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Mediating Role of Self-Compassion in the Correlation between Depression, Anxiety, Stress and Problematic Internet Use

Problemli İnternet Kullanımı ile Depresyon Anksiyete, Stres Arasındaki İlişkide Öz-Şefkatin Aracı Rolü

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Abstract: This research investigated the mediating role of self-compassion in the relationship between problematic internet use and depression, anxiety, and stress. A correlational model was used for the research. The research group comprised 371 adults, of whom 285 were women (76.8%) and 86 were men (23.2%). The ages of the participants varied from 18 to 57 years (mean = 21.59, SD = 2.09). The scale tools used in the study included the Personal Information Form, the Problematic Internet Use Scale, the Depression Anxiety Stress Scale-21, and the Self-Compassion Scale. Data analysis was performed using the SPSS and JAMOVI programs. Descriptive statistics, Pearson correlation analysis and the GLM mediation model were used to analyse the data. According to the results of the Pearson correlation analysis, there were positive correlations between problematic internet use and depression, anxiety and stress, and a negative correlation between problematic internet use and self-compassion. Additionally, negative correlations were observed between self-compassion and depression, anxiety, and stress. The results of the GLM mediation model showed that self-compassion played a mediating role in the relationships between problematic internet use and depression, anxiety and stress.

Keywords: Problematic Internet Use, Depression, Stress, Anxiety, Self-compassion

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Öz: Bu araştırmada problemli internet kullanımı ile depresyon, anksiyete ve stres arasındaki ilişkide öz-şefkatin aracı rolü incelenmiştir. Araştırmada ilişkisel model kullanılmıştır. Araştırma grubunu 285 (%76,8) kadın ve 86 (%23,2) erkek olmak üzere 371 yetişkin oluşturmaktadır. Araştırma grubunun yaşları 18 ile 57 (ort = 21,59 ss = 2.09) arasında değişmektedir. Araştırmada ölçme aracı olarak Kişisel Bilgi Formu, Problemli İnternet Kullanımı Ölçeği, Depresyon Anksiyete Stres-21 Ölçeği ve Öz-anlayış Ölçeği kullanılmıştır. Verilerin analizinde SPSS ve JAMOVİ Programları kullanılmıştır. Veriler betimsel istatistikler, Pearson korelasyon analizi ve Glm aracılık modeli kullanılarak analiz edilmiştir. Bulgular incelendiğinde, Pearson korelasyon analizi sonuçlarına göre problemli internet kullanımı ile depresyon, anksiyete ve stres arasında pozitif; öz-şefkat ile ise negatif yönde anlamlı ilişkiler saptanmıştır. Ayrıca öz-şefkat ile depresyon, anksiyete ve stres arasında negatif bir ilişki görülmektedir. Glm aracılık modeli sonuçlarında depresyon, anksiyete ve stres ile problemli internet kullanımı arasındaki ilişkide öz-şefkatin aracı rolü olduğu görülmektedir.

Anahtar Kelimeler: Problemli İnternet Kullanımı, Depresyon, Stres, Kaygı, Öz-şefkat

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1. INTRODUCTION

There is a broad consensus about the idea that the internet may serve as a tool increasing welfare (Aboujaoude, 2010). The internet provides countless benefits for the quality of life of individuals (Mamun et al., 2019). For example, the internet has opened a new area filled with unlimited opportunities for communication, social interaction and education (Carli & Durkee, 2016). The exponential increase in the use of the internet for work, home and leisure activities and its inclusion in nearly all activities have begun to change the boundaries between functional and dysfunctional internet use. This situation has caused the internet to pass much beyond the intention for which it was initially created (Anand et al., 2018). As a result, in spite of many positive effects, some forms of use of the internet have led to an association with addiction symptoms (Mamun et al., 2019). For some individuals, excessive internet use has negative effects on psychological and social functioning (Moretta & Buodo, 2020). For this reason, in recent years increasing concerns are observed about excessive internet use and its harmful effects. This case has been labeled problematic internet use (PIU) in the academic literature (Erhel et al., 2024). In other words, rapid developments in internet use have been followed by very diverse challenges brought by intense internet use, and this situation underlies the case called PIU (Olenik Shemesh et al., 2024).

PIU has been a growing problem for twenty years and several researchers have attempted to explain its occurrence (Wei et al., 2024). PIU involves uncontrollable internet use with excessive busyness, and impulses and behavior related to internet use causing distress in the individual (Fontana et al., 2022; Shaw & Black, 2008). Therefore, excessive internet use may lead individuals to neglect those around them and experience guilt upon realizing the emotional impact on others (Werling & Grünblatt, 2022). However, individuals may not always be easily able to reduce the amount of their internet use (Perdew, 2014). For example, reducing internet use may lead to negative outcomes for some individuals; in fact, some individuals may find it difficult to cope with their underlying problems by using other methods (Derbyshire et al., 2013).

Researchers have oriented toward investigating the correlation of PIU with other pathologies (Quesnel et al., 2018). PIU is an increasing source of concern due to potential negative impacts on mental health and general welfare (Azuddin et al., 2024). When research is examined, PIU is thought to be associated with several problems, both physical and mental. For example, PIU was reported to be associated with reduced physical activity (Özüdoğru et al., 2021), reduced social support perceptions (Ceyhan et al., 2012), increased loneliness (Moretta & Buodo, 2020), increased sleep disorders (Guo et al., 2018) and increased eating disorders (Hinojo-Lucena et al., 2019). Additionally, individuals suffering from worry, depression and anxiety are at risk of problematic internet use (Younes et al., 2016). Individuals use the internet as an escape mechanism when challenged while coping with anxiety, depression and stress. This ineffective escape mechanism is known to convert internet habits into problematic internet use (Mamun et al., 2019; Stanković et al., 2021). In research, positive significant correlations were identified between problematic internet use and depression, anxiety and stress (Panicker & Sachdev, 2014).

Depression, anxiety and stress are cases observed everywhere in the world (ul Haq et al., 2018). Depression is a negative emotional state affecting daily life and extending from unhappiness and discontent to feelings of excessive sadness, pessimism and hopelessness (VandenBos, 2015). Stress may be defined as psychological and physical tension or tenseness due to physical, emotional, social, economic or occupational conditions, cases or experiences that are difficult to manage or endure (Colman, 2015). Stress factors are a part of nearly everyone's daily life; however, how a person manages stress may affect nearly every system in the body and also a person's mood and behavior including increased negative emotions (Tavakoli et al., 2019). Anxiety is a fearful mental state accompanied by bodily arousal without a certain focus (Matsumoto, 2009). When the literature is examined, depression, anxiety and stress appear to be associated with several psychopathological situations. For example, individuals suffering from stress, depression and anxiety are at risk of suicidal thoughts (Bentley et al., 2016), obesity (Strine et al., 2008; Tomiyama, 2019), self-harming behavior (Fliege et al., 2009), sleep problems (Fang et al., 2019; Sweetman et al., 2021) and problematic internet use (Younes et al., 2016).

Considering the prevalence and psychological impact of these conditions, addressing them through appropriate support mechanisms is of increasing importance. This research shows the importance of therapeutic approaches related to depression, anxiety and stress. There are studies involving individual and group counseling related to reducing or preventing depression, anxiety and stress. In the research, awareness-based interventions, especially, were shown to be effective in decreasing depression, anxiety and stress among working-age adults (Li & Bressington, 2019). It is thought that awareness group therapy and cognitive behavioral therapy may be effective for depression, anxiety and stress (Sundquist et al., 2015). Schema therapy appears to be effective in reducing stress, anxiety and depression (Farhadi et al., 2022). Though there are certain limitations, outcomes of acceptance and commitment therapy are promising in reducing depression, anxiety and stress (Coto-Lesmes et al., 2020; Han & Kim, 2022; Larsson et al., 2022). Self-compassion-focused therapies also appear to be effective in reducing depression, anxiety and stress in studies (Frostadottir & Dorjee, 2019).

As can be seen from the results of self-compassion-focused therapies (Wilson et al., 2019), elevating self-compassion contributes to ameliorating psychopathologies. Self-compassion ensures a consistent feeling of belonging and self-worth that is not linked to external assessments (Long & Neff, 2018). Self-compassion represents the ability of a person to be kind and helpful to themselves in times of error or unhappiness (Ferrari et al., 2019). With self-compassion, the receiver of compassion is the individual's own self (Dodson & Heng, 2022). Self-compassion focuses on the person's internal and intuitive impulses and preoccupations contrary to self-awareness, which is related to the person's external behavior (Walton, 2024). Self-compassion involves accepting a common feeling of humanity, that people are flawed, that all people experience failure, make errors and face serious challenges in life, and it deals with the features of the self with a broad encompassing perspective (Smeets et al., 2014). Individuals without high self-compassion may not be able to be kind, conscious or have a feeling of common humanity toward themselves when under stress, they may feel isolated, over-identify with the things that stress them and criticize themselves harshly (de Souza et al., 2020).

Self-compassionate people have lower probability of catastrophizing in negative situations, experiencing anxiety after a stress factor and avoiding difficult tasks due to fear of failure (Jamshidi et al., 2024). Self-compassion generally was determined to be associated at high levels with adjustable coping or at lower levels with maladjusted coping (Ewert et al., 2021). For example, individuals with high self-compassion permit the existence of feelings, do not ignore them or deny them, and take appropriate and effective actions to convert depressive symptoms into more positive psychological mood. As a result, they may have reduced risk of maladjusted behavior like mobile telephone addiction (Yang et al., 2023). The conditional risk-increasing effects of self-compassion were shown to counteract the protective effects of awareness against both substance and behavioral addictions (Yang et al., 2024). Self-compassion is also a protective factor for depression, anxiety, stress and problematic internet use (Baránková & Karpinský, 2022; Gruber & Biocina, 2024; Iskender & Akin, 2011; Kong et al., 2022; Serrão et al., 2023).

The literature generally shows that problematic internet use has positive correlation with indicators of negative mental health and negative correlation with indicators of positive mental health (Cai et al., 2023). Knowing the addiction criteria with highest value in the PIU high risk profile may form the basis for developing special therapies about maladjusted internet use (Stănculescu & Griffiths, 2024). Additionally, there are thought to be common risk factors and protective factors for anxiety, depression and problematic internet use (Gu et al., 2024). When evaluated in this context, the aim of the research was to investigate the mediating role of self-compassion in the correlation between depression, anxiety, stress and PIU.

1.1. Purpose of the research

1- Are the relationships between problematic internet use and stress, anxiety, depression, and self-compassion significant?
2- Does self-compassion play a mediating role in the relationship between stress and problematic internet use?
3- Does self-compassion play a mediating role in the relationship between anxiety and problematic internet use?
4- Does self-compassion play a mediating role in the relationship between depression and problematic internet use?

1.2. Significance of the research

This study examines the relationships between problematic internet use and depression, anxiety, and stress, and considers the concept of self-compassion—defined as an individual's ability to adopt a kind, understanding, and accepting attitude toward themselves—within this context. In today's world, the intensive use of digital environments has made the interaction between individuals' emotional and behavioral characteristics more apparent. The study presents data that may support or open to discussion existing findings in the literature by describing the relationships among the variables in question.

2. METHOD

2.1. Research model

The relational model was used in this research. Survey studies aim to discover possible existing relationships between variables by systematically measuring the same variable cluster for a subcluster of elements or all elements in a population (Bethlehem, 1999).

2.2. Research group

The research group in the study comprised a total of 371 people, including 285 women (76,8%) and 86 men (23,2%), with ages varying from 18 to 57 years (mean: 21,59, SD: 2.9).

2.3. Data collection tools

Data gathering tools included the personal information form, Problematic Internet Use Scale, Depression Anxiety Stress Scale-21 and the Self-Compassion Scale.

2.3.1. Personal information form

This was prepared by the researchers to obtain information about demographic characteristics of participants. It included questions about the sex and age of the participants.

2.3.2. Problematic Internet Use Scale

The Problematic Internet Use Scale was developed by Ceyhan et al. (2007) to measure the levels of problematic internet use of individuals. The scale has 5-point Likert type and responses vary from "fully appropriate" to "not appropriate at all". The scale comprises a total of 33 items. The scale has minimum 33 and maximum 165 points. As points obtained from the scale increase, the person's internet use is unhealthier, impacts their life negatively and may create a tendency toward a pathology like internet addiction. The scale has three subfactors of "negative outcomes of the internet", "social benefit/social ease" and "excessive use". The three factors were determined to explain 48,96% of the total variance. Within the scope of reliability studies for the scale, the Cronbach alpha internal consistency coefficient (α) was identified as ,94. The scale had test-repeat test reliability coefficient of ,81 and the correlation between the two parts was found to be ,83. For this research, the reliability coefficients were found to be ,94 for Cronbach α and ,94 for McDonald's ω.

2.3.3 Depression Anxiety Stress Scale-21

The scale was developed by Lovibond and Lovibond (1995) and adapted by Sarıçam (2018). It contains 21 items and three subscales of depression, anxiety and stress. According to the results for confirmatory factor analysis of the scale, the adapted scale had good fit (GFI = 0,951, CFI = 0,956, TLI = 0,925, RMSEA = 0,044, SRMR = 0,046). When the reliability results are examined, the Cronbach alpha internal consistency coefficients were ,85 for the depression subscale, ,80 for the anxiety subscale and ,77 for the stress subscale. For this research, the reliability coefficients were as follows. For the stress subscale, the Cronbach α value was ,87 and McDonald's ω was ,88; for the anxiety subscale Cronbach's α was ,85 and McDonald's ω was ,85; and for the depression subscale Cronbach's α was ,87 and McDonald's ω was ,87.

2.3.4. Self-Compassion Scale

The Self-Compassion Scale was developed by Neff (2003) and adapted to Turkish by Deniz et al. (2008). The original scale included 26 items and 6 subscales, while the adapted scale includes 24 items because 2 items were removed as the item-total correlation was below ,30. Additionally, the internal consistency coefficient was ,89 and the test-repeat test correlation was calculated as ,83. For this research, the Cronbach α was ,90 and McDonald's ω was ,91.

2.4. Data Analysis

Analysis of data used the SPSS and JAMOVI programs. In the research, descriptive statistics were used to explain the demographic information related to the study group, correlation analysis was used to explain the relationships between variables, and the glm mediation model was used to determine the mediating effect.

2.5. Ethical Approval of The Study

3. FINDINGS

Table 1.
Mean, Standard Deviation, Skewness and Kurtosis Values of Variables

Variables	$\bar{x}$	SD	Skewness	Kurtosis
BPUI	74,20	23,23	,36	-,73
Stress	8,20	5,54	,32	-,77
Anxiety	5,99	4,98	,68	-,48
Depression	8,16	5,69	,42	-,79
SC	75,01	16,89	-,10	-,02

Note: PUI: Problematic Internet Use, SC: Self-Compassion

Table 1. gives the mean, standard deviation, skewness and kurtosis coefficients for the variables. Before beginning data analysis, the presence of outlier values was checked. According to outlier Z scores, data outside the ±3 interval are accepted as outliers (Ho, 2017) and the decision is made to remove data outside this interval. When the relevant Z scores were examined, data from 4 participants were identified to be outliers and these were removed from the dataset. Then skewness and kurtosis values were investigated with the aim of checking whether the normal distribution assumption was met or not. Skewness and kurtosis values being in the ±1 interval is an indicator of normal distribution of data (George & Mallery, 2019). The skewness and kurtosis values for all variables in the research of PUI (skewness: ,36 kurtosis: -,73), stress (skewness: ,32 kurtosis: -,77), anxiety (skewness: ,68 kurtosis: -,48),

depression (skewness: ,42 kurtosis: -,79), and self-compassion(skewness: -,10 kurtosis: -,02) appeared to meet the normal distribution assumption.

Table 2.

Correlation Results Between Variables

Variables	PUI	Stress	Anxiety	Depression	SC
PUI	-				
Stress	,38**	-			
Anxiety	,41**	,79**	-		
Depression	,42**	,84**	,73**	-	
SC	-,40**	-,44**	-,37**	-,45**	-

Note: **p<,01, PUI: Problematic Internet Use, SC: Self-Compassion

Table 2. shows the correlations between variables. As seen in Table-2, there were significant positive correlations between PUI with stress (r: ,38 p< ,01), anxiety (r:,41 p<,01) and depression (r:,42, p<,01) and a significant negative correlation with self-compassion (r:-,40, p<.01). Additionally, there were significant negative correlations identified between self-compassion with stress (r: -,44 , p<,01), anxiety (r:-,37 p<,01) and depression (r:-,45, p<,001).

Table 3.

Model for the Correlation of Stress with PIU with Self-compassion in A Mediating Role

				95% C.I. (a)				
Type	**Effect**	**B**	**SE**	**Lower**	**Upper**	**β**	**z**	**p**
Indirect	Stress ⇒ SC⇒ PIU	0,54	0,10	0,33	0,74	0,13	5,24	<,001
Component	Stress ⇒ SC	-1,35	0,14	-1,63	-1,07	-0,44	-9,61	<,001
	SC⇒ PIU	-0,40	0,06	-0,53	-0,26	-0,29	-5,95	<,001
Direct	Stress ⇒ PIU	1,05	0,22	0,60	1,48	0,25	4,66	<,001
Total	Stress ⇒ PIU	1,60	0,20	1,18	2,00	0,38	7,69	<,001

Note: PUI: Problematic Internet Use, SC: Self-Compassion

Table 3. gives the effects related to the mediating role of self-compassion in the correlation between stress and PIU and the path coefficients for the model. When Table-3 is examined, the indirect effect (β = ,13 z= 5,24, p< ,001, 95% CI [0,33- 0,74]), direct effect (β = ,25, z= 4,66, p< ,001, 95% CI [0,60-1,48]) and total effect (β = 0,38, z= 7,69, p< ,001, 95% CI [1,18-2,00]) were significant. When the results are evaluated, self-compassion was identified to have a mediating role in the correlation of stress with PIU.

Table 4.
Model For the Correlation of Anxiety With PIU with Self-Compassion in A Mediating Role

				95% C.I. (a)				
Type	**Effect**	**B**	**SE**	**Lower**	**Upper**	**β**	**z**	**p**
Indirect	Anxiety ⇒ SC ⇒ PIU	0,50	0,10	0,30	0,70	0,109	4,93	<,001
Component	Anxiety ⇒ SC	-1,26	0,15	-1,57	-0,95	-0,37	-7,98	<,001
	SC⇒ PIU	-0,40	0,07	-0,54	-0,26	-0,29	-5,60	<,001
Direct	Anxiety ⇒ PIU	1,43	0,25	0,92	1,92	0,308	5,65	<,001
Total	Anxiety ⇒ PIU	1,94	0,22	1,49	2,38	0,41	8,57	<,001

Note: PUI: Problematic Internet Use, SC: Self-Compassion

Table 4. gives the effects related to the mediating role of self-compassion in the correlation of anxiety with PIU and the path coefficients related to the model. When Table 4. is examined, the indirect effect (β = ,10, z= 4,93, p< ,001, 95% CI [0,30- 0,70]), direct effect (β = ,17, z= 5,93, p< ,001, 95% CI [0,115-0,228]) and total effect (β = ,41, z= 8,57, p< ,001, 95% CI [1,49- 2,38]) were found to be significant. When the results are evaluated, self-compassion was identified to have a mediating role in the correlation between anxiety and PIU.

Table 5.
Model for the Correlation of Depression with PIU with Self-compassion in a Mediating Role

				95% C.I. (a)				
Type	**Effect**	**B**	**SE**	**Lower**	**Upper**	**β**	**z**	**p**
Indirect	Depression ⇒ SC ⇒ PIU	0,50	0,10	0,29	0,71	0,12	4,73	<,001
Component	Depression ⇒ SC	-1,36	0,13	-1,62	-1,08	-0,45	-9,85	<,001
	SC⇒ PIU	-0,36	0,07	-0,50	-0,23	-0,26	-5,22	<,001
Direct	Depression ⇒ PIU	1,22	0,21	0,79	1,63	0,30	5,67	<,001
Total	Depression ⇒ PIU	1,73	0,19	1,33	2,11	0,42	8,67	<,001

Note: PUI: Problematic Internet Use, SC: Self-Compassion

As seen in Table 5., the effects related to the mediating role of self-compassion in the correlation of depression with PIU and path coefficients related to the model are given. When Table 5. is examined, the indirect effect (β = ,12, z= 4,71, p< ,001, 95% CI [0,29-0,71]), direct effect (β = 0,30, z= 5,56, p<,001, 95% CI [0,79-1,63]) and total effect (β = ,42, z= 8.67, p< ,001, 95% CI [1,33-2,11]) were significant. When the results are evaluated, self-compassion was identified to have a mediating role in the correlation of depression with PIU

4. DISCUSSION and RESULTS

In this research, direct effects of anxiety, stress and depression on PIU were observed. The results of relevant research appear to be consistent with the findings of this research. For example, one study

identified significant correlations between PIU with depression, anxiety and stress. Additionally, research reported high probability of the emergence of PIU with depression, followed by anxiety and finally stress (Mita, 2021). A study of university students identified that as depression, anxiety and stress levels increased, problematic internet use behavior increased (Odacı & Çikrıkci, 2017). Another study identified depression as having a direct significant effect on problematic internet use (Ceyhan et al., 2012). A study performed with university students reported a significant positive correlation between moderate-high levels of depression with problematic internet use (Christakis et al., 2011). A study identified significant correlations between problematic technology use with high life stress (Idrees et al., 2024). Another study identified that anxiety predicted internet addiction among undergraduate students. (Ranjan et al., 2021). A study observed a direct effect of depression on internet addiction (Lian et al., 2023). Risky and addictive behaviors like PIU may trigger inadequately stimulated cortisol secretion during daily stress. Following this, behavior-specific cortisol release may assist in coping with stress. In the sense of conditioned learning, the "successful" experience of stress reduction may encourage the continuation of this behavior (Kaess et al., 2017). In other words, PIU is a behavioral tendency used by a person to cope with problems (Abdolpour et al., 2019). Individuals may orient toward compensating for unmet needs or to lighten negative feelings through internet use and this may cause problematic use of the internet (Gu et al., 2024).

In this research, self-compassion was observed to have direct effect on PIU. In a similar study, a non-self-compassionate reaction was observed to have direct effect on internet addiction (Lian et al., 2023). In another study, self-compassion was observed to be a significant predictor of internet addiction (Moniri et al., 2022). Additionally, there are studies with direct effect of self-compassion on problematic smartphone use (Geng et al., 2022; Uniyal & Shahnawaz, 2024). Another study identified a direct effect of self-compassion on mobile telephone addiction (Liu et al., 2020). Additionally, studies observed a direct significant negative effect of self-compassion on social media addiction (Mitropoulou et al., 2022; Wei, 2024). A study of adolescents identified that as self-compassion reduced, the nomophobia tendencies increased (Aktaş Terzioğlu et al., 2023). The negative impacts of self-compassion on internet addiction had therapeutically reducing effects (Iyer et al., 2022). A study of middle school students concluded that efforts to increase self-compassion may prevent and reduce social medial addictive behaviors in students (Rizal et al., 2020). Additionally, there are findings indicating that interventions including self-compassion training may be able to reduce the harmful effects of social media use on mental health (Harvey & Aikman, 2024). As can be seen, the literature and research are parallel to the results of this study.

In this research, anxiety, stress and depression appeared to have direct impact on self-compassion. The relevant literature and research supports this result of the study. For example, a study identified negative significant correlations between depression, anxiety, stress and self-compassion (de Souza et al., 2020). There are studies encountered where depression had direct effect on self-compassion (Bülbül, 2024). Self-compassion is assumed to be a component effective in preventing and intervening against anxiety and depression in young people (Egan et al., 2022). In research, people with high levels of self-compassion were proposed to preserve and develop mental health at significant levels as they adaptively coped with stressful situations (Chishima et al., 2018). Another study identified that individuals perceived less stress on days when they were self-compassionate (Li et al., 2020). Another study revealed that high self-compassion provided emotional benefits over time by weakening connections between partial stress and negative outcomes (Stutts et al., 2018). In research, stressful individuals were reported to feel excessively responsible for negative events occurring in their lives, to feel more isolated and to judge themselves more harshly (Brooks et al., 2012). Another study identified that individuals with experience of depression had less self-compassion compared to individuals who had never been depressed (Krieger et al., 2013). Self-compassion was proposed to potentially be an important protective factor for emotional problems like depression (Raes, 2011).

In this research, self-compassion was observed to have a mediating role in the correlations between anxiety, stress, and depression with PIU. This result supports previous findings in the research. For example, a study identified that self-compassion had a mediating role in the correlation of corona anxiety and internet addiction (Moniri et al., 2022). Another study performed with university students identified that self-compassion had a mediating role in the correlation of trait anxiety and smartphone addiction (Hodes et al., 2022). Another study reported that different components of self-compassion were associated with problematic smartphone use and different heterogeneous patterns of depressive symptoms (Zhang & Wang, 2024). Psychological distress, like depression, anxiety and stress, appears to be associated at significant rates with social media addiction. Self-compassionate individuals display fewer social media contribution behaviors compared to individuals who are not self-compassionate (Moniri et al., 2022). A study of adolescents identified self-compassion as having a mediating role in the relationship of stressful life events and cyberbullying (Geng & Lei, 2021). Another study reported that self-compassion softened the effects of problematic use patterns of social media on depression and anxiety (Phillips & Wisniewski, 2021). Research investigating the correlation between depressive symptoms and problematic smartphone use among university students reported a role for self-compassion (Zhang & Wang, 2024). There are inferences indicating that depression reduces self-compassion and this increases addictive patterns (Denckla et al., 2017). When these findings are assessed, it may be said that self-compassion has the role of buffer in the correlations between depression, anxiety and stress with problematic internet use.

When the research results are assessed, a range of recommendations may be made for both researchers and field workers. Individual and group psychological counseling work to elevate self-compassion may be performed for individuals experiencing depression, anxiety and stress and orienting toward problematic internet use. This study was performed cross-sectionally, future studies may be performed using longitudinal patterns.

This research has a range of limitations. This research is a cross-sectional study and as a result, causative inferences cannot be made. Additionally, as the research was a self-report based study, the case of social approval may have affected the research results. The research group mostly comprising women may have affected generalizability.

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UZUN ÖZET

1. GİRİŞ

İnternetin, refahı artıran bir araç olarak hizmet edebileceği konusunda geniş bir fikir birliği vardır (Aboujaoude, 2010). İnternet bireylerin yaşam kalitesine sayısız fayda sağlamaktadır (Mamun vd., 2019). Örneğin internet; iletişim, sosyal etkileşim ve eğitim için sınırsız olanaklarla dolu yeni bir alan açmıştır (Carli & Durkee, 2016). İş, ev ve boş zaman etkinlikleri için internet kullanımındaki üstel artış, neredeyse tüm etkinliklerinde yer alması; işlevsel ve işlevsiz internet kullanımı arasındaki sınırları değiştirmeye başlamıştır. Bu durum internetin başlangıçta tasarlandığı amacın ötesine geçmesine yol açmıştır (Anand vd., 2018). Bu yüzden pek çok olumlu etkisine rağmen internetin bazı kullanım şekilleri bağımlılık belirtileriyle ilişkilendirilmesine sebep olmuştur (Mamun vd., 2019). Bazı bireylerde aşırı internet kullanımı psikolojik ve sosyal işlevsellik üzerinde olumsuz etkilere sahiptir (Moretta & Buodo, 2020). Bu sebeplerden son yıllarda, internetin aşırı kullanımı ve bunun zararlı etkileri konusunda artan endişeler görülmektedir. Bu olgu akademik literatürde Problemli İnternet Kullanımı (PİK) olarak tanımlanmaktadır (Erhel vd., 2024). Başka bir deyişle internet kullanımındaki hızlı gelişmeleri, yoğun internet kullanımının getirdiği çok çeşitli zorluklar takip etmiştir ve bu durum PİK adı verilen olguda yatmaktadır (Olenik Shemesh vd., 2024). Araştırmalarda da problemli internet kullanımı ile depresyon, anksiyete ve stres arasında pozitif anlamlı ilişkiler saptanmıştır (Panicker & Sachdev, 2014). Literatüre genel olarak problemli internet kullanımının olumsuz ruh sağlığı göstergeleri ile pozitif, olumlu ruh sağlığı göstergeleri ile ise negatif ilişkisi olduğu gösterilmiştir (Cai vd., 2023). Ayrıca kaygı, depresyon ve problemli internet kullanımı için ortak risk faktörlerinin, koruyucu faktörlerin olduğu düşünülmektedir (Gu vd., 2024).Bu bağlam değerlendirildiğinde bu araştırmanın amacı, depresyon, anksiyete, stres ve PİK arasındaki ilişkide öz-şefkatin aracı rolünü incelemektir.

2. YÖNTEM

Araştırma Modeli: Bu araştırmada tarama modeli kullanılmıştır. Tarama çalışmalarında bir popülasyondaki tüm unsurlar veya unsurların bir alt kümesi için aynı değişken kümesini sistematik olarak ölçerek değişkenler arasındaki olası mevcut ilişkileri keşfetmek amaçlanmaktadır (Bethlehem, 1999). Araştırma Grubu: Bu çalışmanın araştırma grubunu 285 kadın (%76.8) ve 86 erkek (%23.2) olmak üzere yaşları 18 ile 57 (ort: 21.59, ss: 2.9) arasında değişen toplam 371 kişi oluşturmuştur. Veri Toplama Araçları: Veri toplama araçları olarak Kişisel Bilgi Formu, Problemli İnternet Kullanımı Ölçeği, Depresyon Anksiyete Stres-21 Ölçeği ve Öz-Anlayış Ölçeği kullanılmıştır. Kişisel Bilgi Formu: Araştırmacıların katılımcıların demografik özellikleri hakkında bilgi almak için hazırlanmıştır. Katılımcıların cinsiyeti, yaşı ile ilgili bilgiler yer almaktadır. Problemli İnternet Kullanımı Ölçeği: Ceyhan vd. (2007) tarafından geliştirilmiştir. 5'li likert tipinde ve toplam 33 maddeden oluşmaktadır. Ölçekten alınan puanlar yükseldikçe bireylerin internet kullanımının sağlıksızlaştığı kabul edilmektedir. Ölçeğin Cronbach's α = .94, McDonald's ω = .94 olarak bulunmuştur. Depresyon Anksiyete Stres-21 Ölçeği: Lovibond & Lovibond (1995), uyarlama: Sarıçam (2018). Cronbach's α: depresyon = .87, anksiyete = .85, stres = .87; McDonald's ω: depresyon = .87, anksiyete = .85, stres = .88'dir. Öz-Anlayış Ölçeği: Neff (2003), Türkçeye uyarlama: Deniz vd. (2008). 24 maddelidir. Cronbach's α = .90, McDonald's ω = .91 olarak bulunmuştur. Veri Analizi: Verilerin analizinde SPSS ve JAMOVİ programları kullanılmıştır. Betimsel istatistikler, korelasyon analizi ve aracı etki için GLM aracılık analizi kullanılmıştır.

3.BULGULAR, TARTIŞMA VE SONUÇ

Araştırmada yürütülen korelasyon analizi sonucunda PİK ile stres, anksiyete ve depresyon arasında pozitif yönde anlamlı ilişkiler bulunmuştur. PİK ile öz-şefkat arasında ise negatif yönde anlamlı bir ilişki saptanmıştır. Ayrıca öz-şefkat ile stres, anksiyete ve depresyon arasında da negatif yönde anlamlı ilişkiler saptanmıştır. Yapılan aracılık analizlerine göre stresin PİK üzerindeki etkisinde öz-şefkatin anlamlı bir aracı rolü olduğu bulunmuştur. Hem dolaylı hem doğrudan hem de toplam etkilerin istatistiksel olarak

anlamlı olduğu belirlenmiştir. Benzer şekilde, anksiyetenin PİK üzerindeki etkisinde de öz-şefkatin aracı rolü olduğu tespit edilmiştir. Modelde dolaylı, doğrudan ve toplam etkiler anlamlı çıkmıştır. Aynı şekilde, depresyonun PİK üzerindeki etkisinde de öz-şefkatin anlamlı bir aracı olduğu gösterilmiştir. Dolaylı ve doğrudan etkiler istatistiksel olarak anlamlı bulunmuştur. Bu araştırmada stres, anksiyete ve depresyon değişkenlerinin PİK ile anlamlı düzeyde pozitif ilişkili olduğu saptanmıştır. Bu bulgular, Panicker ve Sachdev (2014), Younes vd. (2016) ve Odacı & Çikrıkci (2017) gibi araştırmalarda elde edilen sonuçlarla örtüşmektedir. Mita (2021) tarafından yapılan çalışmada da benzer şekilde, PİK'ın depresyonla daha yüksek düzeyde ilişkili olduğu, ardından kaygı ve stresin geldiği rapor edilmiştir. Araştırmada öz-şefkat değişkeni ile PİK arasında anlamlı negatif bir ilişki bulunmuştur. Bu sonuç, Lian vd. (2023), Moniri vd. (2022) ve Geng vd. (2022) gibi araştırmalarda bildirilen bulgularla benzerlik göstermektedir. Ayrıca, öz-şefkatin stres, anksiyete ve depresyon düzeyleriyle de negatif yönde ilişkili olduğu belirlenmiştir. de-Souza vd. (2020) ve Bülbül (2024) çalışmalarında da benzer yönde sonuçlar rapor edilmiştir. Yapılan aracılık analizleri, öz-şefkatin stres, anksiyete ve depresyon ile PİK arasındaki ilişkilerde aracı değişken olarak anlamlı bir rol oynadığını göstermektedir. Bu bulgu, Hodes vd. (2022), Zhang & Wang (2024) ve Moniri vd. (2022) tarafından yürütülen benzer aracı model araştırmalarıyla tutarlıdır. Araştırma kesitsel desenle yürütülmüştür. Bu nedenle nedensellik ilişkisi kurulamamaktadır. Veriler öz-bildirim yoluyla toplanmıştır, bu durum sosyal beğenilirlik yanlılığı oluşturabilir. Katılımcıların çoğunluğunu kadınların oluşturması örneklemin temsiliyetini sınırlayabilir. Gelecek çalışmalarda boylamsal desenlerin kullanılması önerilmektedir.

ETHICAL APPROVAL

Bu çalışmada "Yükseköğretim Kurumları Bilimsel Araştırma ve Yayın Etiği Yönergesi" kapsamında uyulması gerektiği belirtilen tüm kurallara uyulmuştur. Yönergenin ikinci bölümü olan "Bilimsel Araştırma ve Yayın Etiğine Aykırı Eylemler" başlığı altında belirtilen eylemlerden hiçbiri gerçekleştirilmemiştir.

Ethics committee approval information

Name of the committee conducting the ethics review: Kırşehir Ahi Evran University Social and Humanities Ethics Committee

Date of the ethics review decision: 19.10.2023

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RESEARCHERS' CONTRIBUTION RATE

The first author contributed 45% to the processes of determining the research topic, establishing the theoretical framework, selecting and the data collection tools, collecting the data, and conducting the preliminary analyses. The second author contributed 35% by evaluating the findings, creating the tables, interpreting the results with scientific consistency, contributing to the writing process, and providing guidance and feedback to maintain the overall academic structure of the study. The third and fourth authors supported processes such as conducting the literature and performing writing and formal editing; they also contributed 20% through the academic guidance provided throughout the research process.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.