequences of illness were positively significantly correlated with Compulsion ($r = 0.54$, $p < .001$), and Excessiveness ($r = 0.38$, $p < .01$). When people believe that the illness has more severe consequences, they feel more compelled to keep searching behaviour. Distress and Health anxiety ($r = 0.42$, $p < .01$); between Distress and Negative Consequences of illness ($r = 0.40$, $p < .01$). When people are already feeling distress, they become more vulnerable to health anxiety and catastrophic thinking.

However, the study found a significant negative relationship between Health anxiety and coping ($r = -0.44$, $p < .01$); between Negative consequences of illness and coping ($r = -0.45$, $p < .001$). This suggests that higher health anxiety is deeply associated with poor coping abilities, and a person who is catastrophizing about illness shows difficulty in using coping strategies.

The *first hypothesis* stated that there would be a significant relationship between Cyberchondria and Health Anxiety. The results support this hypothesis, as they showed a significant positive relationship.

The *second hypothesis* stated that there would be a significant relationship between Health Anxiety and Coping. The results support this hypothesis, as they showed a significant negative relationship.

The *third hypothesis* suggested that there would be a significant relationship between Cyberchondria and Coping. The results showed a non-significant relationship between them.

This pattern of results is consistent with the previous literature (Gupta et al., 2025) that showed a positive relationship between Cyberchondria and Health Anxiety. In the study, the researchers found that those who experienced a higher level of health anxiety are more prone to conduct obsessive and excessive searches for health-related information, which also leads to reassurance and distress. Whereas, past researchers have found severity of illness was the strongest predictor of an increase in anxiety associated with, and consequent to, online symptom-searching (Doherty-Torstick et al., 2016), the present study has shown.

4. Conclusion

In the digital age, young adults face many problems related to mental health. One of them is cyberchondria, which refers to the repeated searching regarding health issues and illness on the internet, sometimes leading to self-diagnosis, which leads to health anxiety and stress. The present study aimed to investigate the relationship of cyberchondria, health Anxiety, and coping strategies among young adults. For this purpose, a sample of 51 individuals in the age range of 18-30 years was taken. Standardized measures of Cyberchondria, Health Anxiety, and Coping were administered to the participants. This study found a significant positive correlation between Cyberchondria and health Anxiety, meaning that if the self-diagnosis behavior and repeated health-related searches increased, health anxiety also increased, and there was a significant negative correlation between health anxiety and coping, suggesting that higher health anxiety was associated with lower coping abilities.

Promoting digital health literacy enables individuals to critically assess online health information rather than resorting to self-diagnosis. Frequently, people may be unaware whether the sources they consult for information are relevant and credible. Instead of searching on the internet, an individual should go to a doctor for any sort of health-related concern and problems. And develops health coping strategies, such as seeking professional medical advice, engaging in relaxation techniques (Deep Breathing, Mindfulness practice and Grounding techniques, etc.) and maintaining supportive social relationships.

Adopting a healthy lifestyle, including regular exercise, proper sleep, a balanced diet and stress management practices, and practicing delaying the urge to check or seek reassurance, can help reduce anxiety related to health concerns. People can also do one more thing: they challenge their beliefs. If someone believes that not checking their pulse will lead to a heart attack, they can intentionally do that and observe that no harm occurs. This breaks the cycle of compulsive checking and reassurance seeking.

Schools and colleges can play an important role in spreading awareness programs regarding mental health among young adults. These institutions can organize mental health awareness workshops where students and their parents can get help and awareness. The government can also integrate digital literacy into their curriculum.

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