

From Fear to Choice: An Exploratory Analysis of Pathological Health Anxiety Consequences on Consumer Behavior

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ABSTRACT

Addressing a topic rarely discussed in marketing, this research aims to explore the consequences of health anxiety (HA) on consumer behavior. An exploratory qualitative study was therefore conducted with 12 Tunisians suffering from pathological anxiety about their health. A thematic content analysis reveals that health-obsessed individuals either opt for approach behaviors such as healthy nutrition and lifestyle, or avoidance behaviors. Managerial recommendations are proposed to marketers in order to target this particular niche of consumers.

Keywords: Consumer Behavior; Health Anxiety; Approach Behaviors; Avoidance Behaviors

INTRODUCTION

Following World War II, the study of consumer behavior became increasingly shaped by psychological frameworks. These perspectives began to treat consumers as complex individuals motivated by a blend of rational calculation and subconscious drivers. Foundational contributions from scholars like J. Horstley Smith and S. Levy, alongside the psychoanalytic tradition of Freud, significantly influenced marketing thought. Concurrently, the rise of cognitive psychology further refined these theories by foregrounding the internal processes—thoughts, emotions, and decision-making heuristics—that guide purchasing decisions (Leonov et al., 2023).

It is within this psychological paradigm that health anxiety has emerged as a salient area of inquiry for both psychologists and marketing scholars. The recurring prevalence of global health crises (e.g., COVID-19, avian flu, swine flu) and food safety scandals (e.g., concerning GMOs or pesticide residues), coupled with rising rates of chronic illnesses such as cancer, obesity, and diabetes, has intensified public psychological discomfort. This manifests as a specific anxiety related to the fear of illness, formally termed Health Anxiety (HA) (Mazhari et al., 2022; Luo et al., 2022; Yalçın et al., 2024).

Recent scholarship in psychology and marketing conceptualizes HA as existing on a spectrum of severity and chronicity (Hitchcock & Mathews, 1992; Taylor et al., 2008). Bridou and Aguerre (2011) delineate its two extremes: normal (or circumstantial) HA and pathological HA. Normal HA is described as a common, transient psychological reaction involving moderate fears about one's health, often triggered by situational factors like a pandemic (Bareket-Bojmel et al., 2021). In contrast, pathological HA is a more severe, persistent condition characterized by enduring health-related worries and preoccupations with having or contracting a serious disease (Taylor & Asmundson, 2004).

While normal HA has been extensively examined, its pathological variant has been studied predominantly within clinical psychology (Langlois et al., 2007) and remains largely underexplored in marketing literature. This research seeks to address this gap by integrating psychological and marketing perspectives to develop a more nuanced understanding of the behavioral consequences of this acute psychological state.

Prior studies have often examined the antecedents of severe HA—such as perceived food risk or general stress—in isolation from its consequential behaviors, like the purchase of organic products or use of healthcare services. The present study aims to focus on consequences by investigating the outcomes of pathological HA on

consumption behavior. Specifically, it seeks to illuminate the adaptive approach (e.g., proactive health management) and avoidance behaviors that individuals adopt in response to this anxiety.

Consequently, this study is guided by the following research question: **How does pathological health anxiety influence consumer behavior?** The primary objective is, therefore, to identify this severe anxiety and to elucidate the distinctive consumption patterns of individuals who experience it.

LITERATURE REVIEW

Health anxiety is a psychological condition arising from a combination of intrinsic personality factors and external environmental influences. This condition has a demonstrable impact on consumer behavior. This section synthesizes prior research from psychology and medicine concerning the concept of HA, with particular focus on its determinants and behavioral consequences.

Pathological Health Anxiety: Definition and Conceptual Forms

While the concept of HA is rapidly gaining traction within psychological literature, its application in marketing research remains, to our knowledge, notably limited.

A general consensus exists among psychological researchers in defining HA. Central to this understanding is a preoccupation with the fear of contracting a serious disease. Lucock and Morley (1996, p. 136)¹ define it as "health-related concern in the absence of illness or excessive worry when there are some symptoms of illness." Similarly, Asmundson, Taylor, and Cox (2001)² conceptualize it as fears related to health and the belief that one's physical well-being is under threat.

This anxiety is considered pathological when it reaches a level of intensity and persistence that causes significant distress and functional impairment for the individual (Bridou & Aguerre, 2011; Welch, Carleton, & Asmundson, 2009). Pathological HA primarily manifests in two distinct clinical forms: hypochondria and nosophobia.

Hypochondria is characterized by "a preoccupation with the fear or belief that one has a serious illness, based on an erroneous interpretation of several physical signs or symptoms" (American Psychiatric Association, 1994)³. Nosophobia, or the specific phobia of a disease, consists of "an irrational fear of contracting a disease" (Lejoyeux, 2005, p. 251).

It is important to distinguish between these two forms, as detailed by Lejoyeux (2005). The primary differences are summarized in Table 1 below.

Table 1: Distinction Between Nosophobia and Hypochondria

Nosophobia	Hypochondria
Nosophobes fear contracting a disease they do not have.	Hypochondriacs are preoccupied with a disease they believe is already present; they are convinced they are ill.
Individuals with disease phobia do not check their health status but rather avoid what they perceive as risk factors.	Hypochondriacs consistently check their health status. They seek contact with healthcare providers to alleviate their anxiety.

Pathological Health Anxiety: A Review of Foundational Psychological and Medical Research

The psychological and medical literature provides a detailed examination of the mechanisms and manifestations of pathological HA. The work of Frédéric Langlois (2002; 2006; 2007) has been particularly influential in

¹ Lucock & Morley, 1996 cited by James & Wells, 2002.

² Asmundson Taylor & Cox, 2001 cited by Hadjistavropoulos & Lawrence, 2007.

³ Cité par Langlois, et al., 2007

delineating the complex cognitive and behavioral processes involved. His research identifies several core components, including intolerance of uncertainty, cognitive avoidance, an overestimation of the utility of worrying, compulsive reassurance-seeking, somatosensory amplification, anxiety sensitivity, and entrenched beliefs about illness. This view is echoed by Brady and Braz (2025), who conceptualize HA as a multifaceted psychiatric issue, where these interdependent psychological facets collectively impact various dimensions of a patient's life.

Research on the behavioral consequences of this anxiety reveals a pattern of active coping and information management. Individuals experiencing significant HA are consistently found to engage in heightened information-seeking behaviors (Gong et al., 2023; Warwick & Salkovskis, 1990; Hadjistavropoulos, Craig, & Hadjistavropoulos, 1998; Owens et al., 2004; Eastin & Guinsler, 2006). Furthermore, this anxiety often motivates proactive disease prevention strategies. Key behavioral adaptations documented in the literature include adherence to specific diets, increased physical exercise, stress management practices, and the avoidance of substances like alcohol and tobacco (Hadjistavropoulos & Lawrence, 2007; Langlois et al., 2007; Eastin & Guinsler, 2006).

Exploratory Qualitative Research

Given the nascent state of marketing research on pathological health anxiety, an exploratory qualitative approach is warranted. This study aims to investigate this significant psychological condition, clarify its precipitating and perpetuating factors, and elucidate its impact on consumer behavior.

Methodology and Sample Description

An exploratory qualitative study was conducted using semi-structured interviews. Participants were selected based on exhibiting moderate to high levels of health anxiety. To identify eligible individuals, we administered the Health Anxiety Scale, a 19-item instrument developed by Pelletier et al. (2002), (see Appendix 1). Respondents scoring highly on this scale were invited to participate. The final sample size of 12 informants was determined by the principle of theoretical saturation. The demographic and psychographic profile of the respondents is detailed in Appendix

Interview Guide Structure

The interview guide was structured according to the four-phase framework recommended by Giannelloni and Vernetto (2012):

- **Introductory Phase:** The study objectives were presented, the interview conditions were explained, and the informant provided a brief personal introduction.
- **Topic-Centering Phase:** The discussion opened with the informant's general opinions on the recurrence of diseases, modern food systems, and health in a broader societal context.
- **In-Depth Phase:** This core section explored two primary themes: (a) the perception of excessive health anxiety, and (b) its subsequent effects on consumer behavior.
- **Concluding Phase:** Key points were summarized, the informant's final perceptions of health anxiety were solicited, and they were thanked for their participation (the full guide is provided in Appendix 3).

All interviews were audio-recorded and transcribed. The resulting textual corpus was analyzed using thematic and lexical content analysis, facilitated by Sphinx IQ3 software.

RESULTS AND DISCUSSION

Thematic analysis of the interview data illuminated a range of consumer behaviors linked to health anxiety. The identified themes were informed by, and derived from, prior theoretical and empirical research in both

psychology and marketing. This analysis reveals a significant interaction between psychological distress—specifically pathological health anxiety—and consumer decision-making processes, particularly within health-related domains.

Consequences of Pathological Health Anxiety

Lexical analysis (Appendix 4) reveals the following dominant themes in participant discourse: product, organic, research, information, and food. As detailed in Appendix 8, the primary behavioral consequences reported by interviewees bifurcate into two distinct coping strategies: approach and avoidance.

This dichotomy aligns with established literature positing approach and avoidance as the two principal mechanisms for managing health-related distress (Hadjistavropoulos et al., 1998). The approach strategy is characterized by excessive reassurance-seeking and compulsive information gathering about health risks, serving as an attempt to reduce uncertainty and regain a sense of control (Baumgartner & Hartmann, 2011). Conversely, the avoidance strategy manifests as mistrust of health authorities, reluctance to pursue medical treatment, and the active rejection of health-related information. Notably, few studies have concurrently examined both mechanisms, despite their profound influence on consumer decision-making, risk perception, and adherence to health recommendations (Jones et al., 2020).

We analyze these behavioral categories below according to their prevalence, with supporting respondent verbatims summarized in Appendix 7.

Approach Behaviors

Preference for Healthy, Authentic, and Natural Food: A significant proportion of respondents adopted proactive dietary changes to manage anxiety, prioritizing the consumption of healthy, authentic, and natural foods. This corroborates findings that high health concern predicts a preference for organic, unprocessed, and functional foods over conventional alternatives to mitigate perceived risks (Cox & Koster, 2022; Nguyen & Phan, 2022). Such behavior can be understood through the Health Belief Model, wherein individuals undertake preventive actions based on perceived susceptibility and severity (Rosenstock, 1974), reflecting an effort to control threats and adopt a healthier lifestyle.

Information Seeking and Evaluation: Cited by 75% of respondents, this involves motivated acquisition of information on maintaining health and preventing disease (Soroya et al., 2024). Anxious individuals rely on multiple sources: online information (Eastin & Guinsler, 2006; Bouche & Migeot, 2008); advice from doctors and professionals (Langlois et al., 2006; Bridou & Aguerre, 2011); input from family and friends (Mitchell & McGoldrick, 1996); nutrition labels (Fischler, 2001; Gurvitz et al., 2008); and, to a lesser extent, sales staff (Mitchell & Greatorex, 1990, cited in Mitchell & McGoldrick, 1996).

Reassurance-Seeking: Defined as "a force, created by a psychological imbalance, resulting from an awareness of the impossibility of solving a problem without resorting to reassurance factors" (Gallen, 2001, p. 475), this need drives consumers with HSA to frequently consult healthcare professionals, family, and friends to alleviate health-related doubts (Langlois et al., 2006; Yangui & El Aoud, 2015), underscoring the critical role of social and professional networks in managing anxiety.

Physical Activity: Respondents viewed exercise as a powerful tool for alleviating health anxiety, providing a positive distraction that promotes well-being and diverts attention from health concerns (Mhindru et al., 2023). More broadly, it is seen as a means to reduce stress, improve mood, and enhance overall health (Leventhal et al., 2016), suggesting a turn to fitness for both physical maintenance and anxiety management.

Engagement in Restrictive Diets: To exert control and prevent illness, individuals adopt strict dietary regimens, avoid perceived harmful foods (e.g., sugars, fats, processed items), and meticulously analyze nutritional content. This leads to close scrutiny of labels for certifications (e.g., "organic," "pesticide-free") and a preference for "pure" options like gluten-free or low-sugar foods, driven by fear of additives and preservatives (Hanganu-Bresch, 2020; Di Crosta et al., 2021).

Stress Management: Managing stress is seen as a way to modulate behavior toward greater rationality, reducing anxiety's impact and improving well-being. Consequently, individuals may engage more with wellness trends, including mindfulness apps, stress-reducing supplements, and alternative medicine (Leventhal et al., 2016), though consumption of health content on social media can paradoxically reinforce anxiety (Yalçın et al., 2024).

Spirituality and Meditation: Incorporating practices like prayer or meditation helps some individuals reduce anxiety by fostering a connection to a higher purpose, promoting perspective, acceptance, and inner peace. This aligns with findings on death anxiety, where such practices serve as a coping mechanism by providing a sense of control and meaning (Partouche-Sebban et al., 2021).

Avoidance Behaviors

Seven respondents reported avoidance tactics to escape anxiety-provoking situations or thoughts, a behavior linked to psychological vulnerability.

Distraction from Negative Thoughts: This involves avoiding anxiety-inducing triggers, such as medical appointments, for fear of bad news and to preserve psychological equilibrium. While reducing immediate distress, this avoidance can exacerbate long-term health risks (Knowles & Olatunji, 2020).

Denial of Risk: A defensive reaction wherein individuals refuse to acknowledge health threats, manifesting as symptom minimization, ignored medical advice, or unfounded belief in wellness despite discomfort. This can critically delay necessary interventions (Byrne, 2008).

The Moderating Role of Gender and Age

Literature indicates women express greater health concern than men (Loisel & Oble, 2001; Bridou & Aguerre, 2011). Our findings (Appendix 7) show both genders adopt coping behaviors, but women exhibit a stronger tendency toward avoidance. Age also moderates HSA, with anxiety generally increasing with age (Bridou & Aguerre, 2011). Our data (Appendix 8) suggest individuals aged 40-50 are more likely to employ approach coping, while those over 50 favor avoidance strategies.

Based on these results, we propose the conceptual model presented in Figure 1.

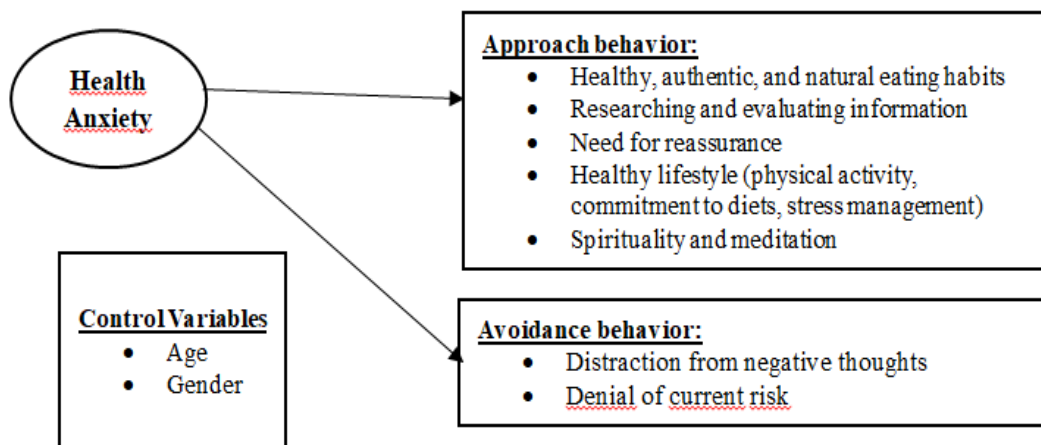


Figure 1: Proposed Conceptual Model

Managerial Implications

Understanding the behaviors of consumers with pathological health anxiety (HA) offers significant strategic value for producers, marketers, and distributors. The integrated model above illustrates the key consequences of HA, moderated by demographic control variables: Gender and Age.

For Producers: The primary objective is to develop products that align with heightened safety and health expectations. This can be achieved by formulating products with natural, health-promoting ingredients and innovating within the functional food sector to address specific consumer concerns.

For Marketers: HA should be leveraged as a key psychographic segmentation criterion. Marketing strategies must: Promote well-being benefits through attractive packaging and explicit nutritional information. Develop a reassuring communication strategy built on transparency, authenticity, and scientific credibility. This involves utilizing expert endorsements, clear labeling, and educational content to build trust. Frame messaging positively to counter mistrust in institutions, emphasizing empowerment and well-being rather than fear. Persuasive appeals can be strategically balanced between: Threat-based messages outlining health risks, and Adaptation-based messages highlighting product benefits and functionalities (Bartikowski et al., 2019; Sun et al., 2022). By grounding strategies in the behavioral responses to HA, companies can foster deeper consumer trust and long-term engagement.

For Distributors: Two strategic alternatives exist: (1) Specialization: Cater exclusively to this segment by operating a specialized store dedicated to functional and organic products. (2) Integrated Store Optimization: Adapt existing retail spaces to accommodate HA-driven behaviors through: Strategic placement of functional products, dedicated organic product sections, hosting tasting events with nutrition specialists to explain health benefits, and training sales staff in nutrition to provide informed customer advice and explanations.

CONCLUSION

This study proceeds from the observation that contemporary consumers – regardless of their personal health status – increasingly demonstrate elevated anxiety regarding their health and well-being, manifesting in highly discerning and demanding food consumption choices. When such a psychological state becomes persistent, it may escalate into pathological health anxiety. The present research represents an effort to understand the outcomes of this significant psychological condition on consumer behavior.

The work offers a meaningful theoretical contribution, as the concept of pathological health anxiety remains, to our knowledge, underutilized within marketing literature. Moreover, it addresses an inherently interdisciplinary subject, intersecting the fields of psychology, sociology, nutrition, and marketing.

However, this study is not without limitations. The primary limitation stems from its cultural context; the research was conducted within a predominantly Muslim country where a high degree of spirituality may serve as a moderating factor for health anxiety. However, the study's value lies in its capacity for analytic generalization or transferability. Replicating this study in alternative cultural contexts with different belief systems would enhance the generalizability of the findings. Additionally, by focusing specifically on consumers experiencing pathological health anxiety, the sample size was necessarily limited. The relative homogeneity in participant age further constrains the diversity of perspectives on the phenomenon under investigation.

Future research should explore the determinants (drivers) of pathological health anxiety. It would also be valuable to identify which antecedents are most predictive of anxiety in relation to specific consumption behaviors. In addition, examining the varied impact of health anxiety on consumer behavior toward specific product and service categories is equally interesting. A particularly fruitful avenue would be a comprehensive study that simultaneously examines the antecedents and consequences of pathological health anxiety, aiming to establish causal relationships between specific triggers and discrete behavioral outcomes, such as the purchase of specialized health products or the utilization of particular healthcare services.

REFERENCES

1. Bareket-Bojmel, L., Shahar, G., Abu-Kaf, S., & Margalit, M. (2021). Perceived social support, loneliness, and hope during the COVID-19 Pandemic: Testing a mediating model in the UK, USA, and Israel. *British Journal of Clinical Psychology*, 60(2), 133–148. <https://doi.org/10.1111/bjc.12285>
2. Baumgartner, S. E., & Hartmann, T. (2011). The role of health anxiety in online health information search. *Cyberpsychology, Behavior and Social Networking* .

3. Bouche, G., & Migeot, V. (2008). Parental use of Internet to seek health information and primary care utilisation for their child: a cross-sectional study. *BMC Public Health* , pp. 1-9.
4. Brady, R. E., & Braz, A. N. (2023). Challenging Interactions Between Patients With Severe Health Anxiety and the Healthcare System : A Qualitative Investigation. *Journal of Primary Care & Community Health*, 14, 21501319231214876. <https://doi.org/10.1177/21501319231214876>
5. Bridou, M., & Aguerre, C. (2011). L'anxiété envers la santé: définition et intérêt clinique d'un concept novateur et heuristique. *Annales Médico-Psychologiques*
6. Di Crosta A, Ceccato I, Marchetti D, La Malva P, Maiella R, Cannito L, Cipi M, Mammarella N, Palumbo R, Verrocchio MC, Palumbo R, Di Domenico A. Psychological factors and consumer behavior during the COVID-19 pandemic. *PLoS One*. 2021 Aug 16;16(8):e0256095. doi: 10.1371/journal.pone.0256095. PMID: 34398916; PMCID: PMC8366984.
7. Eastin, M. S., & Guinsler, N. M. (2006). "Worried and wired: Effects of health anxiety on information-seeking and health care utilization behaviors. *CyberPsychology & Behavior* , 9 (4), pp. 494-498.
8. Gallen, C. (2001). Le rôle médiateur du besoin de réassurance entre le risque perçu et les comportements d'achats alimentaires. Actes du XVIIème Congrès International de l'association Française de Marketing, (pp. 465-498). Lille. 89
9. Giannelloni J and Vernet E (2012) Les études de marchés. Paris : Gestion, Vuibert. Filser M (2000) Études et recherches sur la distribution. Paris : Economica. Filser M (2000) Études et recherches sur la distribution. Paris : Economica.
10. Gong, H., Deng, S., Wang, H., & Cao, G. (2023). Using the ABC theory of emotion to examine the relationship between health anxiety and health information-seeking behavior among the rural population. *DIGITAL HEALTH*, 9, 20552076231208559. <https://doi.org/10.1177/20552076231208559>
11. Gurviez, P., Lasalle-de-Salins, M., & Mourre, M.-L. (2008). La perception des produits alimentaires portant des allégations nutritionnelles, entre incompréhension et résistance des consommateurs: une étude exploratoire. Actes de Colloque de l'AFM, (pp. 1-33).
12. Hadjistavropoulos, H. D., Craig, K. D., & Hadjistavropoulos, T. (1998). Cognitive and behavioral responses to illness information: the role of health anxiety. *Behaviour Research and Therapy* , 36, pp. 149-164.
13. Hadjistavropoulos, H., & Lawrence, B. (2007). Does anxiety about health influence eating patterns and shape-related body checking among females? *Personality and Individual Differences* , 43, pp. 319-328.
14. Hanganu-Bresch C Orthorexia: eating right in the context of healthism *Medical Humanities* 2020; 46:311-322.
15. Hitchcock, P. B., & Mathews, A. (1992). Interpretation of bodily symptoms in hypochondriasis. *Behaviour Research and Therapy* , 30, pp. 223-234.
16. Jones, S. M. W., Andersen, M. R., & Litwin, P. (2022). Avoidance and reassurance seeking in response to health anxiety are differentially related to use of healthcare. *Journal of Public Health: From Theory to Practice*, 30, 475–480. <https://doi.org/10.1007/s10389-020-01299-8>
17. Langlois, F., Gosselin, P., Brunell, C., Drouin, M.-C., & Ladouceur, R. (2007). Les variables cognitives impliquées dans l'inquiétude face à la maladie. *Canadian Journal of Behavioural Science* , 39 (3), pp. 174-183.
18. Langlois, F., Pelletier, O., Ladouceur, R., & Lapointe, M.-L. B. (2005). Les processus cognitifs de l'anxiété à l'égard de la santé. *Revue Francophone de Clinique Comportementale et Cognitive* , 10 (2), pp. 11-17.
19. Langlois, F., Pelletier, O., Ladouceur, R., & Lapointe, M.-L. B. (2005). Les processus cognitifs de l'anxiété à l'égard de la santé. *Revue Francophone de Clinique Comportementale et Cognitive* , 10 (2), pp. 11-17.
20. Leonov, Y., Nakonechnyi, O., Khalimanenko, V., Nikolaiko, H. and Heraimovych, V. (2023). Analysis of the Influence of Psychological Factors on Consumer Behavior and the Decisionmaking Process. *Econ. Aff.*, 68(03): 1643-1651.
21. Leventhal H, Phillips LA, Burns E. The Common-Sense Model of Self-Regulation (CSM): a dynamic framework for understanding illness self-management. *J Behav Med*. 2016 Dec;39(6):935-946. doi: 10.1007/s10865-016-9782-2. Epub 2016 Aug 11. PMID: 27515801.

22. Luo YF, Yang SC, Hung SC, Chou KY. Exploring the Impacts of Preventative Health Behaviors with Respect to COVID-19: An Altruistic Perspective. *Int J Environ Res Public Health*. 2022 Jun 21;19(13):7573. doi: 10.3390/ijerph19137573. PMID: 35805228; PMCID: PMC9265907.
23. Mahindru A, Patil P, Agrawal V. Role of Physical Activity on Mental Health and Well-Being: A Review. *Cureus*. 2023 Jan 7;15(1):e33475. doi: 10.7759/cureus.33475. PMID: 36756008; PMCID: PMC9902068.
24. Mazhari, R., Farhangi, A., & Naderi, F. (2022). The relationship between psychological vulnerability and psychological capital and health anxiety through the mediating role of emotional processing in nurses working in the COVID-19 units. *Journal of Client-Centered Nursing Care*, 8(3), 167-176.
25. Mitchell, V.-W., & McGoldrick, P. J. (1996, January). Consumers' risk-reduction strategies: a review and synthesis. *The International Review of Retail, Distribution and Consumer Research*, 6 (1), pp. 1-33.
26. Nguyen, T. T., & Phan, H. T. T. (2022). Impact of COVID-19 anxiety on functional foods consuming intention : Role of electronic word of mouth. *Heliyon*, 8(11). [https://www.cell.com/heliyon/pdf/S2405-8440\(22\)02632-9.pdf](https://www.cell.com/heliyon/pdf/S2405-8440(22)02632-9.pdf)
27. Owens, K., Asmundson, G., Hadjistavropoulos, T., & Owens, T. J. (2004). Attentional bias toward illness threat in individuals with elevated health anxiety. *Cognitive Therapy and Review*, 28, pp. 57-66.
28. Partouche-Sebban, J., Rezaee Vessal, S., Sorio, R., Castellano, S., Khelladi, I., & Orhan, M. A. (2021). How death anxiety influences coping strategies during the COVID-19 pandemic : Investigating the role of spirituality, national identity, lockdown and trust. *Journal of Marketing Management*, 37(17-18), 1815-1839. <https://doi.org/10.1080/0267257X.2021.2012232>
29. Pelletier, O., Gosselin, P., Langlois, F., & Ladouceur, R. (2002). Étude des propriétés psychométriques de deux nouveaux instruments évaluant les croyances présentes dans l'hypocondrie auprès d'une population non clinique. *L'Encéphale*, 28, 298-309.
30. Rosenstock, I. M. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328-335. <https://doi.org/10.1177/109019817400200403>
31. Taylor, S., & Asmundson, G. (2004). *Treating health anxiety*. New York: Guilford Press.
32. Taylor, S., Jang, K. L., Stein, M. B., & Asmundson, G. J. (2008). A behavioral-genetic analysis of health anxiety: implications for the cognitive-behavioral model of hypochondriasis. *Journal of Cognitive Psychotherapy: An International Quarterly*, 22 (2), pp. 143-153.
33. Warwick, H. M., & Salkovskis, P. M. (1990). Invited essay: Hypochondriasis. *Behavior Research and Therapy*, 28 (2), pp. 105-117.
34. Welch, P. G., Carleton, R. N., & Asmundson, G. J. (2009). Measuring health anxiety: moving past the dichotomous response option of the original Whiteley Index. *Journal of Anxiety Disorders*, 23, pp. 1002-1007.
35. Yalçın, İ., Boysan, M., Eşkisü, M., & Çam, Z. (2024). Health anxiety model of cyberchondria, fears, obsessions, sleep quality, and negative affect during COVID-19. *Current Psychology*, 43(9), 8502-8519. <https://doi.org/10.1007/s12144-022-02987-2>
36. Yangui, W., & Hajtaïeb El Aoud, N. (2015). The need for reassurance and modern food consumption : An exploratory study about the role of perceived product traceability. *British Food Journal*, 117(2), 880-893.

APPENDICES

Appendix 1 : Health Belief Questionnaire (Pelletier et al., 2002) :

Please indicate to what extent each of the following statements applies to you (from 1: does not apply at all to 5: applies extremely well).

- Even if I take care of myself, it is easy to get sick.
- If I hear about a disease (through the media or a friend), I may develop it myself.
- Being healthy means having no physical problems.
- I am more prone to illness than most people.

- Just seeing someone with an illness is enough to make me sick too
- It is always possible to prevent illness
- Illness always leaves lasting effects
- It is my fault if I get sick
- All illnesses have serious consequences
- If I take good care of myself, I can avoid all illnesses
- Being healthy means having no symptoms
- Any illness can lead to death if it lasts too long
- Just thinking about illness can trigger it
- By taking a lot of precautions, it is possible to avoid all health problems
- My body is vulnerable to most illnesses
- If illness is not treated quickly, the consequences can be disastrous
- Simply reading or learning about illness in books can cause it to appear in me
- Being healthy means having no discomfort
- I feel entirely responsible for the illnesses that affect me.

Appendix 2 : Sample Description

Respondents	Gender	Age
1	Female	Between 40 and 50
2	Female	Between 40 and 50
3	Male	Between 50 and 60
4	Male	Between 50 and 60
5	Male	Between 40 and 50
6	Female	Between 50 and 60
7	Female	Between 50 and 60
8	Female	Between 50 and 60
9	Female	Between 40 and 50
10	Male	Between 40 and 50
11	Male	Between 50 and 60
12	Male	More than 60

Appendix

Appendix 3: Interview guide:

Introductory phase

What are your general thoughts on the prevalence of disease, health crises, modern food, and health in general?

Topic-focused phase

- In your opinion, what can make an individual concerned about their health? Could this be due to factors other than those external to the individual?

- Looking back a few years, how did you experience COVID-19 and did it change your health and eating habits? If so, how? Did it increase your concern for your health?

In-depth phase: the effects of excessive health anxiety on consumer behavior

- To what extent does your anxiety about your health influence your daily life?

- Over time, have you noticed any changes in your attitudes and behaviors in relation to your health concerns?

- How do you behave in order to try to reduce the intensity of your anxiety?

- In these critical situations of anxiety, what role do family, friends, or the community in general play? How can they be a source of help in managing the situation?

- How does your fear of illness influence your purchasing decisions in general?

- Do you research products that can prevent certain diseases? What information resources do you trust?

- Do you tend to buy or boycott certain types of products because of your health concerns? If so, what are these products (for both scenarios)?

- To what extent does your fear of illness affect your eating habits, diet, and lifestyle?

Conclusion phase

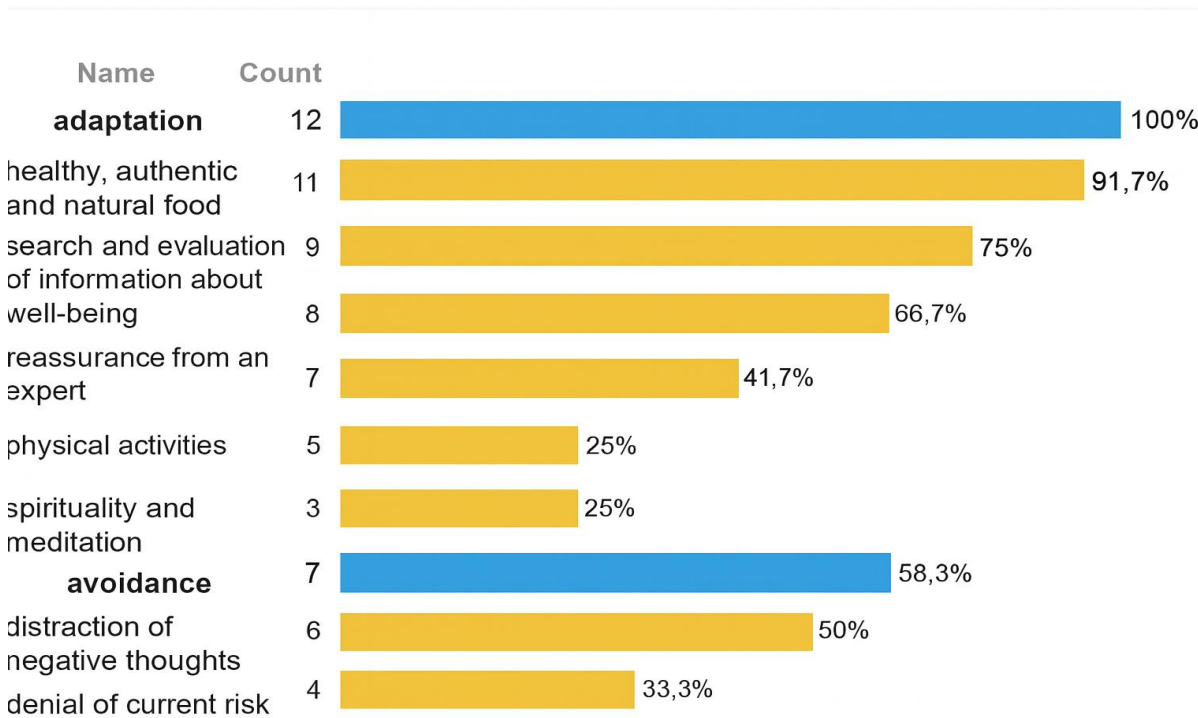
- Do you consider this anxiety about your health to be a positive trait (kindness, caution, and rigor), or is it more of a flaw and handicap that you are trying to get rid of?

- Do you have anything else to add to what we have discussed?

Appendix 4 : Lexical and semantic overview (Consequences of HA)



Appendix 5: Analysis of the thematic grid (Consequences of the HA)



Appendix 6: Examples of Verbatim Statements Regarding the Consequences of AES

Consequences	Themes	Verbatim Statements	Respondent
Adaptation	Healthy, Authentic, and Natural Food	"It disrupts my daily life and makes me nervous — I eat traditional or organic products — I practice regular physical activity and eat healthy food, and I take dietary supplements, e.g., spirulina."	Respondent 4
	Information Search on Well-being	"It disrupts my daily life and makes me nervous — I eat traditional or organic products — I practice regular physical activity and eat healthy food, and I take dietary supplements, e.g., spirulina."	Respondent 4

		"I am aware of the importance of a healthy diet, and I make choices accordingly."	Respondent 6
		"I constantly do online research, reading medical articles, following health news."	Respondent 5
		"My purchase decisions are influenced by the pursuit of well-being, but I don't think this has led to a major change in my lifestyle."	Respondent 6
		"I am aware of product choices, but I would not boycott anything in an extreme way."	Respondent 6
		"I try to make everything at home, like cakes; I encourage my children to eat basissa, homemade foods that are beneficial for health."	Respondent 7
	Careful Consideration Before Purchasing Products	"Otherwise, the whole family now cooks with saffron, since it has proven to be beneficial for health and immunity."	Respondent 8
		"I am aware of product choices, but I would not boycott anything in an extreme way."	"I am aware of product choices, but I would not boycott anything in an extreme way."
		"I check the internet to see product compositions, products beneficial for health, and ways to prevent diseases, but I have more trust in information provided by doctors and specialists."	"I check the internet to see product compositions, products beneficial for health, and ways to prevent diseases, but I have more trust in information provided by doctors and specialists."
		"I am aware of product choices, but I would not boycott anything in an extreme way."	"I am aware of product choices, but I would not boycott anything in an extreme way."
	Need for Reassurance from an Expert	"The fear of diseases can indeed influence my consumption choices, pushing me to opt for products considered less harmful to my health, and I refrain from consuming harmful substances, including cigarettes."	Respondent 11
		"The only sources of information I trust are the advice and recommendations given by experts or people who suffer from the same illness as I do."	Respondent 10
		"Sometimes I research online about health symptoms, information about products,	Respondent 11

		practical advice, or simply to enrich my knowledge on topics that interest me."	
Physical Activities		"I am aware of the importance of a healthy diet, and I make choices accordingly."	Respondent 6
		"However, I would not let the fear of illness constantly dictate my habits."	Respondent 6
		"It disrupts my daily life and makes me nervous — I eat traditional or organic products — I practice regular physical activity and eat healthy food, and I take dietary supplements, e.g., spirulina."	Respondent 4
		"I check the internet to see product compositions, products beneficial for health, and ways to prevent diseases, but I have more trust in information provided by doctors and specialists."	Respondent 7
Engagement in Dietary Regimens		"Sometimes I research online about health symptoms, information about products, practical advice, or simply to enrich my knowledge on topics that interest me."	Respondent 11
		"To reassure myself, I research online about disease symptoms, medications and their side effects, and I contact the doctor."	Respondent 12
Stress Management		"In our mindset, we are not yet accustomed to consuming organic; a simple grocer does not understand this world of organic vs. non-organic."	Respondent 8
		"Well, I don't like doctors, I don't like getting into that vicious cycle of searching for information about this or that ailment."	Respondent 7
		"If you are certain that something good will happen, it will happen; if you are certain that something bad will happen, it will happen."	Respondent 8
		"So I no longer want to see things in a pessimistic and negative way."	Respondent 8
Spirituality and Meditation		"If you are certain that something good will happen, it will happen; if you are certain that something bad will happen, it will happen."	Respondent 8
		"So I no longer want to see things in a pessimistic and negative way."	Respondent 8
		"I check the internet to see product compositions, products beneficial for health, and ways to prevent diseases, but I have more	Respondent 7

		trust in information provided by doctors and specialists."	
		"If you are certain that something good will happen, it will happen; if you are certain that something bad will happen, it will happen."	Respondent 8
Avoidance	Distraction from Negative Thoughts	"So I no longer want to see things in a pessimistic and negative way."	Respondent 8
		"I'm not saying that I don't check product compositions, but not in an obsessive way."	Respondent 8
		"In our mindset, we are not yet accustomed to consuming organic; a simple grocer does not"	Respondent 8
		"understand this world of organic vs. non-organic. There are people who do this in a manic way."	Respondent 8
	Denial of Current Risk	"I refuse to do research on the internet and avoid watching documentaries dealing with symptoms related to my illness."	Respondent 10

Appendix 7: Consequences of AES according to gender

Consequences of HA	Gender		
	Female	Male	Total
Avoidance	71%	29%	100%
Adaptation	50%	50%	100%
Total	50%	50%	

Appendix 8: Consequences of HA by age group

