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The Moderating Role of Emotion Regulation Strategies on Cyberchondria and Mental Well-being of Emerging Adults

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Abstract. In today's fast-changing world, the internet has been one click away from an abundance of information. However, cyberchondria, or excessive online health-related searching, has become widely common among emerging adults, creating a significant gap in understanding its impact on mental well-being and the role of emotion in managing it. The study examined the relationships between cyberchondria, mental well-being, and emotion regulation strategies, and assessed the potential moderating roles of cognitive reappraisal and expressive suppression among emerging adults. A descriptive cross-sectional design was employed with 340 respondents aged 18-24, selected through stratified disproportionate sampling. Standardized instruments, such as the Cyberchondria Severity Scale-Short Form, the Warwick-Edinburgh Mental Well-being Scale, and the Emotion Regulation Questionnaire, were used to collect the data. Descriptive statistics, correlation, and regression were analyzed using SPSS. While moderation analysis was performed using Jamovi software. Results revealed moderate levels of cyberchondria, mental well-being, and expressive suppression, with high levels of cognitive reappraisal. Cognitive reappraisal ($r = 0.366$, $p < 0.001$) was found to have a positive relationship with mental well-being. Meanwhile, cyberchondria ($r = 0.075$, $p = 0.167$) and expressive suppression ($r = -0.018$, $p = 0.737$) were observed to be inadequately related to mental well-being. Moderation analysis indicated that cognitive reappraisal ($\beta = 0.013$, $p = 0.273$) and expressive suppression ($\beta = -0.007$, $p = 0.683$) did not substantially moderate the association between cyberchondria and mental well-being. However, cognitive reappraisal directly enhanced mental well-being ($\beta = 0.564$, $p < .001$). These results suggest that while emotion regulation strategies may not buffer the impact of cyberchondria, promoting cognitive reappraisal could be beneficial for improving the mental well-being of emerging adults who frequently engage in online health searching, which may lead to health anxiety. The findings also emphasize the importance of implementing sustainable interventions that aim to strengthen adaptive emotion regulation, thereby fostering the mental well-being of individuals in today's digital age.

Keywords: Cyberchondria; Emerging adults; Emotion regulation strategies; Mental well-being

1.0 Introduction

When people find themselves in a repeated cycle of online health information-seeking behavior, they can easily become trapped in unhealthy habits that take a toll on their mental well-being. This phenomenon is known as cyberchondria. Easy access to health information may increase the likelihood of cyberchondria and blur the

difference between genuine health concerns and unfounded anxieties. Starcevic and Berle (2013) explained that excessive online health searches can exacerbate anxiety, creating a vicious pattern of repeated searches and increased distress. In such situations, people may become trapped in a cycle of online searches for health information that can impact their mental well-being.

Kraiss et al. (2020) have found that emotion regulation can influence how people interpret online health information, and thus the strategies individuals may employ to manage their emotional experiences. Tarabay et al. (2023) investigated the potential detriment of poor emotion regulation during information overload. They found that individuals with difficulty controlling their emotions may be particularly prone to anxiety when confronted with an extensive amount of information, regardless of its reliability.

Manalastas (2023) identified two common strategies of emotion regulation: cognitive reappraisal and expressive suppression. Cognitive reappraisal is a type of cognitive modification that aims to reinterpret emotion-eliciting events to either increase or decrease their emotional impact. It is also correlated to fewer instances of psychopathology, especially depression and anxiety. In contrast, Verzeletti et al. (2016) explained that expressive suppression generates a modified emotion to alleviate the continual emotional expression in a given situation. This has been presumed to be the cause of depression, anxiety, and rumination. It causes feelings of distress when an individual inhibits emotional expressions that could further elevate adverse outcomes and physiological arousal. This suggests that an individual's ability to employ appropriate emotion regulation strategies to cope with the overwhelming information on the internet, which can cause health anxieties, is paramount.

On a global scale, the internet has led to a significant increase in the availability of health information, resulting in a rise in individuals' online health-seeking behavior (Rowe, 2021). In line with this, Vismara et al. (2020) and Hsu (2023) found that, aside from the increase in internet usage by individuals for health-related information, the beliefs and behaviors of individuals were also significantly influenced by the information they gathered online. Data from a study by Berle (2015) indicates that 90% of people in the United States have looked for health information online, and one in every three individuals has attempted to self-diagnose using online information.

Meanwhile, according to Balita (2024), Filipinos spend an average of more than three hours a day using social media websites, which is the highest result in the Asia-Pacific region. Similarly, Hechanova and Ortega-Go (2014) stated that more than one-third of Filipinos who frequently use the internet do so to obtain general health information. In different circumstances, searching for health information online is associated with drawbacks. Internet users are exposed to being saturated with imprecise or inaccurate information from low-quality sources. Usage of the internet can be problematic when not monitored, which is somehow related to emotion regulation and impulse control problems, and therefore associated with cyberchondria.

On the other hand, research on the link between cyberchondria and mental well-being remains understudied, both locally and internationally. In the Philippines, however, most studies have been conducted among university students, which means that these findings may not apply to emerging adults (ages 18-24) since the population of university students differs from the broader group of emerging adults in terms of experiences and risk factors. As Hall and Sloan (2021) explained, this age group experiences significant social and emotional transitions. During this stage, emerging adults are establishing their identity, engaging in relationships with their peers, and frequently managing academic and personal demands, all of which can potentially heighten emotional vulnerability and internet usage patterns.

While the adverse effects of cyberchondria are increasingly being acknowledged internationally, it remains unclear how emotion regulation functions as a moderator of these effects. As Hall and Sloan (2021) suggested, learning how to manage and regulate emotions and behavioral impulses enables emerging adults to develop a sense of emotional safety and security for themselves, as well as to help themselves during stressful events. Given this, understanding the purpose of emotion regulation in mental well-being is crucial. It is also important to note that the limited literature represents an underexplored population (i.e., emerging adults); hence, examining the role of emotion regulation strategies (i.e., cognitive reappraisal and expressive suppression) in cyberchondria and mental well-being among emerging Filipino adults is vital.

This study aimed to produce significant findings detailing the relationship between cyberchondria and emotion regulation strategies (i.e., cognitive reappraisal and expressive suppression) and mental well-being. Furthermore, the data are presented to demonstrate whether emotion regulation strategies significantly moderate the association between cyberchondria and mental well-being. A thorough examination of this topic leads to a healthy discussion of information-seeking behaviors in the digital era. With this knowledge, mental health practitioners can develop evidence-based intervention plans that prioritize improving emotion regulation to support mental well-being.

2.0 Methodology

2.1 Research Design

A descriptive cross-sectional design was employed to observe and measure patterns in the data and explore the correlation between cyberchondria and mental well-being at a specific point in time, without manipulating them, thereby providing a clear understanding of cyberchondria and mental well-being within the sample. Correlational analysis was then utilized to assess whether a significant relationship exists between the key variables of the study. This design highlighted the probability of correlation between the variables, but it does not significantly mean that there is a causal relationship between them.

2.2 Participants and Sampling Technique

The study utilized a probability sampling technique, specifically the stratified disproportionate sampling, to ensure adequate representation across age-based subgroups. The sample size was calculated based on the population collected through the 2020 census, which consists of 553,524 emerging adults aged 18 to 24 residing in Pampanga. Using the Raosoft software, the computed recommended sample size was 384 emerging adults, with a 0.5 margin of error, a 95% confidence level, and a 50% response rate. Respondents were stratified by age, and samples were drawn disproportionately from each stratum to prioritize individuals with higher cyberchondria scores. Moreover, the inclusion criteria were (a) individuals aged 18 to 24 who are classified as emerging adults in Pampanga. (b) Individuals must have a device that can connect to and use the internet, and (c) the individuals must have moderate to high levels of cyberchondria (scores 21 to 60) as these levels are shown to impact mental health significantly (Padagas et al., 2022). Furthermore, respondents with low levels of cyberchondria severity were excluded from the study, as studying individuals with moderate to severe levels of cyberchondria subsequently yielded meaningful results that allowed researchers to have a better understanding of its association with mental well-being.

2.3 Research Instrument

Three established tools were utilized to investigate the relationship between cyberchondria, emotion regulation strategies (i.e., cognitive reappraisal and expressive suppression), and mental well-being. This also has a particular focus on how the two emotion regulation strategies potentially moderate the relationship between cyberchondria and mental well-being among emerging adults.

Cyberchondria Severity Instrument-Short Form (CSS-12)

The Cyberchondria Severity Instrument-Short Form (CSS-12), created by McElroy et al. (2019), specifically the adapted short form by Padagas et al. (2022) for Filipino teacher education students in the Philippines, was used to measure cyberchondria. This instrument is a 12-item scale with four dimensions: excessiveness (e.g., reading too much information from various sources about a symptom), distress (e.g., being anxious as a result of researching about the symptom), compulsion (e.g., inability to function normally as a result of researching about the symptom), and reassurance (e.g., consulting to a medical practitioner as a result of researching about the symptom). It is a five-point Likert scale that ranges from 1 (never) to 5 (always). The scoring involves summing up all the answer values to obtain the total score, which ranges from 12 to 60. At the same time, it appears to have excellent reliability, as indicated by Cronbach's alpha of 0.93. Furthermore, Padagas et al. (2022) utilized the CSS-12, with their study sample consisting of 179 Filipino teacher education students aged 18-41. The scale is valid, with current research focusing on emerging adults aged 18 to 24. Pilot testing of the scale showed a Cronbach's alpha of 0.87, indicating its validity and reliability in the present setting.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), specifically its adapted and evaluated short form developed by Bulisig and Aruta (2022) for Filipino adolescents aged 18-61, which encompasses the age range of the respondents in the present study, was used to measure mental well-being. This instrument is a 14-item scale that measures mental well-being, particularly its emotional and functional aspects (i.e., positive affect, gratifying interpersonal relationships, and positive functioning). It is a five-point Likert scale that ranges from 1 (never) to 5 (always). The scoring involves the summation of all answer values, resulting in a total score that ranges from 14 to 70, indicating the respondents' mental well-being status. Furthermore, the original WEMWBS scale developed by Sarah Stewart-Brown and Stephen Platt from the universities of Warwick and Edinburgh (Stewart-Brown & Janmohamed, 2008) has a Cronbach's alpha of 0.94, while the adapted version (WEMWBS-14), which was used in the study, has a Cronbach's alpha of 0.93, both suggesting an excellent internal consistency and reliability. Additionally, the study of Sarasjärvi et al. (2023), which focused on mental well-being, supports the validity of the WEMWBS-14, as it emphasizes the contemporary significance and reliability of the items in evaluating the intended constructs using substantial cross-sectional datasets derived from the Finnish general population.

Emotion Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ), developed by Gross and John (2003), was used to measure emotion regulation strategies in this study. The 10-item ERQ is composed of two subscales used to assess two specific emotion regulation strategies, namely: (a) cognitive reappraisal and (b) expressive suppression. It is a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scoring involves summing all answer values for each subscale, with a higher score indicating greater use of the corresponding subscale. In terms of reliability, the original version of the ERQ had a Cronbach's alpha of 0.79 for the reappraisal subscale and 0.73 for the suppression subscale. Additionally, Tarabay et al. (2023) utilized the ERQ 10-item, explicitly focusing on emerging adults aged 18-24. It is appropriate to use the ERQ-10 as it falls within the age range of the previous study, ensuring its accuracy and reliability, thereby contributing to its contemporary applicability and validity.

2.4 Data Gathering Procedure

The researchers utilized an in-person survey to gather the data. The survey was created and administered using the pen-and-paper (printed materials) method, with informed consent provided at the beginning, followed by the scales, which included the CSS-12 (comprising 12 items), the WEMWBS (containing 14 items), and the ERQ (consisting of 10 items). The survey took approximately 20-30 minutes to complete, as participants answered the provided questions.

As the study aimed to assess individuals with moderate to high levels of cyberchondria, a screening process was conducted to determine and filter the respondents using the Cyberchondria Severity Instrument-Short Form (CSS-12), with established cut-off scores to identify moderate to high levels of cyberchondria. This filtering process ensured the study focused on the target population included in the study and excluded responses that indicated low levels of cyberchondria. Initially, this process reduced the final sample size calculation to 340 respondents, ensuring the study focused on the target sample, which is the emerging adults cohort with moderate to severe cyberchondria levels.

The survey concluded with a debriefing statement that summarized the study's purpose and hypotheses, as well as provided contact information for any further inquiries. The respondents were also informed about the study's anonymity and confidentiality. The data collected were processed for analysis using various statistical methods, and were followed by further analysis and discussion.

2.5 Data Analysis Procedure

After the data were obtained, the researchers conducted a preliminary data analysis using Jamovi version 2.4.14 to examine the data for missing values and outliers, and to assess the descriptive statistics, particularly the mean and standard deviation of each data subset. At the same time, the Shapiro-Wilk test was used to assess the normality of the variables, yielding p-values of 0.570 and 0.173 for cognitive reappraisal and expressive suppression, respectively. This suggests that the data were found to be normally distributed, supporting the

validity of subsequent statistical analyses that assume normality.

Only respondents with moderate to high cyberchondria severity levels were included in further analysis. Through calculated correlation coefficients (Pearson's r) and correlation analysis, the significance of the relationship between cyberchondria and mental well-being was examined. In contrast, the strength and direction of their relationship were quantified. Subsequently, linear regression was used to investigate how cyberchondria predicts mental well-being.

Lastly, moderation analysis was employed to explore the interaction between cyberchondria and specific emotion regulation strategies on mental well-being. This helped to identify the conditions in which cyberchondria has a stronger or weaker relationship with mental well-being, depending on the level of emotion regulation strategies.

2.6 Ethical Considerations

Following the ethical principles and guidelines of the American Psychological Association (APA), the researchers ensured that the respondents' rights and welfare were protected. The participation of the respondents is entirely voluntary, and they are provided with informed consent that clearly indicates the nature and purpose of the study before their involvement. In line with the principle of beneficence, researchers prioritized their own well-being, minimizing potential risks and posing no harm to the respondents. For their anonymity, they were identified using codes to protect their identity and privacy. A short debriefing statement was also added at the end of the survey to provide a summary of the research and contact information for any inquiries. Lastly, the researchers ensured that the respondents were informed and aware of their right to withdraw from participation in the study at any time, as confirmed by their informed consent. To protect and secure the confidentiality of the gathered data, the researchers strictly adhered to Republic Act No. 10173, also known as the Data Privacy Act of 2012. The researchers kept the information provided by the respondents, which was used solely for this research.

3.0 Results and Discussion

3.1 Demographic Data of the Respondents in Terms of Age

Table 1 presents the demographic profile of the respondents, with a focus on their age distribution. The data show that the participants classified as emerging adults have a mean age of 21.03 years ($\mu = 21.03$) with a standard deviation of 1.97 years ($\sigma = 1.97$). The study sampled a total of 340 respondents, all of whom resided in Pampanga.

Table 1. *The Demographic Data of the Respondents in Terms of Age*

Age	Frequency	Percentage (%)
18	43	12.6
19	48	14.1
20	56	16.5
21	47	13.8
22	50	14.7
23	47	13.8
24	49	14.4
Total	**176**	**100.0**

Note. M = 21.03, SD = 1.97

3.2 Level of Cyberchondria Severity

Table 2 shows that participants exhibited moderate levels of cyberchondria ($\mu = 36.73$, $\sigma = 6.55$). Respondents frequently searched for health information online after experiencing unexplained bodily sensations, which at times affected their focus at work, social activities, and emotional state. These behaviors suggest a potential link to health-related anxiety and a tendency to misinterpret symptoms as signs of serious illness. This supports earlier findings that excessive online health searches can heighten anxiety and impair daily functioning (Jungmann & Witthöft, 2020). Although some participants consulted medical professionals, others rarely sought diagnostic procedures, indicating uncertainty in managing health concerns. The results underscore how cyberchondria can interfere with daily life and highlight the need for emotion regulation interventions to reduce health-related stress (Gross & John, 2003).

Table 2. *Level of Cyberchondria Severity*

	Cyberchondria Severity Instrument-Short Form (CSS-12)	Mean	Std. Deviation	Remarks
1.	If I notice an unexplained bodily sensation, I will search for it on the internet.	3.68	0.92	Often
2.	Researching symptoms or perceived medical conditions online distracts me from reading news/sports/and entertainment articles online.	3.11	0.94	Sometimes
3.	I read different web pages about the same perceived condition.	3.60	1.01	Often
4.	I start to panic when I read online that a symptom I have is found in a rare/serious condition.	3.35	1.08	Sometimes
5.	Researching symptoms or perceived medical conditions online leads me to consult with my GP.	2.79	1.10	Sometimes
6.	I enter the same symptoms into a web search on more than one occasion.	3.09	0.93	Sometimes
7.	Researching symptoms or perceived medical conditions online interrupts my work (e.g., writing emails, working on Word documents or spreadsheets).	2.68	1.03	Sometimes
8.	I think I am fine until I read about a serious condition online.	3.36	1.00	Sometimes
9.	I feel more anxious or distressed after researching symptoms or perceived medical conditions online.	3.38	0.94	Sometimes
10.	Researching symptoms or perceived medical conditions online interrupts my offline social activities (e.g., reduces time spent with friends/family).	2.66	1.10	Sometimes
11.	I suggest to my GP/medical professional that I may need a diagnostic procedure that I read about online (e.g., a biopsy/a specific blood test).	2.37	1.12	Rarely
12.	Researching symptoms or perceived medical conditions online leads me to consult with other medical specialists (e.g., consultants).	2.61	1.19	Sometimes
Total Score		**36.73**	**6.55**	**Moderate**

Note. CSS: 12-28=Low; 28-44=Moderate; 44-60=Severe

3.3 Level of Mental Well-being

Table 3 presents the mental well-being scores of participants, revealing a moderate overall level ($\mu = 47.05$, $\sigma = 9.09$). Participants reported frequent feelings of optimism and being loved, alongside strong scores in openness to new experiences, suggesting emotional engagement and curiosity. However, lower mean scores in relaxation and energy indicate areas of potential stress or fatigue. These results reflect how positive psychological traits can coexist with signs of strain, supporting the finding that adaptive strategies, such as cognitive reappraisal, contribute to well-being (Gross & John, 2003; Extremera & Rey, 2015). The high interest in new experiences also aligns with research linking curiosity to emotional resilience (O'Day et al., 2019).

Table 3. *Level of Mental Well-being*

	Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)	Mean	Std. Deviation	Remarks
1.	I have been feeling optimistic about the future.	3.62	0.94	Often
2.	I have been feeling useful.	3.35	0.94	Sometimes
3.	I have been feeling relaxed.	3.18	0.98	Sometimes
4.	I have been feeling interested in other people.	3.18	1.04	Sometimes
5.	I have had energy to spare.	3.19	1.04	Sometimes
6.	I have been dealing with problems well.	3..21	0.93	Sometimes
7.	I have been thinking clearly.	3.26	0.93	Sometimes
8.	I have been feeling good about myself.	3.35	1.03	Sometimes
9.	I have been feeling close to other people.	3.42	0.98	Often
10.	I have been feeling confident.	3.21	1.05	Sometimes
11.	I have been able to make up my own mind about things.	3.41	0.94	Often
12.	I have been feeling loved.	3.66	1.04	Often
13.	I have been interested in new things.	3.67	1.04	Often
14.	I have been feeling cheerful.	3.34	1.03	Sometimes
Total Score		**47.05**	**9.09**	**Moderate**

Note. WEMWBS: 14-33=Low; 33-51=Moderate; 51-70=Severe

3.4 Levels of Emotion Regulation Strategies

Table 4 presents participants' use of emotion regulation strategies, showing a stronger preference for cognitive reappraisal ($\mu = 30.63$, $\sigma = 5.94$) over expressive suppression ($\mu = 18.62$, $\sigma = 4.53$). This suggests that respondents tend to reframe their thoughts to manage emotions, an adaptive approach associated with better mental health outcomes (Gross & Jazaieri, 2014). Positive reframing is particularly beneficial, with studies indicating that it is associated with better mental health during stressful events (Gurvich et al., 2020). While suppression was used moderately, it may reflect situational or cultural expectations around emotional restraint. The findings indicate a balanced emotional regulation style, with reappraisal being the dominant strategy known to support well-being,

especially in stressful settings (Gross & John, 2003). Similarly, Pauw et al. (2020) found that reappraisal and acceptance predicted higher well-being across 51 countries during the COVID-19 pandemic, whereas suppression predicted lower well-being. Moreover, Paul et al. (2023) demonstrated that suppression's impact varies by social context—it was linked to higher depressive symptoms when used with close others but lower symptoms when used alone.

Table 4. *Levels of Emotional Regulation Strategies*

	Emotion Regulation Questionnaire (ERQ)	Mean	Std. Deviation	Remarks
1.	When I want to feel more positive emotions (such as joy or amusement), I change what I am thinking about.	5.23	1.32	Somewhat Agree
2.	I keep my emotions to myself.	5.12	1.54	Somewhat Agree
3.	When I want to feel less negative emotion (such as sadness or anger), I change what I am thinking about.	4.96	1.39	Somewhat Agree
4.	When I am feeling positive emotions, I am careful not to express them.	4.17	1.61	Neutral
5.	When I am faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	5.17	1.49	Somewhat Agree
6.	I control my emotions by not expressing them.	4.69	1.66	Somewhat Agree
7.	When I want to feel more positive emotions, I change the way I am thinking about the situation.	5.14	1.31	Somewhat Agree
8.	I control my emotions by changing the way I think about the situation I am in.	5.15	1.29	Somewhat Agree
9.	When I am feeling negative emotions, I make sure not to express them.	4.64	1.59	Somewhat Agree
10.	When I want to feel less negative emotion, I change the way I am thinking about the situation.	5.00	1.37	Somewhat Agree
Total Score		**49.25**	**8.80**	**Moderate**
Cognitive Reappraisal		**30.63**	**5.94**	**High**
Expressive Suppression		**18.62**	**4.53**	**Moderate**

Note. ERQ: CR: 6-18=Low; 18-30=Moderate; 30-42=Severe; ES: 4-12=Low; 12-20=Moderate; 20-28=Severe

3.5 Relationship of Cyberchondria and Emotion Regulation Strategies to Mental Well-being

Table 5 presents the correlation between cyberchondria, emotion regulation strategies, and mental well-being. A significant positive relationship was found between cognitive reappraisal and mental well-being ($r = 0.366$, $p < 0.001$), suggesting that individuals who regularly reinterpret emotional experiences tend to report higher psychological well-being. In contrast, cyberchondria ($r = 0.075$, $p = 0.167$) and expressive suppression ($r = -0.018$, $p = 0.737$) showed no significant associations with mental well-being. These findings support prior research emphasizing cognitive reappraisal as a key adaptive strategy in promoting emotional health (Gross & Jazaieri, 2014), while also suggesting that the impact of cyberchondria may depend on other psychological or coping factors (Müller et al., 2023).

Table 5. *Descriptive Statistics and Correlation Coefficient for Cyberchondria, Mental Well-being, and Emotion Regulation Strategies*

Variable	*M*	*SD*	1	2	3	4
Mental Well-being	3.62	0.94				
Cyberchondria	3.35	0.94	.075			
Cognitive Reappraisal	3.18	0.98	.366*	-.006		
Expressive Suppression	3.18	1.04	-.018	-.043	.402*	

Note. **p<.001*

3.6 Moderating Role of Cognitive Reappraisal Strategy in the Relationship between Cyberchondria and Mental Well-being

Table 6 presents the results of the moderation analysis examining whether cognitive reappraisal moderates the relationship between cyberchondria and mental well-being, suggesting other contextual or psychological factors may influence this dynamic. Despite its general benefits for emotional health, cognitive reappraisal may be insufficient when applied to persistent online health concerns, possibly because digital health content is often overwhelming and repetitive (Troy et al., 2013). Nevertheless, a significant main effect between cognitive reappraisal and mental well-being affirms its overall positive role in emotional regulation and psychological functioning.

Table 6. *Moderating Estimates of Cognitive Reappraisal Strategy in the Relationship between Cyberchondria and Mental Well-being*

	β	*SE*	*Lower*	*Upper*	*z*	*p-value*
CSS	.113	0.070	-0.024	0.250	1.62	.105
CRS	.564	0.077	0.413	0.714	7.34	< .001
CSS ✻ CRS	.013	0.012	-0.010	0.037	1.10	.273

Note. CSS = Cyberchondria Severity Scale, CRS = Cognitive Reappraisal Strategy

3.7 Moderating Role of Expressive Suppression Strategy in the Relationship between Cyberchondria and Mental Well-being

Table 7 presents the moderation analysis of expressive suppression in the relationship between cyberchondria and mental well-being. The results revealed that expressive suppression did not significantly moderate the relationship between cyberchondria and mental well-being (CSS × ESS: β = -0.007, p = 0.683). This suggests that while expressive suppression is often linked to reduced mental health outcomes, it does not influence the effect of cyberchondria in this sample. Prior research indicates that consistent reliance on expressive suppression can lead to emotional exhaustion and lower well-being (Hu et al., 2014; Kraiss et al., 2020). However, these effects appear to be independent of cyberchondria. The findings may reflect the limitations of suppression as an emotion regulation strategy in managing chronic exposure to online health-related content, which could overwhelm attempts to suppress emotional responses.

Table 7. *Moderating Estimates of Expressive Suppression Strategy in the Relationship between Cyberchondria and Mental Well-being*

	β	*SE*	*Lower*	*Upper*	*z*	*p-value*
CSS	.099	0.076	-0.050	0.247	1.305	.192
ESS	-.031	0.109	-0.244	0.182	-0.285	.776
CSS ✻ ESS	-.007	0.016	-0.038	0.025	-0.409	.683

Note. CSS = Cyberchondria Severity Scale, ESS = Expressive Suppression Strategy

4.0 Conclusion

This study sheds light on the growing body of literature on digital health behavior by clarifying the role of emotion regulation strategies, particularly cognitive reappraisal, in relation to cyberchondria and mental well-being. The findings emphasized that while cognitive reappraisal was associated with mental well-being, it does not buffer the consequences of cyberchondria, highlighting that reappraisal by itself is insufficient when managing health-related anxiety from online searches. These findings underscore the importance of implementing sustainable, long-term interventions that incorporate digital health literacy and other variables, in addition to emotion regulation strategies, to promote mental well-being. This approach aligns with the United Nations' Sustainable Development Goals, specifically SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education). The study recommends a sustainable approach that helps young individuals feel better using online systems. These initiatives also contribute to creating a healthier and sustainable digital community. The researchers encourage the development of a targeted education program designed for emerging adults to promote safe and responsible online information use. Additionally, healthcare providers are encouraged to guide patients toward information from reliable sources and to discuss information-seeking behaviors during consultations, which can help reduce anxiety and foster a healthier environment. Finally, future research should further investigate the connection between cyberchondria and general psychological aspects, along with anxiety, depression, and resilience, and consider employing mixed-methods designs to capture both quantitative patterns and qualitative experiences that can provide deeper insights into health-related anxiety. By building on the findings of this study, future work can design more comprehensive interventions that integrate both emotion regulation and digital literacy, thereby highlighting the unique contribution of the present study in advancing the understanding of digital health behavior among Filipino emerging adults.

5.0 Contributions of Authors

All authors contributed significantly to the conception, development, and completion of this study.

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This study did not receive funding from any agency, and the researchers personally provided all resources utilized.

7.0 Conflict of Interests

The authors declare that they have no conflict of interest.

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