

Relationship Between Frequency of Exposure to Traumatic Life Events Through Media and Psychological Symptoms: The Role of Emotion Regulation Difficulties

Medya Aracılığıyla Travmatik Yaşam Olaylarına Maruz Kalma Sıklığı ile Psikolojik Belirtiler Arasındaki İlişkiler: Duygu Düzenleme Güçlüklerinin Rolü

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ABSTRACT

Objective: Media consumption can be categorized as either social (Instagram, X, Facebook, YouTube, etc.) or traditional media (TV, radio, newspapers), and it can sometimes be stressful. There is an ongoing debate in the literature regarding the effects of exposure to traumatic events through media on mental health. However, previous studies have mainly focused on this relationship in the aftermath of specific traumatic life events. In the rapidly advancing era of communication, it can be said that individuals are increasingly exposed to multiple traumatic life events simultaneously, making it essential to examine the potential impact of such exposure on mental health. This study aims to examine how frequently individuals are exposed to media coverage of traumatic life events and how this exposure relates to psychological symptoms, with a specific focus on the role of difficulties in emotion regulation within this relationship.

Method: The Brief Symptom Inventory, Difficulties in Emotion Regulation Scale, and Selected List of Traumatic Life Events Based on Media Coverage were administered to 435 Turkish adults (%79.5 women, %20.5 men, mean age = 25.07, and SD= 9.86) living in Turkey.

Results: Statistical analysis revealed that participants spent more time on social media (M = 4.0, SD = 1.94) than on traditional media (M = 1.42, SD = 1.85). Similarly, the total frequency of exposure to traumatic life events was higher via social media (M = 4.17, SD = 1.64) than through traditional media (M = 3.44, SD = 1.83). Furthermore, the analysis revealed that difficulties in emotion regulation played a significant partial mediating role in the relationship between exposure to media coverage of traumatic life events and mental health symptoms.

Conclusion: Individuals who are more frequently exposed to traumatic life events in the media may experience greater difficulties in emotion regulation, which, in turn, may be associated with increased psychological symptoms. It can be concluded that emotion regulation strategies are a protective factor in managing stress induced by the media content.

Keywords: Traumatic life events, mental health, media exposure, difficulties in emotion regulation

ÖZ

Amaç: Medya kullanımı, sosyal (Instagram, X, Facebook, YouTube vb.) ve geleneksel medya (TV, gazete, radyo) araçlarının kullanımı olarak kategorize edilebilir ve bireyler için stres verici olabilir. Travmatik yaşam olaylarına medya aracılığıyla maruz kalmanın ruh sağlığı üzerindeki etkileri konusunda alanyazında süregelen tartışmalar bulunmaktadır; ancak bu ilişki, önceki çalışmalarda genellikle belirli bir travmatik yaşam olayından sonra incelenmiştir. Hızla gelişen iletişim çağında bireylerin birden fazla travmatik yaşam olayı içerisine aynı anda maruz kalma sıklığının arttığı söylenebilir ve bu durumun ruh sağlığı üzerindeki olası etkilerini incelemek önem taşımaktadır. Bu çalışma, bireylerin medyada travmatik yaşam olaylarına ne sıklıkta maruz kaldığını ve bu maruziyetin psikolojik belirtilerle olası ilişkisini, duygu düzenleme güçlüklerinin rolüne odaklanarak incelemeyi amaçlamaktadır.

Yöntem: Kısa Semptom Envanteri, Duygu Düzenleme Güçlüğü Ölçeği ve Medya İçeriklerine Dayalı Seçilmiş Travmatik Yaşam Olayları Listesi Türkiye'de yaşayan 435 yetişkine (%79,5 kadın, %20,5 erkek, ortalama yaş = 25,07 ve standart sapma = 9,86) uygulanmıştır.

Bulgular: Katılımcılar sosyal medyada (X = 4, SD =1,94), geleneksel medyaya (X = 1,42, SD = 1,85) göre anlamlı olarak daha fazla zaman geçirmekte ve benzer şekilde sosyal medyada (M = 4.17, SD = 1.64), travmatik yaşam olayları içeriklerine, geleneksel medyaya (M = 3.44, SD = 1.83) göre daha sık maruz kalmaktadır. Ayrıca bulgular, duygu düzenleme güçlüklerinin, ruh sağlığı belirtileri ile medyada travmatik yaşam olaylarına maruz kalma sıklığı arasındaki ilişkide önemli bir kısmı aracı rol oynadığını göstermiştir.

Sonuç: Medyada travmatik yaşam olaylarına daha sık maruz kalan bireyler, daha fazla duygu düzenleme güçlüğü yaşayabilmekte ve bu durum artan psikolojik belirtilerle ilişkili olabilmektedir. Ek olarak duygu düzenleme stratejilerinin, medya içeriklerinden kaynaklanan stresi yönetmede koruyucu bir faktör olduğu sonucuna varılabilir.

Anahtar sözcükler: Travmatik yaşam olayları, ruh sağlığı, medya maruziyeti, duygu düzenleme güçlüğü

Introduction

The media plays a crucial role in our lives and has become an integral part of our daily routine. According to Statista (2025a), in 2023, 4.89 billion people worldwide used social media, and this number of users is projected to rise to nearly 6 billion by 2027. Meanwhile, statistics indicate that television continues to gain users and is expected to reach 5.5 billion viewers by 2029 (Statista 2025b). In the last quarter of 2023, people in Turkey spent an average of 4 hours and 56 minutes online each day, exceeding the total time spent watching TV and using social media. Although TV consumption remained higher overall, the use of video-on-demand platforms steadily increased, reaching an average of 2 hours and 53 minutes per day (Dierks 2024).

By dividing media tools into traditional (TV, newspapers, radio) and social media (Facebook, Instagram, WhatsApp, YouTube, X, etc.), it becomes clear that they possess distinct characteristics (Dewan and Ramaprasad 2014, Al-Quran 2022). In the literature, the main differences are classified as follows: traditional media adopts a one-way communication model from publisher to audience, whereas social media refers to internet-based platforms that enable users to create and share digital content, thus providing opportunities for two-way communication and interaction (Kaplan and Haenlein, 2010). Compared to traditional media, social media is considered more effective in rapidly updating and disseminating information, and also offers a more global context (MacQuail 2010, Yurdigul and Zinderen 2012, Fotopoulos 2023).

According to McQuail (2010), mass media are experienced differently in societies, and people utilize media tools for a wide range of purposes, including gaining information, engaging in leisure activities, and tracking politics, economics, culture, and current daily events. Additionally, individuals use media to seek information, emotional support, and professional advice, to strengthen social connectedness, and to facilitate self-expression and identity development. Thus, the media can be seen as a dynamic environmental resource that both influences individuals and is shaped by them. Despite the many advantages offered by the media, its effects on individuals are not always positive; indeed, it can even become a source of stress that negatively impacts individual well-being (Smith-Speck and Roy 2008, Stronge et al. 2019, Woo et al. 2021).

In the literature, ongoing debates persist regarding the effects of media use on psychological symptoms. Meta-analyses indicate that the impact of social media use on mental health is generally slight, negative, and complex, and that further research is needed (Meier and Reinecke 2020, Ferguson et al. 2022). Furthermore, the stressful nature of media use is evidenced by findings that spending excessive time on media is associated with anxiety, depression, lower well-being, sleep disturbances, thoughts of self-harm and suicide, loneliness, and dissatisfaction with body image (Bashir and Bhat 2017, Sadagheyani and Tatari 2021). Additionally, research shows that sedentary behaviours, including excessive media use, are linked to poorer mental health outcomes (Hamer et al. 2010). Problematic social networking has been associated with anxiety, depression, attention deficit/hyperactivity disorder (ADHD), and reduced sleep quality (Hussain and Griffiths 2021). Social media use increases risk of depression and anxiety through mechanisms such as social comparison, cyberbullying, and fear of missing out, and may also contribute to loneliness and body image dissatisfaction (Singh 2024). Social media use has further been connected to eating disorders, with body satisfaction mediating this relationship (Dopelt and Houminer-Klepar 2025). In contrast, strong social support may buffer the adverse effects on disordered eating and substance-use (Murley et al. 2024). In addition to the negative effects of excessive media use on mental health, exposure to media coverage of traumatic life events (e.g., natural disasters, wars, traffic accidents) has been linked to pronounced psychopathological outcomes (Ahern et al. 2002, Silver 2013, Jung et al. 2024, Oz and Cona 2024).

According to the American Psychiatric Association (APA 1987), traumatic life events (TLEs) were first formally defined in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III-TR as rare and universally distressing events that threaten life, cause serious harm to loved ones, destroy one's home or community, or involve witnessing severe injury or death. Since then, the definition has evolved: while DSM-III-TR emphasized rarity and universality, DSM-5-TR (APA 2022) adopts a broader clinical framework that explicitly includes sexual violence, various forms of direct and indirect exposure, and occupational contexts such as journalism, policing, or firefighting, where repeated confrontation with disturbing details is required. However, although the DSM-5-TR criteria do not formally consider media exposure to TLEs as a traumatic experience, numerous studies have highlighted that this type of exposure is associated with psychological symptoms (Jung et al. 2024, Oz and Cona 2024). Within this context, natural disasters, wars, terrorism, violence, domestic abuse, suicide attempts, injuries, and traffic accidents can be cited as central themes in the media agenda due to their frequency and emotional impact. Notably, exposure to such traumatic content in the media has been linked to a variety of psychological problems, including anxiety (Goksel et al. 2024), depression, secondary trauma (Zhong

et al. 2021), post-traumatic stress disorder (PTSD, Kira et al. 2008, Silver 2013), and heightened emotional stress levels (Felix et al. 2020, Kurt et al. 2024).

TLEs are widely recognized as extremely challenging experiences that often evoke intense emotional responses such as guilt, fear, anger, horror, and shame, and are strongly associated with various psychopathological symptoms (APA 2022). Within the cognitive-behavioral framework, recurrent and uncontrollable exposure to traumatic stimuli may activate negative core beliefs about self, others, and the world, fostering maladaptive appraisals (e.g., “the world is unsafe”, “my coping skills are insufficient”) as well as difficulties in emotion regulation (Ehlers and Clark 2000, Beck 2011). In the media context, repeated exposure to traumatic content may serve as a chronic and uncontrollable stressor that reinforces these maladaptive beliefs and impairs regulatory processes. Moreover, the rapid flow of information and the constant, immediate interaction provided by digital media (Felix et al., 2020) may hinder individuals’ ability to process distressing content step by step, further undermining their capacity for emotion regulation. These dynamics underscore the importance of emotion regulation mechanisms and their contribution to psychological health in the context of traumatic media exposure.

Emotions are defined as an organized set of responses to internal or external events that hold particular significance for the organism (Lazarus 1993). The scope of these responses encompasses cognitive, behavioral, physiological, and neural mechanisms, to elicit the most effective response to significant events. (Berking and Whitley 2014). The generation of emotions serves an adaptive function in various contexts, enabling individuals to cope with fundamental life tasks (Ekman 1992). Emotion regulation is defined as the ability to use resources to guide behavior towards a goal, such as through self-monitoring, reappraisal, guiding, and modifying emotions (Thompson and Calkins 1996, Garnefski et al. 2001, Solomon 2007).

Emotion regulation is essential for well-being, while poor regulation is linked to depression, anxiety, PTSD, personality disorders, and substance-related problems (Cicchetti et al. 1995, Berking and Wupperman 2012, Sheppes et al. 2015). Following TLEs, individuals often experience intense fear, and especially when the use of adaptive coping strategies such as reappraisal is limited, tend to rely on maladaptive strategies such as rumination, avoidance, and suppression (Brewin et al. 1996, O’Brien et al 2023). The impact of TLEs depends largely on subjective appraisals; perceiving one’s coping resources as insufficient fosters generalized fear, avoidance, and negative self-perceptions, which complicate trauma processing and increase the likelihood of re-experiencing symptoms (Ehlers and Clark 2000, Foa 2011, Shepherd and Wild 2014).

Research indicates that people frequently use media to regulate their emotions (Lutz et al. 2023). Greenwood and Long (2009) found that media use tends to align with individuals’ emotional states, and is often associated with difficulties such as rumination or loss of control particularly during negative moods or states of boredom. While media can support mood management when adaptive coping strategies are limited, it can also induce stress (Wolfers and Utz 2022). Moreover, media studies have shown that media function as institutions that generate “emotion” and establish “emotional norms” (Meek 2011, Lunenborg and Maier 2018). Therefore, it is essential to understand the role of emotion regulation as an individual resource for managing intense emotions triggered by media exposure.

Despite the theoretical and clinical significance of emotion regulation, it is vital to investigate how media use shapes these strategies. Understanding the content to which individuals are exposed in the media and its potential psychological effects is of critical importance. According to the Agenda Setting Theory (McCombs and Shaw 1972), mass media have the power to shape public opinion by highlighting particular issues. Multiple dimensions, including the public agenda, the media agenda, and the policy agenda, influence the agenda-setting process. Additionally, personal experiences, interpersonal communication, and real-world indicators of an issue’s importance also contribute to the formation of the agenda (Rogers and Dearing 1988). For example, extensive media coverage of child abuse cases can quickly bring such issues to the forefront of the public agenda, leading to increased awareness and subsequent policy responses (McCombs and Valenzuela 2007). Similarly, following natural disasters, intense television coverage has been shown to increase individuals’ donation behavior to nonprofit organizations involved in post-disaster recovery efforts (Waters 2013).

According to the agenda setting theory, when the importance and uncertainty of a topic presented in the media are high for individuals, their need for orientation increases. As a result, people are more likely to seek information, rely on the media, and become more susceptible to agenda-setting effects (Weaver 1980, McCombs and Yu 2005, McCombs and Valenzuela 2007). TLEs can attract greater attention from audiences due to their salient, uncertain, and significant nature. In this context, excessive media use may arise as a response to the increased need for orientation. However, this need can sometimes have adverse effects on mental health. For example, studies have shown that frequent media exposure to coverage of the 9/11 terrorist attacks and war-

related images was associated with symptoms of depression and traumatic stress in adults (Ahern et al. 2002, Silver 2013). Another study (Goksel et al. 2024) reported that during the Kahramanmaraş Earthquakes in Turkey, individuals exposed to earthquake-related media coverage more than 12 hours per week showed increased levels of depression, anxiety, and traumatic stress.

The role of media extends beyond simply informing the public; it can also function as a source of emotional stimulation, requiring individuals to engage their emotion regulation strategies. Coleman and Wu (2010) stated that emotionally-driven media agendas often align with individuals' emotional expressions within the relevant context. Moreover, coverage of negative emotions is more potent than that of positive emotions, even when the topic itself is not a negative "problem". Studies have shown that media coverage of events may sometimes be exaggerated to capture audience attention (De Gregorio and Stremlau 2021, Wang and Zhang 2025).

This tendency may have important implications for public understanding, especially in the context of violent media content. For example, when media coverage includes more violence-related content, it can increase the arousal of hostility and antisocial behavior in individuals. As a maladaptive response to regulate these heightened emotions, individuals may develop reduced empathy and desensitization, which further reinforces such behaviors (Anderson and Bushman 2002). For instance, after the 9/11 terrorist attacks, repeated media portrayals of war-related images such as people jumping from buildings, people dancing or cheering in the streets, and depictions of dead bodies triggered intense feelings of sorrow and shock, and increased anxiety. The study also revealed that individuals' concerns about terrorism were influenced by both their visual recall and the emotions they associated with these images. Furthermore, the event and the feelings it evoked were encoded in long-term memory (Fahmy et al. 2006).

Based on the existing literature, it can be concluded that the interaction between exposure to traumatic media content and individuals' emotion regulation abilities may contribute to the development of mental health problems. Supporting individual mental health and reducing the effects of media-induced stress requires attention to personal differences, the nature of media content, and an understanding of the underlying mechanism of this interaction. This study examines the relationship between the frequency of exposure to media coverage of traumatic life events and psychological symptoms, with a particular focus on the role of difficulties in emotion regulation as a personal trait mediating this relationship.

In the literature, the effects of TLEs portrayed in the media on mental health have often been examined in connection with specific traumatic incidents (e.g., exposure to media coverage of natural disasters or war) highlighted by the media. However, given the 24/7 accessibility of online media channels in contemporary society, individuals are now highly likely to be exposed to multiple traumatic events, such as child abuse, war, and traffic accidents, simultaneously. Persistent exposure to traumatic content can be considered a significant source of stress, which underscores the need to investigate its potential effects on mental health. The present study aims to examine how frequently individuals are exposed to traumatic life events through both traditional and social media, and to investigate the psychological consequences of this exposure, with particular emphasis on the mediating role of difficulties in emotion regulation in the relationship between media exposure and mental health outcomes. To address these aims, four main research questions are posed. The statistical analyses conducted in accordance with the research questions, along with the findings, are presented step by step and in detail in the following section.

- 1- Is there a significant difference in the amount of time individuals spend on traditional versus social media platforms?
- 2- Does the frequency of exposure to traumatic life events (TLEs) differ depending on the type of media used?
- 3- Do difficulties in emotion regulation mediate the relationship between the amount of time spent on media platforms and psychological symptoms?
- 4- Do difficulties in emotion regulation mediate the relationship between the frequency of exposure to TLEs through media and the severity of psychological symptoms?

Method

Sample

This study employed a cross-sectional design, with quantitative data collected via self-report questionnaires. Individuals who directly experienced the February 6 Kahramanaras Earthquakes or were indirectly affected (e.g.,

due to work-related exposure or loss of close ones) were excluded. Inclusion criteria required participants to be at least 18 years old, have internet access, be literate, reside in Turkey, have been exposed to the February 6 Earthquakes only through media coverage, and provide informed consent to participate.

The sample included 435 Turkish participants (Mage= 25,07, SDage = 9,86). Of the participants, 79.5% were female and 20.5% were male. In terms of their highest level of education, 1.1% had completed primary school, 0.2% had completed secondary school, 72.4% had graduated from high school, 19.5% had graduated from university, 4.8% had postgraduate qualifications, and 1.8% were literate but had not graduated from any formal educational institution. In terms of marital status, 84.4% were single, 14% were married, and 1.4% were divorced. Regarding their perceived socioeconomic status, 8.7% identified themselves as having a low status, 77.5% as middle, 13.3% as high, and 0.5% as very high. Participants took part from 41 provinces across Turkey.

Procedure

Ethical approval was obtained from the Hacettepe University Social Sciences and Humanities Research Ethics Board (approval date: April 16, 2024, number: E-66777842-300-00003490745) before conducting the research.

Data collection was conducted online by the researcher. Participants were recruited via social media platforms (Instagram and WhatsApp) and e-mail. Data were collected during the 2024-25 academic year. The scales were administered to participants through Google Forms, and a pilot test was conducted to ensure the technical functionality of the survey form. Participants were informed that the study was conducted as part of a doctoral program in clinical psychology at Hacettepe University and aimed to investigate the psychological effects of the February 6 Kahramanmaraş Earthquakes. It was stated that participation was voluntary, the survey would take approximately 30-35 minutes to complete, and no payment was required or provided. Participants were encouraged to complete all items; however, they were not allowed to skip any questions. While completing the survey, they were permitted to return to previous pages. To prevent multiple responses, Google Forms was configured to allow only one submission per participant. All participants provided informed consent before completing the form. Data from participants who started but did not complete the survey were not available.

Measures

Demographic Information

To gain insight into the participants, questions regarding age, gender, educational status, and perceived economic level were asked, as designed for the study. In addition to these questions, participants were asked about the time they spent on social and traditional media and their exposure to the February 6 Kahramanmaraş Earthquakes.

The Brief Symptom Inventory (BSI)

The Brief Symptom Inventory, derived from the SCL-90 Symptom Screening Test (Derogatis 1993), was created to screen the psychological symptom levels of individuals. The adaptation of the scale to Turkish culture was carried out by Sahin and Batigun (1994). It consists of 53 items and is marked on a 5-point Likert-type scale. It consists of 5 subscales. "Anxiety", "Depression", "Negative Self", 'Somatization' and "Hostility". The Cronbach's alpha internal consistency coefficient of each subscale varies between .63 and .86. In this study, the Cronbach's alpha internal consistency coefficients of the scales were calculated to range between .81 and .92.

Difficulties in Emotion Regulation Scale (DERS)

The original form of the scale was developed by Gratz and Roemer (2004) to assess the difficulties individuals experience in emotion regulation. The adaptation study of the scale to Turkish culture was conducted by Ruganci and Gencoz (2010). The scale consists of 36 items. It is a 5-point Likert-type scale and consists of 6 subscales. These are: "awareness, clarity, non-acceptance, strategy, impulse, and goals". Cronbach's Alpha internal consistency coefficient for the scale ranged from .75 to .90 for the subscales and .94 for the total score. Test-retest reliability ranged from 0.60 to 0.85 for the sub-dimensions and .83 for the total scale (Ruganci and Gencoz, 2010). In this study, the Cronbach's alpha internal consistency coefficients for each subscale ranged from 0.78 to 0.89.

List of Selected Traumatic Life Events Based on Media Content

It is a 7-point Likert-type questionnaire (1 = "never", 4 = "medium", and 7 = "always") created by the researchers to assess individuals' frequency of exposure to traumatic content in traditional and social media over the past

month. The questionnaire includes items designed to measure how often participants encountered visual content and news related to TLEs across different media types. Participants were asked to respond separately for traditional and social media: "In the past month, how often have you been exposed to the following news content or images?". The list of questionnaire items is provided below:

- 1- Images of violence against children
- 2- Images of violence against women
- 3- News about domestic violence
- 4- News about suicide
- 5- War-related images
- 6- Natural disaster images
- 7- Traffic accident images, and
- 8- News about fights, injuries and killings

The selection of these items was based on a review of current media content from late 2023 and early 2024. Traditional and social media platforms were monitored to identify frequently reported incidents that could be perceived as traumatic. The events were evaluated according to the diagnostic criteria for traumatic experiences specified in the DSM-5-TR (APA 2022). Additionally, the items were developed utilizing the Life Events Checklist for DSM-5 (Weathers et al. 2013). Violence-related content was further divided into violence against children, violence against women, and domestic violence based on how these specific cases were highlighted in media coverage. This categorization was considered essential for understanding how the media agenda shapes public opinion and attracts more attention from policymakers.

The items were analyzed to calculate Cronbach's alpha and assess the internal consistency. The results indicated that the Cronbach's alpha values were .95 for traditional media and .93 for social media. The correlation coefficients between the items ranged from .57 to .86 for traditional media and from .45 to .75 for social media. In the literature, there is no standardized scale for evaluating media content coverage or its effects. Therefore, researchers have generally used self-report and retrospective questions regarding media content, formulated in line with their specific research aims (see examples: Grisham 2022, Holman et al. 2014, Slone 2000). The broad and rapidly changing nature of media content may contribute to the preference for such approaches. The list developed in this study aims to assess individuals' perceived frequency of exposure to selected traumatic life events as presented in contemporary media.

Statistical Analysis

Analyses were conducted on a subsample of 435 participants drawn from a portion of the thesis data, in accordance with the hypotheses and exclusion criteria of the current study. The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22.0. In line with the research questions, scores obtained from the study scales were analyzed step-by-step using appropriate statistical methods. Before data analysis, the dataset was cleaned to remove outliers. The normality of the data was evaluated based on skewness and kurtosis values, which were found to be within the acceptable range of -1.5 to +1.5. Descriptive statistics were used to summarize participants' demographic characteristics. These demographics are reported in the Participant section and are not repeated in the rest of the study.

First, mean differences in the time spent on traditional and social media were examined using paired samples t-test. Likewise, mean differences in exposure to TLEs through traditional and social media were analyzed using a paired-sample t-tests. Subsequently, correlations among the research variables were assessed (Tabachnick and Fidel, 2015). The required sample size for these analyses was determined using G*Power 3.1.9.4, assuming a medium effect size (Cohen's $d = 0.3$), a significance level of $\alpha = 0.05$, and a statistical power of 0.95. The minimum recommended sample size was 54 for paired sample t-tests and 134 for correlation analyses. Thus, the final sample of 435 participants exceeded these requirements and was considered sufficient for the analyses.

For the correlation analyses, mean scores of all research variables were used. Additionally, subscale mean scores for psychological symptoms were used to explore their relationship with other variables. Finally, mediation analyses were conducted using the PROCESS macro (version 4.2) for SPSS (Hayes, 2013), specifically Model 4, to examine whether difficulties in emotion regulation mediated the relationship between media use and psychological symptom severity. This analysis was conducted separately for traditional and social media. Indirect

effects were tested using Hayes' PROCESS with 5000 bootstrap samples; thus, a separate G*Power calculation for mediation was deemed unnecessary. The results of these analyses are discussed in detail in the next section.

Results

According to the results of a paired-samples t-test, there was a significant difference between the time spent on social and traditional media ($t(434) = -20.21$, $p < .001$, Cohen's $d = 0.97$). The mean time spent on social media ($M = 4.0$, $SD = 1.94$) was significantly higher than the mean of traditional media ($M = 1.42$, $SD = 1.85$).

According to the results of the paired-samples t-test, there was a significant difference in the mean frequency of exposure to TLEs between social media and traditional media ($t(434) = -10.527$, Cohen's $d = 0.51$). The mean frequency of exposure to TLEs on social media ($M = 4.17$, $SD = 1.64$) was significantly higher than that on traditional media ($M = 3.44$, $SD = 1.83$). Further analyses indicated that, across all categories examined (violence against children, violence against women, domestic violence, suicide, war/terrorism, natural disasters, traffic accidents, and incidents involving injury or death), participants reported significantly higher frequencies of exposure on social media compared to traditional media (all $p < .001$). Detailed results, including means, standard deviations, and t-values for each category, are presented in Table 1.

Table 1. Comparing the frequency of Exposure to TLEs between traditional and social media

TLEs List in Media	Traditional Media		Social Media		t (434)	p
	M	SD	M	SD		
Images of violence against children	3.16	2.08	4.16	2.13	-12.572	.001*
Images of violence against women	3.97	2.32	4.97	2.07	-10.791	.001*
News about domestic violence	3.60	2.18	4.42	2.11	-9.452	.001*
News about suicide	3.23	2.09	4.24	2.07	-11.174	.001*
War-related images	3.94	2.22	4.62	1.95	-7.038	.001*
Natural disaster images	2.72	1.80	3.23	1.90	-6.983	.001*
Traffic accident images, and	3.31	2.08	3.82	2.00	-5.532	.001*
News about fights, injuries and killings	4.04	2.28	4.77	2.05	-7.300	.001*
Total exposure	3.44	1.83	4.17	1.64	-10.527	.001*

* $p < .0001$, M: mean, SD: standard deviation, TLEs: Traumatic Life Events

According to correlation analysis, both the frequency of exposure to TLEs via traditional media (TLEs-TM) and social media (TLEs-SM) were significantly and positively correlated with difficulties in emotion regulation (DERS) and all psychological symptom subscales ($p < .01$). Furthermore, DERS exhibited strong correlations with anxiety, depression, and somatization. In addition, mean scores for psychological symptoms were significantly associated with time spent on traditional media ($r = 0.10$, $p < 0.05$), and even more strongly with time spent on social media ($r = 0.20$, $p < .001$). The results are presented in Table 2.

Table 2. Correlations among media exposure, difficulties in emotion regulation and psychological symptoms

	Variables	1	2	3	4	5	6	7	8	9	10	11
1	TLEs- TM	1	.66*	.12**	.21**	.17**	.19**	.26**	.18**	.22**	.20**	.10*
2	TLEs- SM		1	.12*	.20**	.18**	.16**	.24**	.17**	.21**	.00	.13**
3	DERS			1	.54**	.53**	.45**	.51**	.58**	.57**	.13**	.17**
4	Anxiety				1	.85**	.80**	.77**	.86**	.94**	.09	.16**
5	Depression					1	.75**	.78**	.85**	.94**	.07	.21**
6	Somatization						1	.65**	.72**	.86**	.10*	.21**
7	Hostility							1	.77**	.87**	.12*	.20**
8	Negative Self								1	.93**	.09	.15*
9	BSI									1	.10*	.20**
10	TMU										1	.02
11	SMU											1

** $p < .001$, * $p < .05$, BSI: Brief Symptom Inventory, DERS: Difficulties in Emotion Regulation, SMU: Social Media Use, TLEs-TM: Traumatic Life Events via Traditional Media, TLEs-SM: Traumatic Life Events via Social Media, TMU: Traditional Media Use

Mediating Role of Difficulties in Emotion Regulation

Traditional Media Context

A mediation analysis was performed using the PROCESS Macro Model 4 (Hayes 2013) with 5.000 bootstrap samples and a ± 1.5 standard deviation interval to examine whether DERS mediates the relationship between daily hours of traditional media use (TMU) and psychological symptom severity (BSI). The results showed that path a, representing the association between TMU and DERS, was significant, $B = 0.045$, $SE = 0.016$, $t(433) = 2.75$, $p = 0.006$, 95% CI $[0.013, 0.077]$, with a standardized coefficient $\beta = 0.131$. This suggests that greater TMU is associated with higher levels of emotional dysregulation. Path b, reflecting the association between DERS and BSI, was also significant, $B = 3.672$, $SE = 0.256$, $t(432) = 14.370$, $p < .001$, 95% CI $[3.170, 4.175]$, $\beta = 0.571$. The total association (path c) between TMU and BSI was weak but significant, $B = .493$, $SE = .105$, $t(433) = 4.70$, $p < .001$, 95% CI $[.287, .700]$. However, when DERS was included as a mediator in the model, the direct association (path c') of TMU on BSI was no longer significant, $B = 0.057$, $SE = .088$, $t(432) = 0.647$, $p = .518$, 95% CI $[-0.116, 0.230]$. Notably, the indirect association of TMU on BSI through DERS was significant, $B = .146$, $BootSE = .059$, 95% CI $[.033, .263]$, indicating a statistically significant mediating role of difficulties in emotion regulation since the confidence interval does not include zero. This finding suggests that DERS fully mediates the relationship between TMU and BSI. Individuals with higher TMU are more likely to experience difficulties in emotion regulation, which in turn is linked to increased psychological symptoms. Moreover, the entire model explained approximately 33.3% of the variance in psychological symptom severity ($R^2 = .333$) (Figure 1).

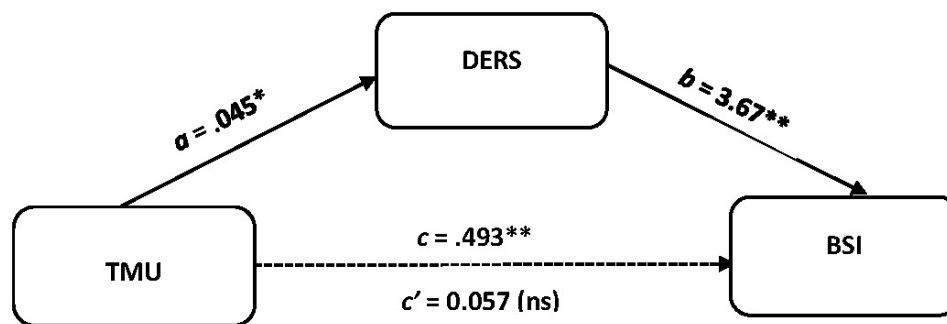


Figure 1. The mediating role of emotion regulation in the relationship between TMU and BSI

$p < .05^*$, $p < .001^{**}$, BSI: Brief Symptom Inventor, DERS: Difficulties in Emotion Regulation, ns: non-significant, TMU: Traditional Media Use

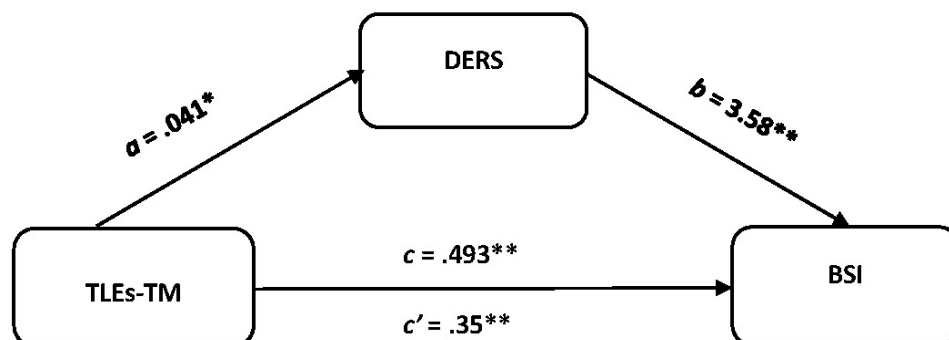


Figure 2. The mediating role of emotion regulation in the relationship between TLEs-TM and BSI

$p < .05^*$, $p < .001^{**}$, BSI: Brief Symptom Inventor, DERS: Difficulties in Emotion Regulation, TLEs-TM: Traumatic Life Events via Traditional Media

To examine whether DERS mediates the relationship between frequency of exposure to traumatic life events via traditional media (TLEs-TM) and psychological symptom severity (BSI), a mediation analysis was conducted. The results showed that path a (the association between frequency of exposure to TLEs-TM and DERS) was significant, $B = .041$, $SE = .017$, $t(433) = 2.46$, $p = .014$, 95% CI $[.008, .073]$; $\beta = 0.117$. This result may suggest that a higher frequency of exposure to TLEs-TM is associated with increased levels of emotional dysregulation. Similarly, path b (the association between DERS and BSI) was also significant, $B = 3.577$, $SE = .251$, $t(432) = 14.27$, $p < .001$, 95% CI $[3.084, 4.070]$; $\beta = 0.556$. Additionally, the direct association (path c') between frequency

of exposure to TLEs-TM and BSI remained significant even when DERS was included in the model, $B = .347$, $SE = .087$, $t(432) = 3.98$, $p < .001$, 95% CI [.176, .519]; $\beta = 0.155$. The total association (path c) between frequency of exposure to TLEs-TM and BSI was significant, $B = .493$, $SE = .105$, $t(433) = 4.70$, $p < .001$, 95% CI [.287, .700]; $\beta = 0.220$. The indirect association via DERS was also significant, $B = .146$, $BootSE = .059$, 95% CI [.033, .263]. Since the confidence interval does not contain zero, the partial mediating role is statistically significant. These findings may suggest that DERS plays a partial mediating role in the relationship between frequency of exposure to TLEs-TM and BSI. Individuals with a higher frequency of exposure are more likely to experience difficulties in emotion regulation, which in turn is associated with increased psychological symptoms. The model explained approximately 35.3% of the variance in psychological symptom severity ($R^2 = .353$) (Figure 2).

Social Media Context

The same analysis was conducted to examine whether DERS mediates the relationship between daily hours of social media use (SMU) and psychological symptom severity (BSI). The results showed that path a, representing the association between SMU and DERS, was significant, $B = .056$, $SE = .016$, $t(433) = 3.599$, $p = .000$, 95% CI [.025, .087]; $\beta = .170$. This result may indicate that greater SMU is associated with higher levels of emotional dysregulation. Next, path b, indicating the association between DERS and BSI, was also significant, $B = 3.576$, $SE = .255$, $t(432) = 14.019$, $p < .000$, 95% CI [3.075, 4.077]; $\beta = .556$. Regarding path c, depicting the total association between SMU and BSI, was significant, $B = .429$, $SE = .100$, $t(433) = 4.30$, $p = .000$, 95% CI [.233, .625]; $\beta = .202$. When DERS was included as a mediator in the model, the direct association (path c') of SMU with BSI remained significant, $B = 0.228$, $SE = .084$, $t(432) = 2.716$, $p = .007$, 95% CI [0.063, 0.393]; $\beta = .108$. The indirect association of SMU with BSI through DERS was also significant, $B = .201$, $BootSE = .057$, 95% CI [.091, .314]. Since the confidence interval does not contain zero, the partial mediating role is statistically significant. These finding suggests that DERS plays a partial mediating role in the relationship between SMU and BSI. Individuals with higher SMU are more likely to experience difficulties in emotion regulation, which in turn is linked to increased psychological symptoms. The overall model explained approximately 33.3% of the variance in psychological symptom severity ($R^2 = .333$) (Figure 3).

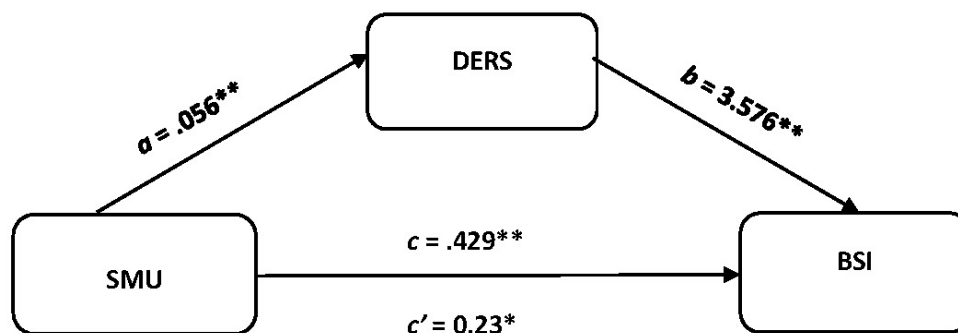


Figure 3. The mediating role of emotion regulation in the relationship between SMU and BSI

$p < .05^*$, $p < .001^{**}$, BSI: Brief Symptom Inventory, DERS: Difficulties in Emotion Regulation, SMU: Social Media Us

A mediation analysis was conducted to examine whether DERS mediates the relationship between frequency of exposure to traumatic life events via social media (TLEs-SM) and psychological symptom severity (BSI). The results showed that path a, representing the association between the frequency of exposure to TLEs-SM and DERS, was significant, $B = .046$, $SE = .019$, $t(433) = 2.46$, $p = .014$, 95% CI [.009, .082]; $\beta = 0.118$. This result suggests that a higher frequency of media exposure to TLEs-SM is associated with increased levels of emotional dysregulation. Path b, depicting the association between DERS and BSI, was also significant, $B = 3.585$, $SE = .251$, $t(432) = 14.26$, $p < .001$, 95% CI [3.091, 4.079]; $\beta = 0.557$. Regarding the direct association (path c') between frequency of exposure to TLEs-SM and BSI remained significant when DERS was included in the model, $B = .360$, $SE = .098$, $t(432) = 3.68$, $p < .001$, 95% CI [.168, .553]; $\beta = 0.144$. The total association (path c) between frequency of exposure to TLEs-SM and BSI was also significant, $B = .524$, $SE = .118$, $t(433) = 4.45$, $p < .001$, 95% CI [.293, .756]; $\beta = 0.209$. The indirect effect through DERS was also significant, $B = .164$, $BootSE = .067$, 95% CI [.030, .298]. Since the confidence interval does not contain zero, the partial mediating role is statistically significant. This finding suggests that DERS plays a partial mediating role in the relationship between frequency of exposure to TLEs-SM and BSI. Individuals with higher exposure to TLEs-SM are more likely to exhibit DERS, which in turn may be linked to increased psychological symptoms. The full model explained approximately 35.0% of the variance in BSI ($R^2 = .350$) (Figure 4).

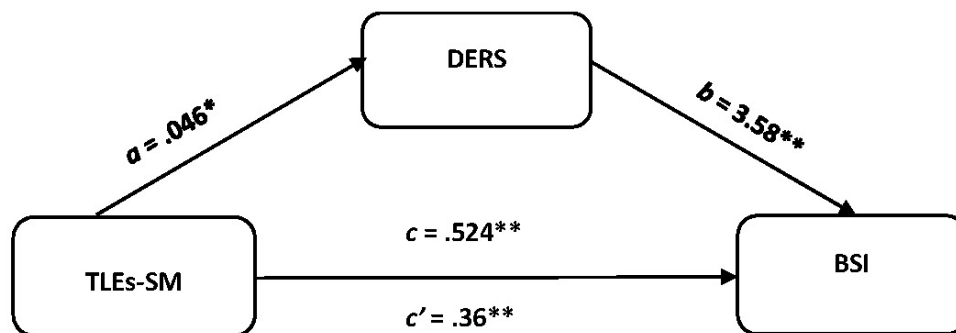


Figure 4. The mediating role of emotion regulation in the relationship between TLEs-SM and BSI

$p < .05^*$, $p < .001^{**}$, BSI: Brief Symptom Inventor, DERS: Difficulties in Emotion Regulation, TLEs-SM: Traumatic Life Events via Social Media

Discussion

This study investigated the association between the frequency of exposure to TLEs through the media and mental health symptoms among adults, with a particular focus on the mediating role of emotion regulation difficulties. The results showed that participants used social media more frequently than traditional media, while the direct relationship between media use and psychological symptoms was relatively weak. These findings are consistent with prior research (Meier and Reinecke 2020, Ferguson et al. 2022). However, other studies have reported that increased time spent on media is associated with higher levels of anxiety, depression, reduced well-being, sleep disturbances, self-harm ideation, loneliness, and body image dissatisfaction (Bashir and Bhat 2017, Jensen et al. 2019, Sadagheyani and Tatari 2021, Singh 2024). Additional evidence suggests that using media for more than four hours per day exacerbates stress and intensifies psychological symptoms (Hamer et al. 2010, Woo et al. 2021). In the present study, participants reported spending an average of 1 hour and 42 minutes on traditional media compared to 4 hours on social media. Although individuals spent considerably more time on social media, the findings revealed that difficulties in emotion regulation fully mediated the relationship between traditional media use and psychological symptoms. In contrast, the mediation effect was only partial for social media use. This divergence may reflect the distinct dynamics of these platforms: traditional media tend to position individuals primarily as passive recipients of broadcast content, whereas social media encourages more interactive engagement (Kaplan and Haenlein, 2010, Fotopoulos 2023). Supporting this interpretation, a study of individuals living under conditions of continuous traumatic stress demonstrated that heavier social media use predicted greater PTSD symptoms but was unrelated to well-being. Notably, providing help to others via social media was associated with higher well-being, whereas receiving help or actively posting and sharing was not associated to PTSD or well-being (Levaot et al. 2022)

According to present findings, individuals who are more frequently exposed to traumatic life events through both traditional and social media may experience greater difficulties in emotion regulation, which, in turn, are linked to increased psychological symptoms. These results were consistent with previous studies (Fahmy et al. 2006, Coleman and Wu 2010, Choi et al. 2021). Notably, this study observed that individuals were frequently exposed to media content about traumatic life events, including news on violence against women and children, incidents resulting in injury or death, and events such as war or terrorism. Considering that the media provides up-to-date information about the society we live in, frequent exposure to this type of content may undermine the sense of safety that is fundamental to psychological well-being.

According to Agenda Setting Theory (McCombs and Shaw 1972), the media may not tell us what to think, but they are remarkably successful in shaping our thoughts about specific issues. Furthermore, media studies have revealed that agenda-setting is an interactive process in which media outlets both emphasize specific problems and adapt the flow of information they provide in response to societal demands (McCombs and Valenzuela 2007). For example, during social disasters, people tend to use media tools more frequently, which can lead to increased psychological distress (Jung et al. 2024, Oz and Cona 2024). Due to the uncertain nature of traumatic events, exposure to traumatic media agendas prompts people to seek more information to orient their thoughts and emotions. Moreover, media studies indicate that fake news, which disregards ethical standards, can also be found in media content (Mores and Georgacopoulos 2020). Additionally, media coverage can sometimes exacerbate events to attract greater audience attention (De Gregorio and Stremlau 2021, Wang and Zhang 2025). However, it is well known that reliable information is necessary in distressing situations for reality

testing. This facilitates cognitive reappraisal, which helps manage emotions and restore the perception of regaining control (APA 2017).

This study has several limitations. Although the mediation model was tested using PROCESS, the study's cross-sectional design limits the ability to make causal inferences. Therefore, the findings should be interpreted as associations rather than evidence of causal mechanisms (O'Laughlin et al. 2018). Another limitation of this study is its focus on the negative impact of selected traumatic media coverage. However, media coverage of TLEs can encourage prosocial behavior, such as preparing for natural disasters (Reich and Henderson, 2015) or raising public awareness of risks, including traffic accidents (Lucas et al. 2024).

Additionally, emotions act as adaptive responses to both internal and external stimuli (Lazarus 1993). Traumatic life events (TLEs) are inherently distressing, requiring individuals to regulate the intense emotions they elicit. Deficits in emotion regulation skills have been linked to a range of psychological symptoms, including depression, anxiety, post-traumatic stress disorder (PTSD), eating disorders, and sleep disturbances (Berking and Wupperman, 2012, APA 2022). Previous literature has also highlighted the relationship between mental disorders and media use as a potential risk factor for exacerbating media-induced stress (Sfeir et al. 2023, Murley et al. 2024, Dopelt and Houminer-Klepar 2025). In the present study, no exclusion criteria regarding mental disorders were applied. Nevertheless, individuals' vulnerability to difficulties in emotion regulation in response to traumatic media coverage may be relevant. It is advised that future research take these individual characteristics into account. Finally, the measurement scales used and the sample size may limit the generalizability of the findings.

Conclusion

In conclusion, increased media use and more frequent exposure to traumatic life events may act as significant risk factors for psychological well-being. At the same time, the use of emotion regulation strategies can serve as a protective mechanism against media-induced stress. This study also aimed to examine the prevalence of selected traumatic life events in presented media content and, by drawing attention to the increasing potential of such events, sought to encourage further academic research in diverse cultural contexts. Furthermore, it emphasizes the critical importance of supporting individuals' mental health not only through individual interventions but also via institutional support and community-based initiatives. While previous research in the literature has predominantly focused on the relationship between media and mental health in the context of social media, it can be argued that there is also a need for further studies to understand the role of traditional media in this relationship. In particular, the impact of media on mental health should be carefully examined among elderly and disabled individuals, who may have a higher potential for watching TV as part of their daily routines.

In this study, participants reported frequent exposure to violent content in the media. Preventing violence is a key public mental health priority. Future research would benefit from also examining the effects of violence-preventing content in the media on individuals' mental health. In this way, the knowledge base regarding the positive contributions of media to public mental health can be enriched. Ultimately, the "List of Selected Traumatic Life Events Based on Media Content" identified in this study may enhance our understanding of societal exposure to traumatic events and inform related awareness and intervention efforts. Given the fast-paced and pervasive nature of media, research on its relationship with mental health is continually evolving; however, further studies are essential to deepen our understanding and inform effective interventions.

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