

IMPACT OF LEARNED HELPLESSNESS ON SOCIAL MEDIA-INDUCED SECONDARY TRAUMATIC STRESS: MEDIATION BY RELIGIOUS COPING AND MODERATION BY QUALITY OF LIFE

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Abstract

The use of social media, which has rapidly increased in recent years, directly or indirectly affects people's mental health. The aim of this study is to determine the effects of learned helplessness (LH) on social media-induced secondary traumatic stress (STS-SM) and the role of quality of life and religious coping in this relationship in Türkiye. This cross-sectional study sample consisted of 397 Turkish Muslim adults. The results revealed significant links among LH, negative religious coping (NRC), and quality of life with STS-SM. Moderation analyses revealed that perceived high quality of life moderated the positive effect of LH on STS-SM, whereas mediation analyses revealed that NRC partially mediated this relationship. The results support the idea that disturbing content on social media can trigger traumatic stress, especially among individuals who feel helpless and resort to negative

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religious coping, but perceived high quality of life has a buffering effect.

Key Words: Secondary traumatic stress, social media, learned helplessness, religious coping, quality of life

Introduction

Secondary traumatic stress, defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995), has generally been discussed in the context of professionals such as nurses, social workers, rescue workers, and mental health counselors (Badger et al., 2008; Greinacher et al., 2019; Kuckertz et al., 2024; Rigas et al., 2023) who are directly involved with a given traumatic event. However, there is a growing scholarly interest in the investigation of laypersons’ secondary traumatic stress induced by social media.

The second generation of the web, which prioritizes interactivity and collaboration, has transformed users from static viewers of information into dynamic actors, thus making the use of social media widespread (Sykora, 2017). News that was previously censored and could only be accessed at certain times can now be accessed at any time, unfiltered and directly through the eyes of the individual exposed to trauma. Social media use has a high potential risk for secondary traumatic stress because the news is timeless, unfiltered, and supported by effective images and videos (Comstock - Platania, 2017; Lamba et al., 2023; Pearson, 2024).

Learned helplessness (LH), regarding the qualities inherent in it, is a concept related to secondary traumatic stress. LH is a psychological state that arises from the belief that individuals have no control over their environment, developed because of the adverse events they encounter (Seligman, 1975). Initially developed in the context of animal studies by Seligman and Maier (Overmier - Seligman, 1967; Walker et al., 2021), learned helplessness theory was subsequently extended to human experiences (Abramson et al., 1978; Hiroto - Seligman, 1975). LH is typically observed when an individual is confronted with adverse situations beyond their control and is unable to overcome these situations with their actions.

Individuals with a sense of helplessness tend to acknowledge and generalize the inadequacy of their actions. Hence, in the presence of an adverse event, the individual experiences a decline in motivation to respond and a decrease in confidence in taking effective action (Seligman, 1972). Abramson et al. (1978) associated the attribution style, attributing adverse events to internal, global, and stable causes, with learned helplessness (Palker - Marcus, 2004). This attribution style makes coping with adverse and traumatic situations difficult, leading to LH and various forms of psychological distress (Seligman, 1972). Thus, individuals with LH, characterized by a passive response to traumatic events, are expected to be in a psychological state that is prone to developing secondary traumatic stress caused by social media.

Addressing secondary traumatic stress can directly facilitate the coping process. Coping refers to the cognitive, behavioral, emotional, and physiological effort by individuals to overcome situations that exceed their resources (Lazarus, 1993; Pargament, 1997; Vukčević Marković - Živanović, 2022). It corresponds to a dynamic process that includes virtually every facet of an individual. Owing to its inherent dynamism, it is intricately influenced by the individual's sources of meaning and situational context (Pargament, 1997; Vukčević Marković - Živanović, 2022). In times of stress, individuals frequently turn to religion, one of their most important sources of meaning (Koenig et al., 1988; Pargament, 1997; Pargament et al., 2001; Schuster et al., 2001).

Religion has a transformative effect on the lives of individuals who have lost control and meaning as a result of the traumatic event experienced and provides these individuals with the intimacy and support necessary to cope with the traumatic event (Pargament et al., 2000). Despite these functions, it is crucial to acknowledge that religion does not offer unequivocally positive support for the individual. The religious coping style of an individual is shaped by their perspective on religion and the nature of their relationship with God. For this reason, religious coping has been divided into two categories in the literature: positive and negative. In individuals who apply positive religious coping (PRC), God's mercy and reliability are emphasized, whereas in those who apply negative religious coping (NRC), the condemnatory and punitive aspects of God are emphasized. The image of a loving, merciful God is dominant in positive religious

coping, whereas the image of an angry, punitive, and abandoning God is dominant in negative religious coping (Bryant - Davis et al., 2011; De Luna - Wang, 2021; Hebert et al., 2009; Pargament et al., 1998).

Numerous studies have been conducted to examine the relationship between religious coping and mental health (Alsamara et al., 2024; Pankowski - Wytrychiewicz, 2023; Walker et al., 2021; Yıldırım et al., 2021). Divergent findings are because religious coping varies according to individuals' perceptions of religion and has a complex structure. Although PRC generally has a positive relationship with positive mental health indicators and NRC has a negative relationship (Abu-Raiya - Pargament, 2015; Ano - Vasconcelles, 2005), nonsignificant or inconsistent relationships have been detected (Abu-Raiya et al., 2011; Gerber et al., 2011; Walker et al., 2021).

In addition to the factors mentioned above, quality of life is linked to secondary traumatic stress levels. Numerous studies have investigated the impact of quality of life and its indicators on individuals' stress levels (Naz - Sehrish, 2022). These findings indicated a negative correlation between stress and high quality of life and a positive correlation between stress and low quality of life (Vukčević Marković - Živanović, 2018; Prati et al., 2010; Tuchinda, 2020). Therefore, individuals' perception of their quality of life can predict secondary traumatic stress.

This Study

Secondary traumatic stress, which is the main focus of this research, is discussed in the context of social media users. As mentioned before, although secondary trauma studies for professionals are common, those conducted on laypersons are quite limited. Given the pervasiveness of social media usage and the fact that it has become a popular source of news, social media has emerged as an important area of secondary traumatic stress.

The main purpose of this study is to determine the effects of perceived quality of life, LH, and religious coping on STS-SM, which are determined on the basis of the literature. Additionally, the aim is to examine the potential indirect role of quality of life and religious coping in the relationship between STS-SM and LH. Drawing on the theoretical and empirical evidence, the following hypotheses are proposed:

H₁: Perceived quality of life and PRC have negative effects on STS-SM, whereas NRC and LH have significant positive effects on STS-SM.

H₂: Perceived quality of life will moderate the effect of LH on STS-SM. The association between LH and STS-SM is weaker among people with higher perceived life quality.

H₃: NRC will mediate the relationship between LH and STS-SM.

Methods and Materials

Participants

The sample of the study consists of Turkish Muslim adults between the ages of 18 and 50. The average age of the sample is 24.89 (SD = 6.09). After the questionnaires that were incomplete and inaccurate from the 421 questionnaires obtained were excluded, analyses were conducted on a total of 397 individuals (n = 397). A total of 67% (n = 266) of the participants were female, and 33% (n = 131) were male. Most of them had a medium economic level (n = 302) and an undergraduate degree (n = 260) (see Table 1).

Variable	Group	Frequency (f)	Percentage (%)
Gender	Male	131	33.0
	Female	266	67.0
Education status	Undergraduate	260	65.5
	Graduate	58	14.6
	Master/Doctoral	79	19.9
Income status	Low	75	18.9
	Medium	302	76.1
	High	20	5.0
Daily screen time	1-3 hours	220	55.4
	3-5 hours	117	29.5
	5-7 hours	34	8.6
	7+ hours	12	3.0
	No social media account	14	3.5
Religiosity	$M=4.05$ ($SD=.857$; min.=1, max.=5)		
Age	$M=24.89$ ($SD=6.09$)		

Table 1. Characteristics of Sample (n=397)

Procedure

In this cross-sectional survey-designed study, data were collected by the questionnaire method, which is a quantitative data collection technique. The questionnaire form created by combining the measurement tools was transferred to Google Forms and then administered to the participants voluntarily. Informed consent was obtained from all individual participants included in the study during survey administration. The questionnaire was administered to the participants between June and August 2023.

Measures

In the explanation section of the questionnaire, the form provided brief information about the research. Then, some sociodemographic questions, such as questions concerning gender, age, income, and education level, were asked. The income status question is based on subjective reporting and consists of low, medium, and high options.

Secondary Traumatic Stress for Social Media Users. The Turkish version of the Secondary Traumatic Stress for Social Media Users Scale was used to measure the participants' secondary traumatic stress levels due to social media (Balcı Çelik - Altınışık, 2021). The original scale was developed by Mancini (2019) and is composed of three subdimensions: attack, avoidance, and arousal. However, in the Turkish adaptation study, 17 items were grouped into a single subdimension. Participants respond to each item using a 5-point Likert scale (e.g., "Things that remind me of what I see on social media make me sad"; 1=never, 5=very often). The minimum score is 17, and the maximum score is 65. Low scores indicate low STS; high scores indicate high STS. Çelik and Altınışık (2021) obtained a Cronbach's alpha value of .95 in their study. In this study, the Cronbach's alpha coefficient of the STSS-SM was found to be .95.

Learned Helplessness. To measure the level of LH, the Learned Helplessness Scale originally developed by Quinless and Nelson (1988) and further developed by Yavaş (2012), which was adapted into Turkish by the authors of the study, was used. Although the original consists of 20 items, the scale was revised to 15 items as a result of exploratory and confirmatory factor analyses, which were applied to the scale in the adaptation study. The Learned Helplessness Scale consists of internal controllability and external uncontrollability

subdimensions, and the level of learned helplessness increases as the scores increase. The scale is organized on a 5-point Likert scale (e.g., "I have difficulty finding solutions to difficult problems"; 1=never, 5=very often), such that it has a minimum score of 15 and a maximum score of 75. Yavaş's (2012) adaptation study revealed that the Cronbach's alpha reliability coefficient for the whole scale was .80. In this study, the reliability coefficient was found to be .75.

Religious Coping. To determine the participants' religious coping styles, the Turkish version (Ekşi - Sayın, 2016) of the Religious Coping Scale (RCS), developed by Abu Raiya et al. (2008) and based on Islamic religiosity, was used. The RCS, which consists of 10 items, measures participants' religious coping styles in two subdimensions: positive and negative religious coping (e.g., "When I face a problem in life, I ask God for forgiveness", "When I face a problem in life, I wonder what I have done to cause God to punish me"). A total score cannot be obtained from the RCS, which is developed on a 4-point Likert scale (1=never, 4=very often). Calculations are made separately for each subdimension. The minimum score for the positive religious coping (PRC) subdimension is 7, and the maximum score is 28, while the minimum score for the negative religious coping (NRC) subdimension is 3, and the maximum score is 12. In their study, Ekşi and Sayın (2016) calculated the internal consistency coefficient of the RCS as .91 for PRC and .86 for NRC. In the present study, these values were found to be .91 for PRC and .88 for NRC, which are quite close to the values reported in their study.

Perceived Quality of Life. The mean perceived quality of life was measured through the question "How would you rate your quality of life?". In this self-report-based question, participants were asked to rate their quality of life between 1 and 5 (1=very bad, 5=very good). The mean of the sample in this question was $M = 3.42$ ($SD = 0.72$).

Religiosity. To determine the religiosity levels of the participants, the Brief Religiosity Scale developed by Ayten (2009), which is based on the Islamic Religiosity Scale developed by Uysal (1996), was used. The scale consists of two dimensions and nine items rated on a 5-point Likert scale (1=never, 5=always). Cronbach's alpha reliability coefficient for the whole scale was .77. In this study, the reliability coefficient was found to be .91.

Data Analysis

Data analyses were conducted on the dataset formed after the questionnaires with missing data and those deemed inaccurate were excluded. All analyses were conducted using SPSS version 24. First, the averages for the participants, the standard errors, and the normality distribution of the data were obtained through descriptive analysis. Pearson correlation analysis was used to determine the relationships between the variables of the study. SPSS macro-PROCESS for moderation and mediation analyses (Hayes, 2018) was used. To determine the significance level of the mediation and moderation effects, a bootstrapping procedure with 5,000 random resamplings within a 95% confidence interval was applied.

Results

Preliminary Analysis

Table 2 shows the descriptive statistics, including the means, standard deviations, range, and Cronbach's alpha of the study variables, and their zero-order Pearson correlation coefficients. The results indicate that STS-SM is positively related to LH ($\beta = .366$; $p < .001$) and NRC ($\beta = .244$; $p < .001$) and negatively related to perceived quality of life ($\beta = -.261$; $p < .001$). No significant relationship was detected between STS-SM and PRC ($\beta = .004$; $p > .05$).

Variable	1	2	3	4	5
1 LH	-				
2 STS-SM	.366**	-			
3 PRC	.135	.004	-		
4 NRC	.145**	.244**	.329	-	
5 Quality of Life	-.020	-.261**	.138**	-.058	-
<i>M</i>	2.78	2.18	3.29	2.42	3.42
<i>SD</i>	0.49	0.87	0.67	0.91	0.72
Range	1-5	1-5	1-4	1-4	1-5
Cronbach (α)	.75	.95	.91	.88	-

Table 2. Descriptive statistics, reliability, and correlation analysis
for the study variables

Abbreviations: LH, learned helplessness; STS-SM, social media-induced secondary traumatic stress; PRC, positive religious coping; NRC, negative religious coping; *M*, mean; *SD*, standard deviation.

***p* < 0.001.

Hierarchical Regression on Secondary Traumatic Stress for Social Media Users (H₁)

The primary analysis of the study involved a hierarchical regression procedure for predicting STS-SM. Variables were included in the model from the one whose effect was contained to be controlled toward the focal variable (Field, 2017). The tolerance statistics ranged from .85 to .97, and the VIFs ranged from 1 to 1.16; thus, there is no concern for multicollinearity (Table 3).

	Independent	B	SE	β	Standardized Coefficient	
					ΔR2	ΔR2Change
Model 1	Quality of Life	-,313*	,058	-,261	,068*	,068
Model 2	Quality of Life	-,289*	,058	-,240		
	NRC	,234*	,048	,244	,122*	,054
	PRC	-,056	,066	-,043		
Model 3	Quality of Life	-,277*	,054	-,231		
	NRC	,198*	,045	,207	,235*	,113
	PRC	-,101	,062	-,078		
	LH	,605*	,079	,342		

Table 3. Hierarchical Regression Models

Dependent Variable: STS-SM. Abbreviations: *B*, unstandardized coefficient of effect; β , standardized coefficient of effect; *SE*, standard error; LH, learned helplessness; PRC, positive religious coping; NRC, negative religious coping; *M*, mean; *SD*, standard deviation. **p* < 0.001.

In the first model, quality of life was the only significant predictor ($\beta = -.261$; *p* < .001) of STS-SM ($F_{1,395} = 28.76$; *p* < .001). Quality of life was inversely associated with STS-SM scores. Model 2 was also significant ($F_{2,393} = 18.22$; *p* < .001). In the second step, religious coping

was added to the model. As such, although the effect of perceived quality of life on STS-SM has decreased, it has continued to have a negative effect ($\beta = -.240$; $p < .001$). NRC had a positive and significant relationship with STS-SM ($\beta = .244$; $p < .001$), whereas PRC was not a significant predictor of STS-SM in Model 2 ($\beta = -.056$; $p = .397$). Model 3 was again significant ($F_{1,392} = 30.15$; $p < .001$). LH was added to this model; a positive and significant effect of LH on STS-SM was determined ($\beta = .342$; $p < .001$). With the addition of LH to Model 3, the negative effect of perceived quality of life and NRC on STS-SM decreased, while no significant effect of PRC was observed ($\beta = -.078$; $p = .102$).

An analysis of explanatory rates reveals that perceived quality of life explains 7% of the change in STS-SM ($\Delta R^2 = .068$; $p < 0.001$). In the second model, the combined influence of NRC and perceived quality of life explains 12% of the variation in STS-SM ($\Delta R^2 = .122$; $p < 0.001$). With the addition of NRC to the model, the perceived quality of life continued to affect this relationship, but a decrease was observed in the negative effect of quality of life on STS-SM ($\beta_1 = -.261$, $\beta_2 = -.240$, $p < 0.001$). When LH was added to the independent variables in the last step, the explanatory rate of the model reached 23% ($\Delta R^2 = .235$; $p < 0.001$). Compared with Model 2, Model 3 exhibited notable improvement and explained 23% of the variance in STS-SM. Thus, the variables that predicted 23% of the variance in STS-SM were identified. As a result of hierarchical regression analyses, it was determined that LH was the most predictive variable of STS-SM. Therefore, moderation and mediation analyses were conducted to determine how the other variables were related to STS-SM and LH (Memon et al., 2019). On the basis of the hierarchical regression findings, H_1 was partially confirmed, as the model did not reveal a significant influence of PRC, suggesting that other factors may have contributed.

Moderation (H_2)

LH predicted STS-SM, but the effects depended on levels of perceived quality of life. Perceived quality of life moderated the relationship between LH and STS-SM: $F_{3,393} = 34.24$; $p < 0.001$; $R^2 = .207$; interaction $\beta = -.235$; $p < 0.05$; $t = -2.15$; 95% CI = (-.4515, -.0204). The moderation effect of perceived quality of life is shown in Figure 1.

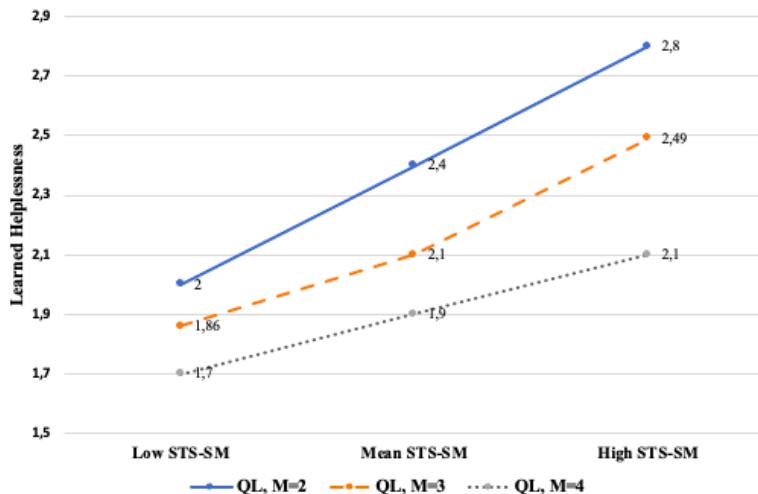


Figure 1. Moderation effect of perceived quality of life (QL) on the association of learned helplessness and secondary traumatic stress for social media users (STS-SM)

The slope for the effect of LH was significant when the quality of life was 1 SD below the mean, at the mean, and 1 SD above the mean. When the perceived quality of life was high, LH had a weaker effect on STS-SM. STS-SM was greatest among those high in LH but was particularly low in perceived quality of life. In summary, perceived quality of life has a moderating effect that reduces the strength of the relationship between LH and STS-SM; thus, H_2 is supported.

Mediation (H_3)

A mediation model was designed to determine the role of NRC, one of the variables predicting STS-SM in the previously mentioned hierarchical regression model, in the relationship between LH and STS-SM. In this mediation model, LH had a positive relationship with STS-SM ($\beta = .597$; $t = 7.2806$; $p < .001$) and NRC ($\beta = .268$; $t = 2.9125$; $p < .01$). Furthermore, NRC had a positive relationship with STS-SM ($\beta = .186$; $t = 4.2116$; $p < .01$; see Figure 2).

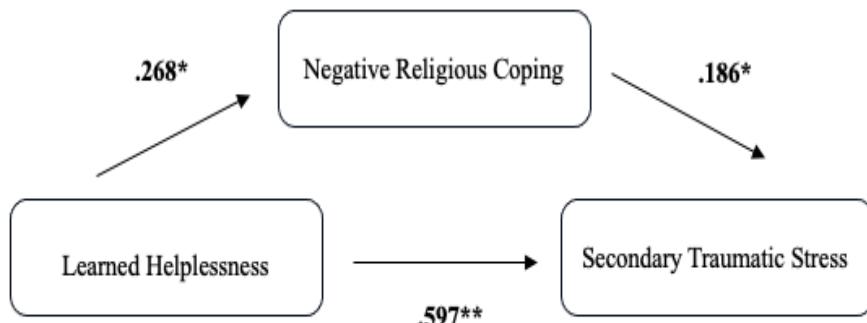


Figure 2. The mediation effect of negative religious coping on the association of learned helplessness and secondary traumatic stress, demonstrated with unstandardized path coefficients. * $p < 0.01$; ** $p < 0.001$.

The indirect effect of NRC on the relationship between LH and STS-SM was significant ($\beta = 0.05$; 95% CI = .0118, .1026; see Table 4). The impact of LH on STS-SM is mediated by NRC. LH caused an increase in NRC, which in turn caused an increase in STS-SM.

Relationship	Total Effect	Direct Effect	Indirect Effect	CI	t statistic	Conclusion
LH > NRC > STS-SM	0,647 (0.000)	0,597 (0.000)	0,0501	0,0118 0,1026	7,811	Partial Mediation

Table 4. Mediation Analysis Summary

Abbreviations: LH, learned helplessness; STS-SM, social media-induced secondary traumatic stress; NRC, negative religious coping; LB, lower bound; UB, upper bound; CI, confidence interval.

NRC mediated the relationship between LH and STS-SM. Partial mediation is evident, as both the direct effect of LH on STS-SM ($\beta = .597$; $p < .001$), the indirect effect mediated by NRC, and the overall total effect ($\beta = .647$; $p < .001$) were statistically significant. Accordingly, H_3 is supported.

Discussion

Past research on secondary traumatic stress has generally focused on individuals such as health care professionals, social workers, and rescue workers who work with individuals who are directly exposed to trauma (Bride, 2007; Ogińska-Bulik et al., 2021; Rayner et al., 2020). In the contemporary era, the burgeoning use of social media, coupled with rapid interaction, has made individuals aware of each other's hardships and traumas more quickly and firsthand than ever before. Unlike the multiple criteria required for being newsworthy in traditional media, current media platforms provide everyone with the opportunity to reflect on their own narratives and experiences, including traumas and hardships. Furthermore, this process works rapidly. Hence, each social media user is exposed to the flow of trauma, regardless of his or her choice. Therefore, every social media user is also a potential victim of secondary traumatic stress. Nevertheless, studies on social media-induced secondary traumatic stress are quite limited (Scott et al., 2023; Secker, 2021).

In this context, this research aims to examine the effects of quality of life, learned helplessness, and religious coping, which are likely to predict secondary traumatic stress caused by social media. To fulfill the purpose of the study, the first hierarchical regression analysis was conducted, followed by mediation and moderation analyses.

In the first stage of the hierarchical regression analysis, it was determined that perceived quality of life was a negative predictor of STS-SM. On the basis of these findings, individuals who are satisfied with their living circumstances are less affected by traumatic stimuli on social media. One of the reasons individuals are affected by the trauma they see on social media is the possibility that this hardship may happen to them. Individuals who evaluate their lives positively and find themselves more advantaged economically or socially may find that they are less likely to experience these hardships. Therefore, the likelihood of STS-SM may be lower. These findings are also consistent with studies addressing the relationship between various forms of stress and quality of life (Ormiston et al., 2022; Prati et al., 2011).

In the second stage, religious coping was included in the model, and it was observed that NRC plays a significant role in increasing STS-SM. PRC did not play a significant role in the model. By adding religious coping to the model, the influence of quality of life in

reducing STS-SM was weakened, indicating that NRC had a stronger effect on STS-SM. Religious coping emerges as a powerful resource for adherents dealing with problems (Abu-Raiya - Pargament, 2015). However, the fact that it is a very effective phenomenon for religious individuals also points to the danger of religious coping potentially leading to a negative effect.

According to the literature, when the positive effect of PRC is compared with the negative effect of NRC on an individual's mental health, the effect of NRC appears stronger and more consistent. In other words, the analyses reveal that the relationships between NRC and psychological stress are stronger (Park et al., 2018; Roggenbaum et al., 2023). In this study, similar to the common findings in the literature, NRC exhibited a positive relationship with STS-SM, which is an indicator of negative mental health, whereas PRC did not have a significant effect (Ano - Vasconcelles, 2005; Gerber et al., 2011).

In the third stage, LH was included in the model as a variable that could determine the individual's attitude toward life experiences and the suffering of others. It has been determined that LH has an enhancing effect on STS-SM. When the variables considered were compared, LH emerged as the most influential predictor of STS-SM. Past research has shown that individuals who feel helpless may experience symptoms of depression and post-traumatic stress disorder (Conoscenti - Fanselow, 2019; Palker - Marcus, 2004). Taken together, individuals with learned helplessness are more vulnerable to the trauma they are exposed to on social media and are prone to developing secondary traumatic stress.

Moderation analysis was conducted to examine the potential indirect effects of quality of life and religious coping on the relationship between STS-SM and LH. It has been determined that perceived quality of life has a moderating effect on this relationship. A high level of LH emerges as a factor that increases STS-SM, but this positive relationship varies depending on whether individuals perceive their quality of life as low, medium, or high. As the perceived quality of life increases, the effect of LH on STS-SM decreases. In other words, high perceived quality of life has a buffering effect on individuals who experience a sense of helplessness while they develop STS-SM. In summary, STS-SM is lowest in individuals who perceive LH as low and quality of life as high.

Finally, mediation analysis was applied to determine the indirect effect of NRC on the relationship between LH and STS-SM. NRC has a significant mediating role in this relationship. LH increases STS-SM through NRC. The fact that the sample consisted of individuals with above-average religiosity scores ($M=4.05$; see Table 1) may have caused religion to be an important coping source. However, individuals who feel helpless may tend to apply NRC more frequently. In accordance with the belief style of individuals who apply NRC, the aspect of God that abandons and punishes them is dominant (Pargament et al., 1998). For this reason, it is plausible that their religious coping style may not have a protective effect against the impact of traumatic events encountered on social media. Therefore, they may develop STS-SM by feeling more vulnerable to the trauma they are exposed to on social media. Consequently, LH increases STS-SM levels by increasing individuals' adoption of NRC.

Strengths and Limitations of the Study

Secondary traumatic stress is a mental and emotional condition that is more common among professional groups such as health care professionals, crisis response teams, and social workers. The distinctive and strong aspect of the findings in this study lies in their nonspecificity to any professional group, as they are derived from laypersons. Social media users are unintentionally exposed to traumatic content that they do not want to encounter on these platforms. More importantly, they are passive recipients when confronted with such content. Therefore, the findings obtained in this research provide empirical evidence for neglected research areas, such as the stressful processes that disturb the content on social media induced by individuals, the factors affecting this stress, and ways to cope with it.

Despite the distinctive features inherent in this research, it has several limitations. First, the study was conducted in a cross-sectional design. Findings are limited to the time the data were collected and the instruments employed for measurement. In addition, the study consists of Turkish Muslim individuals who can be considered relatively religious ($M=4.05$; see Table 1). These circumstances restrict the extent to which the findings can be generalized. Finally, the comprehensive term "social media" was employed as a research metric. However,

investigations focused on prominent social media platforms such as Instagram, X, or YouTube would facilitate the discernment of specific platforms where participants are more exposed to distressing content and experience heightened stress.

Conclusion

This study revealed that perceived quality of life emerged as a negative predictor of STS-SM and demonstrated a moderating effect on the association between STS-SM and LH. As the perceived quality of life increases, the amplifying impact of LH on STS-SM decreases. NRC significantly increased STS-SM and acted as a mediating factor in the association between LH and STS-SM. LH increases secondary traumatic stress through NRC. As a result, STS-SM is lowest in individuals who perceive LH as low, perceive quality of life as high, and apply NRC less frequently.

It is anticipated that the findings will provide distinctive contributions to both theoretical and empirical understanding within the realms of mental health, social media, and the psychology of religious coping. Health care professionals can integrate the findings of this study into their intervention programs for people who experience this stressful situation.

Intervention by practitioners to help people proactively address the process can lead to more effective results. Furthermore, discerning the contexts in which individuals tend to apply positive or negative coping can enhance the efficacy of religiously/spiritually integrated and culturally sensitive intervention programs. Each of these factors is an indirect contributor that positively affects the mental health of both individuals and societies.

For further research, studies in the context of events that profoundly affect society, such as natural disasters, pandemics, terrorist attacks, and wars, will enable a better understanding of the subject by revealing its different dimensions. Societies as well as people have codes of conduct. Within this framework, comparative studies across diverse cultural contexts and socioeconomic landscapes illuminate and elucidate the origins of secondary traumatic stress and its correlated constructs.

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