



RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

The Psychological Effects of Exposure to Earthquake-Related Content on Social Media: Emotional Contagion, Secondary Traumatic Stress, and Self-Care

Sosyal Medyada Deprem İçeriklerine Maruz Kalmanın Psikolojik Etkileri: Duygusal Bulaşma, İkincil Travmatik Stres ve Öz-Bakım

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Abstract:

This study aims to examine the relationships between exposure to traumatic images on social media, emotional contagion, secondary traumatic stress, and self-care. The research was conducted with 447 young and adult individuals. The data collection tools included a Personal Information Form, the Secondary Traumatic Stress Scale for Social Media Users, the Emotional Contagion Scale, and the Mindfulness-Based Self-Care Scale. Pearson Correlation Analysis was used to examine the relationships between the variables. Regression analysis was conducted using the PROCESS v3.4 macro developed for SPSS to examine the mediating role of self-care. The results revealed a significant positive relationship between following earthquake posts and secondary traumatic stress. A significant positive relationship was found between emotional contagion and secondary traumatic stress. In contrast, a significant negative relationship was observed between two sub-dimensions of self-care skills - physical care and supportive structure- and secondary traumatic stress. It was found that the total self-care score did not mediate the relationship between emotional contagion and secondary traumatic stress. The findings indicate that traumatic content encountered on social media can have a direct and powerful impact on individuals. The limited effect of self-care suggests that individuals' coping strategies for emotional burdens on social media may require more comprehensive psychological interventions.

Keywords: Social media, Emotional contagion, Secondary traumatic stress, Self-Care.

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Öz:

Sosyal medya aracılığıyla ortaya çıkabilen ikincil travmatik stresin farkına varılarak bireysel ve toplumsal önlemlerin alınması önem arz etmektedir. Bu çalışmanın amacı, sosyal medyada travmatik görüntülere maruz kalma, duygusal bulaşma, ikincil travmatik stres ve öz-bakım arasındaki ilişkileri incelemektir. Araştırma, Türkiye'nin çeşitli illerinde yaşayan 447 genç ve yetişkin birey ile yürütülmüştür. Veri toplama aracı olarak, Kişisel Bilgi Formu, Sosyal Medya Kullanıcıları İçin İkincil Travmatik Stres Ölçeği, Duygusal Bulaşma Ölçeği ve Bilinçli Farkındalık Temelli Öz-bakım Ölçeği kullanılmıştır. Değişkenler arasındaki ilişkilerin incelenmesinde Pearson korelasyon analizi kullanılmıştır. Özbakımın aracı rolünü incelemek için SPSS için geliştirilen PROCESS v3.4 eklentisi kullanılarak regresyon analizi yapılmıştır. Araştırma sonucunda, deprem paylaşımlarını takip etme ile ikincil travmatik stres arasında pozitif ve anlamlı bir ilişki olduğu ortaya konmuştur. Duygusal bulaşma ile ikincil travmatik stres arasında pozitif yönde anlamlı; öz-bakım becerilerinin 2 alt boyutu olan fiziksel bakım ve destekleyici yapı ile ikincil travmatik stres arasında ise negatif yönde anlamlı ilişki olduğu ortaya konmuştur. Bu anlamlı ilişkilere rağmen öz-bakım toplam puanının duygusal bulaşma ve ikincil travmatik stres arasındaki ilişkiye aracılık etmediği görülmüştür. Bulgular, sosyal medya üzerinden maruz kalınan travmatik içeriklerin bireyler üzerinde doğrudan ve güçlü bir etkisi olabileceğine işaret etmektedir. Özbakımın sınırlı etkisi, bireylerin sosyal medya üzerindeki duygusal yüklerle başa çıkma biçimlerinin daha derin psikolojik müdahalelere ihtiyaç duyduğunu göstermektedir.

Anahtar Kelimeler: Sosyal medya, Duygusal bulaşma, İkincil travmatik stres, Öz-bakım.

Introduction

Secondary traumatic stress, also known as compassion fatigue, is a type of trauma experienced by professionals who assist individuals affected by traumatic events, reflecting their emotional responses to the experiences of those they help (Bride, 2007; Figley, 1995; Rauvola et al., 2019). This form of trauma is an indirect trauma that arises through a connection based on compassion, empathy, and care (Figley & Kleber, 1995).

Indirect experiences provided by social media, especially exposure to posts about disasters such as earthquakes, may contribute to the emergence of secondary traumatic stress symptoms in individuals (Mancini, 2019). Exposure to traumatic content on social media can lead to the accumulation of psychological burdens that may negatively affect individuals' daily lives. Research shows that individuals exposed to such content may experience clinical problems such as emotional exhaustion, lack of psychological resilience, and difficulties in emotional regulation (Bride, 2007). Therefore, examining the psychological states of individuals exposed to earthquake-related content on social media is crucial for both individual and community mental health.

It is believed that the experience of secondary traumatic stress among individuals who follow earthquake images on social media is related to the mechanism of emotional contagion. Emotional contagion refers to the automatic, rapid, unconscious, and uncontrollable transmission of emotions from one person to another through the observation of verbal and nonverbal cues (Barsade et al., 2018). Emotional contagion is widely associated with emotional arousal (Hatfield et al., 1994; Prochazkova & Kret, 2017), and much of the literature on this topic is based on arousal theory (Russell, 2003). Emotional contagion generates arousal in both the mind and body (Schacter & Singer, 1962), resulting in emotional, behavioral, and cognitive reactions (Hatfield et al., 1992). When examining the symptoms of secondary traumatic stress, it becomes evident that they include feelings of reliving the traumatic event, intrusive memories, seeing the event in dreams, psychological distress triggered by reminders, avoidance behaviors, diminished affect, reduced interest in daily activities, anger and startle

reactions, sleep disturbances, concentration difficulties, and hopelessness (Figley, 1995). Given that emotional contagion also triggers emotional, behavioral, and cognitive responses, it is thought that emotional contagion may contribute to the symptoms of secondary traumatic stress. Various studies (Coviello et al., 2014; Goldenberg & Gross, 2020; Ferrara & Yang, 2015; Kramer, 2014; Lee & Theokary, 2021; Steinert, 2021) have demonstrated that emotional contagion can occur among individuals through social media platforms. These studies support the significant relationship between emotional contagion and secondary traumatic stress. Therefore, due to the effects of emotional contagion, individuals who closely follow social media accounts of those exposed to earthquakes may develop secondary traumatic stress (Balçı Çelik & Altınışık, 2021).

It is important to explore preventive and intervention approaches to mitigate the damage caused by social media, emotional contagion, and secondary traumatic stress symptoms in individuals. For instance, maintaining a regular and healthy diet, engaging in hobbies (Salston & Figley, 2003), engaging in sufficient physical exercise, prioritizing personal care, and participating in professional and personal activities (Killian, 2008; Saakvitne, 2002) are known to be preventive and restorative measures against secondary traumatic stress. These actions also fall under self-care activities. Self-care encompasses various components, including physical care, supportive relationships, mindfulness, self-compassion and purpose, intentional relaxation, and a supportive structure (Cook-Cottone & Guyker, 2018). As far as examined, there is no existing study in the literature that directly examines the relationship between self-care and secondary traumatic stress emerging through social media. However, studies have explored the relationship between self-care and secondary traumatic stress outside the context of social media (Ewer et al., 2014; Perez et al., 2010).

This study examines the relationship between exposure to earthquake-related images on social media and emotional contagion, secondary traumatic stress, and self-care. The limited number of studies addressing this issue in the literature highlights the significance of this research. By

considering the psychological effects of traumatic content, the study aims to contribute scientifically to the development of preventive and intervention strategies to protect individuals' mental health. Specifically, by considering the psychological effects of exposure to traumatic content on social media, the study seeks to identify strategies for reducing emotional contagion and secondary traumatic stress. Within the scope of the research, the following hypotheses have been formulated and tested:

H1: There is a significant positive relationship between the frequency of following earthquake-related images and secondary traumatic stress.

H2: There is a significant positive relationship between emotional contagion and secondary traumatic stress.

H3: There is a significant negative relationship between self-care and secondary traumatic stress.

H4: Self-care mediates the relationship between emotional contagion and secondary traumatic stress.

Method

In this study, the relationships between emotional contagion, secondary traumatic stress, and self-care levels among individuals who follow earthquake-related images on social media were examined using the relational survey model. The relational survey model is a research design that aims to determine the existence and/or degree of relationships among two or more variables (Büyüköztürk, 2017).

Data Collection Tools

Personal Information Form (PIF): In the information form developed by the researcher, participants were asked about their age, gender, education, and economic status, the frequency with which they followed earthquake news after the earthquake, which social media platforms they used, and how much time they spent on social media.

Secondary Traumatic Stress (STS) Scale for Social Media Users: This scale, developed by Mancini (2019), was adapted into Turkish by Balcı Çelik & Altınışık (2021). The scale measures the level of trauma caused by social media in young/adult individuals. It consists of 17 items. The original form includes three subscales: intrusion, avoidance, and arousal, while the Turkish version has a unifactorial structure. The variance explained by the unifactorial structure is 63.9%, and the factor loadings

from the exploratory factor analysis are above .50. For this study, the scale's Cronbach's alpha was .90.

Emotional Contagion Scale (ECS): This scale, developed by Doherty (1997), was adapted into Turkish by Akın et al. (2015). The scale consists of 15 items. A higher total score on the scale indicates greater emotional contagion. The corrected item-total correlations range from .27 to .51. The internal consistency reliability coefficient of the scale is .75, and the Cronbach's Alpha internal consistency coefficient is .89. For this study, the Cronbach's Alpha internal consistency coefficient of the scale was calculated as .78.

Mindfulness-Based Self-Care Scale (MBSAS): The scale developed by Cook-Cottone & Guyker (2018) was adapted into Turkish by Aydın Sunbul et al. (2018). The scale consists of 33 items and measures six sub-dimensions: mindful self-care, physical care, supportive relationships, mindfulness, self-compassion and purpose, mindful relaxation, and supportive structure. The internal consistency coefficient of the Turkish version of the scale was 0.89 for the overall scale, and for the sub-dimensions, the values were 0.72, 0.81, 0.81, 0.83, 0.66, and 0.80, respectively. In this study, the Cronbach's Alpha internal consistency coefficients for the sub-dimensions were calculated as .78, .82, .85, .81, .79, and .82, respectively.

Participants

This study was conducted following the Kahramanmaraş earthquake on February 6, 2023. The research was conducted with 447 individuals residing in various provinces of Turkey who followed earthquake-related images on social media channels, comprising 234 women (52.3%) and 213 men (47.7%). The data were collected online. Informed consent was obtained through online surveys. Ethical approval for this study was granted by the Ethics Committee of Social and Human Sciences, Van Yüzüncü Yıl University (Decision No: 2023/14-12, Date: 30.05.2023). The distribution of participants by demographic characteristics is presented in Table 1.

Analysis of Data

For the data analysis, SPSS 25.0 was used. In the first stage, descriptive statistics for the scale data were calculated, and reliability analysis was conducted. Skewness and kurtosis were calculated to assess the data's normality. Pearson Correlation Analysis was used to examine the relationships between the frequency of following earthquake images on social media, emotional contagion, secondary traumatic stress, and self-care.

Table 1. Frequency and percentage distributions of participants' demographic information

Variable	Participants (N = 447)	
	f	%
Age		
18-27	164	36.7
28-37	171	38.3
38-47	89	19.9
47	23	5.1
Gender		
Women	234	52.3
Men	213	47.7
Education		
Primary school	21	4.7
High school	60	13.4
Associate degree	44	9.8

Undergraduate	217	48.5
Postgraduate	105	23.5
Economical situation		
Low	62	13.9
Middle	352	78.7
High	33	7.4
Daily time spent on social media		
1-2 hours	125	28.0
2-4 hours	232	51.9
6-8 hours	74	16.6
8+ hours	16	3.6
Most frequently used social media tools		
Instagram	334	74.7
YouTube	212	47.4
Twitter	183	40.9
Newspaper/magazine	93	20.8
TV/radio	67	15.0
Facebook	43	9.6
Other	59	13.2
Frequency of earthquake-related posts after the earthquake		
For a large part of each day	299	66.9
A few hours every day	78	17.4
Every day, every now and then	46	10.3
Every other day	7	1.6
Every few days	17	3.8

Table 1 shows that 36.7% of participants are in the 18-27 age group, 38.3% in the 28-37 age group, 19.9% in the 38-47 age group, and 5.1% in the 47+ age group. Additionally, 52.3% of the participants are women, and 47.7% are men. Regarding educational background, 4.7% of participants have completed primary school, 13.4% have completed high school, 9.8% have completed an associate degree, 48.5% have completed a bachelor's degree, and 23.5% have completed postgraduate education. Regarding economic status, 13.9% of participants reported a low financial situation, 78.7% a medium one, and 7.4% a high one. Regarding social media use, 28% of participants use it for 1-2 hours a day, 51.9% for 2-4 hours, 16.6% for 6-8 hours, and 3.6% for more than 8 hours. The most

frequently used social media platforms are Instagram (74.4%), YouTube (47.4%), and Twitter (40.9%). Furthermore, 66.9% of participants stated that they follow earthquake-related images for most of the day every day after the earthquake, 17.4% follow them for a few hours each day, 10.3% follow them occasionally every day, 1.6% follow them every other day, and 3.8% follow them a few times a week.

Results

This section presents the findings from the analysis of the research data. First, descriptive statistics regarding the participants' scale scores are presented in Table 2.

Table 2. Descriptive statistics of scale scores of participants.

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>α</i>
Secondary traumatic stress	447	2.92	.74	-.23	-.21	.90
Emotional contagion	447	3.02	.38	-.27	.39	.78
Physical care	447	2.57	.76	.50	.05	.78
Supportive relationships	447	3.26	.85	-.10	-.38	.82
Mindfulness	447	3.47	.87	-.14	-.43	.85
Self-awareness and purpose	447	3.38	.79	-.23	.05	.81
Relaxation based on mindfulness	447	3.01	.81	-.07	-.13	.79
Supportive structure	447	2.81	.94	.11	-.36	.82

When Table 2 is examined, it can be seen that the participants' secondary traumatic stress levels ($M = 2.92$, $SD = .74$) are at a moderate level. In contrast, their emotional contagion levels ($M = 3.02$, $SD = .38$) exceed the moderate threshold. The physical care level related to self-care ($M = 2.57$, $SD = .76$) is below moderate, while

the levels of supportive relationships ($M = 3.26$, $SD = .85$), self-compassion and purpose ($M = 3.38$, $SD = .79$), mindfulness-based relaxation ($M = 3.01$, $SD = .81$), and supportive structure ($M = 2.81$, $SD = .94$) are at a moderate level. The level of mindfulness ($M = 3.47$, $SD = .87$) is above the moderate level. When skewness and kurtosis are

examined, they fall within the range of -2 to +2, consistent with a normal distribution. Additionally, Cronbach's Alpha coefficients indicate that the data are sufficiently

reliable for analysis. The correlation analysis results for the participants' scale scores are presented in Table 3.

Table 3. Pearson correlation analysis results for analyzing the relationship between scale scores.

	1	2	3	4	5	6	7	8	9
1. Secondary traumatic stress	-								
2. Frequency of following earthquake posts	.25**	-							
3. Emotional contagion	.46**	.18**	-						
4. Physical care	-.12**	-.09	-.18**	-					
5. Supportive relationships	.04	.09	.15**	.31**	-				
6. Conscious awareness	-.04	.04	.04	.25**	.48**	-			
7. Self-awareness and purpose	-.03	-.01	.09	.36**	.53**	.63**	-		
8. Relaxation based on mindfulness	-.02	.00	-.03	.45**	.49**	.41**	.56**	-	
9. Supportive structure	-.13**	-.08	-.10**	.49**	.46**	.43**	.60**	.70**	-

When Table 3 is examined, it is found that there is a positive and low-level significant relationship between the frequency of following earthquake posts and secondary traumatic stress ($r = .25; p < .01$). There is a positive and moderate-level considerable relationship between emotional contagion and secondary traumatic stress ($r = .46; p < .01$). A negative and low-level statistically significant supportive relationship between physical care ($r = -.12; p < .05$) and supportive structure ($r = -.13; p < .01$) with secondary traumatic stress has been observed. No statistically significant relationship has been found

between supportive relationships, mindfulness, self-compassion, purpose, mindfulness-based relaxation, and secondary traumatic stress.

Two different models were used to test the study's mediation model. In Model 1, the direct effect of emotional contagion on secondary traumatic stress was examined. In Model 2, the mediating role of self-care in the impact of emotional contagion on secondary traumatic stress was examined. The findings of this analysis are presented in the Table.

Table 4. Investigation of the mediating role of self-care.

Variable	Model 1			Model ds2		
	B	β	SE	B	β	SE
Constant	.25		.25	.46		.29
Emotional contagion	.89**	.46	.08	.87**	.45	.08
Physical care				.00	.00	.05
Supportive relationships				.01	.01	.04
Supportive structure				-.07	-.09	.04
R ²	.21			.22		

When Table 4 is analysed, according to Model 1, emotional contagion has a 21% effect on secondary traumatic stress symptoms and this effect is statistically significant ($F_{(1, 445)} = 120.32; R^2 = .21; p < .01$). When Model 2 is analysed, it is seen that the effect of emotional contagion on secondary traumatic stress symptoms is still significant, although it is partially reduced ($\beta = .46; p < .01$). The total effect of Model 2 on secondary traumatic stress symptoms is 21.2% ($F_{(4, 442)} = 31.09; R^2 = .22; p < .01$), but this effect is quite close to Model 1. After self-care was added to Model 1 regarding the impact of emotional contagion on secondary traumatic stress symptoms, there was no significant change in the effect of

emotional contagion, so the mediation effect cannot be mentioned.

Discussion

This study aimed to examine the relationships between emotional contagion, secondary traumatic stress, and self-care levels among individuals who follow earthquake-related content via social media platforms. Additionally, the frequency of exposure to earthquake-related content on social media and its association with secondary traumatic stress were also investigated. The findings revealed a positive and significant relationship between following

earthquake posts on social media and secondary traumatic stress. Similarly, a positive correlation between emotional contagion and secondary traumatic stress was observed. On the other hand, the physical care and supportive structure subdimensions of mindfulness-based self-care were found to be negatively correlated with secondary traumatic stress. Mediation analysis revealed that while the effect of emotional contagion on secondary traumatic stress was significant, self-care did not have a significant mediating effect in this relationship. These results broadly support the research hypotheses.

Constant exposure to traumatic content on social media may lead individuals to develop trauma-related reactions even without direct exposure to the disaster. Social media has become a medium where the emotional and traumatic experiences of others can be instantly observed. During major disasters like earthquakes, painful images, videos, and personal accounts shared on social media can trigger empathetic responses, causing individuals to internalize others' traumas emotionally. This process may lead to the development of secondary traumatic stress (Lazarus & Folkman, 1984). The recent literature on the subject reports that social media use is associated with secondary traumatic stress (Chan et al., 2020; Garfin et al., 2020; Kanwal & Yousaf, 2022; Secker & Braithwaite, 2021; Zhong et al., 2021).

The positive association between emotional contagion and secondary traumatic stress suggests that intense emotional exposure to others' feelings can increase traumatic effects. In a large-scale study involving 689,003 participants (Kramer et al., 2014), it was found that emotional states are transmitted to others through emotional contagion via social media. In another study (Pinilla et al., 2020), it was demonstrated that negative situations significantly affect negative emotions. In a study conducted by Steinert (2021), it was revealed that during crisis periods (such as pandemics and natural disasters), individuals' tendencies to share feelings of anxiety, fear, and insecurity on social media increase, and these negative emotions spread among people through emotional contagion, resulting in the formation and dissemination of a negative emotional climate. Türk (2022) examined which emotions individuals most frequently felt and shared on social media during crises (e.g., COVID-19). The study found that the four emotions most strongly felt and shared, which contribute to negative emotional contagion and a negative emotional climate, were fear (40%), insecurity (22%), anger (17%), and sadness (12%). It is known that emotions such as fear, anger, sadness, insecurity, hopelessness, lack of motivation, and avoidance are symptoms of secondary traumatic stress (Figley, 1995). Therefore, these studies support the significant relationship between emotional contagion and secondary traumatic stress.

Within this context, the findings indicate that empathy capacity during social crises may act as a risk factor by intensifying emotional contagion, thereby increasing vulnerability to secondary traumatic stress. Individuals with high emotional contagion and poor emotion regulation or stress management skills may experience more intense trauma responses. The literature supports this, emphasizing the negative psychological effects of social media during crises (Koca & Eryücel, 2024). These findings are crucial for understanding the impact of social media on mental health and for developing effective coping strategies.

The study suggests that clinical interventions should focus on limiting social media use and reducing exposure to distressing content, especially during crisis periods. Strategies that promote avoidance or desensitization to traumatic content may be beneficial (Moreno et al., 2021). Mental health professionals could help individuals establish healthier relationships with social media. Furthermore, managing emotional contagion is crucial in preventing secondary traumatic stress. Therapeutic approaches such as mindfulness and emotion regulation techniques may help individuals create emotional distance from traumatic content on social media (Shapiro et al., 2006).

Another significant finding is the protective role of self-care strategies, particularly the physical care and supportive structure subdimensions of mindfulness-based self-care. The literature highlights that mindfulness-based interventions increase individuals' capacity to cope with stress and emphasize the importance of self-care in post-traumatic psychological well-being (Shapiro et al., 2006). Physical care routines, such as adequate sleep, healthy nutrition, and exercise, help regulate stress responses and support emotional regulation (Lovallo, 2016; van der Kolk, 2014). Thus, physical self-care can serve as a buffer against the traumatic effects triggered by social media (Moreno et al., 2021).

The supportive structure dimension, which refers to access to social support, plays a key role in strengthening emotional and social connections and in building resilience against trauma (Figley, 2002). Social support reduces the emotional burden and feelings of isolation in individuals, thereby alleviating stress (Cohen & Wills, 1985). Numerous studies have shown that social support is a protective factor against post-traumatic stress disorder (Kaniasty, 2012; Norris et al., 2002).

However, the mental and emotional self-care subdimensions were not significantly associated with secondary traumatic stress. Several possible explanations may account for this: these forms of self-care are more abstract and challenging to practice; individuals may lack the necessary knowledge or skills (Garland et al., 2010; Shapiro et al., 2006). Additionally, overwhelming traumatic content on social media may inhibit individuals' cognitive functioning, making it difficult to engage in emotional or mental self-care (Moreno et al., 2021). Individual differences in the preferred and practiced self-care methods may also have influenced these findings (Newell & MacNeil, 2010).

Additionally, following the Kahramanmaraş earthquake, it was observed that, as explained in Maslow's (1943) hierarchy of needs, the physiological and safety needs of individuals who directly experienced the earthquake were threatened (Karabacak Çelik, 2023). The findings of this study indicate that a similar effect occurs, both emotionally and cognitively, among individuals who follow earthquake news on social media. Therefore, although the total self-care score did not have a mediating effect on the impact of emotional contagion on secondary traumatic stress symptoms, the two subdimensions of self-care, considered distinctive for this study, provide insights into the mental states and needs of individuals experiencing secondary traumatic stress, which is important for interpreting the study's results. This finding also highlights the power of emotional contagion, showing

that individuals observing events on screens experience nearly the same feelings as those directly involved.

Conclusion and Recommendations

In conclusion, the study demonstrates that emotional contagion has a strong impact on secondary traumatic stress through social media exposure, while some self-care dimensions provide protective effects. Moreover, exposure to disaster-related content via social media appears to be a significant clinical risk factor. Therefore, post-disaster psychological support services should take into account individuals' social media usage habits, as these may impact their psychological well-being.

Clinical practices should include evaluating individuals' social media use, teaching strategies to reduce exposure to traumatic content, and enhancing self-care skills. During crises, social media platforms could implement content moderation policies to reduce the spread of traumatic material. Furthermore, psychological support programs should highlight the importance of physical care and social support (van der Kolk, 2014). Education and training on healthy sleep, nutrition, and exercise routines could be provided. Interventions that aim to strengthen social bonds, such as group therapy, crisis centers, or support networks, could also be beneficial (Cohen & Wills, 1985). Lastly, addressing the underdeveloped areas of mental and emotional self-care through programs like Mindfulness-Based Stress Reduction (MBSR) could enhance coping mechanisms and resilience (Shapiro et al., 2006).

The findings of this study offer important insights into the need to limit social media use and enhance emotional support processes in clinical interventions. However, the study has some limitations. For example, the inclusion criteria for participants were restricted to individuals aged 18 and older who followed earthquake-related images. Additionally, the participants' previous traumatic experiences were not considered, which led to a lack of information about their coping skills with stress. As a

result, this may have contributed to the weak relationship between self-care skills and secondary traumatic stress. In future studies, it is recommended to gather more information about participants, diversify participation criteria, and gain a deeper understanding of participants' emotional and behavioral skills. Additionally, in future research, it would be useful to examine secondary traumatic stress experienced through social media from a broader perspective, investigating the effects of various psychological interventions and coping strategies in more detail.

Declarations

Ethics approval and consent to participate

Ethical approval was obtained from Van Yüzüncü Yıl University Social and Humanities Sciences Publication Ethics Committee, dated 30.05.2023, decision number 2023/14-12.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Not applicable.

Authors' contributions

All authors contributed equally to all stages of the manuscript. All authors have read and approved the final manuscript.

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