

Reassurance Seeking and Anxiety Reinforcement in Online Symptom Checking

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Abstract: Online symptom checking is often used as a way to reduce worry about bodily discomfort, but it may also strengthen health anxiety in some users. People who are sensitive to health threats may search for reassurance after noticing headache, chest tightness, stomach pain, or other uncertain symptoms. The search may bring brief relief, yet serious disease information, personal illness stories, and repeated risk warnings can quickly renew fear. This paper discusses how reassurance seeking in online symptom checking becomes linked with anxiety reinforcement. It focuses on catastrophic interpretation, confirmation bias, intolerance of uncertainty, and repeated checking behavior. The paper argues that online health searching is not harmful in itself, but when it becomes a main way to manage fear, it may keep users trapped in a cycle of temporary reassurance and renewed anxiety.

Keywords: online symptom checking; health anxiety; reassurance seeking; anxiety reinforcement; cognitive bias

1. Online Symptom Checking as a Common Health Behavior

Online symptom checking has become a familiar part of everyday health behavior. When people notice headache, chest tightness, stomach discomfort, dizziness, rapid heartbeat, skin changes, or other unclear bodily sensations, many of them do not immediately visit a doctor. They first open a search engine, a health platform, a social media post, or a symptom-checking tool. The question is often simple: Is this symptom serious? Should I go to hospital? Can I wait and observe? In this sense,

online symptom checking begins as a practical attempt to reduce uncertainty.

This behavior is closely related to the wider use of digital health services. As internet access becomes part of ordinary life, health information is no longer limited to hospitals, clinics, or medical books. These figures suggest that online health information is now part of a large digital environment in which ordinary users may search, compare, and interpret medical information before making health decisions.

Online symptom checking should not be treated as harmful from the beginning. For many users, it may provide basic health knowledge. It may remind

them to seek medical care when warning signs appear. It may also help them understand common symptoms and prepare questions before a consultation. A person with mild stomach discomfort may search for possible dietary causes. A parent may check whether a child's fever requires urgent care. An office worker with eye strain may look for information about rest, sleep, or screen use. These searches are not necessarily signs of anxiety. They are ordinary attempts to make sense of the body.

The difficulty appears when searching is no longer mainly about information, but about reassurance. Some users search because they cannot tolerate not knowing. They want a clear answer that the symptom is harmless. Yet online information rarely gives that kind of certainty. A common symptom may be linked with many possible explanations, from very mild conditions to rare but serious disease. The user may start with a simple question and soon move through several pages of results, each adding another possibility.

A typical example is chest tightness after staying up late or drinking too much coffee. The user may first search for harmless explanations such as fatigue, anxiety, or indigestion. But the same search results may also mention heart disease or other serious conditions. Even if the serious condition is unlikely, it becomes difficult for an anxious user to ignore. The search that was meant to calm the person down may instead make the symptom feel more threatening.

This is why online symptom checking is worth studying from a psychological perspective. The behavior itself is common and often reasonable. The problem lies in how it functions for people who are already sensitive to health threats. For them, searching may become a repeated form of reassurance seeking. It gives short relief, but it may also open the door to new doubts. The next sections therefore examine how this common health behavior becomes connected with health anxiety, cognitive bias, and emotional reinforcement (Muse et al., 2012).

2. Reassurance Seeking in Health Anxiety

Reassurance seeking is a common feature of health anxiety. A person who is worried about illness does not only fear symptoms themselves. More often, the person fears what the symptoms might mean. A headache may not be experienced simply as pain. It may be taken as a possible sign of something hidden. A fast heartbeat may not be viewed as a temporary reaction to stress or fatigue. It may be linked with fear of a serious heart problem. In this state, the person looks for confirmation that the body is safe.

Online symptom checking fits easily into this need. Compared with seeing a doctor or asking another person, searching online is quick, private, and always available. The user can search late at night, repeat the same question several times, and change the wording until the results seem to answer the worry. This makes the internet a convenient source of reassurance. The user may type "headache for two days," "chest tightness after coffee," or "stomach pain serious disease" because the real question behind the search is often: Am I in danger? The difficulty is that reassurance seeking usually works only for a short time. When the user finds an explanation that sounds harmless, anxiety may drop for a while. The person may feel relieved after reading that the symptom is common, stress-related, or not usually serious. But this relief is fragile. It depends on the search result just read, the current bodily sensation, and the person's level of uncertainty. When the symptom appears again, or when another search result mentions a serious disease, the earlier reassurance quickly loses its effect.

This short-term relief can make the behavior more likely to repeat. The person learns that searching can reduce fear for a moment. The next time a symptom appears, searching becomes the easiest response. In this way, reassurance seeking may become a habit. It does not solve the underlying fear of illness. It only postpones it. The user may need more searches, more explanations, and more confirmation to feel safe again.

Health anxiety is also closely related to difficulty tolerating uncertainty (Fergus, 2013). Many bodily sensations are uncertain by nature. A symptom may be harmless, but it is rarely possible for an ordinary person to be completely sure through online information. Medical websites often list several possible causes, and some of them are severe. For a health-anxious user, even a small possibility may feel emotionally important. The person may think, "It is unlikely, but what if it happens to me?" This thought keeps the search going.

Another problem is that reassurance seeking can shift attention back to the body. After searching, the user may begin to monitor the symptom more carefully. A person who searched for heart-related information may start checking heartbeat, breathing, chest feeling, or arm discomfort. A person worried about a headache may notice light sensitivity, nausea, sleep quality, or small changes in vision. The more the body is monitored, the more sensations are noticed. These sensations then create new reasons to search.

Reassurance seeking therefore has a double effect. On the surface, it is an attempt to calm fear. At a deeper level, it may keep the person focused on possible illness (Warwick & Salkovskis, 1990). The behavior sends an implicit message: this symptom must be checked before I can feel safe. Once this message becomes strong, the user may find it harder to accept ordinary bodily discomfort without searching.

This does not mean that all reassurance is harmful. People sometimes need medical information, and some symptoms do require professional attention. The problem appears when reassurance seeking becomes repetitive, urgent, and difficult to stop. In online symptom checking, the user is not simply gathering information. The search becomes part of anxiety regulation. It gives temporary comfort, but it also keeps the fear active. This is the point at which online symptom checking begins to move from ordinary health behavior to a mechanism that maintains health anxiety (McMullan et al., 2019).

3. Cognitive Biases in Symptom Interpretation

Online symptom checking does not influence every user in the same way. Some people search a symptom, read a few explanations, and stop. Others continue reading, compare different diseases, change search terms, and become more worried than before. The difference is not only in the information itself. It is also related to how the user interprets the information. For people with health anxiety, common bodily sensations are more likely to be read through a threat-oriented lens. Several cognitive biases may take part in this process.

3.1 Catastrophic Interpretation

Catastrophic interpretation refers to the tendency to explain an ordinary symptom in the most threatening way (Rachman, 2012). A headache may be linked to a brain tumor. Chest discomfort may be linked to heart disease. Stomach pain may be linked to cancer. These interpretations are not usually based on medical probability. They are based on fear and uncertainty.

Online searching can strengthen this bias because search results often present many possible causes together. A common symptom may be connected with mild fatigue, stress, poor sleep, indigestion, viral infection, and also rare but serious diseases. The health-anxious user may not treat these possibilities equally. The most frightening explanation becomes the one that feels most important. Even when the serious disease is unlikely, the user may think, "But it is still possible." This is why online symptom checking may increase rather than reduce anxiety. The user wants a clear answer, but the search result opens more possibilities. The body then becomes harder to trust. A mild sensation is no longer just a sensation; it becomes a possible sign of hidden danger.

3.2 Confirmation Bias

Confirmation bias also plays an important role. When users already fear a certain illness, they may search and read in a way that supports that fear. They may pay more attention to information that

matches their worry and ignore information that suggests a harmless explanation.

For example, a person worried about heart disease may search for chest tightness and focus on results mentioning cardiac risk. Information about anxiety, muscle tension, reflux, or lack of sleep may appear on the same page, but it may feel less convincing. The user may continue searching until the feared explanation appears again. At that point, the result seems to confirm the worry, even though the search process itself has been selective.

This bias can make reassurance unstable. If the user finds one reassuring answer and one threatening answer, the threatening answer may carry more emotional weight. The person may then feel that more searching is needed. In this way, confirmation bias keeps the search going.

3.3 Attentional Bias Toward Threat

Health-anxious users may also show attentional bias toward threat-related information. In online symptom checking, this means that serious disease names, warning signs, and negative personal stories are more likely to catch attention. The user may scroll past ordinary explanations but stop at the most alarming content.

This bias is understandable. Threat-related information feels urgent. It seems safer to pay attention to dangerous possibilities than to miss them. But this habit makes the online environment more frightening. A search page that contains many neutral or mild explanations may still be remembered mainly for the severe disease it mentioned.

Attentional bias also affects body monitoring. After reading about serious symptoms, the user may begin to check the body more carefully. A person who reads about neurological disease may pay more attention to dizziness, numbness, vision, or balance. A person who reads about heart disease may begin checking pulse, breathing, or chest sensations. More attention often means more sensations are noticed. These sensations then become new material for worry.

3.4 Availability Bias

Availability bias means that information feels more likely when it is easy to remember or emotionally vivid. Online health information often includes dramatic cases, severe outcomes, and personal stories. These examples can be memorable, even if they are uncommon.

A user who reads a story about someone whose mild symptom turned out to be a serious disease may begin to judge personal risk through that story. The story is easy to recall, so the danger feels closer. This does not mean the user is deliberately irrational. It means that vivid information can distort risk judgment.

Search engines and social media may make this bias stronger. Serious cases may receive more attention, comments, and sharing. Personal illness narratives may feel more persuasive than general medical explanations. The user may then overestimate the likelihood of severe disease because severe examples are easier to find and remember.

These biases often work together. Catastrophic interpretation gives the symptom a threatening meaning. Confirmation bias pushes the user to search for information that supports the fear. Attentional bias keeps the user focused on danger signals. Availability bias makes severe illness feel more likely than it is. Once these processes combine, online symptom checking no longer functions as simple information seeking. It becomes a psychological process that can deepen health anxiety.

4. Emotional Reinforcement in the Search Cycle

Online symptom checking often begins with a wish to feel safer. A user notices a bodily sensation and wants to know whether it is normal. The search may bring a short moment of relief. For example, the user may read that chest tightness can be related to stress, that headache can follow poor sleep, or that stomach discomfort can come from diet. At that moment, anxiety may drop. The person may feel that the symptom has a harmless explanation.

The problem is that this relief is usually unstable. Online health information rarely gives a final answer. One page may sound reassuring, while the next page lists warning signs or serious diseases. A search that begins with “common causes” may soon lead to “early signs,” “rare symptoms,” or “when to seek emergency care.” The user is then pulled back into uncertainty. The earlier relief disappears, and the need to search returns.

A useful way to understand this process is to see online symptom checking as a cycle. The body produces a sensation. The sensation creates worry. Worry leads to searching. Searching gives brief reassurance, but it also exposes the user to new threatening information. New information increases fear, and fear leads to more searching (White & Horvitz, 2009). Over time, the person may not search because it is useful, but because not searching feels unsafe.

This cycle can be emotionally reinforcing. The short relief after searching teaches the user that searching works. Even if anxiety rises again later, the immediate drop in fear is enough to keep the behavior going. The next time a symptom appears, the person remembers that searching helped for a while. In this way, online checking becomes a habit of emotional regulation. It is not only an information-seeking behavior. It becomes a way to manage fear.

Existing research supports this pattern. Doherty-Torstrick, Walton, and Fallon found that people with high illness anxiety recalled feeling worse after online symptom checking, while those with low illness anxiety recalled relief. They also reported that longer online health-related use was associated with greater anxiety during and after checking (Doherty-Torstrick et al., 2016). This finding is important because it shows that online symptom checking does not have the same effect on everyone. For some users, it may reduce worry. For health-anxious users, it may feed the anxiety that it was meant to calm.

The emotional reinforcement is also related to body monitoring. After reading about possible diseases, users may begin to check the body more carefully. A

person who has searched heart disease may pay close attention to heartbeat, breathing, chest pressure, or arm discomfort. A person worried about neurological disease may notice dizziness, balance, vision, or small sensations in the limbs. The body is no longer experienced in an ordinary way. It becomes something to scan for danger.

This increased monitoring can produce more anxiety. The more a person checks the body, the more sensations are noticed. Some sensations may be normal fluctuations, but they can feel suspicious when the person is already worried. A small pulse change, a brief pain, or a moment of dizziness may become new evidence that something is wrong. The user then returns to the internet for another round of checking.

The search cycle also changes the meaning of reassurance. At first, the user may search for one clear answer. Later, the user may need repeated reassurance to feel safe. One article is not enough. One search result is not enough. Even a doctor’s explanation may be questioned after the user reads a different online story. Reassurance becomes less effective because the anxious mind keeps asking for a certainty that ordinary health information cannot provide.

This is why online symptom checking can maintain health anxiety. It reduces fear briefly, but it also trains the user to respond to uncertainty with more checking. The person becomes less able to tolerate unclear bodily sensations without searching. In the long run, the cycle may make symptoms feel more threatening, make the body feel less reliable, and make anxiety harder to calm without external confirmation.

The issue is not that users should never search for health information. Searching can be useful when it helps people recognize warning signs or prepare for medical consultation. The problem appears when searching becomes the main way to seek emotional safety. In that case, online symptom checking does not simply answer a health question. It becomes part of the anxiety system itself (Starcevic & Berle, 2013).

5. Digital Health Information and Uncertainty

Online symptom checking does not happen in a neutral information space. The user is not reading one carefully selected medical explanation. More often, the user moves through search results, health platforms, short videos, social media posts, forum discussions, and symptom-checking tools. These sources may all talk about the same symptom, but they do not present it in the same way. Some explain common causes. Some list serious warning signs. Some tell personal illness stories. Some use medical terms that ordinary users may not fully understand. This mixed information environment can make uncertainty stronger.

A common symptom can easily become confusing online. Headache, chest tightness, stomach pain, dizziness, fatigue, and skin changes are all symptoms with many possible explanations. In a clinical consultation, a doctor usually considers age, medical history, duration, severity, physical signs, risk factors, and the course of change. Online information cannot easily provide this kind of judgment. It often presents possible causes side by side. For a health-anxious user, this is difficult to handle. The user may see a mild explanation and a serious explanation on the same page, but the serious one is harder to ignore.

The problem is not always that online health information is false. Some information is medically correct, but still psychologically difficult to use. A page may say that most headaches are not serious, but it may also list severe conditions that require urgent attention. A symptom-checking tool may list several possibilities, including rare diseases, because it is designed not to miss risk. These warnings may be reasonable from a safety perspective. Yet for a user who is already anxious, the presence of a severe possibility may be enough to restart fear.

Information overload also matters. When users search repeatedly, they do not receive one answer. They receive too many answers. Each new page may add another symptom, another disease name, or another warning sign. Instead of narrowing the

problem, searching can expand it. The user may begin with one symptom and end up checking several body systems. A person who searches stomach pain may soon read about digestion, liver disease, cancer, anxiety, diet, infection, and emergency symptoms. The amount of information itself becomes a source of pressure.

The quality of online health information is uneven. Some sources are written by medical institutions, some by commercial platforms, some by individual users, and some by content creators trying to attract attention. Their purpose is not always the same. Professional health information may be careful but hard to understand. Commercial content may simplify risks. Personal stories may be vivid but not representative. Short videos may use dramatic titles to increase attention. Users with health anxiety may find it difficult to judge which source should be trusted (Liu et al., 2024).

Another difficulty is probability. Medical risk is often probabilistic, but online searching tends to flatten probability. A rare disease and a common condition may appear close together in search results. The user sees that both are possible, but may not know how likely each one is. Health-anxious users often respond more to possibility than probability. Even a very small risk may feel emotionally large. In this way, online information can make rare outcomes feel closer than they actually are.

Symptom-checking tools add another layer (Chambers et al., 2019). These tools can be useful when they encourage users to seek help for warning signs (Semigran et al., 2015). But they may also produce uncertainty when they list multiple possible conditions without enough personal context. A user may enter several symptoms and receive a set of possible explanations. The tool may advise observation, consultation, or urgent care, but the user may focus mainly on the most frightening diagnosis in the list. The result is not always reassurance. It may become a new starting point for further searching.

Social media and patient stories can intensify this effect. Personal illness narratives are often more

emotionally powerful than general medical explanations. A user may read about someone whose mild symptom later became a serious diagnosis. Such stories are memorable because they are concrete and frightening. Even if they are uncommon, they can feel more persuasive than statistical information. The user may begin to compare his or her own body with the story and search for similarities.

This information environment makes uncertainty difficult to reduce. The user searches because the symptom feels unclear. But the search brings more possibilities, more warnings, and more stories. The user wants certainty, while the internet often provides expanded possibility. For people without strong health anxiety, this may be manageable. They may stop after reading a reliable source or decide to see a doctor if needed. For health-anxious users, the same information environment may keep the question open.

Digital health information therefore has two sides. It can support health knowledge and timely help-seeking. It can also increase confusion when users rely on it as a substitute for clinical judgment or emotional reassurance. The psychological issue is not only the content of information, but how anxious users process it. When information is abundant, uneven, and uncertain, online symptom checking may become less a path to clarity and more a space where fear continues to grow.

6. Psychological Risks and Help-Seeking Behavior

Repeated online symptom checking may create several psychological risks. The most direct risk is the increase of health-related worry. A person may begin with one unclear symptom, but after searching, the symptom becomes connected with several possible illnesses. The body is then experienced less as something ordinary and more as something uncertain and unsafe. Even small changes in sensation may become noticeable. A brief pain, a fast heartbeat, a moment of dizziness, or mild stomach discomfort can all become reasons for further checking.

This process can make bodily monitoring more intense. After reading about a disease, the user may begin to look for matching signs. A person who has searched for heart disease may repeatedly check pulse, breathing, chest pressure, or arm sensation. A person who has searched for neurological illness may pay more attention to balance, vision, headache, or numbness. The more the user observes the body, the more sensations are found. These sensations may be normal, but they can be interpreted as evidence that something is wrong.

Another risk is reassurance dependence. The user may become less able to tolerate uncertainty without checking. At first, one search may be enough to feel calmer. Later, the person may need repeated searches, different platforms, different keywords, or confirmation from doctors and family members. Reassurance becomes weaker over time. The user does not become more certain; instead, the need for certainty becomes stronger.

This may affect daily life. Some users spend a long time reading medical information, comparing symptoms, or searching for rare diseases. Sleep may be disturbed because checking often happens at night, when symptoms feel more noticeable and emotional control may be weaker. Work and study may also be affected. The person may appear to be functioning normally, but attention is repeatedly pulled back to the body and to possible illness.

Online symptom checking can also influence help-seeking behavior in two opposite ways. Some users may become frequent help-seekers. They may visit clinics repeatedly, request tests, ask for specialist referrals, or seek multiple opinions because online information keeps renewing doubt. Even after a normal examination, they may return to searching and find another explanation that reopens the fear. In this case, online checking contributes to repeated reassurance seeking through medical services.

Other users may delay professional help. They may search online for days or weeks, trying to decide whether the symptom is serious. Some may become confused by mixed information and fail to make a clear decision. Others may fear the possible diagnosis and avoid medical consultation. This is

important because online symptom checking is not always linked with overuse of health care. It can also trap users between fear and avoidance.

The quality of help-seeking may also change. A user who has read many disease descriptions may enter the consultation with strong expectations. He or she may ask the doctor to rule out a specific serious disease, even when the symptom pattern does not strongly suggest it. Some users may distrust reassurance if it does not match what they have read online. Others may feel dismissed when the doctor gives a simple explanation. This can create tension between clinical judgment and the user's internet-based fear.

These risks show why online symptom checking should be understood as more than information behavior (McElroy & Shevlin, 2014). It can become part of a wider pattern of health anxiety. The user searches to feel safe, but the search may increase body monitoring, deepen uncertainty, and change the way medical reassurance is received. It may lead some people to seek care too often and others to wait too long. Both patterns suggest that the psychological function of symptom checking matters as much as the information it provides.

The goal is not to discourage all online health information use. People should be able to learn about symptoms and recognize warning signs. The problem appears when searching becomes repetitive, fear-driven, and difficult to stop (Starcevic, 2017). At that point, the behavior no longer supports health decision-making. It begins to shape the person's anxiety, attention, and help-seeking in ways that may reduce well-being.

7. Psychological Intervention and Health Information Guidance

The management of anxiety reinforced by online symptom checking should not begin with a simple instruction to stop searching. For many users with health anxiety, searching is not only a habit. It is a way of trying to feel safe. If this function is ignored, advice such as "do not search online" may sound reasonable but may not last. The user may stop for a

short time, but once a new bodily sensation appears, the pressure to check returns.

A more useful starting point is psychological education. Users need to understand why online symptom checking can feel helpful in the moment but still maintain anxiety over time. The short relief after searching is important. It teaches the person that checking works. Yet this relief does not resolve the fear of illness. It often makes the person more dependent on external reassurance. Once the user understands this pattern, the behavior becomes easier to observe rather than repeat automatically. Cognitive intervention can also be useful. Health-anxious users often interpret bodily sensations through a catastrophic frame. A headache becomes a sign of a serious neurological disease. A fast heartbeat becomes evidence of heart problems. Stomach discomfort becomes linked with cancer. Intervention should help the user examine these interpretations more carefully. The aim is not to deny all health risks, but to separate possibility from probability. A serious disease may be possible in a general sense, but that does not mean it is likely in the present situation.

Another important target is intolerance of uncertainty. Many health concerns cannot be fully answered by online searching. The body changes from day to day. Mild discomfort may appear without a clear cause. Medical information often gives probabilities rather than absolute certainty. Users with health anxiety may find this difficult to accept. Psychological work should therefore help them live with a reasonable level of uncertainty instead of trying to remove it through repeated searching.

Behavioral strategies are also needed. Users can be guided to reduce checking gradually rather than stop all at once. For example, they may set a limited time for health information searches, avoid searching late at night, and avoid repeating the same symptom search across multiple platforms. They may also delay searching for a short period after noticing a symptom, so that checking is no longer the immediate response to anxiety. This delay can

weaken the link between bodily sensation and online reassurance seeking.

Body monitoring should be addressed as well. Repeated checking of pulse, breathing, pain, skin changes, or small sensations can make the body feel more threatening. Users may need to learn that increased attention often increases the number of sensations noticed. Some discomfort can be observed without being immediately interpreted as danger. This does not mean ignoring clear warning signs. It means reducing unnecessary scanning when there is no strong reason to suspect urgent illness.

Health information guidance should be more practical. Users should be encouraged to rely on authoritative medical sources rather than random search results, short videos, or personal stories. They should also be reminded that online information cannot replace clinical judgment. A webpage can list possible causes, but it cannot fully consider personal history, physical examination, risk factors, and symptom progression. When symptoms are severe, persistent, worsening, or accompanied by clear warning signs, professional medical care is more appropriate than repeated online searching.

Symptom-checking tools also need better design. They should avoid language that exaggerates risk or leaves users with long lists of frightening possibilities without explanation. Risk information should be presented with clearer context. If urgent

care is needed, the advice should be direct. If observation is reasonable, the tool should say so clearly and explain what changes would require medical attention. Good digital health design should not only provide information; it should also reduce unnecessary fear.

Counseling support may be needed when online symptom checking becomes difficult to control. Cognitive behavioral approaches can help users identify reassurance-seeking patterns, challenge catastrophic thoughts, reduce compulsive checking, and build tolerance for uncertainty. For some users, health anxiety may be connected with wider stress, previous illness experiences, family health events, or general anxiety. In these cases, symptom checking is only one visible part of a broader psychological problem.

The final aim is not to remove online health information from people's lives. Online searching can help users learn about symptoms, prepare for medical visits, and recognize when help is needed. The issue is how the information is used. When searching supports reasonable decision-making, it can be useful. When it becomes a repeated attempt to obtain certainty, it may strengthen the anxiety it was meant to reduce. Intervention should therefore focus on changing the role of searching in the user's emotional life: from a compulsive reassurance tool to a limited source of information.

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