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Negotiating Care in Digital Environments: Self-Care Practices, Health Knowledge, and Cyberchondria. A Netnographic Exploration

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Abstract

In recent years, cyberchondria has been predominantly interpreted as an individual practice of searching for and interpreting online health information, fueled by feelings of uncertainty and anxiety regarding one's own health. While this perspective has helped describe its main characteristics, it downplays the social dimension through which such experiences are shared, interpreted, and reworked in digital environments. This paper proposes to examine cyberchondria from a sociological perspective, using it as a starting point to analyze the processes of constructing vulnerability within digital platforms. To this end, the research integrates topic modeling and web ethnography in the analysis of an Italian Facebook page dedicated to the topics of hypochondria and self-care. The analysis shows how the posted narratives progressively extend beyond the topic of health, giving shape to a broader repertoire of experiences of vulnerability that is continually reinterpreted by users through practices of autobiographical storytelling, advice-giving, and moral evaluation. The results suggest that digital environments constitute spaces in which vulnerability, experience, and knowledge are continually negotiated through interaction, going beyond the simple function of accessing health information. From this perspective, cyberchondria emerges as a privileged vantage point for understanding broader processes of the social construction of health and care.

INTRODUCTION

In the context of studies on digital transformations, innovations in the internet go far beyond the idea of a set of devices within a technological repertoire. Instead, they are the result of a dynamic and complex relationship between tools and practices of use. From this perspective, sociological discourse has, in fact, partially framed this relationship by considering innovations as "something that depends on the social context in which they are embedded" (Bennato 2011:65), in line with what Williams and Edge (1996) termed *"social shape theory"* .

Since the 2000s, the debate on this topic has encompassed discussions on the relationship between individuals, technologies, and usage practices amid ongoing developments in digital transformations and the pervasiveness of tools and platforms in everyday life.

The contribution of social research on the topic of network innovations goes well beyond their scope of mass use; it defines the opportunities for personalization of such innovations (Lüders 2008), shaping that domestic dimension that O'Reilly (2005) defines as *"network as platform*." This domestic dimension, combined with the subjectivity of content production and the dynamics of appropriation and communicative emancipation, gives rise to a series of phenomena that are, to varying degrees, unprecedented. While, on the one hand, part of everyday life is transposed onto the web (transforming its codes and finding its *"digital version"* in the digital landscape) it is equally evident that on the web, within a totally new and *digitally native* logic, new processual dynamics for building relationships are developing, as well as new regimes for the production and sharing of meaning and knowledge.

In line with constructivist perspectives, contemporary forms of meaning-making paint a picture that, taken as a whole, consists of a multitude of pieces of information drawn from an equally diverse array of sources of varying reliability; in this sense, the concept of *the infosphere* (Floridi 2017) encapsulates the construction and sharing of content, taking into account all its procedural phases: production, reception, accessibility, negotiation, and evaluation.

The relationship between digital innovations and the social construction of meaning permeates nearly every aspect of daily life. Digital platforms, in fact, constitute spaces where forms of participation in public debate, processes of political mobilization, practices of widespread activism, cultural production, and identity construction take shape. Among these contexts, the field of health is also gaining increasing importance, as digital environments now serve as venues for the production and circulation of knowledge related to well-being, illness, and care.

If we consider, for example, the idea of the body as *a digital assemblage* which Lupton (2014) defines as "the use of wearable digital technologies, carried on the body or implanted in the organism, with which individuals interact continuously and dynamically" (p. 165), the relationships between individuals, technologies, and innovations are reduced primarily to the material and bodily dimensions of interaction. Conversely, if we consider the organism as a component of a broader assemblage, one that also includes relational, emotive, cognitive, and psychological dimensions, the field of observation expands to encompass the entire scope of subjectivities. From this perspective, the possibilities for interaction among individuals, innovations, and technologies are not limited to the physical dimension alone, but are also articulated through practices of producing, circulating, and negotiating meanings. In this sense, the use of technologies enables forms of knowledge construction and sharing, self-reflection, and critical self-analysis, mediated by the consumption, production, and discussion of information, documents, and content within online environments.

Widespread access to health information available online has, in fact, not only reshaped the traditional relationship between patients and medical knowledge (Padricelli et al. 2024; Lutpon 2014), but also expanded opportunities for independent consultation by fostering participation among connected individuals (Lupton 2018). As these individuals navigate digital environments, they progressively develop a set of communicative skills that enable them to convey personal experiences, testimonials, and interpretations, which are then shared and compared. Pathways to accessing health information are not limited solely to the ability to consult and assimilate validated scientific data and documents collected from authoritative and controlled sources, followed by an independent interpretive perspective tailored to one's own health conditions. In these contexts, shaped by infodemic characteristics, information changes and transforms as it circulates, altering in form and potentially becoming distorted. This gives rise to a constant tension between scientific knowledge grounded in professional expertise and the forms of knowledge developed by individuals through interaction with their peers. Although the internet is not an exclusive space for the dissemination of information, it thus becomes an environment in which epistemic authority is continually negotiated and redefined.

Digital platforms, in particular, have redefined opportunities for *health literacy* and the processes of circulation and commodification of knowledge in the healthcare sector (Diviani et al. 2015), contributing to a redefinition of the boundaries between therapeutic autonomy and forms of "hetero-directed" professional care based on medical expertise.

Heterodirect and self-directed forms thus represent two extremes of a process-oriented continuum that renders the traditional boundaries of medical intervention increasingly blurred. In everyday *care* practices, in fact, these boundaries are becoming progressively more nuanced, reflecting a growing redefinition of roles and responsibilities in health management that is continually renegotiated through self-management practices. These practices can, in fact, develop even outside the strictly clinical setting through the use of self-care and self-medication models (Agnoletti 2012; Montastruc 2009; Vedelago 2009). While the former consists of the autonomous adoption of treatments (both pharmacological and non-pharmacological) as well as lifestyles aimed at promoting well-being and health, the latter involves the voluntary (and not always responsible) use of over-the-counter medications in response to specific health needs perceived by the individual.

In this regard, it is reasonable to hypothesize a possible direct connection between the practice of self-care and self-medication and access to health information available online. The availability of a large amount of information (characterized by varying levels of quality, reliability, and authority) could simultaneously expose users to effects of *information overload* (Arnold et al. 2023; Bawden and Robinson 2020; Fu et al. 2020): a condition that does not necessarily translate into improved decision-making abilities but can fuel uncertainty and create difficulties in interpreting the information.

These dynamics give rise to practices associated with *cyberchondria* (Starcevic, 2017), a concept that describes the processes through which online searches for information about one's health, often driven by uncertainty or anxiety, intertwine with independent interpretation and the search for confirmation or alternatives to medical advice. The literature has highlighted how such practices can be driven by a variety of factors, including perceived urgency, difficulty accessing healthcare services, previous experiences with unsatisfactory care, mistrust of scientific authority, or the need to address issues perceived as particularly sensitive (Agnoletti, 2012; Fox and Ward, 2005; Sharoff Leighsa, 2010). Rather than attributing these dynamics to a single causal explanation, they reflect the complexity of the meaning-making processes that characterize the experience of care mediated through digital environments.

Based on these premises, this paper does not aim to investigate the determinants of *cyberchondria* nor to develop an explanatory model of individual health information-seeking behaviors. Rather, the objective is to sociologically reconstruct the mechanisms through which such practices are represented, discussed, and negotiated in digital spaces in order to map the current state of the debate and public opinion regarding *cyberchondria*: a process that can be identified as an indicator of a fluctuating state of vulnerability. The focus is therefore on the processes of collective meaning-making, examining the ways

in which users attribute credibility to information, define the boundaries of medical authority, and build relationships of trust within online communities.

These research questions guide the empirical part of this study in adopting the netnographic approach (Kozinets 2020): an online exploration that traverses spaces on social media platforms dedicated entirely to the topics of hypochondria and self-care. Through the analysis of recurring themes and interactions in users' comments, this study aims to contribute to the sociological debate on digital health, highlighting how discursive practices constructed online constitute spaces for the negotiation of knowledge, authority, and the experience of illness.

RESEARCH DESIGN

The empirical approach of the research was defined in accordance with the study's research objectives. Netnographic exploration is not, in fact, oriented toward reconstructing the narrative construction processes of the phenomenon of *cyberchondria*, nor toward understanding the ways in which users process representations of their own health status. Such a perspective would have prioritized the analysis of interactions among users and the mechanisms through which, within digital communities, information regarding health and treatment pathways is shared.

Rather, the focus is on the processes through which such information gains credibility, is considered reliable, and defines the levels of trust in medical expertise or in forms of self-care and self-medication (Agnoletti 2012; Pizzolati 2012). The focus is therefore on the ways in which users compare personal experiences and attribute legitimacy to different sources of knowledge.

From this perspective, the use of netnography aligns with the *discourse-oriented* approach proposed by Kozinets (2020), prioritizing the observation of publicly accessible discourses over the analysis of community dynamics in the strict sense. The context of reference is therefore not the digital community as a relational space, but the digital channel as an environment in which observable discourses, representations, and communicative practices take shape. This approach allows for an analytical stance centered on the public representation of vulnerability associated with self-care processes, observing how this is articulated through content and interactions accessible to the entire user audience.

Consistent with these premises, the research takes as its case study the Facebook page **Diario di un ipocondriaco** (Diary of a *Hypochondriac*), one of the leading Italian channels dedicated to the topics of hypochondria and self-care. The preference for Facebook over corresponding profiles on Instagram and X stems from the greater informational richness of the published content and the platform's structure, which makes various communication formats (such as text, images, videos, and related interactions) available; these are particularly well-suited to an in-depth netnographic investigation.

Data collection was carried out using Meta's official APIs via the *Meta Content Library*, an infrastructure accessible upon authorization granted by Meta and the *Content and Secure Data Access Center* (CASD). The empirical data collection phase did not involve any sampling procedures but encompassed the

entire population of content published by the page between 2017 (the year of its creation) and 2025. This approach allowed for the construction of a comprehensive dataset consisting of 11,562 observations.

The corpus was subsequently organized into a case-by-variable matrix according to the framework of content analysis as inquiry (Rositi 1988). The following variables were operationalized using a data collection form: *post type* (photo, album, status, share, press release, video), *year of publication* (2017–2025), *number of likes, number of comments, number of shares*, and *the post's textual content*.

In web ethnography, the field represents a methodological construct through which the researcher delimits the set of practices, interactions, and digital traces relevant to the research objectives (Hine 2015; Delli Paoli 2025). Its boundaries are progressively defined by following the actors, discursive practices, and connections that enable an understanding of the phenomenon under study (Marcus 1995). From this perspective, the field of this study was constructed by taking the Facebook page *"Diario di un Ipocondriaco*" as a point of entry, understood as a discursive space where public narratives and practices of interaction surrounding the themes of health, vulnerability, and personal experience take shape.

The page was launched in 2017 with the goal of collecting and publishing with the authors' prior authorization, personal accounts of symptoms, fears, requests for help, and experiences related to hypochondria. In its early years, it primarily targeted an audience interested in health anxiety and self-diagnosis. Starting in 2020–2021, coinciding with the COVID-19 pandemic, the page saw a significant increase in participation and a gradual shift in its editorial direction. The stories adopted a recurring structure, beginning with a brief introduction of the narrator ("*My name is…, I am… years old*") and unfolding through the description of a personal experience.

At the same time, the range of topics addressed has also expanded. Stories about symptoms, fears of illness, and the search for reassurance have been joined by narratives concerning romantic relationships, caregiving, grief, parenthood, betrayal, psychological distress, gender issues, and, more generally, various forms of personal vulnerability. Health continues to serve as a recurring narrative framework, within which experiences converge that are united by the presence of situations perceived as critical or problematic. This evolution has made the platform particularly well-suited for observing the communicative practices that develop around narratives of vulnerability.

The modes of participation have also shaped the development of this field. Although the page presents itself as a *community*, the discussions involve a broad and diverse audience, composed primarily of users who contribute in response to individual stories posted there, thereby contributing to the formation of so-called *digital publics* that is, groups of users who share content by establishing temporary relationships based on a common interest (Arvidsson and Delfanti 2013). Participation thus takes on an episodic character and involves a continuous reconfiguration of the participants in the conversations. Interactions rarely reveal ongoing forms of mutual recognition; instead, attention focuses on shared narratives, which serve as the primary unifying element of the discussions. This configuration guided the

selection of the case study, offering the opportunity to observe discursive practices developed in a digital environment where participation takes shape through the circulation and comparison of personal experiences.

Building on the digital context described in the previous paragraph, the second phase of the research adopted a web ethnography approach (Hine 2015; Kozinets 2020), in which topic modeling served as an initial exploratory phase aimed at reconstructing the page's main narrative themes and guiding the subsequent qualitative observation of the interactions that unfolded in the comments. While the first phase made it possible to reconstruct the main narrative themes present on the page, the qualitative observation focused on the interactions generated and the discourses that take shape based on that content. The goal was to explore the ways in which users participate in discussions, share personal experiences, and attribute meaning to the published narratives. The persistence of digital traces made it possible to retrospectively reconstruct the narratives and the interactions posted over time, combining the Meta Content Library's search tools with qualitative observation of the discussions that developed around the selected posts.

Fieldwork was conducted through non-participant observation, adopting a *"lurking"* strategy (Kozinets 2020). The researchers did not take part in the conversations nor did they interact with users, limiting themselves to observing the discussions as they unfolded spontaneously within the platform. This decision was guided by the sensitivity of the topics addressed and the need to preserve the communicative dynamics of the observed context. The analysis focused exclusively on publicly accessible content; no private messages or other forms of communication not visible to users were collected. All excerpts cited throughout the research were anonymized to prevent any form of identification of the authors.

Consistent with the research design, the observation focused on the discussions that developed under the posts selected in the previous phase. Based on these conversations, a qualitative corpus consisting of 488 comments, collected manually during the research, was constructed. For each post, a rough guideline of approximately ten comments was used as a reference, flexibly adapted to the characteristics of the individual discussions. The selection was guided by criteria of interpretive relevance and narrative richness, prioritizing contributions that allowed for the observation of a greater variety of discursive practices and modes of participation.

The analysis was conducted through an iterative process of reading and coding the materials, following a logic of constant comparison between cases (Charmaz 2014). The analytical process was conceived as a progressive journey, in which quantitative and qualitative evidence were continually brought into dialogue with one another. In an initial phase, the coding system was constructed using the thematic clusters emerging from topic modeling as a reference; the progressive reading of the comments subsequently led to a revision of the initial categories and their gradual refinement, in dialogue with the empirical material and the relevant literature. This procedure allowed for the development of analytical categories that more closely aligned with the observed practices, maintaining a continuous balance

between theoretical sensitivity and empirical evidence. The collection of comments was halted upon reaching theoretical saturation (Glaser & Strauss 1967), when the analysis of new material no longer contributed additional elements useful for the development of the interpretive framework.

RESULTS

The netnographic exploration begins by employing automated procedures for textual content analysis.

Automated Text Analysis (ATA) is based on the application of statistical tools to text *corpora* in order to identify lexical patterns and uniform criteria for observation (Bolasco 2013). Although data processing is automated procedurally, the interpretation of results continues to require an active role on the part of the researcher, who must make methodologically relevant choices regarding, for example, frequency thresholds, thematic aggregations, paraphrasing operations, and sampling strategies (Amaturo and Punziano 2013).

In fact, when we speak of texts, we are referring to a series of unstructured data that, while not immediately observable through traditional operationalization procedures, can be made analyzable through processes of classification and content organization (Padricelli 2024).

Once the text corpus was prepared, the dataset was imported into the T-LAB software environment (Lancia 2004): a platform dedicated to quantitative content analysis and the exploration of texts using statistical procedures.

Data preparation involved the usual text preprocessing operations, including *lemmatization* (standardizing verb forms to the same mood and tense), *lexicalization* (converting nouns and adjectives to the singular), *corpus segmentation* (creation of repeated segments), and *the elimination* of *stop words* and lexical elements lacking analytical relevance (removal of adverbs, prepositions, definite and indefinite articles). Once this phase was completed, an automatic content categorization model was implemented to identify the main semantic structures present in the corpus through the topic modeling procedure.

Specifically, the Latent Dirichlet Allocation (LDA) model was adopted, which represents documents as probabilistic combinations of latent themes, each of which is in turn defined by a distribution of statistically associated words (Blei, Ng, and Jordan 2003). This model thus makes it possible to identify recurring patterns of lexical co-occurrences, which can be traced back to different thematic clusters present within the corpus.

However, identifying topics is only the first step in the analysis. Attributing sociologically relevant meaning to the emerging themes requires a subsequent interpretive phase in which the researcher examines the *elementary contexts* associated with each topic in order to reconstruct their semantic coherence and assign an interpretive label capable of summarizing their content.

Following this procedure, the model was applied to the entire dataset, allowing for the identification of 6 main themes. The final number of topics was determined following an interpretive evaluation of the elementary contexts, favoring a solution in which each theme was semantically coherent and sufficiently distinct from the other 5, thereby avoiding overlaps in content.

Figure 1 shows the frequency distribution of the six themes identified within the entire dataset.

- Confessions (19%)

The *"Confessions"* theme encompasses posts characterized by the revelation of intimate experiences and secrets never before shared. These posts frequently take the form of first-person confessions in which users recount unspoken desires, feelings of guilt, regrets, or hidden aspects of their personal history. Rather than focusing on the illness or its symptoms, these narratives create a space of emotional vulnerability in which suffering stems from the gap between the portrayal of a seemingly ordinary life and the distress experienced in the private sphere. The confession thus becomes the narrative device through which to reveal what remains hidden in everyday life.

- Body narrative (15%)

The *"Body Narrative"* theme centers on the individual and their physicality as the primary focus of attention. The posts describe the onset of physical symptoms such as tachycardia, chest pain, difficulty breathing, and sudden feelings of malaise, which are perceived as events that disrupt daily life. Health status is interpreted as unpredictable, constantly monitored, and subject to interpretations that fuel states of anxiety and uncertainty. The symptom serves as the starting point for a critical interaction with oneself amid a constant sense of alarm.

- Relational asymmetry (17%)

Unlike the previous themes, *"Relational asymmetry"* shifts the focus from the self to "us." The posts recount family, romantic, and friendship relationships marked by imbalances, losses, or painful memories that continue to cause suffering. This suffering is described through memories of these relationships, absence, regret, and a sense of incompleteness. Thus, patterns emerge in which distress stems from difficulties in interpersonal relationships.

- Breakdown of Relationships (19%)

The *"Breakdown of relationships"* theme brings together narratives united by the irreversible breakdown of relationships and life stories. Illness, bereavement, separations, caregiving responsibilities, and other traumatic events constitute moments of discontinuity that radically alter the course of individuals' lives. The posts included in this theme are characterized by a persistent sense of helplessness and the inability to fully process the consequences of the experience. More than the traumatic event itself, what runs as a common thread throughout this theme is the persistence of suffering over time and the difficulty of rebuilding a new normal.

- Parenthood (17%)

The *“Parenthood”* theme organizes narratives around the experience of parenthood and the transformations it brings about in life trajectories. The stories address motherhood and fatherhood in their many forms: wanted or unexpected children, terminated pregnancies, single parenthood, family conflicts, and the difficulty of balancing personal life with caregiving responsibilities. Parenthood emerges as an ambivalent condition, capable of redefining identities, relationships, and expectations, while simultaneously generating satisfaction, guilt, sacrifice, and suffering.

- Self-diagnosis (13%)

The *“Self-diagnosis”* theme represents the core focus on self-care processes and *cyberchondria*. The posts describe constant monitoring of one’s own body, in which every symptom is interpreted as a possible indicator of serious and irreversible diseases. The systematic search for information online, conducted in parallel with medical consultations, fuels a process of continuous reevaluation of bodily signals, in which the exclusion of disease does not provide reassurance. The defining feature of this theme, therefore, does not lie in the presence of symptoms, but rather in their continuous reinterpretation, which keeps the level of uncertainty high.

The topic analysis showed that the stories published on the page progressively go beyond the theme of cyberchondria, outlining a repertoire of narratives that spans different forms of vulnerability. Against this backdrop, the analysis of the comments allowed us to observe how these narratives are received and reworked by the users. In this sense, the observed discussions reveal certain recurring discursive practices that cut across the entire corpus.

One of the first practices observed concerns the way in which users utilize published narratives as a starting point to recount their own experiences. The analysis reveals a recurring form of *autobiographical resonance*, through which the published narrative is reinterpreted in light of personal experience and becomes an opportunity for self-representation.

Extract 1 (translated from the original Italian by the authors)

"The same thing happened to me, perhaps in a milder form, but it all started after the first death from a heart attack in my family. […] *From that day on, something changed in my mind. I became convinced that I would be next. My first panic attack was terrifying because I had no idea what was happening to me: shortness of breath, chest pain, numbness in my arms, my head felt foggy... I rushed to the hospital, I fainted... After countless tests, they sent me home. There was nothing wrong. Then came a second panic attack... another trip to the hospital... more tests... nothing. Two years of running from one hospital to another until I finally realized I was suffering from panic attacks* […]*".*

The excerpt clearly shows how the initial reference to the published story is merely the starting point of the comment. After the opening words of recognition (“The same thing happened to me”), the focus quickly shifts to a recounting of the author’s own experience: the comment retraces the events that

marked the onset of the disorder, describes the emotions experienced, the relationship with healthcare facilities, and the subsequent therapeutic journey.

Extract 2 (translated from the original Italian by the authors)

"I completely recognize myself in your story. After years and years of suffering, I finally decided to see a specialist and take the medication that had been prescribed to me. Within a few months, I recovered. I could hardly believe it, but the right medication really helped me, along with my determination to get better. 'And then we came out to see the stars again'".

Here, too, the initial reference to the published story takes up minimal space, while the rest of the comment is devoted to the user's own experience. Recurring phrases such as *"The same thing happened to me," "I completely recognize myself in your story,"* or *"I know exactly what that means"* frequently introduce autobiographical accounts in which users recount personal events, relationships, treatment journeys, or moments of particular vulnerability. Interaction thus unfolds through a gradual reappropriation of the original narrative, which becomes the starting point for sharing one's own experiences. Although this practice cuts across the various themes identified by topic modeling, the content of the autobiographical narratives tends to reflect the narrative repertoire that generated them. In accounts focused on panic attacks or health-related anxiety, users primarily reconstruct their clinical and therapeutic journeys; in discussions stemming from bereavement, romantic relationships, or family difficulties, the same dynamic takes the form of sharing biographical experiences related to loss, separation, or the management of daily relationships.

The second practice observed concerns the ways in which users establish the legitimacy of their contributions. In comments, offering advice rarely takes the form of an impersonal prescription or the assertion of specialized expertise. Participants ground the credibility of their contributions in lived experience, which becomes the primary resource through which to guide the choices of other users. In this way, personal biography becomes the primary resource through which users acquire the right to participate in the discussion and to guide the choices of other users. Personal experience constitutes the main criterion through which users legitimize the advice they offer to other participants, without, however, calling into question the authority of medical knowledge.

Extract 3 (translated from the original Italian by the authors)

"Without wanting to give unsolicited advice, I would simply like to tell you that, even if right now you feel completely overwhelmed, you should try to find a good psychologist who can help you (at least in the initial stage) to cope with everything you are experiencing. I started having panic attacks when I was nineteen; now I am thirty-four and I know how terrible they are, especially at the beginning, because they completely drain your strength. But trust me, asking for help will give you both the strength and the awareness you need to avoid getting trapped in the maze your mind has created. It's not easy, because our bodies and minds speak to us, but we have to learn how to take care of ourselves. A big hug. You are not alone."

A similar dynamic emerges when experiential knowledge intertwines with the language and categories of medicine.

Extract 4 (translated from the original Italian by the authors)

"When I have a panic attack, my heart rate reaches 175 beats per minute, and I can tell you this from personal experience. Try to find a good cardiologist who is able to look beyond the diagnosis of 'anxiety.' I suffer from gastrocardiac syndrome, which is completely benign, but my heart used to reach 180 beats per minute. It is an entirely organic condition and has nothing to do with anxiety or panic. Now I take a low dose of beta-blockers prescribed by my cardiologist, who was able to see beyond the label of 'anxiety,' and I thank him every day."

In this case, the comment does not pit medical knowledge against personal experience. On the contrary, the two registers are often intertwined. The diagnosis, the prescribed medication, and the reconstruction of one's medical history all contribute to the creation of a single narrative, in which individual experience allows for the interpretation, confirmation, or questioning of specialized knowledge.

Furthermore, this practice also runs throughout the entire corpus, while adapting to different narrative contexts. In posts dedicated to mental health or cyberchondria, advice frequently concerns seeking help from specialists, anxiety management strategies, or therapeutic approaches; in narratives focused on romantic relationships, caregiving, or parenting, support more often takes the form of practical suggestions, encouragement, or the sharing of experiences gained in similar situations.

The practices of recognition and support observed in the previous sections do not extend indiscriminately to all published narratives. In numerous discussions, users evaluate the story being told even before reacting to the suffering it describes, implicitly distinguish ly between forms of vulnerability deemed worthy of empathy and situations in which the narrator is held responsible for their own or others' suffering. The comments section thus also becomes a space for the formation of moral judgments, where vulnerability is interpreted, classified, and subjected to a sort of "social evaluation."

Extract 5 (translated from the original Italian by the authors)

"How can someone deny a woman the chance to become a mother, forcing her to live with that loss, and then enjoy the privilege of becoming a father with another woman? It is atrocious, shameful, and unacceptable. I hope this story is made up."

The comment cited refers to a confession in which the protagonist recounts having built a new family after denying his wife the chance to have children. In this case, users do not reflect on the suffering expressed by the narrator; rather, their comments focus on the moral evaluation of the protagonist, who is denied any possibility of being recognized as a vulnerable individual. The suffering described in the post pales in comparison to the ethical judgment passed on his actions. Thus, participation in the discussion takes the form of moral condemnation rather than an interaction aimed at understanding. In

this sense, users seem to extend empathy primarily to those perceived as victims of the situation, while they tend to withhold it when the protagonist is deemed responsible for the harm caused to others.

In this case, the moral judgment revolves around an issue with strong gender-related connotations: a woman's ability to become a mother. Rather than focusing on the narrator's personal experience, users emphasize the deprivation of an opportunity perceived as deeply significant in a woman's life story. Forms of moral judgment have been observed in various narrative contexts, but they are particularly frequent in discussions generated by posts related to *the "Confessions"* topic. In these cases, the narratives often describe choices perceived as morally controversial such as infidelity, abandonment, family conflicts, or decisions that have significant consequences for other people. It is in relation to these types of stories that comments tend to quickly shift the focus from the narrator's suffering to an assessment of her responsibilities.

These are therefore moral judgments that are constructed not only around the action taken but also around the social meaning attributed to the context. When the narrative addresses themes such as motherhood, family, or parenthood, users' judgments seem to invoke norms and expectations that go beyond individual experiences and point to broader cultural representations of gender roles.

The three discursive practices described do not coincide with the narrative repertoires identified through topic modeling. They cut across the various themes that emerged from the quantitative analysis, recurring in discussions generated by diverse content.

DISCUSSION

The results reveal a broader discursive field than that suggested by the page's identity and the very concept of cyberchondria. Topic modeling shows, in fact, that content directly related to the body, self-diagnosis, and health anxiety coexists with personal confessions, relationship breakups, experiences of parenthood, bereavement, and caregiving responsibilities. Hypochondria continues to serve as a framework for accessing this field, but it fails to encompass the full range of vulnerabilities expressed within it. The analysis of comments adds a second layer to this picture: the published narratives are taken up by users and transformed through practices of autobiographical storytelling, advice-sharing, and moral evaluation. Themes and practices thus follow different analytical logics. The former organize the repertoire of content; the latter highlight how that content is socially processed.

This finding suggests that cyberchondria should be situated within a more nuanced interpretive framework than simply the online search for health information and reassurance (Starcevic 2017). In the observed field, uncertainty regarding the body intertwines with biographical and relational experiences that users seek to make comprehensible through dialogue with others. From this perspective, illness is not merely the subject of the narrative but the starting point for a broader process of meaning-making, consistent with Frank's (1995) observations on the role of *illness narratives* in constructing the experience of illness. The sociologically relevant question therefore concerns the way in which different conditions of suffering are narrated, recognized, translated into practical knowledge, and subjected to

judgment. While in illness narratives the story allows the subject to bring order to their own experience, the results of this study show how, in digital environments, this process continues through interaction with other users, who actively participate in the production of meaning and shared experiences.

An analysis of discursive practices shows that personal experience is the primary resource through which users establish the legitimacy of their contributions. Individual biographies serve as the starting point from which users speak out, offer advice, and interpret clinical guidelines. This framework echoes the concept of *"experiential knowledge"* proposed by Borkman (1976) and subsequently developed by Collins and Evans (2002), according to which epistemic authority can also be grounded in direct experience of a specific condition. In the observed corpus, experiential knowledge takes on a more complex form than that described in some of the literature on patient communities. Personal experience intertwines with medical knowledge, without replacing it or claiming to be an autonomous form of expertise. Elements such as diagnoses, medication prescriptions, treatment recommendations, and personal experiences are constantly interwoven within the same narrative. Clinical authority continues to play a significant role, while its interpretation is progressively enriched by comparison with similar experiences and by widespread forms of *peer support* (Fox & Ward 2005).

This configuration also invites us to reconsider the meaning of *self-care* in digital environments. The literature frequently describes self-care as a set of practices through which individuals gain increasing autonomy in managing their own health (Lupton 2013). The results of this study paint a more nuanced picture. In fact, strategies for managing illness, evaluating treatments, and seeking reassurance develop through conversational processes in which users continually compare personal experiences, diagnoses, and treatment pathways. Care thus emerges as a process of shared interpretation, in which individual experiences are transformed into collective resources to guide decisions, attribute meaning to clinical recommendations, and cope with situations of uncertainty. This interpretation also aligns with the "logic of care" proposed by Mol (2008), according to which care does not amount to a sequence of individual choices, but takes shape through relational practices, continuous adaptations, and processes of negotiation among individuals, knowledge, and contexts. This interpretation appears consistent with the observations of Ziebland and Wyke (2012), who found that digital health environments foster forms of mutual learning and the shared construction of the meaning of illness, as well as with Hardey's (1999) reflections on the role of lay knowledge in redefining the relationship between patients and medical expertise.

This finding also invites reflection on the processes of recognition that occur within digital health environments. A substantial body of literature has highlighted the role of such contexts in fostering supportive relationships and in the sharing of experiences of illness (Ziebland & Wyke 2012). The recognition of vulnerability emerges as a selective practice, in which suffering is interpreted in light of the moral judgments accompanying the stories told. From this perspective, vulnerability is not merely a condition to be shared, but rather a position that is continually negotiated through interaction. This framework echoes Butler's (2004; 2009) arguments, according to which recognition depends on the interpretive frameworks through which experiences become socially intelligible, and aligns with Lamont's

(1992; 2000) reflections on the role of symbolic and moral boundaries in the classification of individuals and their behaviors. The comments observed suggest, in fact, that even narratives of vulnerability are continually subjected to processes of moral distinction, through which users define who can be recognized as deserving of understanding and who, on the other hand, is held responsible for their own condition.

These findings invite us to view digital health communities as spaces in which vulnerability is collectively constructed through practices of storytelling, interpretation, and evaluation.

CONCLUSIONS

The analysis conducted in this study has shown that cyberchondria constitutes a privileged entry point for observing processes that go beyond the mere search for health information online. In fact, the results reveal a discursive environment in which health-related uncertainty intertwines with experiences of loss, emotional relationships, family responsibilities, and care pathways. In this context, vulnerability emerges as something that takes shape through storytelling, interaction with others, and the shared interpretation of experiences.

The integration of topic modeling and web ethnography has made it possible to connect two complementary dimensions. On the one hand, quantitative analysis has revealed the main narrative frameworks that organize the page's content; on the other, qualitative observation of the comments has shown how these frameworks are continually reinterpreted by users through practices of autobiographical recognition, the exchange of advice, and moral evaluation. These two levels paint a picture of digital environments in which published content represents only the starting point for much more complex interpretive processes.

One aspect that emerges with particular clarity concerns the role of personal experience. In the analyzed corpus, it is not used to counter medical knowledge, nor to claim an alternative authority. Rather, it constitutes the language through which users interpret diagnoses, treatments, and therapeutic pathways, seeking to attribute meaning to situations characterized by uncertainty. At the same time, the research shows that vulnerability does not automatically generate understanding. Users' reactions also depend on how the stories they share are interpreted on a moral level, implicitly distinguishing between situations considered worthy of solidarity and others in which the attribution of responsibility prevails.

Of course, these findings must be interpreted in light of certain limitations. The analysis focuses on a single digital environment and examines only publicly accessible interactions. The practices observed therefore reflect the characteristics of the platform and do not allow us to understand how interpretations formed online actually influence care decisions or relationships with healthcare professionals. At the same time, these very aspects point to some particularly promising avenues for research. Understanding how similar dynamics unfold in other digital environments and how they intertwine with care practices developed in everyday life could help shed light on the role that platforms play in the contemporary experience of health.

The findings suggest viewing cyberchondria from a broader perspective than simply the search for health information online. In the case analyzed, it represents the context within which processes of constructing vulnerability, sharing experiences, and negotiating knowledge take shape processes that involve health but are not limited to it.

Declarations

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Author Contribution

The work presented is the combined result of the reflections of both the authors. Specifically, Introduction, Research Design and Discussion should be attributed to Giuseppe Michele Padricelli. Results, Discussion and Conclusions should be attributed to Valentina D'Auria.

Data Availability

Data collection was carried out using Meta's official APIs via the Meta Content Library, an infrastructure accessible upon authorization granted by Meta and the Content and Secure Data Access Center (CASD). The empirical data collection phase did not involve any sampling procedures but encompassed the entire population of content published by the page "Diario di un ipocondiraco"(https://www.facebook.com/ipocondriaco/?locale=it_IT) between 2017 (the year of its creation) and 2025. This approach allowed for the construction of a comprehensive dataset consisting of 11,562 observations.

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Footnotes

1. According to the authors, the adoption of a particular technology is linked to a series of choices related to both old and new social needs, such that each choice depends on a series of socio-relational components and factors that lead technologies (in their definition, design, and production) to be considered true social products.
2. short sections of text, such as sentences, in which each word relates to a specific theme.

Figures

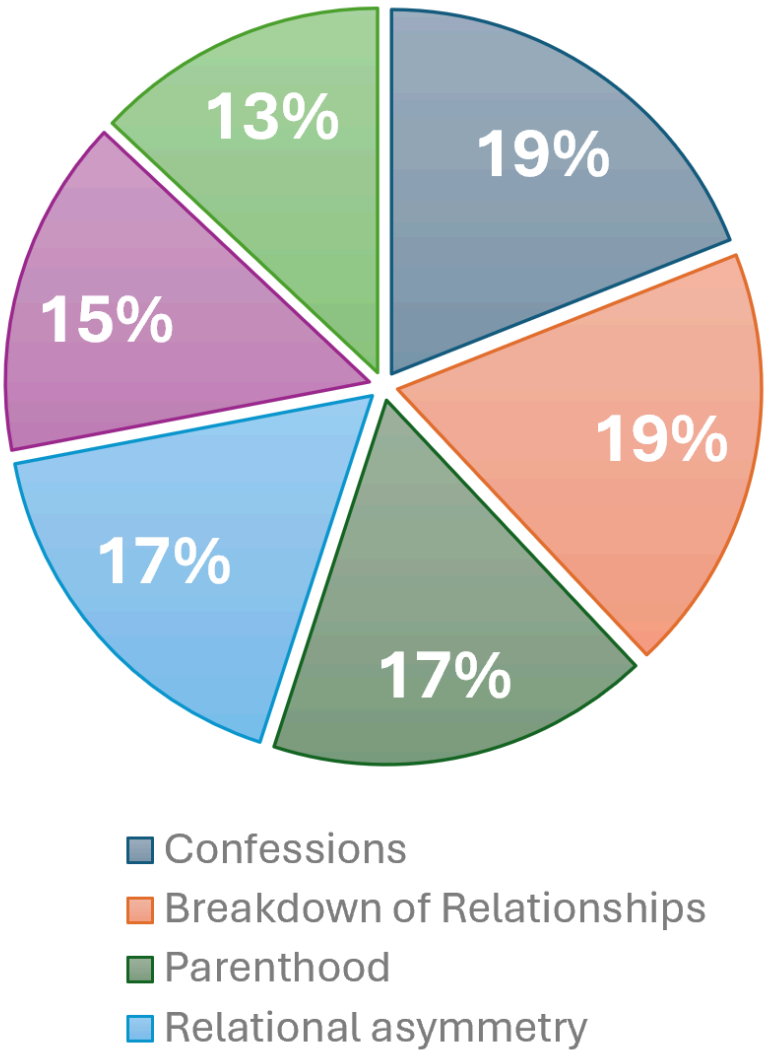


Figure 1

Topic Model and Frequency of Themes (source: our analysis)