

# Impact of Cyberchondria on Anxiety and Stress Among Students

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**Abstract:** *Cyberchondria when people keep checking symptoms online but feel worse instead of better is popping up more in younger people. This research investigated how it ties to worry and stress in college going students. The data is gathered information from 160 students, ages 18 to 27, through Google Forms, picking whoever was available at the time. Handed out three well known questionnaires: one on cyberchondria (CSS-15), another on general anxiety (GAD-7), plus a stress check (PSS-10). To make sense of things, they ran basic number summaries along with Pearson's r to spot links. People showed mild worry about online health info, with mental health issues being what they looked up most. More anxiety linked clearly to more online symptom checking ( $r = 0.318, p < 0.001$ ), while stress also played a role, though weaker ( $r = 0.180, p = 0.023$ ). Looking up symptoms often seems tied to feeling worse emotionally. Overall, this research points out that cyberchondria's become a real issue for younger people today, especially with how much time they spend online. These results show we should push for better education about internet use also teach coping tools for anxiety and dig into longer term studies, so we get clearer insight into how constant health lookups mess with someone's head.*

**Keywords:** Cyberchondria, Online Symptom checking, Student Anxiety, Perceived Stress, Mental health awareness.

## 1. Introduction

The digital era changed how people look up details on their body and mind health shifting habits in unexpected emotional directions. One such shift is cyberchondria, getting more focus from researchers lately because it shows how easy access to online health details can go wrong badly. This means constantly checking symptoms online, not just once or twice, but so much that it fuels fear instead of calming doubts (Starcevic & Berle, 2013). With endless medical facts floating around the web, often unchecked, it's tough to tell useful insights apart from obsessive digging which only feeds deeper unease.

Because tech surrounds us daily, and stress levels climb in younger crowds, understanding this habit matters now more than ever especially how it ties into anxiety, pressure, and weak thinking patterns. The growing trend of cyberchondria needs to be seen alongside how people now interact with health info online. As (Fox, 2025) noted that most of the youngster routinely go online looking for medical answers, especially younger adults who are among the heaviest users. Turning to the web for self checks isn't surprising since it's fast, always available, while many believe what they find is trustworthy. Still, because there's no oversight on what spreads online mixing expert views with personal stories it's easy for misunderstandings to grow, feeding anxiety instead of clarity.

The theory behind this study builds on known ideas about health worry, thinking patterns, besides uncertainty tolerance showing how constant online symptom checking starts and increases stress. What's called cyberchondria isn't just googling symptoms too much; it's a combination of anxious thoughts plus false beliefs that grow worse in digital spaces. Together, these concepts help make sense of how obsessive online searches connect to mental strain in younger people. The starting idea tied to this research comes from the Cognitive Behavioral Model of Health Anxiety, made by (Salkovski and Warwick, 1990). People who worry a lot about

their health tend to see regular body signals as signs of major sickness according to this view. That mistaken belief gets stronger when they look for support or guidance, like repeatedly checking symptoms or asking doctors for answers. Once those habits move online, it turns into constantly searching for health details using the internet. But instead of calming fears, what they find online is usually scary or unclear which only feeds worse case thoughts. This matches what (Salkovski and Warwick, 1990) people's online health queries often shift from harmless guesses to fears of serious illness. So, the idea of health-related anxiety offers a fresh way to understand why some people end up stuck in endless symptom checking loops. A second idea behind cyberchondria ties into Metacognitive Theory- this focuses on how people view their own thoughts, like seeing them as risky or impossible to control and links these views to anxious actions. Instead of just reacting, folks act based on what they think about thinking; (Spada and Fergus, 2017) say this shapes heavy use of health websites. When someone feels they have got to watch every symptom nonstop to stay safe, that fear pushes repeated searches. The current research paper matters because it looks at a growing worry among young people constantly checking symptoms online out of fear. Since phones are everywhere and most rely on the web daily, youth often run into loads of unclear or scary medical details. What makes this work relevant is that those aged 18 to 27 face high risks from fake health news, nervousness about illness, and pressure but hardly any studies look at them outside Western countries. Zeroing in on college age users, the project underlines a serious mind health challenge worsened by how today's generation uses the internet. A big part of why this research matters is how it clears up links among cyberchondria, general anxiety, and felt stress. While earlier work notes connections, few papers tie all three together under one testing method especially with standard tools like GAD-7, PSS, or CSS. Instead of just listing symptoms, this project shows how worry and pressure help drive obsessive online health searches. Because of this angle, experts can better adjust theory and push for official guidelines to include cyberchondria as a real behavioral pattern. The research matters since it tracks how people look up health stuff online

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using Google Forms. As internet searches shape feelings, choices, and how symptoms are seen, knowing how young adults engage with medical information online becomes key. Results from this work will show how constant searching boosts worry and doubt, leading to repeated checking and higher stress an effect talked about a lot yet seldom studied among South Asian or Indian college students. This work matters for colleges, therapists, tech regulators, or people teaching online skills. Findings might help organizations spot warning signals of cyberchondria earlier, shape focused outreach efforts, or build responses that support better habits on the web. It could push advisors to include lessons on smart digital choices during counseling talks. Tackling a current issue tied to screen-based actions, the study offers real world value boosting emotional wellness, lowering stress from false details, or shaping follow-up studies exploring cyberchondria across varied social settings.

## 2. Literature Review

(Association, 2022), put out by the American Psychiatric Association, 2022) is today's main guide for mental health diagnoses around the world featuring refreshed checklists, stats on how common conditions are, insights from different cultures, along with clearer ideas that shape both studies and real world therapy, especially when looking at online health worry and related anxious behaviors. Instead of starting fresh, this version tweaks the older DSM-5 by adjusting wording, adding new ways to understand certain disorders, giving newer numbers on who's affected, while also paying closer attention to cultural context all showing a push to keep diagnosis grounded in up-to-date science and what clinicians actually see these days (Association, 2022).

(Horvitz and White, 2009) dug into cyberchondria before it got popular, showing how hunting for health stuff online often ramps up stress. Instead of calming down, people tend to jump from basic symptom checks straight to fearing worst case diseases something these researchers called the "expansion cycle." They looked at tons of real search data plus ran test scenarios, spotting clear patterns in how worries spiral fast. Even small things like headaches or feeling tired can push someone into reading about rare deadly conditions, feeding fear and endless double checking. It turns out people naturally focus on scary outcomes, seek info that backs their fears, and overestimate risks mental shortcuts that search tools accidentally make worse.

A huge role of (Salkovski and Warwick, 1990) was their articulation of the role of *safety behaviors*, such as avoiding physical exertion, repeatedly checking the body, or seeking information excessively, which are intended to reduce perceived threat but ultimately perpetuate anxiety. These behaviors prevent individuals from testing their catastrophic beliefs and from discovering that feared consequences do not occur. Their theoretical model proposed that cognitive distortions such as catastrophizing, probability overestimation, intolerance of uncertainty, and selective attention to health-related cues play central roles in the maintenance of health anxiety. The authors also stressed that illness experiences earlier in life, personal illness history, or the illness of significant others may contribute to the development of maladaptive assumptions about danger.

Authors also addressed the behavioral pattern of repeated medical help seeking combined with frustration or mistrust when reassurance is not sufficiently convincing; this cycle often leads to extensive doctor shopping or overuse of the healthcare system.

(Vismara et al, 2020) claim cognitive behavioral frameworks explain cyberchondria best especially how short-term relief from anxiety during searches keeps people coming back, fueling repeated checks and emotional reliance on web-based details. Because of this pattern, they see cyberchondria as involving thought habits like fearing sickness, blowing symptoms out of proportion, or struggling with doubt, along with actions like constant Googling, looping queries, and needing confirmation mixing mind and behavior within tech\heavy lives. They also point out trends: younger people those comfortable online, and anyone turning to the internet first for medical answers tend to face higher risks of stress tied to obsessive symptom checking.

(Starcevic & Berle , 2013) say cyberchondria isn't just one thing it ties together thoughts, actions, and feelings. Instead of seeing it simply, they break it down: fear of sickness, jumping to worst case conclusions, trouble handling doubt. On top of that, people keep checking symptoms online, repeatedly, while seeking comfort from others. Emotionally, these fuels worry, piles on pressure, and makes distress harder to manage. The (Starcevic & Berle , 2013) condition pops up where tech use meets personal mental risks plus unhelpful ways of dealing with fears. Because of this mix, looking at it from only one angle won't work. What's more, how someone thinks about thinking plays a big part like trusting web searches too much. Many feels going online gives clarity, power, or early warnings.

(Schenkel et al., 2021) really dug into how cyberchondria works, breaking it down using real world data. Instead of treating it as one big issue, their review shows it's built on four clear parts urges to keep checking, emotional strain, going overboard, or needing constant confirmation. These aren't just random traits; each stand for a different mental reaction, yet together they feed into a loop where looking things up online only makes worry worse. Even though all pieces matter, the urge to search nonstop seems especially critical because it ties closely to obsessive compulsive disorder like habits. On top of that, this relentless drive often signals higher levels of anxiety before it even peaks. Compulsion means people keep looking things up, even though they know it makes them feel worse kind of like the constant checking seen in obsessive compulsive disorder. When it comes to distress, that's the emotional hit people get during or after searches: panic, unease, fear, or just feeling mentally drained it shows up repeatedly in research as a core part of cyberchondria.

(Spada and Fergus , 2017) found that cyberchondria isn't about scary details it's more about people feeling unable to handle their own thoughts or feelings unless they keep looking things up. Instead of stopping, this habit just feeds itself: checking symptoms brings short term calm, but soon after, doubt grows stronger, pushing them back online. What's worse, those who strongly believe their thinking is dangerous tend to feel higher levels of stress when googling illnesses this ties closely to how anxiety spirals work, like obsessive mulling or repetitive

actions meant to feel safe. The researchers say browsing health sites acts less like problem solving and more like escaping discomfort; ironically though, hunting answers piles on worst-case scenarios and unclear details, making fears even bigger. Crucially, their study shows cyberchondria isn't just a spinoff of health worries or obsessive-compulsive disorder like habits instead, it's its own thing, driven by how people think about managing thoughts and whether going online helps or harms their stress.

(Fox, 2025) points out that people looking for health info usually start with regular search engines, but these show popular stuff first not what's medically correct which can make problems seem worse than they are. This fits current ideas about cyberchondria: when search results push attention grabbing articles, it tends to ramp up fear because scary diagnoses get more clicks. On top of that, Fox found many users check symptoms online to figure out what's wrong themselves a habit tied closely to needing repeated reassurance and growing unease, both typical signs of excessive online symptom checking. The study mentions one third of grownups tried diagnosing themselves using web data; nearly 50 percent said those lookups left them puzzled, stressed, or misled feelings that tend to deepen anxiety in people already prone to worrying about illness.

## 2.1 Research Gap

Even though earlier research checked cyberchondria through mental, action (Vismara et al, 2020) based, , some key issues still haven't been tackled. (Horvitz and White, 2009) pointed out that searching online can make health worries worse; meanwhile, (Salkovski and Warwick, 1990) broke down the thought processes tied to health-related anxiety. Work since then dug deeper into emotional strain (Starcevic & Berle , 2013), thinking habits around thoughts themselves (Spada and Fergus , 2017) along with repeated urges to check symptoms (Schenkel et al., 2021). Yet a lot of this was done in Western nations, leaving little focus on younger people in South Asia or India, places where internet use, comfort with digital tools, plus views on sickness differ quite a bit. A different missing piece is looking at cyberchondria, worry, or stress together in one study setup. Even though the DSM-5-TR (Association, 2022) offers a way to make sense of anxious behaviors, hardly any research connects online health obsession along with everyday anxiety (GAD-7) and felt pressure (PSS), especially using tested methods. Most past work zeroes in on cyberchondria paired only with fear about illness, which means strain a key issue for university going students gets ignored too often. Still, even though (Fox, 2025) found more young people using the web to check symptoms, few studies look at how they feel about that info when browsing daily life stuff. Earlier work points to obsessive looking and worry yet we know little about which health issues kids seek out most or just how much those queries bump up their stress. A key missing piece? Studies that connect tech habits with cultural context. While much of the world focuses on constant checking, discomfort with doubt, or distorted thinking, little attention goes to how these mental patterns play out in India's digital spaces like rampant fake news, near-constant phone use, yet scarce access to expert health advice. Even though college students there

spend lots of time online and often face health anxiety, solid data on cyberchondria remains rare)

## Objectives

- To analyze the way cyberchondria relates with anxiety.
- To analyze the way cyberchondria relates with stress.
- To analyze the level of cyberchondria among students.
- To analyze which is the most searched health related topic.

## Hypothesis:

H1- Higher cyberchondria often goes hand in hand with greater anxiety in young adults.

H2- Stress that people feel tends to rise alongside cyberchondria in this age group.

H3-On the CSS, many young adults score somewhere from medium to quite high.

H4 - When looking up health stuff online, worries about anxiety come up most often.

## 3. Methodology

The current work used to base on numbers of methods to look at how cyberchondria ties into stress and broad anxiety in young students. Data came from students at Lovely Professional University, between 18 and 27, boys as well as girls. They picked people who were easy to reach, not randomly chosen ones. The Experts got answers via a web form built with Google Forms. Each person learned what the project aimed to do, knew their info would stay private (Association, 2022)e, yet still had to agree first before filling out the questions. The survey used standard psychology tests one was the Cyberchondria Severity Scale (CSS-15), another looked at stress people felt (PSS), while a third checked general anxiety signs (GAD-7). Instead of just listing results, the CSS-15 tracked how often someone searched for health details online, along with emotional strain tied to urges, repeated checking, feeling overwhelmed, or needing constant confirmation. Rather than focusing on diagnoses, the PSS tapped into whether life seemed to be unmanageable during the past few weeks. Meanwhile, the GAD-7 focused on seven common experiences like racing worries, restlessness, or struggling to calm down thoughts. These tools weren't new they had been tested before, showing consistent accuracy and trustworthiness when used with younger adults. The process started by sharing the Google Form link via campus channels and peer circles people joined if they wanted to. It took around 5 to 10 minutes to fill out; answers saved directly into a protected system just the lead could access. Once gathered, each response got checked if anything was missing, it didn't make it into the results. For breakdowns, basic stats covered background details and score totals, whereas deeper number work like correlations and regressions aimed to spot links between excessive online symptom checks, stress levels, and anxious feelings. Following this clear method made it possible to measure emotional trends precisely, also showing how digital health searches connect with mental state in college learners. The result of the data was taken out from the SPSS like correlation, mean, frequencies and standard deviation.

## 4. Result

This study shows descriptive and inferential statistics from the data collected –

**Table 1:** Shows the frequencies distribution of most of the sample belong to 18- 22 age (83.8%, n=134)

| Gender | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------|-----------|---------|---------------|--------------------|
| 18-22  | 134       | 83.8    | 83.8          | 83.8               |
| 23-27  | 26        | 16.3    | 16.3          | 100.0              |
| Total  | 160       | 100.0   | 100.0         |                    |

**Table 2:** Shows the frequency distribution for gender indicates sample has more Male participants then female, (60.6% n=97)

| Gender | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------|-----------|---------|---------------|--------------------|
| Male   | 97        | 60.6    | 60.6          | 60.6               |
| Female | 63        | 39.4    | 39.4          | 100.0              |
| Total  | 160       | 100.0   | 100.0         |                    |

Descriptive Statistics for variables –

Here the tables will show the Mean, Standard deviation among Cyberchondria, Anxiety and Stress

**Table 3:** Descriptive Statistics between Cyberchondria and Anxiety – Mean score for cyberchondria is 4.76 and Standard Deviation is 1.810 whereas Mean for Anxiety is 8.14 and Standard deviation is 5.408. Minimum score for cyberchondria is 0 and maximum is 8.

| Variable      | Mean | Std Deviation | N   |
|---------------|------|---------------|-----|
| Cyberchondria | 4.76 | 1.810         | 160 |
| Anxiety       | 8.14 | 5.408         | 160 |

**Table 4:** Descriptive Statistics between Cyberchondria and Stress Mean score for stress is 19.91 and Standard Deviation is 6.079

| Variable      | Mean  | Std Deviation | N   |
|---------------|-------|---------------|-----|
| Cyberchondria | 4.76  | 1.810         | 160 |
| Stress        | 19.91 | 6.079         | 160 |

**Table 5:** Psychological or medical problem variable frequency most of the students resulted at 3 which means high in psychological problem

| Score | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|---------|---------------|--------------------|
| 0     | 17        | 10.6    | 10.6          | 10.6               |
| 3     | 107       | 66.9    | 66.9          | 77.5               |
| 4     | 30        | 18.8    | 18.8          | 96.3               |
| 5     | 6         | 3.8     | 3.8           | 100                |
| Total | 160       | 100     | 100           |                    |

### 4.1 Correlational Statistics

Pearson correlation was calculated to check the relationship between the variables

**Table 6:** Correlational between Cyberchondria and Anxiety- shows the positive correlation ( $r=0.318$ ,  $p = < 0.001$ ). This shows increase level of cyberchondria with increase level for anxiety symptoms

| Variables     | Correlation         | Cyberchondria | Anxiety |
|---------------|---------------------|---------------|---------|
| Cyberchondria | Pearson Correlation | 1             | .318    |
|               | Sig. (2-tailed)     |               | .000    |
|               | N                   | 160           | 160     |
| Anxiety       | Pearson Correlation | .318          | 1       |
|               | Sig. (2-tailed)     | .000          |         |
|               | N                   | 160           | 160     |

**Table 7:** Correlation between Cyberchondria and Stress – it shows the positive correlation between cyberchondria and stress  $r=0.180$ ,  $p= 0.023$  this tell us that increased cyberchondria is linked with high stress.

| Variables     | Correlation         | Cyberchondria | Stress |
|---------------|---------------------|---------------|--------|
| Cyberchondria | Pearson Correlation | 1             | 0.18   |
|               | Sig. (2-tailed)     |               | 0.023  |
|               | N                   | 160           | 160    |
| Stress        | Pearson Correlation | 0.18          | 1      |
|               | Sig. (2-tailed)     | 0.023         |        |
|               | N                   | 160           | 160    |

## 5. Discussion

The current research looked at how cyberchondria connects to worry, pressure, or typical online health searches in people 18 to 27. Using data from 160 students at Lovely Professional University, it relied on three tested tools Cyberchondria Severity Scale -15 for cyberchondria, Generalize Anxiety Scale -7 for anxiety, along with Perceived Stress Scale -10 for stress levels.

The main goal here was to look at how Cyberchondria (CSS-15 TS) ties in with Anxiety (GAD-7 TS) along with Perceived Stress (PSS 10 TS), using data from mostly younger folks. On average, stress levels leaned toward moderate ( $M=19.91$ ), while anxiety sat around mild ( $M=8.14$ ). Most people about two out of three said they already had mental or physical health issues, which shapes the backdrop for fear tied to health searches online. Results showed solid links: Cyberchondria didn't just tag alongside anxiety it matched up clearly and consistently ( $r=0.318$ ,  $p<0.001$ ). This result fits well with past research, showing people who often feel upset while looking up health info online tend to have stronger signs of general anxiety. That means cyberchondria might be how anxiety shows up in everyday actions. On the flip side, there's a small but real link between Cyberchondria and Perceived Stress ( $r=0.180$ ,  $p=0.023$ ). Even though it plays some role in how stressful life feels, its connection to stress isn't nearly as strong as with anxiety symptoms. So far, evidence points to cyberchondria being worth attention in mental health care especially for young adults and ties most clearly to Anxiety, meaning treatment should tackle constant worrying along with uncontrollable search habits.

## 6. Conclusion

The research shows Cyberchondria (CSS-15), Anxiety (GAD-7), and Perceived Stress (PSS 10) are closely linked especially Cyberchondria and Anxiety, which share a clear but modest connection ( $r = 0.318$ ,  $p < 0.001$ ), helping us grasp how health worries play out online today. Still, this

takeaway comes with the data from a single time point, so we can't tell what causes what whether anxious feelings fuel obsessive online searches or it's the other way around. To build on this, later work needs longer-term tracking to spot cause and effect patterns, reach broader groups for better real-world relevance, while using stronger math tools to test indirect links say, if stress changes how Cyberchondria affects anxiety. On top of that, researchers ought to dig into individual parts of the CSS-15 scale not just overall scores to see how things like urge to search or emotional discomfort matter, plus run trials to check which treatments help people stop spiraling into digital health fear.

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