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Body-Related Vulnerabilities, Cyberchondria, and Trust in AI-Generated Health Information Among Adolescents: The Moderating Role of eHealth Literacy

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Abstract: The increasing use of artificial intelligence (AI) tools for health-related information raises important questions about the psychological factors that shape trust in AI-generated health advice. The present study examined whether cyberchondria mediates the relationship between body image-related variables and trust in AI-generated health advice, and whether eHealth literacy moderates these associations. The sample included 189 urban high-school students from Romania. Participants completed self-report measures assessing body self-esteem, body-related affect, cyberchondria, eHealth literacy, and trust in AI-generated health advice. Body Mass Index was calculated based on self-reported height and weight. Data were analysed using IBM SPSS Statistics 20 and the PROCESS macro. Mediation analyses showed that cyberchondria mediated the relationship between body-related affect and trust in AI-generated health advice, as well as the relationship between body self-esteem and trust in AI-generated health advice, while controlling for age, gender, and BMI. Specifically, adolescents who reported more negative emotions regarding their bodies and lower body self-esteem also reported higher levels of cyberchondria, which in turn was associated with greater trust in AI-generated health advice. Moderation analyses indicated that eHealth literacy did not moderate the associations between body image-related variables and AI trust; however, eHealth literacy was positively associated with trust in AI-generated health advice. These findings suggest that cyberchondria may represent an important pathway linking body image-related vulnerability to increased receptivity toward AI-generated health guidance. The results highlight the need to consider psychological vulnerability, online health information-seeking patterns, and digital health literacy when evaluating adolescents' trust in AI-based health tools.

Keywords: cyberchondria; body image; body self-esteem; body-related affect; eHealth literacy; artificial intelligence; AI-generated health advice; digital health; adolescents; trust.

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1. Introduction

Artificial intelligence is increasingly becoming part of the way adolescents search for, interpret, and use health-related information. This is particularly relevant during adolescence, a developmental period in which body image becomes closely connected to self-concept, emotional adjustment, and social evaluation. Adolescents are especially sensitive to sociocultural influences on body image (Marengo et al., 2018), and developmental and social changes may increase vulnerability to body dissatisfaction (Bi et al., 2024). In this context, concerns about appearance, weight, or bodily changes may motivate adolescents to seek reassurance and explanations through digital sources.

The growing availability of generative AI adds a new layer to this process. Unlike traditional online searches, AI tools can provide immediate, personalised, and confidently phrased responses, which may make them appear especially credible or useful in moments of uncertainty. Because of its interactive and personalised nature, generative AI may shape how users engage with health-related or body-related content (Nelfianti et al., 2026; Shelton, 2025).

Although adolescent body image, online health information seeking, cyberchondria, and digital health literacy have been studied separately, little is known about how they jointly shape adolescents' trust in AI-generated health advice. Body image vulnerabilities may increase online health-related seeking, including repetitive and anxiety-driven searches associated with cyberchondria (McElroy & Shevlin, 2014; Starcevic & Berle, 2013; Svestkova et al., 2023). However, it remains unclear whether cyberchondria explains the link between body image vulnerability and trust in AI-generated health guidance, or whether eHealth literacy reduces adolescents' reliance on such advice (Norman & Skinner, 2006; Taba et al., 2022).

To address this gap, the present study examines whether cyberchondria mediates the associations between body-related affect, body self-esteem, and trust in AI-generated health advice, and whether eHealth literacy moderates these relationships. By integrating body image, cyberchondria, eHealth literacy, and AI trust in one model, the study clarifies how adolescent vulnerability may shape reliance on AI-based health information tools (Kopka et al., 2025; Svestkova et al., 2025).

2. Theoretical Background

Body image in adolescence includes both evaluative and emotional dimensions. Body self-esteem refers to the degree to which adolescents evaluate their own body positively and experience satisfaction, acceptance, or confidence regarding their physical appearance (Merino et al., 2024). Body-related affect refers to the emotional responses associated with one's body, including shame, anxiety, guilt, discomfort, sadness, or distress related to appearance, weight, or perceived physical flaws (Merino et al., 2024; Sayer-Jones & Sherman, 2023). Together, these dimensions capture two complementary aspects of body image: one centered on self-evaluation and the other on emotional distress. When body self-esteem is low, appearance may become closely tied to global self-worth, making adolescents more vulnerable to comparison, dissatisfaction, and reassurance seeking (Kim, 2024; Merino et al., 2024). Similarly, negative body-related affect may make bodily concerns more emotionally salient, as Mahon and Hevey (2021) emphasise that body image difficulties are not only cognitive evaluations, but also emotionally charged experiences.

These difficulties related to body image may contribute to online health information seeking. Vannucci and Ohannessian (2017) suggest that appearance-related concerns can become linked to broader health-related worries, encouraging adolescents to search online for explanations, reassurance, or solutions. Adolescents may use digital platforms to look for information about dieting, weight control, exercise, dermatological concerns, symptoms, medical treatments, or bodily transformation. Glombitza et al. (2025) describe this type of online searching as especially relevant when body-related concerns overlap with health anxiety or self-monitoring. Similarly, Rask et al. (2023) note that the privacy and accessibility of online environments may make them appealing to adolescents who feel embarrassed or uncertain about discussing these concerns with adults or

professionals. Synthesising these perspectives, online health information seeking may initially function as a coping strategy for body-related uncertainty, but when it becomes repetitive, emotionally driven, and difficult to control, it may increase rather than reduce distress.

Cyberchondria provides a theoretical mechanism for understanding this process. Glombitza et al. (2025) and Rask et al. (2023) conceptualise cyberchondria as excessive or distressing online health information seeking that intensifies anxiety, uncertainty, and reassurance seeking. This process is consistent with cognitive-behavioural models of health anxiety, in which bodily concerns are interpreted as threatening and lead to repeated checking or reassurance seeking (Salkovskis & Warwick, 1986; Warwick & Salkovskis, 1990). Starcevic and Berle (2013) extend this logic to the online environment, explaining that repeated searches may temporarily reduce uncertainty but can ultimately maintain or amplify anxiety. In the present study, cyberchondria is therefore conceptualised as a mediator linking body image-related vulnerability to trust in AI-generated health advice.

Body-related affect may be especially relevant in this pathway. Adolescents who experience stronger shame, anxiety, or distress about their bodies may be more likely to search repeatedly for health-related or appearance-related information in an attempt to reduce emotional discomfort. Nelfianti et al., 2026 argue that digital and AI-based environments can intensify body-related concerns when users seek personalised reassurance or compare themselves with idealised or algorithmically shaped standards. In this sense, negative body-related affect may increase cyberchondria by making online health information seeking more urgent, repetitive, and emotionally driven. As a result, adolescents experiencing stronger body-related affect may become more receptive to AI-generated health advice because such advice offers fast, private, and personalised reassurance.

Based on this reasoning, the first hypothesis was formulated as follows:

H1. Cyberchondria mediates the relationship between body-related affect and trust in AI-generated health advice.

A similar pathway may be expected for body self-esteem. Adolescents with lower body self-esteem may be more likely to interpret bodily changes, weight-related concerns, or appearance dissatisfaction as personally threatening. This may increase their need for reassurance and motivate online searching about symptoms, body modification, health risks, or physical appearance. Kircaburun et al. (2019) suggest that problematic digital behaviours can emerge when online engagement becomes a maladaptive strategy for coping with distress, while Holch and Marwood (2020) describe the role of repeated online health searches in reinforcing health-related concerns. Synthesising these arguments, low body self-esteem may contribute to cyberchondria because adolescents who evaluate their bodies negatively may use online health information seeking as a way to manage insecurity or uncertainty. Cyberchondria may then increase trust in AI-generated health advice because AI tools can function as accessible and personalised sources of reassurance.

Based on this reasoning, the second hypothesis was formulated as follows:

H2. Cyberchondria mediates the relationship between body self-esteem and trust in AI-generated health advice.

The link between cyberchondria and AI trust can also be understood through research on trust in automated systems. Lee et al (2026a) argue that trust in automation involves reliance on a technological system under conditions of uncertainty, particularly when the system is perceived as useful, efficient, and credible. In health-related contexts, this reliance is especially important because algorithmic advice may influence how users interpret symptoms, evaluate risks, or decide whether to seek professional help. Monteith et al. (2026) and Shelton (2025) suggest that AI-based health tools may be perceived as immediate and accessible sources of guidance. For adolescents experiencing uncertainty or distress, AI-generated responses may therefore appear persuasive because they provide fast, personalised feedback without requiring face-to-face disclosure. However, Bokhari et al. (2026) warn that such systems may also provide incomplete, biased, or unverified recommendations, which may reinforce worry or overreliance.

eHealth literacy may shape how adolescents respond to AI-generated health advice. Norman and Skinner (2006) define eHealth literacy as the ability to seek, understand, evaluate, and use health information from electronic sources. Adolescents with higher eHealth literacy may be better able to compare information across sources, evaluate credibility, and recognise the limitations of AI-generated responses. Chang et al. (2025) and Ng (2025) similarly emphasise that digital health competence may support more critical engagement with algorithmic or generative outputs. In contrast, adolescents with lower eHealth literacy may be more likely to mistake the confident tone or technical sophistication of AI for clinical accuracy. Malkoç (2026a, 2026b) describes this risk in relation to the persuasive authority of synthetic or automated outputs, while Jungmann and Dessauer (2024) and Shelton (2025) suggest that critical appraisal skills may reduce anxiety-driven reliance on digital health information.

At the same time, eHealth literacy may have a more complex role than a purely protective one. Higher eHealth literacy may support critical appraisal, but it may also reflect greater familiarity with digital health environments and greater confidence in using online or AI-based tools. Therefore, adolescents with stronger eHealth literacy may be more capable of evaluating AI-generated advice, but they may also be more open to engaging with such advice. This dual possibility makes eHealth literacy theoretically important as a moderator. It may weaken vulnerability-driven trust in AI by supporting critical evaluation, or it may reshape this relationship by increasing adolescents' comfort with digital health technologies.

Because of this evaluative role, eHealth literacy may moderate the relationship between body-related affect and trust in AI-generated health advice. Adolescents who experience strong negative emotions about their bodies may be motivated to seek reassurance from AI tools, but this tendency may depend on how well they can evaluate digital health information. Those with higher eHealth literacy may approach AI-generated advice more critically, whereas those with lower eHealth literacy may be more likely to accept such advice as authoritative. Accordingly, the third hypothesis was formulated as follows:

H3. eHealth literacy moderates the relationship between body-related affect and trust in AI-generated health advice.

The same moderating mechanism may apply to body self-esteem. Adolescents with lower body self-esteem may be more likely to seek digital reassurance about their bodies, but the extent to which this vulnerability translates into trust in AI-generated health advice may depend on their eHealth literacy. Based on Norman and Skinner's (2006) model, adolescents with stronger eHealth literacy should be better equipped to evaluate the credibility and limitations of digital health information, including AI-generated content. In this way, eHealth literacy may weaken or reshape the association between body self-esteem and trust in AI-generated health advice. Therefore, the fourth hypothesis was formulated as follows:

H4. eHealth literacy moderates the relationship between body self-esteem and trust in AI-generated health advice.

Overall, the proposed model integrates cognitive-behavioural models of health anxiety, the concept of cyberchondria, eHealth literacy, and trust in automation. Salkovskis and Warwick (1986), Warwick and Salkovskis (1990), and Starcevic and Berle (2013) provide the theoretical basis for understanding why body-related concerns may become repetitive online health searches. Lee et al (2026b) trust in automation theory helps explain why adolescents may rely on AI-generated health advice under conditions of uncertainty. Finally, Norman and Skinner's (2006) eHealth literacy model explains why adolescents may differ in their ability to critically evaluate such advice. Together, these perspectives support the proposed mediation and moderation framework by positioning cyberchondria as the explanatory pathway and eHealth literacy as a potential boundary condition in the relationship between body image-related vulnerability and trust in AI-generated health advice.

3. Methodology

3.1. Participants

The total sample consisted of $N = 189$ high-school students from an urban area. Participants were adolescents aged between 14 and 19 years ($M = 16.56$, $SD = 0.84$). Most participants were female, with $n = 125$ girls (66.1%) and $n = 64$ boys (33.9%). All participants reported living in an urban environment. Participants' weight ranged from 40 to 110 kg ($M = 60.99$, $SD = 12.22$), and their height ranged from 150 to 195 cm ($M = 168.94$, $SD = 7.93$). Based on self-reported height and weight, Body Mass Index (BMI) was calculated and included as an anthropometric indicator relevant to the body image-related analyses. BMI values ranged from 13.58 to 41.98 ($M = 21.37$, $SD = 4.36$). Participants also reported perceived weight change on a 5-point scale ($M = 3.22$, $SD = 1.28$), with 12.7% selecting option 1, 13.8% option 2, 33.3% option 3, 19.6% option 4, and 20.6% option 5. Because all participants were from urban areas, place of residence was not included as a covariate in the analyses due to lack of variability. Age, gender, and BMI were included as covariates in the mediation and moderation models.

3.2. Measures

Perceived eHealth literacy was assessed with the eHealth Literacy Scale (eHEALS; Norman & Skinner, 2006), an 8-item measure of perceived ability to find, evaluate, and use online health information. Responses were given on a 5-point Likert-type scale, with higher scores indicating higher eHealth literacy. Internal consistency in the present sample was excellent, Cronbach's $\alpha = .935$.

Cyberchondria was measured using the Cyberchondria Severity Scale (CSS; McElroy & Shevlin, 2014), a 33-item scale assessing excessive and distressing online health-related searching. Participants responded on a 5-point scale from 1 = *never* to 5 = *always*. Items 9, 28, and 33 were reverse-coded, and higher scores indicated greater cyberchondria severity. Internal consistency was excellent, Cronbach's $\alpha = .949$.

Trust in AI-generated health advice was assessed using the Trust subscale of the Trust in AI-Generated Health Advice Scale (TAIGHA; Kopka et al., 2025). The subscale includes 5 items assessing positive cognitive and affective evaluations of AI-generated health advice. Higher scores indicated greater trust in AI-generated health advice. Internal consistency was good, Cronbach's $\alpha = .887$.

Body self-esteem and body-related affect were assessed using two dimensions of the BIAS questionnaire (Constantin, 2025). Each subscale included 5 items rated on a 5-point scale from 1 = *never true* to 5 = *always true*. Higher body self-esteem scores reflected more positive evaluation and acceptance of one's physical appearance, after reverse scoring where appropriate, Cronbach's $\alpha = .685$. Higher body-related affect scores reflected stronger negative emotional reactions toward one's body, Cronbach's $\alpha = .903$.

Procedure and Data Analysis

The questionnaire was distributed to high schools in Romania and completed voluntarily and anonymously by adolescent students. Because all participants in the final sample were from urban areas, place of residence was excluded from the analyses due to a lack of variability. Participants reported their age, gender, height, and weight; BMI was calculated from self-reported height and weight and included as a covariate.

Data were analysed using IBM SPSS Statistics (Version 20.0). Preliminary analyses included descriptive statistics, reliability estimates, and Pearson correlations. Mediation analyses were conducted with Hayes' PROCESS macro, Model 4, testing cyberchondria as a mediator between each body image variable and trust in AI-generated health advice. Moderation analyses used PROCESS Model 1 to test eHealth literacy as a moderator of the associations between each body image variable and AI trust. Age, gender, and BMI were included as covariates. Indirect

effects were evaluated using 5,000 bootstrap resamples, and effects were considered significant at $p < .05$ or when 95% bootstrap confidence intervals did not include zero.

4. Results

4.1. Preliminary Results

Preliminary analyses were conducted to examine the descriptive characteristics of the main study variables before testing the mediation and moderation models. As shown in Table 1, participants reported moderate levels of eHealth literacy, trust in AI-generated health advice, cyberchondria, body self-esteem, and body-related affect. The skewness and kurtosis values were within generally acceptable ranges for all variables, suggesting no severe deviations from normality.

Therefore, the variables were considered appropriate for subsequent correlational, mediation, and moderation analyses.

Table 1. Descriptive Statistics for the Main Study Variables

Variable	N	Min	Max	M	SD	Skewness	Kurtosis
eHealth literacy	189	8.00	40.00	26.01	7.39	-0.05	-0.33
Trust in AI-generated health advice	189	5.00	25.00	13.03	4.77	0.29	-0.21
Cyberchondria	189	37.00	150.00	84.56	25.16	0.35	-0.10
Body self-esteem	189	6.00	25.00	15.53	4.07	0.31	0.29
Body-related affect	189	5.00	25.00	13.89	5.62	0.27	-0.54

Note. N = sample size; M = mean; SD = standard deviation.

As a preliminary step, Pearson correlation analyses were conducted to examine the associations among the main study variables. The results of these analyses are presented in Table 2.

Table 2. Pearson Correlations Among Study Variables

Variable	1	2	3	4	5
1. eHealth literacy	—				
2. Trust in AI-generated health advice	.286**	—			
3. Cyberchondria	.124	.492**	—		
4. Body self-esteem	.185*	-.114	-.375**	—	
5. Body-related affect	.151*	.281**	.536**	-.706**	—

Note. $N = 189$. $p < .05$. $p < .01$.

For the significant associations: eHealth literacy with AI trust, $p < .001$; eHealth literacy with body self-esteem, $p = .011$; eHealth literacy with body-related affect, $p = .038$; AI trust with cyberchondria, $p < .001$; AI trust with body-related affect, $p < .001$; cyberchondria with body self-esteem, $p < .001$; cyberchondria with body-related affect, $p < .001$; body self-esteem with body-related affect, $p < .001$.

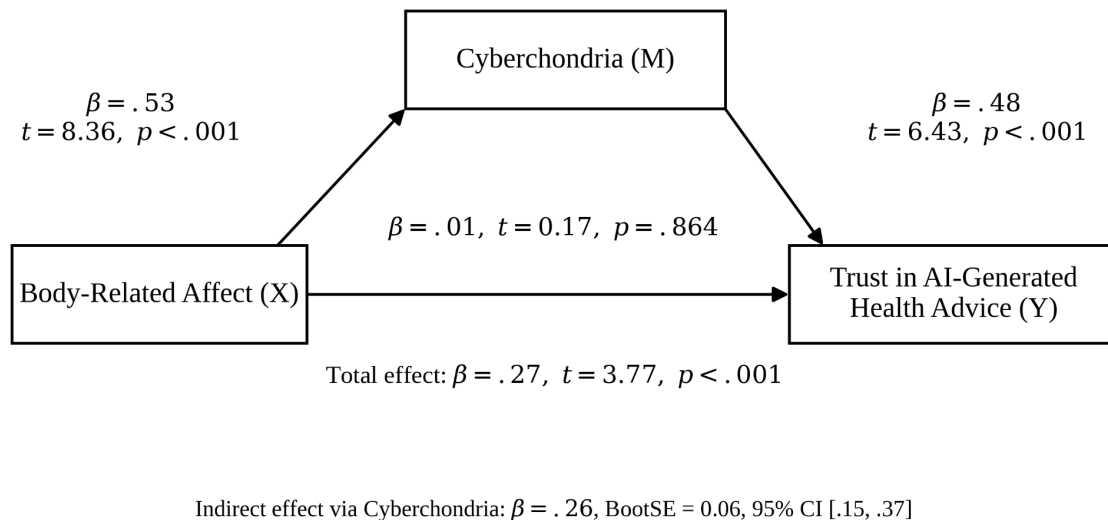
Trust in AI-generated health advice was positively associated with eHealth literacy, $r = .286$, $p < .001$, cyberchondria, $r = .492$, $p < .001$, and body-related affect, $r = .281$, $p < .001$. However, trust in AI-generated health advice was not significantly associated with body self-esteem, $r = -.114$, $p = .117$.

Cyberchondria was positively associated with body-related affect, $r = .536$, $p < .001$, and negatively associated with body self-esteem, $r = -.375$, $p < .001$. This suggests that participants reporting more negative affective reactions toward their body also reported higher cyberchondria, whereas those with higher body self-esteem reported lower cyberchondria. Body self-esteem and body-related affect were strongly negatively correlated, $r = -.706$, $p < .001$, indicating that more positive body evaluation was associated with lower negative body-related affect.

eHealth literacy showed small positive correlations with body self-esteem ($r = .185$, $p = .011$) and body-related affect ($r = .151$, $p = .038$), but it was not significantly associated with cyberchondria ($r = .124$, $p = .090$). Overall, the strongest correlations were observed between body self-esteem and body-related affect, cyberchondria and body-related affect, and cyberchondria and trust in AI-generated health advice.

4.2. Hypothesis Testing

H1. Cyberchondria will mediate the relationship between body-related affect and trust in AI-generated health advice. Specifically, higher body-related affect will be associated with higher cyberchondria, which in turn will be associated with greater trust in AI-generated health advice.



Note. Covariates included age, gender, and BMI. Standardized coefficients are reported. $N = 189$.

Figure 1. Mediation model of the relationship between body-related affect and trust in AI-generated health advice through Cyberchondria

A mediation analysis was conducted using PROCESS Model 4 to examine whether cyberchondria mediated the relationship between body-related affect and trust in AI-generated health advice, while controlling for age, gender, and BMI. As shown in Figure 1, the mediation model tested cyberchondria as the indirect pathway between body-related affect and trust in AI-generated health advice. The model predicting cyberchondria was significant, $R = .55$, $R^2 = .30$, $F(4, 184) = 19.58$, $p < .001$. Body-related affect significantly and positively predicted cyberchondria, $\beta = .53$, $b = 2.37$, $SE = 0.28$, $t(184) = 8.36$, $p < .001$, 95% CI [.15, .37]. Thus, higher levels of negative body-related affect were associated with higher levels of cyberchondria. Age, gender, and BMI were not significant predictors of cyberchondria.

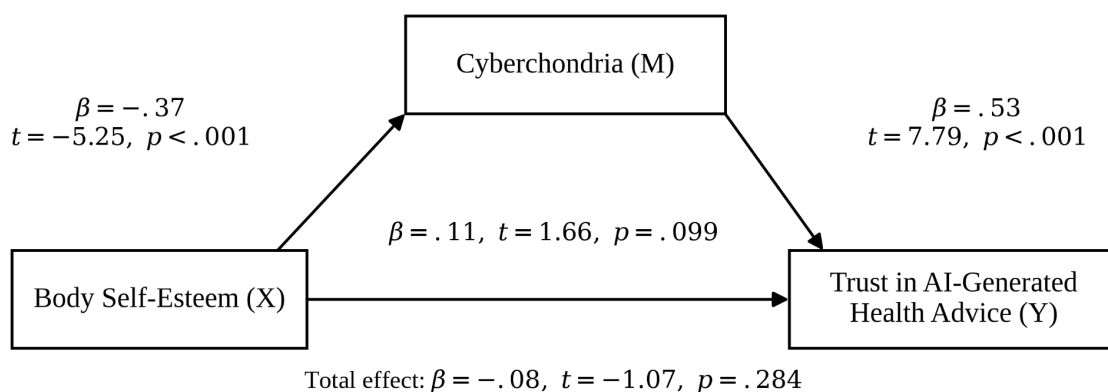
The model predicting trust in AI-generated health advice was also significant, $R = .52$, $R^2 = .27$, $F(5, 183) = 13.61$, $p < .001$. Cyberchondria significantly and positively predicted trust in

AI-generated health advice, $\beta = .48$, $b = 0.09$, $SE = 0.01$, $t(183) = 6.43$, $p < .001$, 95% CI [0.06, 0.12]. In contrast, the direct effect of body-related affect on trust in AI-generated health advice was not significant after accounting for cyberchondria and the covariates, $\beta = .01$, $b = 0.01$, $SE = 0.06$, $t(183) = 0.17$, $p = .864$, 95% CI [-0.12, 0.14]. None of the covariates significantly predicted trust in AI-generated health advice in this model.

The total effect model was significant, $R = .33$, $R^2 = .11$, $F(4, 184) = 5.48$, $p < .001$. Body-related affect had a significant positive total effect on trust in AI-generated health advice, $\beta = .27$, $b = 0.23$, $SE = 0.06$, $t(184) = 3.77$, $p < .001$, 95% CI [0.11, 0.35]. However, this effect was reduced to non-significance after cyberchondria was included in the model.

The indirect effect of body-related affect on trust in AI-generated health advice through cyberchondria was significant, $b = 0.22$, $BootSE = 0.05$, 95% bootstrap CI [0.13, 0.33]. The completely standardised indirect effect was also significant, $\beta = .26$, $BootSE = 0.06$, 95% bootstrap CI [.15, .37]. These findings indicate that cyberchondria significantly mediated the association between body-related affect and trust in AI-generated health advice, even after controlling for age, gender, and BMI.

H2. Cyberchondria will mediate the relationship between body self-esteem and trust in AI-generated health advice. Specifically, lower body self-esteem will be associated with higher cyberchondria, which in turn will be associated with greater trust in AI-generated health advice.



Indirect effect via Cyberchondria: $\beta = -.19$, $BootSE = 0.05$, 95% CI [-.29, -.11]

Note. Covariates included age, gender, and BMI. Standardized coefficients are reported. $N = 189$.

Figure 2. Mediation model of the relationship between body self-esteem and trust in AI-generated health advice through Cyberchondria

A mediation analysis was conducted using PROCESS Model 4 to examine whether cyberchondria mediated the relationship between body self-esteem and trust in AI-generated health advice, while controlling for age, gender, and BMI. The tested mediation model is shown in Figure 2. The model predicting cyberchondria was significant, $R = .40$, $R^2 = .16$, $F(4, 184) = 8.63$, $p < .001$. Body self-esteem significantly and negatively predicted cyberchondria, $\beta = -.37$, $b = -2.26$, $SE = 0.43$, $t(184) = -5.25$, $p < .001$, 95% CI [-3.10, -1.41]. Thus, higher body self-esteem was associated with lower levels of cyberchondria. Age, gender, and BMI were not significant predictors of cyberchondria.

The model predicting trust in AI-generated health advice was also significant, $R = .53$, $R^2 = .28$, $F(5, 183) = 14.36$, $p < .001$. Cyberchondria significantly and positively predicted trust in AI-generated health advice, $\beta = .53$, $b = 0.10$, $SE = 0.01$, $t(183) = 7.79$, $p < .001$, 95% CI [0.08, 0.13]. The direct effect of body self-esteem on trust in AI-generated health advice was not

significant after accounting for cyberchondria and the covariates, $\beta = .11$, $b = 0.13$, $SE = 0.08$, $t(183) = 1.66$, $p = .099$, 95% CI $[-0.03, 0.29]$. None of the covariates significantly predicted trust in AI-generated health advice in this model.

The total effect model was not significant, $R = .21$, $R^2 = .04$, $F(4, 184) = 2.09$, $p = .084$. The total effect of body self-esteem on trust in AI-generated health advice was also not significant, $\beta = -.08$, $b = -0.09$, $SE = 0.09$, $t(184) = -1.07$, $p = .284$, 95% CI $[-0.26, 0.08]$. Among the covariates, only age significantly predicted trust in AI-generated health advice in the total effect model, $b = -0.19$, $SE = 0.09$, $t(184) = -2.06$, $p = .041$, 95% CI $[-0.38, -0.01]$.

The indirect effect of body self-esteem on trust in AI-generated health advice through cyberchondria was significant, $b = -0.23$, $BootSE = 0.06$, 95% bootstrap CI $[-0.35, -0.12]$. The completely standardised indirect effect was also significant, $\beta = -.19$, $BootSE = 0.05$, 95% bootstrap CI $[-.29, -.11]$. These findings indicate that cyberchondria significantly mediated the association between body self-esteem and trust in AI-generated health advice, even after controlling for age, gender, and BMI.

H3. eHealth literacy will moderate the relationship between body-related affect and trust in AI-generated health advice, such that the association between body-related affect and AI trust will be contingent upon participants' level of eHealth literacy.

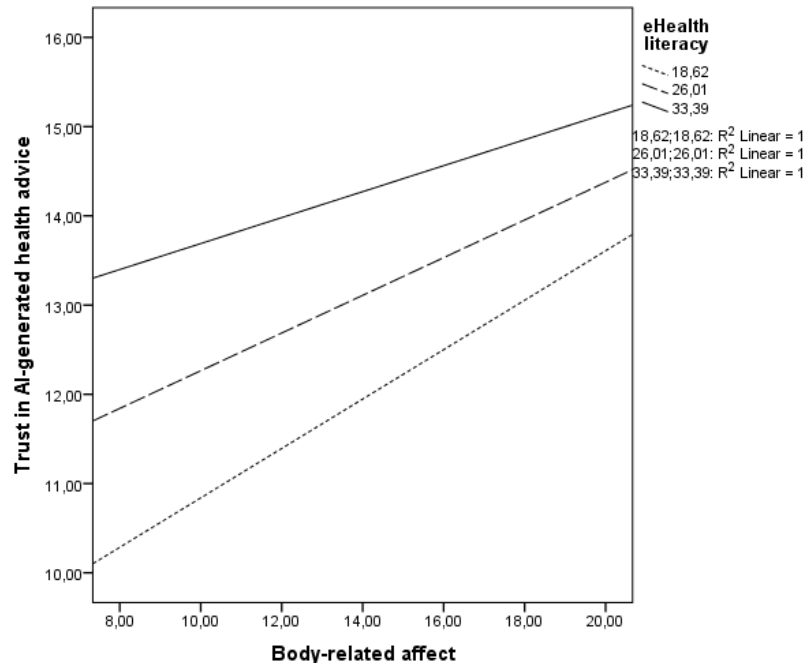


Figure 3. eHealth literacy as a moderator between body-related affect and AI trust

A moderation analysis was conducted using PROCESS Model 1 to examine whether eHealth literacy moderated the association between body-related affect and trust in AI-generated health advice, while controlling for age, gender, and BMI. The moderation model is illustrated in Figure 3. The overall model was significant, $R = .43$, $R^2 = .18$, $F(6, 182) = 6.80$, $p < .001$, indicating that the predictors jointly explained approximately 18% of the variance in trust in AI-generated health advice.

Body-related affect was a significant positive predictor of trust in AI-generated health advice, $b = 0.44$, $SE = 0.21$, $t(182) = 2.10$, $p = .037$, 95% CI $[0.03, 0.86]$. eHealth literacy was also a significant positive predictor, $b = 0.28$, $SE = 0.10$, $t(182) = 2.91$, $p = .004$, 95% CI $[0.09, 0.47]$. Among the covariates, age was a significant negative predictor of trust in AI-generated health advice, $b = -0.23$, $SE = 0.09$, $t(182) = -2.55$, $p = .012$, 95% CI $[-0.40, -0.05]$, whereas gender and BMI were not significant predictors.

However, the interaction between body-related affect and eHealth literacy was not significant, $b = -0.01$, $SE = 0.01$, $t(182) = -1.26$, $p = .211$, 95% CI $[-0.02, 0.01]$. The interaction explained an additional 0.7% of the variance in trust in AI-generated health advice, $\Delta R^2 = .007$, $F(1, 182) = 1.58$, $p = .211$. Thus, eHealth literacy did not significantly moderate the relationship between body-related affect and trust in AI-generated health advice.

H4. eHealth literacy will moderate the relationship between body self-esteem and trust in AI-generated health advice, such that the association between body self-esteem and AI trust will differ depending on participants' level of eHealth literacy.

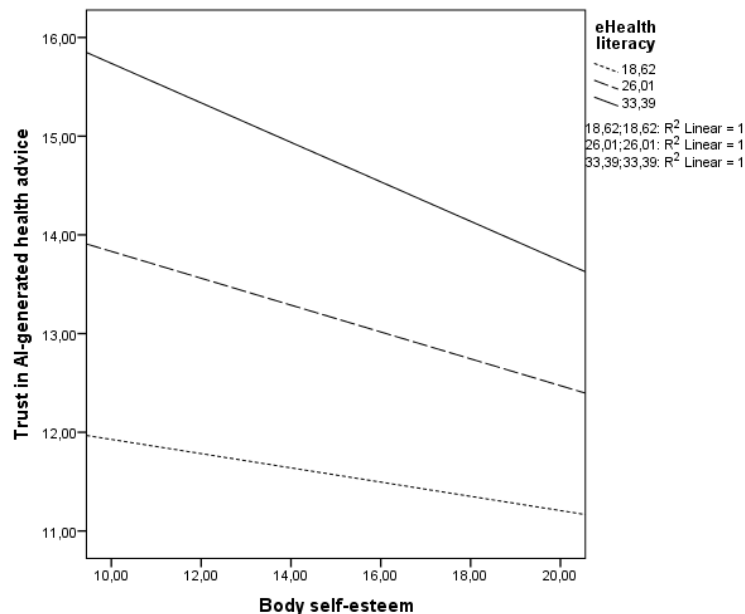


Figure 4. eHealth literacy as a moderator between body self-esteem and AI trust

A moderation analysis was conducted using PROCESS Model 1 to test whether eHealth literacy moderated the association between body self-esteem and trust in AI-generated health advice, while controlling for age, gender, and BMI. The moderation model is illustrated in Figure 4. The overall model was significant, $R = .39$, $R^2 = .15$, $F(6, 182) = 5.39$, $p < .001$, indicating that the predictors explained approximately 15% of the variance in trust in AI-generated health advice.

Body self-esteem did not significantly predict trust in AI-generated health advice, $b = 0.09$, $SE = 0.33$, $t(182) = 0.27$, $p = .785$, 95% CI $[-0.55, 0.73]$. eHealth literacy was a significant positive predictor, $b = 0.34$, $SE = 0.17$, $t(182) = 1.99$, $p = .048$, 95% CI $[0.00, 0.69]$, indicating that higher eHealth literacy was associated with greater trust in AI-generated health advice. Among the covariates, age was a significant negative predictor, $b = -0.21$, $SE = 0.09$, $t(182) = -2.24$, $p = .026$, 95% CI $[-0.39, -0.03]$, whereas gender and BMI were not significant predictors.

The interaction between body self-esteem and eHealth literacy was not significant, $b = -0.01$, $SE = 0.01$, $t(182) = -0.79$, $p = .431$, 95% CI $[-0.03, 0.01]$. The interaction explained an additional 0.3% of the variance in trust in AI-generated health advice, $\Delta R^2 = .003$, $F(1, 182) = 0.62$, $p = .431$. Thus, eHealth literacy did not significantly moderate the relationship between body self-esteem and trust in AI-generated health advice.

5. Discussion

The present study examined whether cyberchondria mediated the associations between body image-related variables and trust in AI-generated health advice, and whether eHealth literacy moderated these associations. Overall, the findings showed that the mediation hypotheses were supported, whereas the moderation hypotheses were not supported. Cyberchondria emerged as an

important psychological and behavioural pathway linking body-related vulnerability to greater trust in AI-generated health advice. In contrast, eHealth literacy was positively related to AI trust, but did not change the strength of the associations between body image-related variables and trust in AI-generated health guidance.

The first hypothesis proposed that cyberchondria would mediate the relationship between body-related affect and trust in AI-generated health advice. This hypothesis was supported. Adolescents who reported stronger negative emotional reactions toward their bodies also reported higher cyberchondria, which in turn predicted greater trust in AI-generated health advice.

The finding from the first hypothesis suggests that body-related affect may influence AI trust through an anxiety-driven pattern of online health information seeking. Adolescents experiencing shame, anxiety, or distress about their bodies may be more likely to search repeatedly for explanations, reassurance, or possible solutions (Krebs et al., 2024). Within this process, cyberchondria may function as a maladaptive form of emotional regulation, where online searching temporarily reduces uncertainty but ultimately reinforces the need for further reassurance (McElroy & Shevlin, 2014; Martino et al., 2026). This interpretation is consistent with cognitive-behavioural models of health anxiety, which suggest that psychological distress can lead to repeated checking and reassurance seeking. In the present context, AI-generated health advice may become attractive because it offers immediate, personalised, and non-judgemental feedback. The positive association between cyberchondria and AI trust also suggests that adolescents who engage in excessive online health-related searches may perceive AI tools as accessible and efficient sources of reassurance. Rather than reflecting a purely rational evaluation of information quality, trust in AI may partly reflect the emotional utility of obtaining a fast response during moments of uncertainty or distress. This supports the idea that reliance on AI-generated health guidance may be driven more by emotional regulation needs than by objective evaluation of information quality (Ameen et al., 2022).

The second hypothesis proposed that cyberchondria would mediate the relationship between body self-esteem and trust in AI-generated health advice. This hypothesis was also supported. Lower body self-esteem was associated with higher cyberchondria, which was then associated with greater trust in AI-generated health advice.

In the second assumption, this result indicates that adolescents who evaluate their bodies more negatively may be more likely to engage in anxious online health information seeking. Low body self-esteem may make appearance-related or weight-related concerns feel more personally significant, increasing the need for reassurance (Alluhidan et al., 2025). Through this process, adolescents may turn to online sources to clarify bodily concerns, compare symptoms, or search for explanations related to appearance and health (Colditz et al., 2018). When these searches lead to automated systems, AI-generated responses may be perceived as useful because they are immediate, private, and easily accessible (Svestkova et al., 2023; Taba et al., 2022).

Importantly, this pathway suggests that body self-esteem does not necessarily influence AI trust directly. Instead, cyberchondria appears to explain how negative body evaluation becomes connected to greater reliance on AI-generated health advice (Winecoff & Klyman, 2026). Adolescents with lower body self-esteem may not trust AI simply because they evaluate their bodies negatively, but because this negative self-evaluation may increase repetitive online health searching (Merino et al., 2024). Once cyberchondria is activated, AI systems may become part of the reassurance-seeking cycle. This pattern aligns with the idea that adolescents prone to anxiety-driven health searches may use AI tools as a low-friction substitute for traditional sources of health guidance (Bajcar & Babiak, 2019).

The third hypothesis proposed that eHealth literacy would moderate the relationship between body-related affect and trust in AI-generated health advice. This hypothesis was not supported. Although eHealth literacy was positively associated with trust in AI-generated health advice, it did not significantly change the relationship between body-related affect and AI trust. This finding suggests that eHealth literacy may increase general comfort with digital health tools,

but may not buffer the emotional pathway through which body-related distress contributes to trust in AI-generated advice. Adolescents with higher eHealth literacy may feel more competent using digital health resources, which could explain their greater openness to AI-generated health information (Sun et al., 2025). However, when body-related affect is high, the emotional urgency to obtain reassurance may remain influential regardless of perceived digital health competence. In this sense, eHealth literacy may function more as a general digital health competence than as a psychological protective factor against affectively driven reassurance seeking (Svestkova et al., 2025; Sun et al., 2025). Even adolescents who feel capable of evaluating online health information may still rely on AI-generated advice when experiencing shame, anxiety, or distress about their bodies (Winecoff & Klyman, 2026). This interpretation is consistent with the idea that digital literacy can support critical source evaluation, but may be overshadowed by the emotional urgency characteristic of cyberchondria (Chen & Wang, 2025; Panzeri et al., 2025).

The fourth hypothesis proposed that eHealth literacy would moderate the relationship between body self-esteem and trust in AI-generated health advice. This hypothesis was not supported. eHealth literacy did not significantly alter the association between body self-esteem and AI trust. This finding indicates that adolescents' perceived ability to find, evaluate, and use online health information did not change the extent to which body self-esteem was related to trust in AI-generated health advice. One possible explanation is that the relationship between body self-esteem and AI trust operates primarily through cyberchondria rather than through a direct pathway that can be moderated by eHealth literacy (Gu & Zhang, 2026). In other words, lower body self-esteem may increase AI trust only when it contributes to anxiety-driven online health searching. Once cyberchondria is considered, eHealth literacy may not be strong enough to disrupt this process.

This result also suggests that critical appraisal skills may not fully protect adolescents from emotionally motivated engagement with AI tools. When adolescents experience uncertainty or dissatisfaction regarding their bodies, the immediate and personalised nature of AI-generated responses may be more influential than reflective evaluation processes (Sheen et al., 2025). Thus, even users with stronger perceived eHealth literacy may still turn to AI-generated health advice when motivated by acute body-related concerns (Bajcar & Babiak, 2019; Panzeri et al., 2025; Wu et al., 2025).

Together, the findings highlight the role of cyberchondria as a key mechanism linking body image-related vulnerability to trust in AI-generated health advice. AI tools may democratise access to health information, but adolescents with elevated cyberchondria may be particularly vulnerable to overreliance on such systems. For these adolescents, AI-generated advice may provide temporary reassurance while reinforcing repetitive checking and anxiety-driven information seeking.

The findings also suggest that interventions should not focus only on improving digital health literacy, although this remains important. Psychoeducational efforts should also address the emotional and behavioural functions of online health searching. Adolescents should be helped to distinguish between constructive information seeking and reassurance-driven checking, and to understand that AI-generated health advice can be useful as preliminary guidance but should not replace consultation with qualified health professionals (Muse et al., 2011).

6. Limitations and Future Directions

Several limitations should be acknowledged. First, the cross-sectional design prevents causal conclusions regarding the relationships between body image-related distress, cyberchondria, and trust in AI-generated health advice. Although the present model suggests that body image concerns may contribute to cyberchondria, which in turn may increase AI trust, alternative directions are also possible. For instance, adolescents who already trust AI-generated health advice may rely more frequently on digital tools, which could reinforce cyberchondriac patterns over time (Svestkova et al., 2023).

Second, the study relied on self-report measures, which may be influenced by recall bias, social desirability, or inaccurate self-perceptions of online behaviour. This limitation is particularly relevant for eHealth literacy, which was assessed as perceived competence rather than objective ability. Adolescents may believe that they are able to search for, evaluate, and use online health information effectively, but this does not necessarily mean that they can accurately identify misleading, incomplete, or unreliable health content in practice. Future research should therefore include behavioural or performance-based measures of eHealth literacy, as well as indicators of actual AI use and online health information seeking.

Third, the use of a non-clinical adolescent sample limits generalisability to individuals with severe health anxiety, clinically significant body image disturbance, or more pronounced cyberchondria. Future studies should examine whether these relationships differ in clinical populations and across different levels of psychological vulnerability.

Future research should use longitudinal designs to clarify the temporal ordering of these variables and experimental designs to examine whether the tone, certainty, or accuracy of AI-generated advice influences trust among adolescents with varying levels of body dissatisfaction, health anxiety, cyberchondria, and eHealth literacy. It would also be useful to compare different types of AI health tools, such as symptom checkers, chatbots, and generative AI platforms, to determine whether adolescents respond differently depending on the format and perceived authority of the system.

7. Conclusion

In conclusion, the present study suggests that body image-related distress may shape adolescents' trust in AI-generated health advice indirectly through cyberchondria. Adolescents who experience stronger negative body-related affect or lower body self-esteem may be more likely to engage in excessive online health-related searching, and this pattern of cyberchondria may increase their receptivity to AI-generated health guidance. This finding is particularly important because it suggests that trust in AI health advice may not be driven only by perceived usefulness or technological competence, but also by the emotional need for rapid reassurance during moments of uncertainty or body-related distress.

Cyberchondria therefore appears to represent a key mechanism through which psychological vulnerability becomes translated into reliance on digital and AI-based health tools. For adolescents, AI-generated health advice may feel accessible, immediate, personalised, and less judgmental than interpersonal consultation (Sheen et al., 2025). These characteristics may make AI systems especially appealing to individuals who are already prone to repeated online searches for health-related reassurance. However, this also raises practical concerns, as adolescents high in cyberchondria may be more vulnerable to overreliance on automated advice, particularly when such advice is perceived as authoritative or clinically accurate.

Although eHealth literacy was positively associated with trust in AI-generated health advice, it did not buffer the relationship between body image-related vulnerability and AI trust. This suggests that improving digital health skills is important, but may not be sufficient on its own to reduce emotionally driven reliance on AI-generated recommendations. Interventions should therefore combine eHealth literacy training with psychoeducation on reassurance-seeking, cyberchondria, and the limits of AI-generated health information (Chen & Wang, 2025; Svestkova et al., 2025; Taba et al., 2022). Adolescents should be encouraged to use AI tools as preliminary sources of information rather than substitutes for qualified medical or psychological support.

Overall, the findings highlight the intersection between body image vulnerability, repetitive online health information seeking, and adolescents' trust in emerging AI-based health technologies. As AI becomes increasingly integrated into everyday health communication, understanding the psychological pathways that lead young users to rely on these systems is essential for developing safer, more responsible, and developmentally sensitive digital health interventions.

References

- Alluhidan, A., Park, J. K., Akter, M., Rodgers, R., Razi, A., & Wisniewski, P. J. (2025). Unfiltered: How Teens Engage in Body Image and Shaming Discussions via Instagram Direct Messages (DMs). *Proceedings of the ACM on Human-Computer Interaction*, 9(7), 1-29.
- Ameen, N., Cheah, J., & Kumar, S. (2022). It's all part of the customer journey: The impact of augmented reality, chatbots, and social media on the body image and self-esteem of Generation Z female consumers. *Psychology and Marketing*, 39(11), 2110–2129. <https://doi.org/10.1002/mar.21715>
- Bajcar, B., & Babiak, J. (2019). Self-esteem and cyberchondria: The mediation effects of health anxiety and obsessive–compulsive symptoms in a community sample. *Current Psychology*, 40(6), 2820–2831. <https://doi.org/10.1007/s12144-019-00216-x>
- Bi, X., Liang, Q., Jiang, G., Deng, M., Cui, H., & Ma, Y. (2024). The cost of the perfect body: influence mechanism of internalization of media appearance ideals on eating disorder tendencies in adolescents. *BMC Psychology*, 12(1), 138–138. <https://doi.org/10.1186/s40359-024-01619-7>
- Bokhari, S. A., Elnoor, M., Sultan, M. A., Mudawi, R., & Alsabagh, P. M. (2026). Body Dysmorphic Disorder in the Digital Age: Algorithmic Mechanisms and Clinical Implications for Adolescents. In *PsyArXiv (OSF Preprints)*. Center for Open Science. <https://osf.io/xwe57>
- Chen, A. M., & Wang, X. (2025). Research on the influence mechanism of health anxiety on hypochondriasis in older adults from the perspective of digital health literacy theory: mediated by information search. *Frontiers in Public Health*, 13, 1672145–1672145. <https://doi.org/10.3389/fpubh.2025.1672145>
- Chang, J. P., Cheng, S., Chang, S. Z., & Su, K. (2025). Navigating the Digital Maze: A Review of AI Bias, Social Media, and Mental Health in Generation Z. *AI*, 6(6), 118–118. <https://doi.org/10.3390/ai6060118>
- Colditz, J. B., Woods, M. S., & Primack, B. A. (2018). Adolescents seeking online health information: Topics, approaches, and challenges. *Technology and adolescent mental health*, 21-35.
- Constantin, T. (2025). *Development and validation of the Body Image Attitudes Scale (BIAS): A multidimensional assessment of body-related constructs* [Manuscript in preparation].
- Glombitza, E., Cornelissen, P. L., Tovée, M. J., & Legenbauer, T. (2025). Effect of cognitive bias modification training on body image dissatisfaction in adolescents with anorexia nervosa or depression—a pilot feasibility randomized controlled crossover study. *Frontiers in Psychology*, 16, 1655064–1655064. <https://doi.org/10.3389/fpsyg.2025.1655064>
- Gu, C., & Zhang, J. (2026). How does “Dr. AI” trigger cyberchondria? An empirical study based on the CMIS framework using a hybrid SEM–ANN approach. *Current Psychology*, 45(1), 69.
- Hayes, A. F. (2022). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (3rd ed.). Guilford Press.
- Holch, P., & Marwood, J. (2020). EHealth Literacy in UK Teenagers and Young Adults: Exploration of Predictors and Factor Structure of the eHealth Literacy Scale (eHEALS). *JMIR Formative Research*, 4(9). <https://doi.org/10.2196/14450>
- Jungmann, S. M., & Dessauer, E. (2024). *Health in the digital age – What are you googling? Health-related Internet research and cyberchondria among adolescents (Preprint)*. <https://doi.org/10.2196/preprints.65792>
- Kim, Y. M. (2024). Mirror, Mirror on the Wall: The Role of Self-Esteem and Attachments in Early Adolescent Body-Esteem. *International Journal of Mental Health Promotion*, 26(12).
- Kircaburun, K., Griffiths, M. D., & Billieux, J. (2019). Childhood Emotional Maltreatment and Problematic Social Media Use Among Adolescents: The Mediating Role of Body Image Dissatisfaction. *International Journal of Mental Health and Addiction*, 18(6), 1536–1547. <https://doi.org/10.1007/s11469-019-0054-6>

- Kirchhoff, E., & Keller, R. (2021). Age-specific life skills education in school: A systematic review. In *Frontiers in Education* (Vol. 6, p. 660878). Frontiers Media SA.
- Kopka, M., Majeed, A., Spinelli, G., El-Osta, A., & Feufel, M. (2025). *The Trust in AI-Generated Health Advice (TAIGHA) Scale and Short Version (TAIGHA-S): Development and validation study*. arXiv. <https://arxiv.org/abs/2512.14278>
- Krebs, G., Rautio, D., Fernández de la Cruz, L., Hartmann, A. S., Jassi, A., Martin, A., Stringaris, A., & Mataix-Cols, D. (2024). Practitioner review: Assessment and treatment of body dysmorphic disorder in young people. *Journal of Child Psychology and Psychiatry*, 65(8), 1119–1131. <https://doi.org/10.1111/jcpp.13984>
- Lee, J., Jung, K., Lee, C., MacDonnell, L., Kim, J., Otterson, D., Newman, E., Chow, E., & Chen, Y. (2026a). From Efficiency to Meaning: Adolescents' Envisioned Role of AI in Health Management. In *arXiv (Cornell University)*. Cornell University. <https://doi.org/10.48550/arxiv.2602.24249>
- Lee, J., Jung, K., Lee, C., MacDonnell, L., Kim, J., Otterson, D., Newman, E., Chow, E., & Chen, Y. (2026b). From efficiency to meaning: Adolescents' envisioned role of AI in health management. *Proceedings of the 2026 CHI Conference on Human Factors in Computing Systems*, 1–17. <https://doi.org/10.1145/3772318.3790498>
- Mahon, C., & Hevey, D. (2021). Processing Body Image on Social Media: Gender Differences in Adolescent Boys' and Girls' Agency and Active Coping. *Frontiers in Psychology*, 12, 626763–626763. <https://doi.org/10.3389/fpsyg.2021.626763>
- Malkoç, M. (2026a). Beyond the Dual-Role Framework: A Multi-layered Epistemic Disruption Model for AI-Driven Health Misinformation. In *Zenodo (CERN European Organization for Nuclear Research)*. European Organization for Nuclear Research. <https://doi.org/10.5281/zenodo.19275773>
- Malkoç, M. (2026b). Beyond the Dual-Role Framework: A Multi-layered Epistemic Disruption Model for AI-Driven Health Misinformation. In *Zenodo (CERN European Organization for Nuclear Research)*. European Organization for Nuclear Research. <https://doi.org/10.5281/zenodo.19275772>
- Marengo, D., Longobardi, C., Fabris, M. A., & Settanni, M. (2018). Highly-visual social media and internalizing symptoms in adolescence: The mediating role of body image concerns. *Computers in Human Behavior*, 82, 63–69. <https://doi.org/10.1016/j.chb.2018.01.003>
- Martino, G., Giacobello, M. L., Silvestro, O., Meduri, A., Sparacino, G., Gangemi, S., & Vicario, C. M. (2026). Cyberchondria and complexity: a systems-level exploration of anxiety and informational instability in the digital age. *Frontiers in Psychology*, 17, 1794803.
- McElroy, E., & Shevlin, M. (2014). The development and initial validation of the Cyberchondria Severity Scale (CSS). *Journal of Anxiety Disorders*, 28(2), 259–265. <https://doi.org/10.1016/j.janxdis.2013.12.007>
- Merino, M., Tornero-Aguilera, J. F., Rubio-Zarapuz, A., Villanueva-Tobaldo, C. V., Martín-Rodríguez, A., & Clemente-Suárez, V. J. (2024). Body perceptions and psychological well-being: A review of the impact of social media and physical measurements on self-esteem and mental health with a focus on body image satisfaction and its relationship with cultural and gender factors. *Healthcare*, 12(14), 1396. <https://doi.org/10.3390/healthcare12141396>
- Monteith, S., Glenn, T., Geddes, J. R., Whybrow, P. C., Achtyes, E., Huberty, S., Bauer, R., & Bauer, M. (2026). Increasing use of generative artificial intelligence by teenagers. *The British Journal of Psychiatry*, 1–3. <https://doi.org/10.1192/bjp.2025.10495>
- Muse, K., McManus, F., Leung, C., Meghreblian, B., & Williams, J. (2011). Cyberchondriasis: Fact or fiction? A preliminary examination of the relationship between health anxiety and searching for health information on the Internet. *Journal of Anxiety Disorders*, 26(1), 189–196. <https://doi.org/10.1016/j.janxdis.2011.11.005>

- Nelfianti, F., Suhud, U., Wibowo, S. F., & Wolor, C. W. (2026). Digital Skin, Platform Power, and Health Narratives in the Global Skincare Industry. In *The Political Economy of Global Healthcare Industries: States, Markets, and Power* (pp. 159-198). IGI Global Scientific Publishing.
- Ng, S. (2025). Navigating Adolescent Mental Health in the Age of Artificial Intelligence. *JAACAP Connect*, 13(1). <https://doi.org/10.62414/001c.150329>
- Norman, C. D., & Skinner, H. A. (2006). eHEALS: The eHealth Literacy Scale. *Journal of Medical Internet Research*, 8(4), Article e27. <https://doi.org/10.2196/jmir.8.4.e27>
- Panzeri, A., Bottesi, G., Vieno, A., Spada, M. M., Ghisi, M., Fin, V., & Marino, C. (2025). From Intolerance of Uncertainty to Cyberchondria through Information Overload: The Italian Validation of the Cyberchondria Severity Scale 12 (CSS-12) and a Mediation Model. In *Research Square*. <https://doi.org/10.21203/rs.3.rs-7196510/v1>
- Rask, C. U., Duholm, C. S., Poulsen, C. M., Rimvall, M. K., & Wright, K. D. (2023). Annual Research Review: Health anxiety in children and adolescents—developmental aspects and cross-generational influences. *Journal of Child Psychology and Psychiatry*, 65(4), 413–430. <https://doi.org/10.1111/jcpp.13912>
- Salkovskis, P. M., & Warwick, H. M. C. (1986). Morbid preoccupations, health anxiety and reassurance: A cognitive-behavioural approach to hypochondriasis. *Behaviour Research and Therapy*, 24(5), 597–602. [https://doi.org/10.1016/0005-7967\(86\)90041-0](https://doi.org/10.1016/0005-7967(86)90041-0)
- Sayer-Jones, K., & Sherman, K. A. (2023). “My body... tends to betray me sometimes”: a qualitative analysis of affective and perceptual body image in individuals living with endometriosis. *International Journal of Behavioral Medicine*, 30(4), 543-554.
- Sheen, F., Mullarkey, B., Witcomb, G. L., Opitz, M. C., Maloney, E., Baldoza, S. M., & White, H. J. (2025). How do Artificial Intelligence chatbots respond to questions from adolescent personas about their eating, body weight or appearance?. *Child and Adolescent Mental Health*.
- Shelton, H. (2025). Teens and AI: Understanding Adolescent Use of Artificial Intelligence for Health and Mental Health Advice. *Personalized Medicine Universe*, 14(0), 17–20. <https://doi.org/10.46459/pmu.2025005>
- Starcevic, V., & Berle, D. (2013). Cyberchondria: Towards a better understanding of excessive health-related Internet use. *Expert Review of Neurotherapeutics*, 13(2), 205–213. <https://doi.org/10.1586/ern.12.162>
- Sun, Q., Gou, H., Xiang, L., Hu, C., & Fang, Y. (2025). The impact of generative AI health knowledge acquisition on adolescents’ physical activity: the mediating role of exercise self-efficacy and the moderating effect of health information literacy. *Frontiers in Public Health*, 13, 1705265.
- Svestkova, A., Huang, Y., & Smahel, D. (2025). Factors that influence trust and willingness to use generative AI for health information: A cross-sectional study. *Digital Health*, 11, 20552076251360973.
- Svestkova, A., Kvardová, N., & Šmahel, D. (2023). Health Anxiety in Adolescents: The Roles of Online Health Information Seeking and Parental Health Anxiety. *Journal of Child and Family Studies*, 33(4), 1083–1094. <https://doi.org/10.1007/s10826-023-02689-8>
- Taba, M., Allen, T. B., Caldwell, P. H., Skinner, S. R., Kang, M., McCaffery, K., & Scott, K. M. (2022). Adolescents’ self-efficacy and digital health literacy: a cross-sectional mixed methods study. *BMC Public Health*, 22(1), 1223.
- Vannucci, A., & Ohannessian, C. M. (2017). Body Image Dissatisfaction and Anxiety Trajectories During Adolescence. *Journal of Clinical Child & Adolescent Psychology*, 47(5), 785–795. <https://doi.org/10.1080/15374416.2017.1390755>
- Warwick, H. M. C., & Salkovskis, P. M. (1990). Hypochondriasis. *Behaviour Research and Therapy*, 28(2), 105–117. [https://doi.org/10.1016/0005-7967\(90\)90023-C](https://doi.org/10.1016/0005-7967(90)90023-C)

- Winecoff, A., & Klyman, K. (2026). From Symptoms to Systems: An Expert-Guided Approach to Understanding Risks of Generative AI for Eating Disorders. In *Proceedings of the 2026 CHI Conference on Human Factors in Computing Systems* (pp. 1-25).
- Wu, Y., Dong, Y., Mou, Y., & Kim, K. J. (2025). How the algorithmic transparency of search engines influences health anxiety: The mediating effects of trust in online health information search. *Proceedings of the 2025 CHI Conference on Human Factors in Computing Systems* (Article 307). Association for Computing Machinery.
<https://doi.org/10.1145/3706598.3713199>