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Research Paper

e-Traumatization: Acquired Trauma through Media Platforms

Andrie Jann V. Akilith[1]*, Kathleen P. Cristobal[1], Miguel G. Madamba Jr.[1]
[1] Laguna College of Business and Arts, Philippines

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Abstract

Using Foa and Kozak's fear network model, this study explored the lived experiences of individuals exposed to disturbing content across various media platforms. Through an Interpretative Phenomenological Approach (IPA), the study identified three key themes: Personal Distress, reflecting emotional struggles and intrusive thoughts akin to traditional PTSD symptoms; Digital Hypervigilance, mirroring heightened vigilance and avoidance behaviors; and Adaptive Mechanisms, highlighting coping strategies developed to manage distress. This study raises public awareness about the psychological impact of engaging with disturbing media content and deepens understanding of how media-acquired trauma parallels traditional traumatic stress. Recommendations include psychotherapy tailored for e-traumatization, stricter content moderation on media platforms, accessible helplines on social media, and public awareness campaigns to mitigate the effects of disturbing media content.

Keywords *Interpretative Phenomenological Analysis, e-Trauma, Traumatic Stress, Disturbing Media Content, Fear Network Model*

INTRODUCTION

As cyberspace continues to expand, social media platforms are struggling to effectively moderate the content shared and posted by users. In fact, platforms like Facebook, in their 2019 integrity report, were still grappling with defining what constitutes disturbing content (McCluskey, 2021). Currently, 56% of 11-16-year-olds have been exposed to explicit material (Internet Matters Ltd, 2024), highlighting the alarming lack of adequate attention given to moderating such content. Despite these statistics, there is a notable gap in research regarding the experiences of individuals exposed to gruesome material, underscoring the need for more comprehensive studies on the psychological and social effects of such exposures.

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (American Psychiatric Association, 2022), explains that trauma is not something we can experience solely by watching or hearing about it through media platforms. Instead, it defines trauma as stemming from exposure to events involving (1) threatened death, (2) actual death, (3) serious injury, or (4) sexual violence (Gore, 2024). This restriction makes it even more difficult to recognize and diagnose individuals who experience traumatic stress symptoms after seeing distressing content on media platforms, like videos, social media images, or movies, based on real events. While an adjustment disorder diagnosis may be given to individuals, as it may be seen as less intense compared to direct experiences, the DSM-5-TR clearly states that trauma can be acquired through both direct and indirect exposure (American Psychiatric Association, 2022). As a result, the intensity of exposure to these four (4) categories through media platforms remains uncertain whether it should be qualified for the identification of individuals with traumatic stress.

The Fear Network Model, which was developed by Foa and Kozak (1986), offers a framework for understanding how trauma impacts an individual's mind and behavior. This theory posits that: First, traumatic experiences are stored as fear memories, which include sensory, emotional, and cognitive elements, collectively referred to as fear memory (Gentsch & Kuehn, 2022). Second, neutral stimuli linked to the traumatic event become conditioned stimuli, provoking fear responses through classical

Corresponding author's email: andriejann0721@gmail.com

conditioning, a process known as Fear Conditioning (Rehman et al., 2024). Third, fear memory and conditioned stimuli create a complex neural network that results in automatic and exaggerated fear responses (Cortese et al., 2024). Finally, to alleviate fear and anxiety, individuals may engage in avoidance behaviors, which reinforce the fear network by preventing its extinction (National Center for PTSD, n.d.). In the context of media exposure, research has shown that combining social media exposure with TV exposure can significantly increase the risk of PTSD, with the risk nearly doubled when social media engagement involves sharing videos of the event. This finding supports growing evidence that exposure to social media related to traumatic events is linked to a higher prevalence of PTSD (Abdalla et al., 2021). Furthermore, trauma can have a lasting impact on an individual's mind, where memories, emotions, physical sensations, and thoughts become interconnected by fear (Gentsch & Kuehn, 2022).

This research explores how the Fear Network Model can help us understand the psychological effects of media exposure in relation to trauma and provide recommendations for mitigating these effects. By examining how media exposure may intensify or trigger trauma symptoms, this study aims to offer practical suggestions, such as therapeutic interventions and media guidelines, to support individuals impacted by such experiences.

LITERATURE REVIEW

Mental Health Issues in the Use of Media Platforms

Bridgland et al. (2022) discovered that trigger warnings are useful in emotionally preparing people for upcoming trauma-related material. However, no differences in coping strategies, state, anxiety, or phenomenology were observed between the warning and content conditions. Their findings indicate that triggering warnings do not reduce negative emotional reactions.

A previous study by Mahamid and Berte (2018) found that posttraumatic symptoms were higher in individuals with patterns of higher frequency and interactivity of social media use. The study also found that those residing in internally displaced refugee camps had higher levels of symptoms, excessive use patterns, and interactivity levels with social media.

In a similar vein, Rochotte et al. (2024) conducted a study on predicting anxiety through digital traces from Google and YouTube. They discovered that online behavior data from these platforms could be used to gauge anxiety levels. Additionally, the study revealed that combining data from various media sources resulted in highly accurate predictive models for anxiety, as measured by the clinical GAD-7 scale (AUC > 0.86). Furthermore, the research highlighted that the semantic categories of online engagement significantly influenced the predictive accuracy of these models.

Abdalla et al. (2021) developed a model of PTSD using data from previous traumatic events and incorporated an internal social network structure to estimate the prevalence of community PTSD following TV and social media coverage of a shooting. They found that the prevalence of PTSD in the community due to TV coverage alone was 3.1%. Reducing the population's TV viewing hours to the lower half of the distribution decreased the prevalence of PTSD to 1.3%, whereas increasing viewing time to the upper half increased the prevalence of PTSD to 3.5%. Adding casual social media use (viewing posts) along with TV coverage increased the prevalence of PTSD to 3.4%, and the prevalence rose to 5.3% when agents shared shooting-related videos on social media.

Finally, Scott et al. (2023) outlined ways to integrate the six trauma-informed principles into social media design, content moderation, and company practices. They concluded with recommendations aimed at balancing platform accountability and responsibility while promoting well-being and healing for all users.

The pervasive influence of media platforms on contemporary society has raised concerns about their potential impact on mental health. Emerging research indicates that frequent engagement with social media and other digital platforms, especially those with high levels of interactivity, can increase

vulnerability to emotional distress. This is particularly relevant to the study on the psychological impact of exposure to traumatic media content, which highlights how exposure to distressing material can lead to the development of symptoms similar to post-traumatic stress disorder. To mitigate these risks, strategies such as trigger warnings can be employed to prepare individuals for potentially upsetting content. Additionally, the development of accurate predictive models for anxiety based on data from various media sources offers the potential for early identification and intervention. Traditional media, like television, has also been linked to increased rates of emotional distress, especially after traumatic events. Limiting screen time and carefully curating media consumption can be effective strategies for promoting positive mental health.

PTSD and Fear Network Model

According to Şimşek (2023), there was a thorough discussion of the various expert models for explaining trauma, as well as the influence of cognitive processes on the onset and persistence of trauma. Moreover, cognitive therapy techniques that are believed to benefit both the victim and mental health professionals are included, taking into account the role that these techniques play in helping PTSD patients reevaluate the trauma healthily.

Rubenstein (2024) also concluded that symptom remission does not require the particular type of exposure that prolonged exposure requires. Furthermore, typical psychotherapeutic elements might help patients expose themselves outside of the therapeutic setting. The direction of clinical research should change as a result of these findings to determine which therapeutic approaches best facilitate the processing of trauma memories. In clinical practice, shared decision-making should afford patients more freedom to select trauma - or non-trauma-focused therapies.

The increasing accessibility of media platforms has significantly impacted how individuals process and respond to traumatic events. Exposure to distressing content through these platforms can lead to the development of post-traumatic stress disorder (PTSD) – like symptoms, a phenomenon often explained by the Fear Network Model. This model posits that traumatic experiences can create neural networks that associate specific cues or triggers with fear and anxiety responses. Recent studies have highlighted the role of cognitive processes in the development and maintenance of trauma-related symptoms. Cognitive therapy can help individuals reevaluate traumatic experiences and develop healthier coping mechanisms. Moreover, research has suggested that symptom remission may not always require highly structured exposure therapy techniques and that other therapeutic approaches, including those that promote self-directed exposure, may be equally effective. These findings have significant implications for the treatment of trauma-related disorders, emphasizing the importance of tailored therapeutic interventions and shared decision-making between clinicians and patients.

Activate the Fear Network

Traumatic events often lead to mental disorders triggered by media exposure. In their study of individuals who watched disaster-related short videos, Liu and Ma (2022) found that PTSD was primarily associated with the "Help Seeking (SVP)" scenario, whereas depression and anxiety were linked to the "Support (SVP)" scenario. Among the 12 exposure scenarios, "Help Seeking (SVP)" was the most common among the three networks. The main symptoms identified were "Concentration" for PTSD, "Relaxation" for depression, and "Reliving Trauma" for anxiety, with the shortest paths between central symptoms and exposure items requiring only two or three steps.

Similarly, translational models of fear conditioning and extinction have highlighted a key neural network involved in the learning, consolidation, and expression of conditioned fear and its reduction. Wen et al. (2021) explored functional MRI data to examine activations in 10 brain regions commonly active during fear conditioning and extinction, aiming to differentiate anxious or trauma-exposed

individuals from controls. Their findings suggest that neuroimaging of brain activations within fear networks could open new possibilities for developing brain-based psychiatric diagnostics.

In addition, Velasco (2024) conducted experimental studies on how fear affects a person's body. Two findings emerged from the study: Fear responses occurred in more brain regions than anticipated. However, not every brain part reacted in each of the three scenarios. For example, Satpute (2024) observes that the amygdala appeared to contain information that predicted fear during the height context, but not in some other contexts. These so-called "classic threat areas" are not showing up as predictive of fear in various contexts.

The increasing accessibility of media platforms has significantly impacted how individuals process and respond to traumatic events. Exposure to distressing media content can activate the fear network, a neural network associated with the development and maintenance of anxiety and fear responses, as described by Foa and Kozak's (1986) model. This can lead to the development of PTSD, depression, and anxiety symptoms. Understanding the role of the fear network in mediating the impact of media exposure is crucial for developing effective prevention and intervention strategies. By identifying individuals at risk and providing timely support, it may be possible to mitigate the negative psychological consequences of traumatic media exposure.

Avoiding or Coping Strategies

Orcutt et al. (2020) defined and introduced the concept of experiential avoidance (EA) and explained how it differs from other related concepts. They discussed the connection between EA and PTSD by reviewing the body of existing research and placing it within several theoretical frameworks. Additionally, a summary of the scant treatment studies that addressed changes in EA and PTSD was used to illustrate the malleability of EA.

The various forms of avoidance that occur after a traumatic event were distinguished by PTSD UK (n.d.). Emotional and reminder avoidance behaviors were defined in this study. Avoiding thoughts and emotions related to traumatic events is known as emotional avoidance. This kind of avoidance is internal to the individual; others may not understand what you are avoiding or why. In contrast, behavioral avoidance refers to avoiding reminders of a trauma, such as people, places, sounds, or smells.

Additionally, by examining the available scientific data, Finstad et al. (2021) conducted a narrative review to examine the benefits of the COVID-19 pandemic as well as potential health promotion and prevention tactics. They paid particular attention to the concepts of posttraumatic growth (PTG), coping mechanisms, and resilience. A key factor in mitigating and averting the harmful psychological impacts of the pandemic is psychological resilience, which is linked to decreased levels of anxiety, depression, and burnout. In this study, resilience is essential for improving the well-being of healthcare and non-healthcare workers at the individual and organizational levels.

In a similar vein, Tipsword et al. (2021) demonstrated that people who experience shame related to trauma have higher levels of symptoms of posttraumatic stress disorder (PTSD). Their study examined how approach coping and avoidance might explain the link between PTSD and trauma-related shame in 60 women who had experienced interpersonal trauma. The association between shame and interviewer-assessed PTSD symptoms was partially explained by avoidance coping, according to indirect effects tests (β =.21, SE = 0.08, 95% CI = [0.03, 0.36]).

Finally, Machado et al. (2020) investigated the influences of coping styles on posttraumatic stress symptoms (PTSS) among a sample of non-clinical college students who were exposed to disturbing events. It was found that 99 college students participated in the study. However, the sample used in the analyses consisted of only 37 participants who fulfilled DSM-IV criterion A for Posttraumatic Stress Disorder (PTSD).

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process and respond to traumatic events. Exposure to distressing media content can activate the fear network, a neural network associated with the development and maintenance of anxiety and fear responses, as described by Foa and Kozak's (1986) model. This can lead to the development of maladaptive coping strategies, such as avoidance and rumination, which can intensify the symptoms of PTSD and other anxiety disorders. Studies have shown that individuals who engage in avoidance behaviors, such as avoiding reminders of traumatic events or suppressing distressing thoughts and emotions, are more likely to experience persistent symptoms. Additionally, maladaptive coping strategies, such as substance abuse and excessive social media use, can further intensify psychological distress.

The increasing accessibility of media platforms has significantly impacted how individuals process and respond to traumatic events. Exposure to distressing media content can activate the fear network, a neural network associated with the development and maintenance of anxiety and fear responses, as described by Foa and Kozak's (1986) model. This can lead to the development of maladaptive coping strategies, such as avoidance and rumination, which can intensify the symptoms of PTSD and other anxiety disorders. Understanding the role of the fear network in mediating the impact of media exposure is crucial for developing effective prevention and intervention strategies. However, a significant gap in the existing literature lies in the understanding of the subjective experiences of individuals affected by exposure to traumatic media content. By exploring individual perspectives and interpretations of these experiences, researchers can gain valuable insights into the psychological mechanisms underlying these responses and develop more targeted interventions to promote mental well-being.

RESEARCH METHOD

This study focused on people who had encountered graphic or distressing media content for not less than six (6) months before data collection. Data were collected through a semi-structured interview questionnaire. Based on Ellis (2016) and Akilith (2023), a sample size of six (6) to 25) is sufficient to gather comprehensive insights. Saturation in qualitative research is reached when no new information emerges from data collection, often occurring within a homogeneous group after a small number of interviews. Some studies suggest that saturation can be achieved with as few as five interviews. Considering this, the researchers used purposive homogeneous sampling to select seven participants who had been exposed to disturbing media and exhibited symptoms similar to post-traumatic stress or acute stress disorder.

This study used the Interpretative Phenomenological Approach (IPA) to explore the lived experiences of the participants, aiming to identify shared themes within the group while examining specific factors related to the issue. Given the sensitive nature of the study, participants were carefully selected, ensuring that only those who voluntarily consented to participate were included. A trauma-informed interview was conducted to prioritize the participants' well-being and emotional safety.

The researchers approached the interviews with care and a strong commitment to fostering trust and respect. Before the interviews, the researchers clearly explained the study's purpose, addressed any questions, and emphasized that participation was entirely voluntary, with the option to pause or withdraw at any time. During the sessions, the researchers used open-ended questions to create a supportive environment, allowing participants to share their stories at their own pace without pressure to disclose distressing details unless they chose to do so. Throughout the process, the researchers remained attentive to the participants' emotional states, offering breaks when necessary and responding with empathy and understanding. After each interview, the researchers checked in with the participants to ensure they felt safe and supported, and they provided resources for additional assistance if needed. This approach reflected the researchers' respect for the participants' resilience and dedication to conducting the study in a manner that upheld ethical and trauma-informed principles.

Furthermore, data collection was conducted using tape recordings because this method was essential for conducting the in-depth interviews required for IPA. An interview protocol was used to guide the researchers to ensure the data gathered aligned with the study objectives. After collecting responses, the researchers transcribed the recordings and sent a printed copy to the respondents for member checking.

FINDINGS AND DISCUSSION

The table presents the participants' profiles, including their ages and the periods during which they were exposed to disturbing content before the interview. According to the Data Privacy Act of 2012, the names of the participants are kept confidential. As a result, assigned aliases are labeled for reference.

Table 1. Profile of the Participants

Participants	Age	Exposure (Count from the time of exposure to the time of interview)
Participant 1	34	1 month
Participant 2	27	1 month and 8 days
Participant 3	25	6 days
Participant 4	27	1 month
Participant 5	19	7 days
Participant 6	19	14 days
Participant 7	30	2 days

The investigation of the exposed participants' experiences and the examination of similar experiences were among the inquiry methods used. Consequently, the research was directed at the central question: What is the essence of the lived experience of individuals exposed to disturbing content on media platforms?

The corollary question is answered in the discussion below:

Corollary Question Number: How did the participants describe their experiences after viewing the disturbing content?

Interview Question 1: How did you feel immediately after engaging with disturbing content?

When asked, Participant 2 directly responded that she struggled to sleep after watching a gruesome episode. She explained that the scenes would replay in her mind repeatedly, making it difficult for her to fall asleep immediately after watching. In her own words,

> *"Honestly, I had a nightmare after watching it, I struggled to sleep, and I honestly did not finish the whole series because I really can't. Even so, I just fast forward and read the summary per episode." – Participant 2*

Participant 2 had a difficult time describing her experience; she struggled to relay the chronological order of instances and feelings associated with the experience. Similarly, when Participant 5 was asked whether sleeping alone brought intense anxiety, a feeling that lingered even as she talked about it. In her own words, Participant 5 stated:

> *"At night, before going to sleep, I always make rounds to check if my parents' door is locked and if the main gate is secure. I frequently checked the door. Ever since watching it, I have developed a habit of constantly checking my surroundings to make sure everything is clear—just to feel at peace. If I hear a dog barking, I immediately check the CCTV to see if someone is there. I find it hard to sleep and have become very suspicious of my surroundings." – Participant 5*

She described how difficult it was to fall asleep, with constant worries that someone might come and harm her and her family. In line with this, Lancel et al. (2021) stated that sleep disturbances frequently co-occur with post-traumatic stress disorder (PTSD). There are clear gaps in our knowledge regarding the links between PTSD and sleep, highlighting the need for further research and innovation to optimize PTSD outcomes. This research convincingly demonstrates that PTSD is often associated with multiple diverse sleep disorders that impact the development, maintenance, and recovery of PTSD.

Furthermore, Miller et al. (2020) highlighted that people exposed to trauma often experience significant sleep disturbances, which can make it difficult for them to heal and cope with PTSD. The high rate of sleep problems among trauma survivors indicates a clear need for effective sleep support and interventions that can help them on their journey to recovery.

Interview Question 2: Does watching disturbing media affect your overall disposition?

When asked the question, Participant 6 frowned and responded that she could remember every detail, which disrupted her focus. As a result, she experienced a low mood that affected those around her throughout the day. In her own words, she stated:

> *"I keep thinking about disturbing films; I can still remember every content, and it alters my focus as I was having flashbacks. It took me the whole day to get in a bad mood, and it affected my surroundings." – Participant 6*

It could be seen from her response that she had a hard time getting over the disturbing content she had, it's as if she was triggered by the question. In another interview, Participant 7 was concise and clear when she relayed that, at the time, she was silently observing her surroundings. Checking if someone is entering their house or peeking through their window blinds. In her own words, she stated:

> *"After watching the disturbing film, I scanned my surroundings discreetly so that people wouldn't judge me as being paranoid. I peek through our window blinds just to be sure nobody is entering the house. It happened for a day, but now I am fine. I don't do that anymore." – Participant 7*

She was keen on providing the corresponding details about her behavior. The researchers noted that at the time of the interview, the participant had not been triggered. Related to this, Kimble et al. (2023) stated that hypervigilance, attentional bias, and negative worldviews significantly contribute to post-trauma symptoms and are linked to both clinical depression and post-traumatic stress. They found that hypervigilance scores and negative worldviews predicted both the number of visual fixations and the area of the image examined, although these factors did not predict pupil size. These findings suggest that distinct gaze patterns are associated with post-traumatic stress, but not depression.

Moreover, Mayo Clinic (2024) stated that negative changes in thinking and mood are common symptoms of PTSD. These may include negative thoughts about oneself, ongoing emotions of fear, guilt, shame, anger, or blame, memory problems, detachment from friends and family, anhedonia, difficulty processing positive emotions, and emotional numbness.

Interview Question 3: What steps, if any, have you taken to cope with the impact of disturbing media content?

Participant 3 shared that she copes with distress by listening to music. Whenever she feels tensed or experiences physical symptoms due to the effects of media content, she turns to music for relief. In her own words, she stated,

> *"I tried to keep myself busy, I talked to my mom about things that weren't related to that. I clean the house and listen to good music (ain't sad songs)." – Participant 3*

She said it as though her goal was to inform the researchers of the benefits of music relative to witnessing disturbing content. However, Participant 5 shared that after watching distressing content, she became very cautious about avoiding similar videos that might evoke the same feelings. In her own words, she stated:

> *"I've stopped opening videos or watching content that reminds me of that content." – Participant 5*

She expressed her strong dislike for viewing such content by raising the tone of her voice in relaying her avoidance of such content. In a qualitative study on trauma integration in music therapy, Bensimon (2022) explored the principles and techniques that guide music therapists in helping people who have experienced trauma. The findings identified three distinct forms of integration. Body integration refers to how active music-making acts as a sensory stimulus, bypassing linguistic and logical processing and allowing clients to find peace with their bodies and feel whole. Event integration involves the process by which a repressed traumatic event resurfaces through music, facilitating both emotional and cognitive integration of the event.

Additionally, NeuRA (2021) noted that individuals frequently attempt to cope with trauma by avoiding distressing memories, thoughts, or emotions linked to the event. Although this may provide short-term relief, it can lead to worse long-term outcomes.

By collecting responses from the participants, the researchers identified the following emerging themes from the manuscript: (1) Personal Distress, (2) Apprehension, and (3) Diverse coping techniques.

Personal Distress

The first interview question, "How did you feel immediately after engaging with disturbing content?" led to the identification of the first theme, "Personal Distress." The researchers found that immediately after exposure to disturbing content, participants experienced various forms of personal distress. This included discomfort, sleep disturbances, concentration problems, physical numbness, loss of appetite, and intrusive thoughts. These experiences are encapsulated in the first theme, "Personal Distress," which refers to the emotional and psychological discomfort that arises when exposure to certain content triggers distressing memories or emotions. Responses from participants highlight these experiences, such as Participant 1, who stated,

> *"I had nightmares about the disturbing content." – Participant 1*

> *"I struggled to sleep," – Participant 2*

"I couldn't maintain my focus and I started to feel that my hands were getting cold." –Participant 3

"I stopped eating while watching it." – Participant 7

These responses were consistently present across the data, illustrating the profound impact of the content on the participants' well-being. These manifestations align with the four (4) categories defined by the American Psychiatric Association in the diagnosis of PTSD: (1) Intrusion, which includes distressing dreams and flashbacks of a traumatic event; (2) Avoidance, involving efforts to avoid anything that triggers distressing memories; (3) Alterations in cognition and mood, which refer to difficulties in remembering important aspects of the event; and (4) Alterations in arousal and reactivity, such as heightened irritability or being easily startled (Bensimon, 2022).

In addition, within the fear network model, the participants' symptomatic presentations can be linked to the activation of fear memory. These experiences were encoded into the memories of the participants through fear. The disturbing content of the media that they viewed led to significant distress for individuals.

Digital Hypervigilance

The second interview question, "Does watching disturbing media content affect your overall disposition?" led to the identification of the second theme, "Digital Hypervigilance". Digital hypervigilance is a state of heightened awareness and alertness in the digital world. It is characterized by a constant need to monitor one's surroundings in response to disturbing media. In this theme, participants shared how watching the content affected their overall mindset and mood, describing several key experiences: (1) Paranoia, a lingering fear that similar events could happen to them; (2) Heightened alertness, where they felt more irritable and on edge, constantly watching their surroundings; and (3) Flashbacks, as unwanted thoughts and images that would suddenly come to mind, disrupting their peace. Participants' responses vividly illustrated these experiences. For instance, Participant 5 remarked,

"I found myself frequently checking the door." – Participant 5

"…I had flashbacks," – Participant 6

"…I scanned my surroundings." – Participant 7

These responses were evident across the data, highlighting the profound impact that engaging with disturbing content has on participants' mental states. Hypervigilance is one of the many hyper-arousal symptoms of post-PTSD, characterized by a persistent state of high alert where individuals feel tense, "on guard," and vigilant for potential dangers, whether real or imagined. This heightened awareness leads to an ongoing need to scan the environment for threats, which is both mentally exhausting and stressful. Because the brain is continuously on alert, this state can result in overly intense or even aggressive responses to everyday situations due to the strain on mental resources, (PTSD UK, n.d.).

Additionally, Gillies et al. (2016) described hypervigilance as a state of constantly monitoring for potential threats in one's surroundings, often stemming from past trauma. Individuals who have experienced combat, have survived abuse, or have PTSD may display signs of hypervigilance.

In addition, in the fear network model, these behavioral presentations could be associated with the Fear Network. There is an exaggerated fear response concerning acquired fear memory and

conditioned stimuli. It can be seen from the responses of the participants that they acquired heightened alertness after watching the disturbing content.

Adaptive Mechanisms

The third interview question, "What steps, if any, have you taken to cope with the impact of disturbing media content?" led to the identification of the third theme, "Adaptive Mechanisms." In the theme "adaptive mechanism," participants shared the methods they undertook to relieve themselves of the negative feelings associated with watching disturbing media content. This theme represents strategies or processes that help individuals adjust to changes in their surroundings or internal states, allowing them to maintain stability, improve performance, and effectively respond to challenges and stressors. Participants primarily relied on four coping strategies: (1) Faith, as they sought solace in spiritual connections to achieve mental peace; (2) Distraction, by engaging in activities like listening to music or reading to divert their minds from distressing thoughts; (3) Avoidance, as they limited their exposure to disturbing content, being mindful of what they consumed on media platforms; (4) Social support, where they turned to their networks for emotional support, seeking comfort and understanding from friends and family.

Participant responses illustrated these adaptive mechanisms effectively. For example,

"…I've stopped opening videos or watching content that reminds me of that content." – Participant 5

"…I listen to good music," – Participant 3

"…I listen to worship songs." – Participant 1

"…I talked to my mom about it." – Participant 6

These responses were evident across the data, highlighting the diverse approaches the participants employed to manage their emotional responses. Related to this, Tull (2024) proposed healthy ways to cope with post-traumatic stress. He stated the following: deep breathing, progressive muscle relaxation, mindfulness, self-monitoring, social support, self-soothing, expressive writing, distraction, and behavioral activation.

Furthermore, within the fear network model, the participants' behavioral responses can be linked to Avoidance Behavior. To alleviate the anxiety triggered by exposure to disturbing content, some participants avoided similar stimuli, while others sought social support or turned to their faith for comfort and coping.

Existing literature has established a relationship between PTSD and social media addiction, demonstrating that the use of media platforms, such as television and social media, can contribute to the development of Post-Traumatic Stress Disorder. However, there is limited research exploring how individuals describe their experiences, particularly their feelings immediately following exposure to disturbing media content. These results provide insight into how individuals perceive their experiences and the behaviors they exhibit after encountering such content. These findings contribute to the understanding of how e-trauma can be acquired through disturbing media, and they can help inform practitioners' knowledge of abnormal psychology, especially given the current growing prevalence of this issue.

CONCLUSION

In conclusion, the behaviors exhibited by the participants clearly reflect those associated with the traditional acquisition of post-traumatic stress. This study highlights how trauma acquired from media platforms can be understood through Foa dan Kozak's (1986) fear network model, as seen in the themes of Personal Distress, Digital Hypervigilance, and Adaptive Mechanisms. The Personal Distress theme captures immediate psychological and physical symptoms such as discomfort, sleep disturbances, concentration problems, physical numbness, loss of appetite, and intrusive thoughts, illustrating how exposure to distressing media content activates the fear network and induces ongoing emotional and physiological distress. Digital Hypervigilance reveals a heightened state of alertness, paranoia, and flashbacks, where individuals feel compelled to constantly scan for perceived threats, reflecting the model's concept of an activated fear structure that alters one's cognitive and emotional responses to the environment, even in digital spaces. Finally, the Adaptive Mechanisms theme—encompassing coping strategies like faith, distraction, avoidance, and social support—demonstrates how individuals attempt to counterbalance the fear and hypervigilance caused by traumatic media exposure, striving to reestablish a sense of safety and control.

Beyond individual experiences, these findings have significant implications for digital media policies and mental health interventions. Media platforms, which have a profound influence on shaping individuals' perceptions and emotional responses, could benefit from enhanced regulatory measures aimed at minimizing exposure to traumatic content, particularly without adequate context or support. Policymakers should consider implementing safeguards to limit or flag distressing content to reduce its potential to trigger trauma responses in vulnerable populations. Furthermore, mental health professionals may need to adapt traditional trauma interventions to address the unique challenges posed by media-induced trauma. This could include developing digital-specific therapeutic techniques that focus on mitigating the effects of digital hypervigilance and enhancing coping mechanisms in response to media-related distress. For example, therapists can help individuals strengthen adaptive mechanisms, such as using social support networks and distraction techniques, to manage anxiety and distress. Promoting adaptive avoidance, such as limiting exposure to harmful media, could also help individuals regain a sense of control. Additionally, faith-based coping strategies could be incorporated for those who find strength in spiritual practices, offering a sense of emotional grounding. Given the prevalence of digital media in daily life, it is important to include discussions on e-trauma and its potential impact in mental health education and prevention programs. By acknowledging the growing relevance of trauma in the digital age, interventions can be better equipped to support individuals experiencing media-induced trauma and help prevent the long-term effects of fear network activation. Ultimately, these findings call for a more integrated approach to digital media consumption and mental health, with a focus on harm reduction and appropriate support in an increasingly mediated world.

LIMITATION & FURTHER RESEARCH

Based on the findings of this research, several recommendations are proposed to address trauma acquired from media platforms. First, developing a specialized psychotherapy treatment plan tailored to "e-traumatization" could provide targeted support for individuals affected by e-trauma. This plan should integrate techniques specifically designed to address the unique symptoms of digital hypervigilance, personal distress, and adaptive mechanisms observed in e-traumatization. Second, enhanced moderation of disturbing content on social media platforms is essential to reduce exposure to potentially traumatic material. Social media companies should employ stricter algorithms and human oversight to identify and limit such content, thus preventing unnecessary trauma exposure. Third, introducing accessible helplines directly on social media platforms would provide immediate support for individuals experiencing e-trauma, offering them a resource to discuss their experiences and seek guidance. Fourth, public awareness campaigns should be implemented to disseminate findings

related to e-trauma, help people understand the psychological impacts of distressing online content, and promote safer media consumption practices. Together, these initiatives represent a comprehensive approach to managing and mitigating the effects of e-trauma from digital media exposure. Finally, similar research should be conducted to further strengthen the premise that trauma can also be acquired through media platforms.

However, there are limitations related to the use of qualitative data. The self-reported experiences of the participants may introduce biases, such as social desirability bias or selective memory, which could impact the accuracy and generalizability of the findings. Participants may have unintentionally downplayed or exaggerated their experiences, or their recollections may have been influenced by their emotional states at the time of the interview. Future research could address these limitations by incorporating quantitative methods to validate the findings, such as surveys that measure trauma symptoms or physiological responses to media exposure. Additionally, comparative studies across different demographics, such as age, gender, and cultural background, could provide a deeper understanding of how e-trauma affects diverse populations and whether specific groups are more vulnerable to media-induced trauma. Such research could help refine interventions and support mechanisms tailored to different demographic needs.

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