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Health anxiety and Internet use: A thematic analysis

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Abstract

The current study aimed to obtain health anxious students' perspectives on their reasons for using the Internet to obtain health information, and the nature and effects of such usage. Data were gathered using semi-structured interviews with 20 postgraduate and undergraduate students identified as highly health anxious, and were examined using thematic analysis. Results suggested that themes were organized by different stages of the search process. Reasons for searching included curiosity, anxiety/worry about undiagnosed symptoms, and remedy-seeking. Both positive (e.g. reassurance) and negative (e.g. uncertainty) outcomes were reported. Findings from the current study suggest that the Internet constitutes an important resource for obtaining health information by health anxious individuals, with the potential to both reduce and exacerbate health anxiety.

Keywords: Hypochondria; cyberchondria; qualitative; internet; health anxiety

Introduction

Evidence suggests that up to 50% of Europeans (European Commission, 2013) and 72% of Americans (Fox, 2013) used the Internet to search for health information in 2013 alone, a figure that has likely risen since. Despite the apparent benefits of being able to access online health resources, a number of commentators have expressed concerns about the potentially anxiety-provoking effects of online medical information (e.g., Muse, McManus, Leung, Meghreblian, & Williams, 2012; Singh & Brown, 2014, 2015; Starcevic & Berle, 2013). Evidence indicates that Internet use for health purposes is higher in health anxious people (Muse et al., 2012; Singh & Brown, 2014, 2015), with increased distress and doctor utilization being comparatively common responses to Internet use in these individuals (Baumgartner & Hartmann, 2011; Eastin & Guinsler, 2006; Muse et al., 2012; Singh & Brown, 2014). Indeed, even those with lower state health anxiety are at risk of increased feelings of anxiety post health related Internet search (Singh & Brown, 2015). Furthermore, health anxious individuals were also more likely to endorse items suggesting possible addiction to health related Internet use in one recent study (Singh & Brown, 2014), suggesting that usage could become problematic in its own right.

According to the cognitive-behavioural model (CBT; Warwick & Salkovskis, 1990), an episode of health anxiety can occur when dysfunctional health related beliefs (e.g. "dizziness is a sign of brain cancer") are activated by internal (i.e. physical symptoms) or external (i.e. media stories, family illness) stimuli, causing them to be misinterpreted as evidence of a serious health threat. Once activated, cognitive (e.g. catastrophic misinterpretation), behavioural (e.g. reassurance seeking), physiological (e.g. increase autonomic arousal), and affective (e.g. depression) factors are thought to maintain anxiety and preoccupation with the idea that one