

Comparative Study of Cyberchondriasis and OCD Among Covid and Non-Covid Respondents

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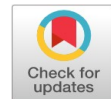
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Abstract: The current study examined the relationship between cyberchondriasis and obsessive-compulsive disorder in 300 covid and non-covid respondents from various universities in the Hazara region. These students were chosen using purposive and snowball sampling methods. In the current study, the Yale Brown OCD Scale YBOCS and the 12-item short version of the Cyberchondria Severity Scale were used. Reliability analysis, Correlation, t-test were used in order to test relationship between variables. Findings revealed that covid experience is more commonly linked to cyberchondriasis and obsessive-compulsive symptoms than non-covid experience. Men are more prone to develop cyberchondriasis than women, and it has also been demonstrated that women have more OCD symptoms than men do.

Keywords: Cyberchondriasis, Covid and Non-Covid respondents, Distress, Obsessive Compulsive Symptoms

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INTRODUCTION

Over many decades, it has been established that many epidemics occur on a regular basis, causing great harm to the entire globe as well as psychological disorders. These diseases are classified as epidemics when they spread rapidly and harm a huge number of people, owing mostly to effective disease transmission between humans. These pandemics frequently have a wide geographic spread and are brought about by illnesses that are novel to people, have an increased attack rate, and may change swiftly in order to evade host immunity. The COVID-19 pandemic is one of the most catastrophic global disasters in centuries, with far-reaching consequences for medical systems, economies, and civilisations. A lot of people have died or lost their positions of employment. Communities and households have been highlighted and divided. Children and teens have been left out on education and social opportunities. Businesses have declared bankruptcy. Millions of individuals have dropped below the poverty level. These physical, social, and economic impacts have had a substantial

influence on people's mental health. Several persons reported increased anxiety, but for some, COVID-19 triggered or aggravated far more serious mental health disorders. Several persons have reported psychological distress, as well as symptoms of post-traumatic stress disorder, anxiety, obsessive-compulsive behaviour, hopelessness, and health worry. However, there have been disturbing signs of a growing incidence of suicidal thoughts and deeds, even in the healthcare field. Certain categories of people have been disproportionately affected. As a result of lengthy school and university closures, young people have been subjected to social isolation and detachment. These problems intensify feelings of worry, uncertainty, and loneliness, as well as emotional and behavioural disorders and a preoccupation with one's health. As a result of their interest, individuals become unduly involved in seeking for health care solutions online, which leads to cyberchondria. For certain children and teens, being compelled to stay at home may have increased the likelihood of familial stress or abuse, excessive internet usage, and a greater dread of disease, all of which are risk factors for mental health difficulties. Women have also experienced increased domestic stress. (G. Pietrabissa and S. G. Simpson, 2020).

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The word "cyberchondria" is taken from "hypochondriasis," a disease defined by excessive and persistent anxiety of getting very ill (Starcevic & Berle, 2015). To represent the origins of this mental disease, which sprang from the cyber world, primarily the internet, the terms hypochondriasis and cyber were combined. As a result, cyberchondria is defined as online health searches combined with an increase in worry or suffering (Starcevic & Berle, 2013). Functional impairment, higher anxiety, and problematic internet usage have all been associated to more time spent seeking up symptoms online (Doherty-Torstrick et al., 2016; Mathes et al., 2018).

Cyberchondriacs vary from the general population in their behaviours and concepts, such as logging hours each day examining their symptoms online. People with greater levels of illness anxiety spent greater amounts of time online, whereas those with a lower degree of medical anxiety did so less frequently during the day. Online medical consultations exacerbate these people's health concerns since they are already concerned about getting sick. According to a survey research done across 12 countries with over 12,000 participants, the Internet has emerged as a substitute for a health care provider. Almost half of them used "Google" as a search engine to self-diagnose. (McDaid D, Park A. *Online Health: Untangling the Web*. [Internet]. 2011).

The cyberchondria metacognitive hypothesis proposes that certain metacognitive ideas are linked to OHR and its negative consequences, such as increased worry and suffering. These perspectives might be about the Internet's value in managing stress and concern related to a person's wellness (positive metacognitive beliefs), whereas they could be about a lack of control over OHR and a feeling that OHR is detrimental (negative metacognitive beliefs). (TA Fergus et al. 2017, 2018).

According to the behavioural model of OCD, intrusions are previously neutral stimuli that produce anxiety as a result of classical training (Mowrer, 1960). In essence, good thoughts, feelings, or desires (such as injuring a child) become associated with increased anxiety caused by recurring pairings. Compulsions, on the other hand, serve as attempts to avoid the distressing physiological consequences of concern. These attempts, known as safety behaviours, might take the shape of overt compulsions (such as hand washing), avoidance of dangerous stimuli (such as sharp objects), or concealed rituals (for example, mental reviewing). Compulsive practices and avoidance behaviours are negatively reinforced, increasing the likelihood of them being repeated when confronted with the same worry.

Acceptance and commitment therapy (ACT) is a cognitive-behavioral therapy (CBT) technique based on the functional contextualize theory, which holds that continuous processes and events impact cognitions, emotions, and behaviours (Hayes, Luoma, & Bond, 2006; Hayes, Strosahl, & Wilson, 1999). In the context of OCD, ACT helps people control their obsessions by improving their readiness to experience unwelcome thoughts, pictures, urges, or ideas without feeling distressed (Twohig, Hayes, & Masuda, 2006; Twohig, 2008).

Akgül, G., and Atalan Ergin, D. (2021) examined anxiety symptoms in adolescents and their parents, as well as the impact of parental cyberchondriasis and adolescents' emotion control on anxiety symptoms. The sample included 155 teenagers and one parent. Data was acquired using Google Forms survey surveys. Thus, the data confirmed the hypothesis that teenagers who attempted to manage their emotions via the Internet had more anxiety during the epidemic. Furthermore, due to the correlational nature of the data, worried teenagers may utilize the Internet to manage their anxiety.

METHODS

Sample

A survey study methodology was used to contrast Covid and non-Covid individuals who have cyberchondriasis and obsessive-compulsive disorder. To gather data for the current study from multiple institutes in the Hazara region, a selective and snowball selection technique was employed to choose a sample of 300 participants, 150 with COVID and 150 without. Their ages varied from 18 to 40. The majority of them come from middle-class backgrounds.

Instrument

Obsessive-Compulsive Test - Yale Brown OCD Scale. YBOCS. The Yale Brown Obsessive-Compulsive Scale (Goodman et al., 1989) is considered the "gold standard" for assessing the severity of obsessive-compulsive disorder (OCD) symptoms and treatment response. The interview is semi-structured and consists of ten basic items.

The 12-item condensed version scale was created using the original 33-item Cyberchondria Severity Scale

(CSS), allowing for a more comprehensive assessment of cyberchondria. The CSS components can be added together to get a total score. Higher scores suggest increased cyberchondria (Cronbach’s alpha = 0.919).

Statistical Analysis

Statistical analysis was performed using SPSS version 21.

RESULTS

Out of 300 respondents, 37% were between the ages of 18 and 22, 73% between 20 and 30, and 100% between 30 and 40. Participants from education Inter, BS, Masters, and MPhil were 24%, 36%, 28%, and 11%, respectively. 33% of participants were from low socioeconomic class, 79% from middle socioeconomic status, and 8% from high socioeconomic status. The results also show that the study included 50 percent males and 50 percent females. The alpha reliability of the Cyberchondriasis Severity Scale was .797, while the reliability of obsessive-compulsive disorder was .820. Correlation between research factors. As expected, the relationship between cyberchondriasis and obsessive-compulsive disorder was revealed to be highly favorable. The difference in obsessive-compulsive disorder between COVID and non-COVID patients is considerable. ($0.00 < 0.05$). It also demonstrates that the value of cyberchondria is higher in COVID than non-COVID. Obsessive-compulsive disorder has a substantial impact on both COVID and non-COVID populations. ($0.00 < 0.05$). Cyberchondriasis and OCD have a considerable importance for both men and women. ($.000 < 0.05$, $0.00 < 0$).

Table 1: Sociodemographic Characteristics of Participants in Study (N = 300)

Age	F	%
18-22	111	37
22-30	110	73.7
30-40	79	100
Socio economic status		
Low	39	13
Middle	236	78.7
High	25	8.3
Education		
Inter	73	24.3
BS	108	36
Master	55	28.3
MPhil	34	11.3
Gender		
Male	50	50

Table 2: Psychometric properties of cyberchondriasis severity scale and obsessive- compulsive disorderscale (N=300)

	Scales items	No of α	M	SD	Actual	Potential
CSS	12	0.797	33.92	8.6217	2.667_3.037	12_60
OCD	10	0.82	19.41	7.45344	1.703_2.257	10_40

Table 3: Correlation between cyberchondriasis and obsessive-compulsive disorder

	1	2
1	CSS	
2	OCD	0.393**

Table 4: Mean Comparison of COVID and Non COVID subjects on Cyberchondriasis

Variables	Covid		Non-Covid		t(df)	sig(p)
	M	SD	M	SD		
Cohen's(d)						
CSS	39.2467	6.7356	28.5933	6.83172	13(298)	0.00
	1.570411					

Table 5: Mean Comparison of COVID and Non COVID subjects on obsessive-compulsive disorder

variable	Covid		Non-Covid		t(df)	sig(p)	cohen's(d)
	M	SD	M	SD			
OCD	23.7667	5.16625	15.0733	6.81106	12(298)	0.00	
	1.438147						

Table 6: Mean Comparison of Male and Female subjects on Cyberchondriasis and Obsessive-compulsive disorder

Variables	Male		Females		t(df)	Sig(p)	Cohen's(d)
	M	SD	M	SD			
CSS	34.0467	6.89941	33.7933	10.07642	0.25(298)	.000	0.029
	345						
OCD	17.3133	7.46188	21.5267	6.81953	-		
	5.1(298)	0.000	0.589458				

DISCUSSION

The survey study design was employed to obtain data from covid and non-covid respondents by delivering the obsessive compulsive test (Yale Brown OCD) and cyberchondriasis severity questionnaire.

Table 2 summarizes the questionnaire's internal consistency. The alpha reliability coefficient for all of the instruments was good. (.79 And.82).

The results in Table 3 corroborate the hypothesized positive connection between cyberchondriasis and obsessive-compulsive disorder. The findings of Aaron M et al. (2015) between community members with cyberchondria and OCD suggest that fear of contamination is related with higher cyberchondria dimensions.

Table 4 projected the difference between COVID and non-COVID patients in terms of cyberchondriasis. The findings confirm the hypothesis that covid patients seek internet information for symptoms linked to their health more frequently than non-covid respondents. Due to social alienation and constraints on frequent visits to medical health specialists, internet research for health-related topics was the most practical way for Covid patients to obtain guidance and thereby reduce their worry. The findings are congruent with those of M. Stefanie et al. (2020), who found that during the epidemic, individuals were more diverted from other activities and spent more time searching for symptoms online, resulting in fewer visits to doctors.

Table 5 demonstrates a significant mean difference between OCD, COVID, and non-COVID subjects. The major findings indicate that the pandemic raises the likelihood of obsessive and compulsive symptoms. Covid responders reported higher obsessive and compulsive symptoms than non-covid patients. The study found that those who had COVID-19 symptoms had higher levels of OCD compared to those who had not. According to (Jesi.M. et al., 2020), covid-19 may have a greater impact on mental health and increase the likelihood of getting OCD.

Table 5 illustrates the gender discrepancy in cyberchondria and OCD. The findings supported our fourth hypothesis, as male respondents had a greater rate of cyberchondriasis than females. According to Khazaal et al. (2021), men are more prone than women to have cyberchondriasis. This shows that men are more likely than women to look for symptoms online and visit the doctor less frequently. Males in Pakistan use phones more than females due to cultural norms that encourage male access to technology and education, allowing them to consume more online information.

The data also indicated that obsessive-compulsive disorder is more prevalent in women than in males (see table 6). Women are more prone to obsessive thoughts and compulsive actions than males because they are more concerned about their health. Emily J et al., 2020, found that females were more likely than males to develop obsessive-compulsive disorder. The overall estimates for current and lifetime OCD incidence were 1.1 percent, 0.8%, and 1.3%, respectively. In a typical group, women were 1.6 times more likely to have OCD than men, with lifetime prevalence rates of 1.5% and 1.0%, respectively.

CONCLUSION

Covid exposure is more frequently linked to cyberchondriasis and obsessive-compulsive symptoms than non-covid experience. Males have a higher incidence of cyberchondriasis. Females have a higher incidence of obsessive-compulsive symptoms.

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