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Review Paper

The Interplay between Cyberchondria and Emotional Regulation: A Comprehensive Systematic Review and Meta-Analysis

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ABSTRACT

Background: Cyberchondria refers to the excessive and anxiety-inducing health information-seeking behavior online. This phenomenon is closely linked to emotional regulation, which involves managing and responding to emotional experiences. Individuals with poor emotional regulation may seek excessive health information to cope with distress, often exacerbating their anxiety. **Objective:** To assess the relationship between cyberchondria and emotional regulation by synthesizing evidence from existing studies and quantifying the overall effect size. **Method:** A systematic literature search was conducted in January 2025 across ProQuest One Psychology, PubMed, ScienceDirect, and EBSCO using Boolean operators combining terms related to cyberchondria and emotion regulation. A total of 168 records were screened, and seven studies meeting inclusion criteria were retained following PRISMA guidelines. For meta-analysis, six studies (k = 6) were included using Fisher r-to-z transformed correlation coefficients under a random-effects model. Heterogeneity was assessed via Q-test, τ2\tau^2τ2, and I^2 statistics. Publication bias and influential studies were also examined. **Results:** The estimated average correlation was μ^=0.0186\hat{\mu} = 0.0186μ^=0.0186 (95% CI: -0.2734 to 0.3106, $p = 0.9005$), indicating no significant association between cyberchondria and emotion regulation. However, substantial heterogeneity was observed ($Q(5) = 409.9592$, $p < 0.0001$, τ2=0.1306\tau^2 = 0.1306τ2=0.1306, $I^2 = 98.78\%$), with a prediction interval of -0.7476 to 0.7849. No outliers or influential studies were detected, and publication bias was not evident. **Conclusions:** While no overall association was found, results suggest the relationship between cyberchondria and emotion regulation is context-dependent. Further research should explore individual differences and coping mechanisms to guide interventions.

Keywords: *Cyberchondria, Emotional Regulation, Systematic Review, Meta-Analysis*

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Cyberchondria, a rising issue in the digital age, refers to heightened health anxiety caused by searching medical information online. It involves misinterpreting symptoms or self-diagnosing inaccurately, often leading to unnecessary fear. Unlike hypochondria, cyberchondria is primarily triggered by internet-based health information (Stracevic et al., 2020). Cyberchondria, a growing issue in the digital age, involves compulsive online health searches that increase anxiety about well-being. Misinterpreting symptoms or focusing on worst-case scenarios often leads to unnecessary worry and self-diagnosis. Easy access to inconsistent online health information, from credible sources to unverified posts, fuels this cycle of anxiety (Makarla et al.,2019) Cyberchondria manifests through compulsive online health searches, reliance on symptom checkers for self-diagnosis, and persistent fears of serious illnesses. This behavior harms well-being, disrupting sleep, straining relationships, and reducing productivity. Psychologically, it stems from low tolerance for uncertainty, exaggerated risk perception, and confirmation bias, where individuals focus on fear-affirming information while ignoring evidence to the contrary, perpetuating anxiety (Junia et al., 2022). Cyberchondria not only affects individual mental health but also strains healthcare systems by driving unnecessary consultations and tests. Healthcare providers often spend significant time addressing concerns from online research, diverting resources from urgent needs. This leads to overcrowded facilities, increased costs, and inefficiencies. During health crises like pandemics, cyberchondria worsens public anxiety by spreading misinformation and eroding trust in official health guidelines (Kobryn & Duplaga, 2024).

Emotional regulation and cyberchondria

Emotional regulation is the ability to manage and respond to emotions effectively, involving recognizing, understanding, and adjusting emotional reactions to adapt to situations and achieve personal goals. However, cyberchondria can disrupt this process. Constantly seeking medical information, often focusing on worst-case scenarios, increases anxiety and stress, triggering physical symptoms like rapid heartbeat and muscle tension. This cycle can lead to emotional exhaustion, causing irritability, mood swings, and difficulty handling daily stress (Gross, J. J. (1998). Avoidance behaviors may develop as a coping mechanism, providing temporary relief but reinforcing anxiety and limiting personal growth. Additionally, an overemphasis on physical symptoms can overshadow deeper emotional needs, reducing emotional awareness and impairing stress management and self-care. This lack of self-awareness perpetuates emotional distress, creating a challenging cycle to break (Kozubal et al., 2023). Weak impulse control and emotional regulation contribute to problematic internet use (Caplan, 2010), which is closely linked to cyberchondria (Bottesi et al., 2021). Studies also indicate that maladaptive strategies like rumination and catastrophizing are associated with higher cyberchondria and health anxiety (Görgen et al., 2014). People often search for medical information online to temporarily ease distressing thoughts and emotions (Fergus & Russell, 2016).

METHOD

A systematic review and meta-analysis was conducted on studies examining the relationship between cyberchondria and emotional regulation.

Search strategy

The search were carried out in January 2025, in four databases ProQuest One Psychology, Pub Med, Science Direct and EBESCO. Using the search words with boolean operator ("Cyberchondria" OR "Health anxiety online" OR "Internet health searches" OR "Health-

related anxiety") AND ("Emotional regulation" OR "Emotion regulation strategies" OR "Coping mechanisms" OR "Emotion management" OR "Emotional dysregulation").Total 168 studies were found from the said databases, exported into an excel sheet and 7 studies were included in the studies after removal of duplication and who met the inclusion exclusion criteria and finally 6 studies were included in meta-analysis. The process of selecting studies followed the guidelines outlined in the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist.

Data Extraction

The extracted data included the authors' names, year of publication, country, study design, sample size, and the reported correlation coefficients between cyberchondria, emotion regulation. Out of six studies included in meta-analysis, only in one study by Fang and Mushtaque (2024) used β coefficient, which is converted to correlation coefficient r through method proposed by Peterson and Brown (2005).

Critical Appraisal

All studies meeting the inclusion criteria. The quality appraisal for evaluation of the methodological validity was carried out using The Joanna Briggs Institute Critical Appraisal Instrument before they were included in the systematic review and meta-analysis.

Statistical analysis

The study data were evaluated by applying the Fisher r-to-z transformed correlation coefficient as the outcome measure and a random-effects model was applied. The level of heterogeneity (tau^2) was calculated using the DerSimonian-Laird estimator (DerSimonian, 1986). Alongside the tau^2 estimate, results from the Q-test for heterogeneity (Cochran, 1954) and the I^2 test were also employed. If any degree of heterogeneity is observed (i.e., $tau^2 > 0$, regardless of the Q-test results), a prediction interval for the true effects is also reported. To assess potential outliers or influential studies within the model, studentized residuals and Cook's distances are examined. Studies with studentized residuals exceeding the $100 \times (1 - 0.05/(2 \times k))$th percentile of the standard normal distribution are flagged as possible outliers, applying a Bonferroni correction with a two-sided alpha of 0.05 for k studies in the meta-analysis Studies are deemed influential if their Cook's distance exceeds the median plus six times the interquartile range of all Cook's distances. To assess funnel plot asymmetry, both the rank correlation test and the regression test using the standard error of the observed outcomes as the predictor are employed. Forest plot issued to visually display magnitude of effect size across all included studies and overall effect size.

RESULT

A total of 168 records were screened, and seven studies meeting inclusion criteria were retained following PRISMA guidelines. For the meta-analysis, six studies (k = 6). The total sample size was 4868 (mean: 695). The smallest (n = 155) and largest (n=1615). According to the findings the correlation coefficients observed ranged from -0.4685 to 0.4722, with half of the values estimates being negative (50%). Using a random-effects model, the estimated average Fisher r-to-z transformed correlation coefficient was $\hat{\mu} = 0.0186$ (with 95% Confidence Interval [CI]: -0.273 to 0.310). This indicates that the mean effect was not significantly different from zero ($z = 0.1250$, $p = 0.9005$). The Q-test results suggest substantial heterogeneity among the true outcomes ($Q(5) = 409.9592$, $p < 0.0001$, $tau^2 = 0.1306$, $I^2 = 98.7804\%$). The 95% prediction interval for the true outcomes ranges from -0.7476 to 0.7849. This suggests that, despite the average outcome being estimated as

positive, certain studies may have true outcomes that are actually negative. An evaluation of the studentized residuals revealed that none exceeded ±2.6383, indicating the absence of outliers. Similarly, Cook's distance values showed that no individual studies had an undue influence on the overall results. Additionally, both the rank correlation and regression tests provided no evidence of funnel plot asymmetry, with p-values of 1.0000 and 0.9794, respectively.

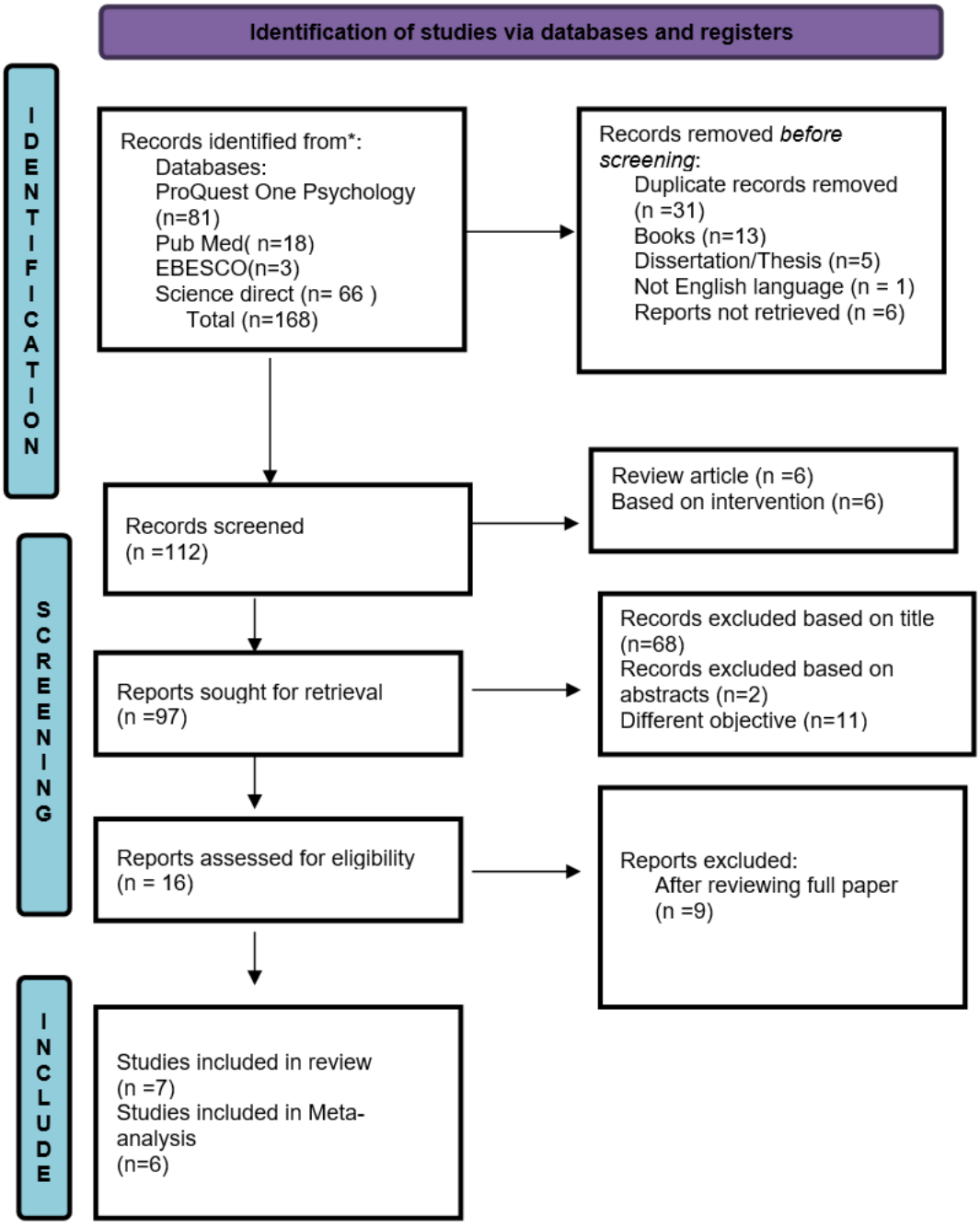


Fig. 1 The screening process and selection of articles for meta-analysis based on the PRISMA guideline 2020

Table 1 The characteristics of the selected studies

Serial no	Title	Author	Year of publication	Participant	Sample size (N)	Methodology	Journal	Country	Citations
1	The role of emotional functioning in the relationship between health anxiety and cyberchondria	Agata Błachnio ,Aneta Przepiórka, Paweł Kot, Andrzej Cud,· Stanisława Steuden	2022	Study, include 615 individuals aged 18 to 83 years n = 329 of the participants were women.	615	cross-sectional study	Current Psychology	Poland	13
2	Adolescents' and parents' anxiety during COVID-19: is there a role of cyberchondriasis and emotion regulation through the internet?	GülendamAkgül& DeryaAtalanErgin	2021	Study included 155 adolescents and their parents	155	Cross-sectional	Current Psychology	Turkey	51
3	The Role of Approach and Avoidance Motivation and Emotion Regulation in Coping Via Health Information Seeking	Anita Chasiotis&Oliver Wedderhoff& Tom Rosman& Anne-Kathrin Mayer	2019	Study include 283 participants age range from 18 to 46 years and a mean age of 23.53 (SD=3.25) years.	283	Cross – sectional design	Current Psychology	Germany	15
4	Health anxiety, cyberchondria, and	Stefanie M. Jungmann*, Michael Witthöft	2020	Study include 1615 particip	1615	Cross-sectional design	Journal of Anxiety	Germany	854

Serial no	Title	Author	Year of publication	Participant	Sample size (N)	Methodology	Journal	Country	Citations
	coping in the current COVID-19 pandemic: Which factors are related to coronavirus anxiety?			ants, age range from16 –81 years).			Disorders		
5	The Moderating Role of Health Literacy and Health Promoting Behavior in the Relationship Among Health Anxiety, Emotional Regulation, and Cyberchondria	Shuanghu Fang &IqraMushtaque	2024	Study include 846 participants Male: 228 Female 304 and Transgender Male: 98 Transgender Female 125	846	Cross – sectional design	Psychology Research and Behavior Management	Pakistan	21
6	Health-Related Cognitions and Meta cognitions Indirectly Contribute to the Relationships Between Impulsivity, Fear of COVID-19, and Cyberchondria	Mustafa Eşkisu1 · Zekeriya Çam2 · Murat Boysan	2023	Study include 651 participants 423 females 228 males, The mean age of the sample was 26.06 (SD ± 8.43)..	651	Cross – sectional	Journal of Rational-Emotive & Cognitive-Behavior Therapy	Turkey	4

Serial no	Title	Author	Year of publication	Participant	Sample size (N)	Methodology	Journal	Country	Citations
7	The structural model of cyberchondria based on personality traits, health-related metacognition, cognitive bias, and emotion dysregulation	MohammadNasiri1, Shahram Mohammadkhani1*, Mehdi Akbari1 and Majid Mahmoud Alilou2	2023	Study include 703 participants. Thestudy sample compriseed 395 females (56.2%) and 308 males (43.8%).	703	Correlational design	Frontier in psychiatry	Iran	6

Table 2: Critical Appraisal of Eligible Analytical Cross-Sectional Study

Citation	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Mustafa Eşkisu1 ·Zekeriya Çam2 · Murat Boysan3.	Y	Y	Y	Y	Y	Y	Y	Y
AgataBłachnio1 ·Aneta Przepiórka1 · Paweł Kot1 · Andrzej Cudo1 · Stanisława Steuden1.	Y	Y	Y	Y	Y	Y	Y	Y
Gülendam Akgül1 &DeryaAtalan Ergin2.	Y	Y	Y	Y	Y	Y	Y	Y
Anita Chasiotis1 & Oliver Wedderhoff1 & Tom Rosman1 & Anne-Kathrin Mayer 1.	Y	Y	Y	Y	Y	Y	Y	Y
Stefanie M. Jungmann* MW.	Y	Y	Y	Y	Y	Y	Y	Y
Shuanghu Fang &IqraMushtaque.	Y	Y	Y	Y	N	N	Y	Y
Mohammad Nasiri1 SM.	Y	Y	Y	Y	N	N	Y	Y
%	100.0	100.0	100.0	100.0	71.42	71.42	100.0	100.0

Table -3 Random-Effects Model (k = 6)

	Estimate	se	Z	p	CI Lower Bound	CI Upper Bound
Intercept	0.0186	0.149	0.125	0.901	-0.273	0.311
	.	.	.	.	.	.
Note. Tau² Estimator: DerSimonian-Laird						

Table -4 Heterogeneity Statistics

Tau	Tau²	I²	H²	R²	Df	Q	p
0.361	0.1306 (SE= 0.0974)	98.78%	81.992	.	5.000	409.959	<.001

Figure: 2 Forest Plot

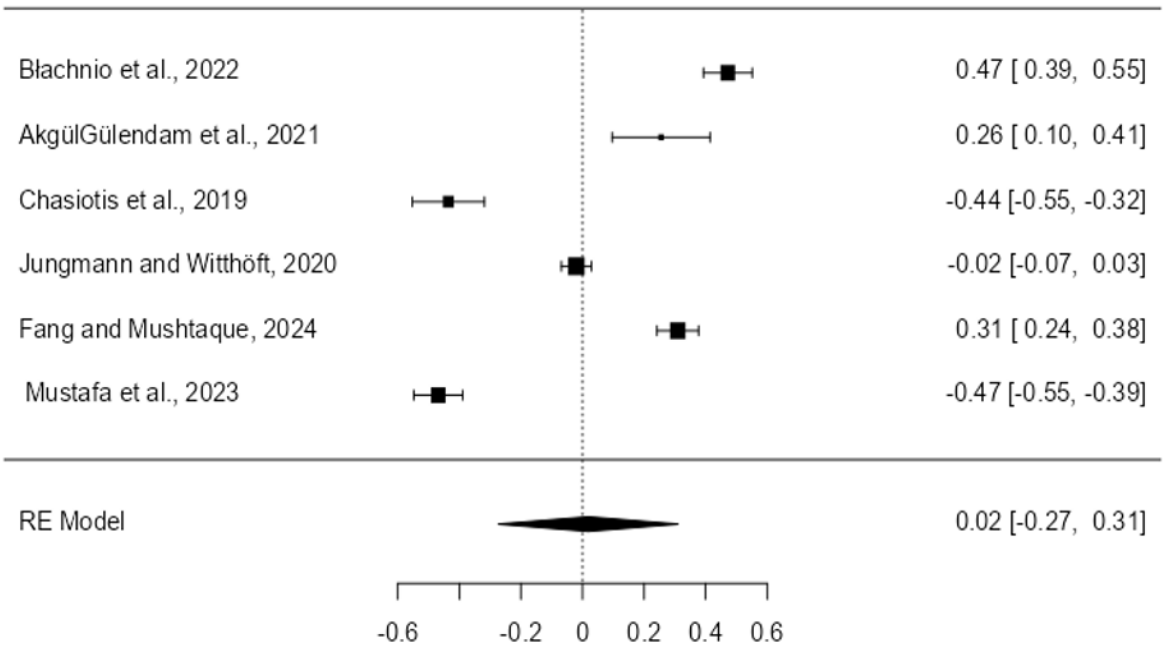


Table -5 Publication Bias Assessment

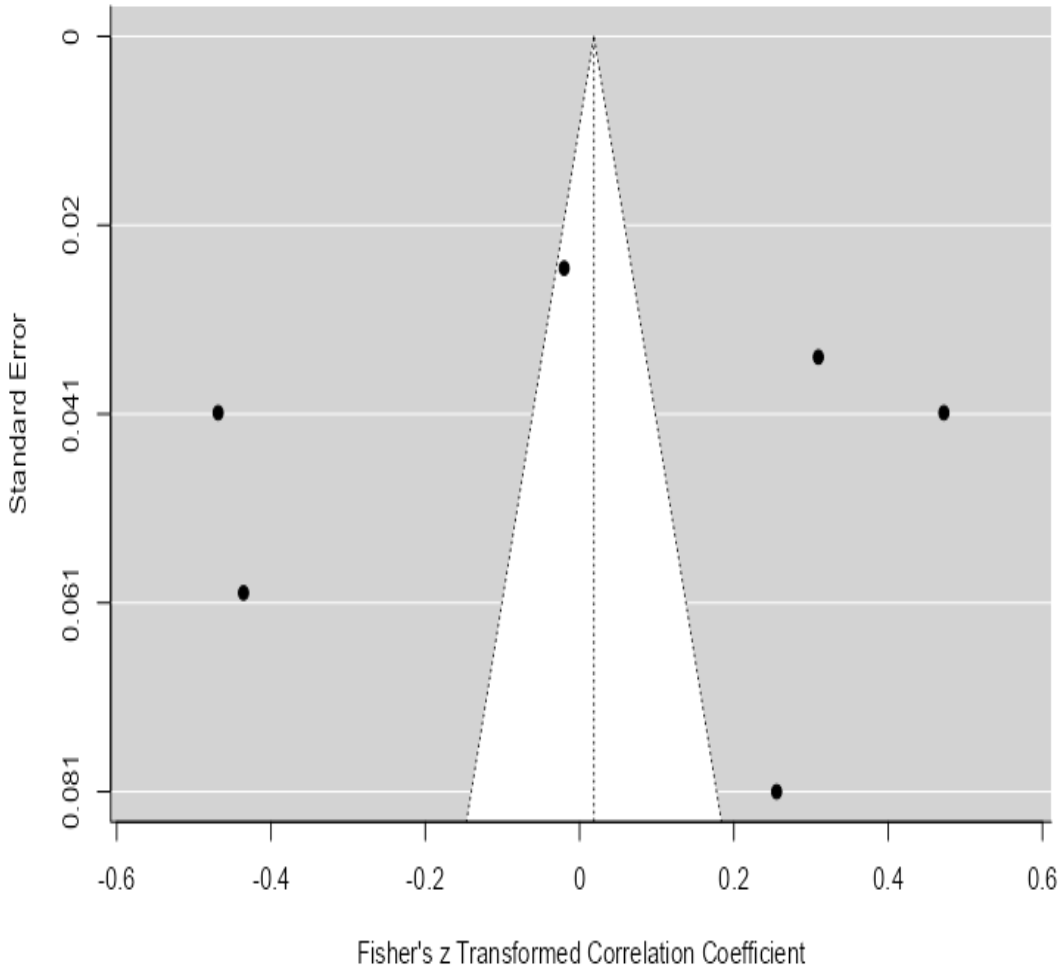
Test Name	value	P
Fail-Safe N	1.000	0.046
Begg and Mazumdar Rank Correlation	0.000	1.000
Egger's Regression	-0.026	0.979
Trim and Fill Number of Studies	1.000	.
Note. Fail-safe N Calculation Using the Rosenthal Approach		

With an average correlation coefficient of 0.0186 (95% CI: -0.2734 to 0.3106), this meta-analysis did not find any significant overall association between cyberchondria and emotional regulation. Nevertheless, there was a great deal of variation among the studies, suggesting that the effect might change based on other variables or the context. Variability in results was highlighted by the prediction interval, which varied from -0.7476 to 0.7849. There were no notable studies or outliers found, and there was no evidence of publication bias. These results imply that future studies should investigate potential moderators that might explain the observed heterogeneity, even though a direct relationship may not be obvious.

The small number of studies (just six) in this meta-analysis is one of its limitations, which could restrict how broadly the results can be applied. Cyberchondria and emotional regulation may have different relationships depending on study design, sample characteristics, or measurement techniques, according to the significant heterogeneity across studies (I2 = 98.78%). The reliability of the findings may also be impacted by variations in

the quality of the included studies, as well as in the methods used to measure emotional regulation and cyberchondria. The small sample size of studies suggests that unpublished or negative results may be missing, even though no publication bias was found. Additionally, the study did not investigate potential moderators, such as the particular emotional regulation techniques used, that might account for the observed heterogeneity. These drawbacks highlight the need for more extensive, more reliable research in order to better understand the connection between emotional regulation and cyberchondria.

Figure -3 Funnel plot



The Fisher r-to-z transformed correlation coefficients observed ranged from -0.4685 to 0.4722, with half of the estimates being negative (50%). Using a random-effects model, the estimated average Fisher r-to-z transformed correlation coefficient was \hat{\mu} = 0.0186 (95% CI: -0.2734 to 0.3106). This indicates that the mean effect was not significantly different from zero (z = 0.1250, p = 0.9005). The Q-test results suggest substantial heterogeneity among the true outcomes (Q(5) = 409.9592, p < 0.0001, tau^2 = 0.1306, I^2 = 98.7804%).The 95% prediction interval for the true outcomes ranges from -0.7476 to 0.7849. This suggests that, despite the average outcome being estimated as positive, certain studies may have true outcomes that are actually negative. An evaluation of the studentized residuals revealed that all values were within ±2.6383, indicating the absence of outliers. Likewise, Cook's distance values suggested that no individual studies had an excessive influence. Additionally, both the rank correlation test and the regression test found no signs of funnel plot asymmetry, with p-values of 1.0000 and 0.9794, respectively.

DISCUSSION

The studies collectively highlight both positive and negative relationships between health anxiety, cyberchondria, and emotion regulation, particularly in the context of the COVID-19 pandemic. On the positive side, Jungmann and Witthöft (2020) found that adaptive emotion regulation strategy, such as acceptance and perspective-taking, helped moderate the relationship between COVID-19 information perception and anxiety, potentially reducing its negative effects. Fang and Mushtaque (2024) further identified health literacy as a protective factor that negatively moderated the relationship between health anxiety and cyberchondria, suggesting that better health knowledge may help mitigate excessive online health-related searches.

Chasiotis et al., (2019) explored the role of motivation in health information-seeking behaviors, showing that approach motivations could positively influence emotion regulation, while avoidance motivations increased emotional focus. Eşkisu et al., (2023) contributed by validating Turkish versions of impulsivity and health cognition scales, confirming their reliability and structure, which aids further research in understanding the psychological mechanisms behind cyberchondria and emotion regulation. These studies suggest that certain psychological factors and coping strategies may help reduce the negative impact of health anxiety and cyberchondria.

On the negative side, multiple studies found strong correlations between health anxiety, cyberchondria, and difficulties in emotion regulation. Błachnio et al., (2022) revealed that cyberchondria dimensions including excessiveness, distress, reassurance-seeking, and compulsion were significantly linked to health anxiety, with age and gender playing moderating roles. Akgül and Ergin (2021) observed heightened anxiety levels in both adolescents and their parents, with parental anxiety and cyberchondria behaviors strongly predicting adolescent anxiety. Notably, girls and women reported higher anxiety levels, and adolescents who relied on the internet for emotion regulation experienced increased anxiety. Additionally, Mohammad et al., (2023) found that neuroticism and extraversion influenced cyberchondria through meta-cognition, cognitive bias, and emotion dysregulation, explaining a significant portion of cyberchondria variance. These findings highlight how certain personality traits and cognitive patterns contribute to excessive health-related internet searches and difficulties in managing health anxiety. Together, these studies emphasize the intricate and often detrimental impact of poor emotion regulation and individual differences on cyberchondria, highlighting the need for targeted mental health interventions.

In today's digital age, it's incredibly easy to fall down the rabbit hole of health-related searches. A simple headache can quickly lead someone to believe they have a life-threatening condition, just from browsing medical websites. This obsessive behaviour, known as cyberchondria, isn't just about curiosity it's often fuelled by anxiety and poor emotional regulation. This study explores, that people who struggle to control their emotions are more likely to seek out medical information online as a way of coping with stress. Ironically, instead of feeling reassured, they often become even more anxious. It's a vicious cycle: the more they search, the worse they feel. Fang and Mushtaque's study (2024) in the Pakistani population demonstrates a mediating role of emotional regulation in the relationship between health anxiety and cyberchondria, with health literacy and health-promoting behaviors acting as significant moderators. Lower health literacy and health-promoting behaviors exacerbated the negative impact of poor emotional regulation on cyberchondria. In contrast, Akgül and Ergin's study (2021) focusing on adolescents and

parents during the COVID-19 pandemic, found that parental cyberchondria (specifically, distress and compulsion) predicted both adolescent and parental anxiety levels. Interestingly, parental compulsion was negatively associated with parental anxiety, suggesting that the act of compulsive searching might offer a coping mechanism, while distress was positively correlated. Finally, the study conducted by Błachnio et al., (2022) confirmed a positive relationship between health anxiety and cyberchondria, emphasizing the mediating roles of pessimism and difficulties in emotion regulation. These studies collectively intensify the importance of considering individual differences in emotional functioning and coping mechanisms when examining the link between health anxiety and cyberchondria, highlighting the need for interventions targeting both emotional regulation skills and health literacy to mitigate the negative consequences of online health information seeking.

Chasiotis et al., (2019) emphasized the crucial role of emotion regulation in mediating the relationship between approach/avoidance motivation and health information seeking (HIS). Results show a negative effect of avoidance motivation on emotion regulation ($\gamma 3 = -.44$, $p < .05$) and a positive effect of approach motivation on emotion regulation ($\gamma 2 = .36$, $p < .05$). Individuals with high avoidance motivation struggle with emotion regulation (Chasiotis et al., 2019), potentially leading to an emotion-focused coping strategy in HIS, characterized by seeking reassurance rather than problem-solving. This emotion-focused approach, while seemingly aimed at reducing distress, can paradoxically increase anxiety and perpetuate the cycle of cyberchondria. Conversely, individuals with high approach motivation and better emotion regulation skills are more likely to adopt a problem-focused coping strategy, leading to more comprehensive and effective information seeking (Chasiotis et al., 2019).

Eşkisu et al., (2023) suggest that impulsivity is a significant predictor of both metacognitions about health anxiety and health cognitions. Individuals high in impulsivity may have difficulty regulating their emotional responses to health concerns, leading to heightened anxiety and a greater likelihood of engaging in cyberchondria as a maladaptive coping mechanism. The mediating role of health-related cognitions and metacognitions suggests that distorted thinking patterns and beliefs about one's health amplify the impact of impulsivity on cyberchondria (Eşkisu et al., 2023). While not directly measuring emotional regulation, the study's findings strongly imply a link between poor emotional control (manifested through impulsivity) and increased cyberchondria. The heightened fear of COVID-19 further exacerbates this tendency (Eşkisu et al., 2023). The structural equation model presented in the study demonstrates that impulsivity indirectly contributes to cyberchondria through metacognitions and health-related cognitions.High scores on the MCQ-HA (metacognitions and health anxiety questionnaire), indicating dysfunctional metacognitions, can therefore be interpreted as an inverse indicator of emotional regulation abilities. If someone believes their thoughts can cause illness, they likely have difficulty regulating the anxiety associated with those thoughts.

The study data were analyzed using the Fisher r-to-z transformed correlation coefficient as the dependent variable, and a random-effects model was applied. The level of heterogeneity (tau^2) was calculated using the DerSimonian-Laird estimator (DerSimonian, 1986). Alongside the tau^2 estimate, results from the Q-test for heterogeneity (Cochran, 1954) and the I^2 statistic are also presented. If any degree of heterogeneity is observed (i.e., $tau^2 > 0$, regardless of the Q-test results), a prediction interval for the true effects is also reported. To assess potential outliers or influential studies within the model, studentized residuals and Cook's distances are examined. Studies with studentized residuals exceeding the $100 \times (1 -$

0.05/(2 × k))th percentile of the standard normal distribution are flagged as possible outliers, applying a Bonferroni correction with a two-sided alpha of 0.05 for k studies in the meta-analysisStudies are deemed influential if their Cook's distance exceeds the median plus six times the interquartile range of all Cook's distances. To assess funnel plot asymmetry, both the rank correlation test and the regression test—using the standard error of the observed outcomes as the predictor—are employed.

CONCLUSION

The studies reviewed highlight both positive and negative impacts of health anxiety and cyberchondria on emotion regulation. Positive findings show that adaptive emotion regulation and health literacy can reduce anxiety and excessive health-related internet searches. In contrast, negative findings reveal strong links between cyberchondria, health anxiety, and poor emotion regulation, with certain personality traits and age factors exacerbating these issues. Overall, these studies stress the need for targeted mental health interventions to address these challenges.

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Conflict of Interest

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