PARENTAL REJECTION, BEST-FRIEND REJECTION,

AND SELF-COMPASSION AS PREDICTORS OF INTERNET ADDICTION

DURING THE COVID-19 PANDEMIC

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DECLARATION OF ORIGINALITY

I, Varol Ardil, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;

- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;

- this is a true copy of the thesis approved by my advisor and thesis committee at Boğaziçi University, including final revisions required by them.

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Date....20.08.2020

ABSTRACT

Parental Rejection, Best-Friend Rejection, and Self-Compassion

as Predictors of Internet Addiction During the COVID-19 Pandemic

The aim of this study was to examine whether maternal, paternal, best-friend

rejection and self-compassion predict internet addiction among university students

considering two different life conditions: before Covid-19 and during COVID-19.

The sample of the study consisted of 364 university students; 270 females and 94

males, with mean ages of 21.52 and 21.81, respectively.

Demographic Information Form, Young's Internet Addiction Test-Short

Form, Adult Parental Acceptance-Rejection Questionnaire Mother and Father Short

Forms, Best-Friend Acceptance-Rejection Questionnaire-Short Form, and Self-

Compassion Scale were utilized for data collection and multiple regression was used

for data analysis.

The findings indicated that maternal rejection (before COVID-19: $\beta = .35$,

$p < .001$; During COVID-19: $\beta = .38$, $p < .001$) and self-compassion (before COVID-

19: $\beta = -.28$, $p < .05$; during COVID-19: $\beta = -.36$, $p < .001$) were significant

predictors of internet addiction in males, whereas only self-compassion (before

COVID-19: $\beta = -.25$, $p < .001$; During COVID -19: $\beta = -.30$, $p < .001$) was a

significant predictor of internet addiction in females. Therefore, gender should be

considered when working with people who tend to develop internet addiction. It is

also concluded that providing preventive strategies based on self-compassion and

relationships with mothers may protect university students from internet addiction

and its harmful consequences.

ÖZET

KOVİD-19 Döneminde İnternet Bağımlılığının Yordayıcıları Olarak Ebeveyn Reddi,
En İyi Arkadaş Reddi ve Öz-Duyarlık

Bu çalışmanın amacı, KOVİD-19 öncesi ve KOVİD-19 dönemi olmak üzere iki
farklı yaşam koşulunu göz önünde bulundurarak üniversite öğrencilerinde anne,
baba, en iyi arkadaş reddi ve öz-duyarlığın internet bağımlılığını yordayıp
yordamadığını incelemektir. Araştırmanın örneklemini ortalama yaşları sırasıyla
21,51 ve 21,81 olan 270 kadın ve 94 erkek olmak üzere, toplam 364 üniversite
öğrencisi oluşturmaktadır.

Veri toplamak amacıyla Demografik Bilgi Formu, Young İnternet Bağımlılığı
Testi-Kısa Formu, Yetişkin Ebeveyn Kabul-Red Ölçeği Anne ve Baba Kısa
Formları, En İyi Arkadaş Kabul-Red Ölçeği Kısa Formu ve Öz-Duyarlık Ölçeği veri
toplamak amacıyla kullanılmış ve çoklu regresyon analizinden faydalanılmıştır.

Sonuçlar, anne reddi (Kovid-19 öncesinde: $ß = .35$, $p < .001$; Kovid-19
esnasında: $ß = .38$, $p < .001$) ve öz-duyarlığın (Kovid-19 öncesinde: $ß = -.28$, $p < .05$;
Kovid-19 esnasında: $ß = -.36$, $p < .001$) erkeklerde internet bağımlılığının anlamlı
yordayıcıları olduğunu, kadınlarda ise sadece öz-duyarlığın (Kovid-19 öncesinde:
$ß = -.25$, $p < .001$; Kovid-19 esnasında: $ß = -.30$, $p < .001$) internet bağımlılığını
yordadığını göstermektedir. Bu nedenle internet bağımlılığına eğilimi olan bireylerle
çalışırken cinsiyet göz önünde bulundurulmalıdır. Ayrıca, öz-duyarlık temelli
önleyici strateji uygulamalarının sağlanması ve anne ile olan ilişkilerin
geliştirilmesinin üniversite öğrencilerini internet bağımlılığından ve zararlı
sonuçlarından koruyabileceği düşünülmektedir.

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This thesis is dedicated to my wife and newborn baby girl,

Merve and Elif Bal Ardil

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CHAPTER 1

INTRODUCTION

1.1 Background of the study

The internet, which has been developing rapidly since its existence, has undergone

drastic changes (Fiş-Erümit, & Keleş, 2018). Even though it was originally

developed for communication purposes in the military; it has been used in many

fields such as health, education, trade, and space research. It affects the relations of

individuals and even countries and has created a global change (Fiş-Erümit, & Keleş,

2018). The last two decades have seen increasingly rapid advances in the field of

internet technology so that internet use increased drastically (Poli, 2017). The online

world enables individuals to communicate, build relationships, and even create

virtual identities (Ögel, 2017). Through time, the internet has become an

indispensable part of individuals' lives. It is used in homes, workplaces,

transportation, restaurants, and schools. The internet is free of the restrictions of time

and space, so individuals have access to it almost everywhere (Perdew, 2014).

Current information about internet usage shows the extent to which it is used

across the world. In Table 1, the internet usage and population statistics of the world

regions are presented. Based on the given data, it can be said that more than half

(59.6%) of the world population are internet users. The North America (94.6%) and

Europe (87.2%) regions have the highest penetration rates (internet user rate)

respectively. On the other hand, Africa has the lowest penetration rate (39.3%) of

internet use (Internet World Stats, 2020). There is a notable increase in internet usage

Table 1. World Internet Usage and Population Statistics

World Regions	Population (2020 Estimation)	Population % of World	Internet Users 31 May 2020	Penetration Rate (% Pop.)
Africa	1,340,598,447	17.2%	526,710,313	39.3%
Asia	4,294,516,659	55.1%	2,366,213,308	55.1%
Europe	834,995,197	10.7%	727,848,547	87.2%
Latin America/Caribbean	658,345,826	8.5%	453,702,292	68.9%
Middle East	260,991,690	3.9%	183,212,099	70.2%
North America	368,869,647	4.7%	348,908,868	94.6%
Oceania/Australia	42,690,838	.5%	28,917,600	67.7%
World Total	7,796,949,710	100%	4,648,228,067	59.6%

Note: Reprinted from *"World Internet Use and 2020 Population Stats"* by the Miniwatts Marketing Group, retrieved from https://www.internetworldstats.com/stats.htm. Copyright © 2020, Miniwatts Marketing Group

in Turkey as described in Table 2. In decades, the number of Turkish citizens who use the internet has reached high rates (TurkStat, 2019).

When the values of the use of information technologies in households which are demonstrated in Table 2 are examined, it is seen that the use of computers and internet has increased rapidly over the years. As shown in Table 2, while the rate of having internet at home was 7% in 2004, this rate increased rapidly and became 88.3% over a 15-year period. According to data from Turkish Statistical Institute (TurkStat), the enterprises in Turkey have internet access (95,9%) and more than 70% of them have websites (TurkStat, 2019).

Due to the recent pandemic named Coronavirus Disease-2019 (COVID-19), which is an infectious disease, social life throughout the world has been severely impacted. This novel disease appeared in Wuhan, China in 2019. Thereafter, the disease was spread across the world rapidly (Şahin, 2020). The disease has

Table 2. Information Society Statistics in Turkey, 2004-2019

	2004	2005	2006*	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Internet Usage in Enterprises (%)																
Computer Usage	-	87.8	-	88.7	90.6	90.7	92.3	94	93.5	92	94.4	95.2	95.9	97.2	-	-
Internet Access	-	80.4	-	85.4	89.2	88.8	90.9	92.4	92.5	90.8	89,9	92.5	93.7	95.9	-	-
Having Website	-	48.2	-	63.1	62.4	58.7	52.5	55.4	58	53.8	56.6	65.5	66	72.9	-	-
ICT Usage in Households and Individuals (%)																
Computer Usage	23.6	22.9	-	33.4	38.0	40.1	43.2	46.4	48.7	49.9	53.5	54.8	54.9	56.6	59.6	-
Male	31.1	30.0	-	42.7	478	50.5	53.4	56.1	59	60.2	62.7	64	64.1	65.7	68.6	-
Female	16.2	15.9	-	23.7	28.5	30	33.2	36.9	38.5	39.8	44.3	45.6	45.9	47.7	50.6	-
Internet Usage	18.8	17.6	-	30.1	35.9	38.1	41.6	45	47.4	48.9	53.8	55.9	61.2	66.8	72.9	75.3
Male	25.7	24.0	-	39.2	45.4	48.6	51.8	54.9	58.1	59.3	63.5	65.8	70.5	75.1	80.4	81.8
Female	12.1	11.1	-	20.7	26.6	28	31.7	35.3	37	38.7	44.1	46.1	51.9	58.7	65.5	68.9
Households with access to the Internet	7	8.7	-	19.7	25.4	30	41.6	42.9	47.2	49.1	60.2	69.5	76.3	80.7	83.8	88.3

Note: Reprinted from "Information Society Statistics" by the Turkish Statistical Institute (TURKSTAT), retrieved from http://www.tuik.gov.tr/UstMenu.do?metod=temelist,
* The survey was not conducted in 2006

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influenced many people from different countries (WHO, 2020). The pandemic has had many consequences for Turkey, too. As of August 6th, 2020, the total number of cases and deaths reached 237,265 and 5,798 respectively (https://www.worldometers.info/). Schools, restaurants, markets, and malls have all been shut down to reduce the spread of the disease since individuals have had to stay away from other people to avoid being infected (Singh & Singh, 2020). Social distancing became a primary part of social life and individuals have utilized the internet even more to maintain their lives since face-to-face activities become dangerous. Therefore, it is likely that individuals use the internet even more than before since they stay stuck at home because of the disease and they need to be online to connect with others, work, study, and shop.

The internet was actually a tool created for research purposes in the military and the academic world (Young, 1999). However, in time, it has become a multi-purpose device through which one can easily achieve chores and business. It has become a crucial channel through online communication technologies. Considering advantages, the internet enables people to acquire information, communicate with others, and learn collaboratively (Mihajlov & Vejmelka, 2017).

On the other hand, it has also brought forth an amount of adversity in one's life (Ceyhan, Ceyhan, & Gürcan, 2007). Excessive and uncontrolled use of the internet impacts one's physical, social, cognitive, and psychological wellbeing in negative ways (Bozkurt, Şahin, & Zoroğlu, 2016). It was stated that maladaptive internet use might lead to physical problems and complaints in social life. For instance, body posture disorder, exhaustion, lack of activity, sleep disorder, and decline in academic success are some examples of such problems of which maladaptive internet use is responsible (https://www.yesilay.org.tr/).

In order to investigate the prevalence of generalized internet addiction, an extensive meta-analysis study was conducted across studies that took place in 31 countries around seven world regions with 164 independent samples ($n = 89,281$) whose average age was 18.42. It was reported that the countries with low life satisfaction, more pollution and traffic commute time consumption, and low national income were more likely to have higher levels of internet addiction in their populations. In terms of regions, for instance, there was a prevalence of 10.9% in the Middle East, whereas the prevalence rate was 2.6% in Northern and Eastern Europe (Cheng & Li, 2014). Thus, it was suggested that internet addiction prevalence was related to the quality of life since internet addiction was more prevalent in those countries which had lower quality of life levels as represented by unfavorable living conditions.

An excessive use of the internet and internet-enabled devices such as computers and smartphones lead to negative health consequences. Public health concerns associated with excessive use of the internet and internet-enabled devices caused the World Health Organization (WHO) to take part in organizations to discuss the issue in depth. Four meetings were held internationally in collaboration with WHO in Japan in 2014, Korea in 2015, China in 2016, and Turkey (in collaboration with the Green Crescent) in 2017, respectively. The organizations were held to discuss the available evidence on excessive internet use in different aspects considering public health implications (WHO, 2018).

Young (1996), as a pioneer researcher in the field, approached maladaptive internet as an addiction based on pathological gambling disorder. Internet addiction was considered as one of the behavioral addictions. In behavioral addiction, one craves to repeat the same behaviors despite the negative results of the repeated

actions which are pleasurable and may reduce personal distress (Dasgupta, 2017).

Behavioral addiction does not include any substance (Zou et al., 2017). Compared to

substance addiction, internet addiction is not preferred to be eliminated completely

since the internet is utilized for various activities in daily lives. Therefore, the focus

in treatment is not the total absence of internet usage, but the responsible use of the

internet (Mihajlov & Vejmelka, 2017).

Along with social and psychological factors, biological factors also play a

role in developing internet addiction (Young, 2015). In a study, results of functional

magnetic resonance imaging (fMRI) which examined differences between those with

internet addiction and those without internet addiction showed that brain areas such

as brainstem, right frontal lobe, left superior temporal gyrus, and cerebellum were

involved in the growth of internet addiction (Liu et al., 2010). The neuroimaging

results indicated that internet addiction had parallel neurobiological mechanisms with

substance addiction (Yuan, Qin, Liu, & Tian, 2011).

The internet itself is not something that can be addictive. It is a medium

which takes part in making some contents addictive such as online gaming, using

social media, or pornography (Starcevic & Aboujaoude, 2016). It is suggested that

instead of using the terms internet addiction, using specific addictive behaviors is

more appropriate since internet addiction contains various types of social content

which can be addictive (Starcevic & Aboujaoude, 2016).

It is crucial to note that there is no agreement yet on a certain construct to

describe the internet as an addiction among researchers (Poli, 2017). In the relevant

literature, various labels such as internet addiction, problematic internet use, and

pathological internet use have been utilized to describe maladaptive internet use

which might influence individuals' lives adversely (Ceyhan, Ceyhan, & Gürcan,

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2007). There are many different terms used for problems related to internet use, but along with the information provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), internet addiction is not recognized as a mental disorder yet. However, what has been included is "Gaming Disorder". It is the only non-substance related disorder and it has been proposed for inclusion in the DSM-5 in section III, under the title "Conditions for Further Study". In a similar vein, internet addiction has not been identified as a disorder in the International Classification of Diseases (ICD-11) as well. However, the related term which is internet gaming disorder was contained in the version of ICD-11 which was released in 2018 (WHO, 2018).

Although it is undeniable that some people develop problematic behaviors because of maladaptive internet use, it is questionable to call it addiction (Yellowless & Marks, 2007). However, in many studies in the literature, the term "internet addiction" was used to identify internet-related problems and it was considered as a spectrum for internet-related disorders (Starcevic & Billieux, 2017). For practical use, in the present study, the author mostly used the term internet addiction since it is a frequently used term. Nonetheless, the terms used for internet-related problems from previous studies will be kept as their originals when they are cited.

It is important to note that the definition and classification of internet addiction is controversial and insufficient (Poli, 2017). The concept has also been categorized as obsessive-compulsive disorder, impulse control disorder, and addictive disorder in the literature (Mihajlov & Vejmelka, 2017).

The studies regarding internet addiction or problematic internet use have come into prominence despite insufficient scientific evidence for being recognized officially (Cash, Rae, Steel, & Winkler, 2012). There have been several studies about

their prevalence across the world. For instance, in a cross-sectional study, researchers aimed to examine the frequency of pathological internet use and maladaptive internet use among adolescents in 11 European countries. A total of 11, 956 adolescents from randomly selected middle and high schools participated in the study. The overall prevalence of pathological internet use was 4.4% (Durkee et al., 2012). With respect to parts of Asia, in a survey conducted among Chinese high school students, 2620 participants were surveyed. The percentage of internet use among the students was 88% and 2.4% of these students were found to be addicted to the internet (Cao & Su, 2007). In a cross-sectional school-based study done in Turkey the internet usage of 468 students aged 12–17 years was examined. As a result, roughly 1.6% of students were categorized as having internet addiction, whilst 16.2% had possible internet addiction (Seyrek, Cop, Sinir, Ugurlu, & Şenel, 2016).

Emerging adults use the internet and technological devices as much as children and adolescents do (Kalaitzaki, 2020). It was also stated that internet addiction is a growing and worldwide issue among university students (Abdel-Salam, Alrowaili, Albedaiwi, Alessa, & Alfayyadh, 2019). There are several studies which address the issue of prevalence of internet addiction among young adults as well. To illustrate, Aslan and Yazıcı (2016) found that 2% of the participants ($n = 910$) who consisted of university students were addicted to the internet. Moreover, Yılmaz (2019) conducted a study to examine prevalence of internet addiction among Turkish university students ($n = 506$). He reported that 1.4% of the participants were addicted to the internet and 34.8% of the participants could be categorized as at-risk groups in terms of internet addiction. In a recent study conducted in India, it was demonstrated that 12.5% of the participants ($n = 1,600$) with ages between 18 to 24 were found to fit the criteria for internet addictions (Bisen & Deshpande, 2020).

Poli (2017) stated that internet addiction was more common in the studies conducted in Asia. He also pointed out that western and eastern researchers have different perspectives with respect to internet addiction. He says, eastern scientists have a tendency to consider internet addiction as a disorder and accept the diagnosis, whereas western scientists approach the diagnosis cautiously.

In the related literature, the relationship of internet addiction and many other variables have been studied to understand this problem through different perspectives. There are many variables that have been found to be positively or negatively correlated with internet addiction. For instance, in one study, a positive relationship ($r = .32$, $p < .001$) between internet addiction and depression was found among 1288 university students with a mean age of 20.7 (Günay, Öztürk, Arslantaş, & Sevinç, 2018). Moreover, Saikia and his colleagues found that there is a positive correlation between internet addiction and stress (odds ratio=12), depression (odds ratio = 14), and anxiety (odds ratio = 3.3) among 440 adolescents whose mean age was 17.2 (Saikia, Das, Barman, & Bharali, 2019). In another study, it was found that there was a positive correlation ($r = .13$, $p < .05$) between poor sleep quality and internet addiction among 50 university students. In addition, in a study consisting of 250 male university students whose mean age was 21.62, it was revealed that there was a positive correlation ($r = .29$, $p < .01$) between aggression and internet addiction (Teng, Li, & Liu, 2014). Lastly, a descriptive study was conducted with 511 nursing students which 66.3% of the them were between ages of 18 to 20 and it was stated that fear of missing out was positively correlated ($r = .33$, $p < .001$) with internet addiction (Kargın, Polat, & Şimşek, 2020). Thus, past research studies suggest that internet addiction is positively correlated with concepts such as stress, anxiety, fear of missing out, depression, and aggression.

On the other hand, considering variables which are negatively correlated with internet addiction, it was found that psychological well-being was negatively correlated with internet addiction ($r = -.57$, $p < .01$) among university students between the ages 17 and 25. Moreover, in their study, Aydın and Sarı revealed that self-esteem and internet addiction were inversely correlated ($r = -.31$, $p < .01$) among 324 high school seniors with a mean age of 16.85 (Aydın & Sarı, 2011). Furthermore, Nam et al. (2018) conducted a study comprising 519 adolescents with a mean age of 14 and they found that resilience was negatively correlated with internet addiction ($r = -.12$, $p < .01$). Lastly, İskender and Akın (2010) found that there was an inverse relationship ($r = -.20$, $p < .01$) between self-efficacy and internet addiction in their study consisting of 311 university students that were between 17 to 22 years of age. These findings suggest that internet addiction is negatively correlated with some concepts that could be categorized as strengths for an individual such as resilience, psychological well-being, self-esteem, and self-efficacy.

Considering the related literature, it was observed that there are limited works which study parental rejection, best-friend rejection, and self-compassion as the correlates of internet addiction. Thus, in the present study parental rejection, best friend rejection, and self-compassion were investigated as correlates of internet addiction.

With the knowledge about the prevalence and concerns of internet addiction among youth in various countries including Turkey, it could be stated that the problem is visible and precautionary measurements should begin to be taken. In fact, in 2009, a program named reSTART was initiated in the U.S. and became the first inpatient treatment facility in the U.S. for individuals who are addicted to the internet (Parks, 2012). Moreover, compared to other regions of the world, Asian countries

have been working on the subject even more rigorously. For instance, in South Korea, the government has opened many counseling centers to assist individuals who have problematic internet use. Several professionals have been trained to treat clients with internet-related problems (Parks, 2012).

In Turkey, too, an internet addiction section was put into service under the branch of psychiatry at Bakırköy Prof. Dr. Mazhar Osman Mental Health and Nerve Diseases Training and Research Hospital and Bağcılar Training and Research Hospital ("Internet Addiction will be Treated in Public Hospitals", 2014). Besides, four different International Congresses of Technology Addiction were held respectively in 2012, 2013, 2016, and 2017 in İstanbul ("International Congress of Technology Addiction", 2020). These developments in Turkey point out that the topic has begun to be of interest locally as well.

In summary, we could say that the number of internet users is increasing every minute in the world. University students are a group that uses the internet extremely frequently (Kalaitzaki, 2020). While the internet originally started without any good or bad moral intentions, it had started to reveal some pros and cons. Internet addiction is one of those cons. Although "internet addiction" is not named as a disorder, several terms have been devised to describe this problem (Starcevic & Aboujaoude, 2016). Thus, there have been many studies on this subject and countries including Turkey have taken some steps to deal with the issue.

Since university students of today were born into the internet technology age. They are at risk of having longer exposure time with mobile phones, personal computers, tablets, or even smart watches (Greenfield, 2012). It is crucial to investigate the factors which may have a role in affecting internet addiction. If such factors are explored, necessary precautions to avoid internet addiction can be applied

in various counseling environments such as university counseling centers, family, and individual psychotherapy centers. The current study explored the relationship of internet addiction with parent rejection, friend rejection, and self-compassion. Along with the relationships among these variables, daily internet use duration and internet addiction levels were examined considering the novel COVID-19 outbreak which has influenced social life drastically.

In conclusion, internet addiction is asserted to be more common among young people who are more capable in technology than adults are (Bozkurt, Şahin, & Zoroğlu, 2016). A young person who is unable to cope with the overwhelming aspects of social life is intensely concerned about the future, cannot find enough support to maintain even his daily life and struggles with identity or relationship problems and surfing the internet may enable him or her to find a way to escape the real world (Kaygusuz, 2013). A previous study revealed that social support from their environment, specifically their friends and parents may protect young adults against internet addiction (Prievara et al., 2019). Therefore, it can be concluded that the lack of social support may lead individuals to use the internet in a way that influences their lives negatively. In fact, there are also other studies which support the same idea (Fard, Mousavi, & Pooravi, 2015; Li, Garland, & Howard, 2014; Simchareon et al., 2018) that individuals use the internet for compensating for emotional needs. In addition to social support, it is thought that self-compassion might be a protective factor against internet addiction as well (İskender & Akın, 2011). It is indicated that self-compassion enriches emotional strength and augments well-being and it is one of the major protective factors for negative emotions such as anxiety and depression (Neff, 2011). Thus, it was expected that self-compassion might be significantly correlated with internet addiction as well.

1.2 Significance of the study

Emerging adulthood was firstly proposed by Arnett (2000) to identify individuals ranging in ages from 18 to 25. The term emerging adulthood can be used for university students since the university students' ages range between 18 to 25 in general (Doğan & Cebioğlu, 2011). Since the internet has become an inseparable part of the university students' lives, maladaptive use of the internet might not be noticed easily. However, like substance abuse, internet addiction may affect one's school success, interpersonal relationships, and overall well-being negatively. Therefore, risk and protective factors for internet addiction should be closely examined to create preventive policy for university students (Cömert, Uğraş, & Yükseloğlu, 2017).

As will be discussed in the literature section, there are some studies supporting the idea that parental rejection (Fard, Mousavi, & Pooravi, 2015; Sultana & Uddin, 2019) and negative peer relationships (Seo, Kang, & Yom, 2009; Simcharon et al., 2019) contribute to the development of internet addiction.

One can say that when one has difficulties in life, s/he should be able to cope with the suffering; otherwise, one is more likely to develop an unhealthy way of coping with the problems. One unhealthy way to respond to the suffering might be using the internet maladaptively. Self-compassion might be a buffer against internet addiction since it is indicated that self-compassion is an adaptive way of responding to suffering (Germer, 2009).

Considering the previous literature, the current study proposed that parental and best-friend rejection are risk factors for students in developing internet addiction, whereas self-compassion was thought to be a protective factor. To the author's knowledge, there has been no study that has explored these four variables together so far. Findings related to the significant relationships among these variables among

Turkish university students will be extremely beneficial for understanding and developing preventive strategies for problematic internet usage.

After the recent COVID-19 pandemic, a series of measures have been taken to make citizens less affected against the outbreak. Schools, shopping malls, universities, restaurants, and many other public places were closed to make people stay away from each other. The citizens were advised to stay at home. In addition, an even curfew was imposed in metropolitan cities to prevent the spread of the disease (Öğütlü, 2020). As a result, millions of Turkish citizens had to stay at home. Since the universities closed because of the disease, the students had to receive distance education across the world (Demuyakor, 2020). Online education and lack of social activities may cause students to spend most of their time online. Therefore, university students might have increased daily internet use after COVID-19, and this may be associated with a reported increase in internet addiction levels as well. In the present study, it was examined whether maternal, paternal, best-friend rejection, and self-compassion predict internet addiction among university students considering two different life conditions: before COVID-19 and during COVID-19.

1.3 Purpose of the study and research questions

The aim of this study is to examine whether maternal, paternal, best-friend rejection and self-compassion predict internet addiction among university students considering two different life conditions: before COVID-19 and during COVID-19 taking into account the influence of gender. The research questions of this study are as follows:

1. Do maternal rejection, paternal rejection, best friend rejection, and self-compassion predict internet addiction in males, measured by asking

participants to fill out the internet addiction scale considering before COVID-19?

2. Do maternal rejection, paternal rejection, best friend rejection, and self-compassion predict internet addiction in females, measured by asking participants to fill out the internet addiction scale considering before COVID-19?

3. Do maternal rejection, paternal rejection, best friend rejection, and self-compassion predict internet addiction in males measured during COVID-19?

4. Do maternal rejection, paternal rejection, best friend rejection, and self-compassion predict internet addiction in females measured during COVID-19?

CHAPTER 2

LITERATURE REVIEW

2.1 Internet Addiction

In this section of the study, a brief history of the internet, conceptualization of internet addiction, and studies related to the addictive use of the internet will be reviewed.

2.1.1 A Brief History of the internet

The Cold War rivalry between the United States (US) and the Soviet Union (SSCB) was one of the most important reasons for the invention of the internet. The Soviet Union launched Sputnik into an elliptical low Earth orbit on 4 October 1957. In response to this, the Advanced Research Projects Agency (ARPA) was established in collaboration with Harvard and Berkeley Universities to respond to a possible nuclear attack from the SSCB on America (O'Regan, 2012).

ARPA research group members created a project called Defense Advanced Research Projects Agency (DARPA) with the aim of increasing the flow rate of information, preserving its advanced technology and maintaining the best application of this technology for the army with a network system. Afterwards, ARPA developed a project called Advanced Research Projects Agency Network (ARPANET) to establish a network between different computers in the event of a nuclear attack in 1969. ARPANET was the beginning of the internet as we know today (O'Regan, 2012).

In other words, the internet was developed by several researchers, computer scientists, engineers, and academics over time. It was not a product of a single

person. In the 1960s, the concept began to develop further. The first email was sent in 1971. The thriving of the internet started in the early 1990s. The World Wide Web (www) which made the internet easier to use was established in 1991 (Perdew, 2015).

In Turkey, the internet began to emerge in the early 1990s. The Turkish Network of Universities and Research Institutes (TÜVAKA) was established in 1987 under the leadership of Ege University. By virtue of the work of TÜVAKA, the first internet network was established among universities. Following Ege University; Anadolu University, Yıldız Technical University, İstanbul Technical University, Boğaziçi University, Fırat University, and Middle East Technical University had internet connection, respectively. In 1991, a project called TR-NET was launched in cooperation with METU and TUBITAK. The aim of the project was to create an internet network and spread it across the country (Fiş-Erümit, & Keleş, 2018). Yet now, almost every individual can access the internet in Turkey. According to data from the Turkish Statistical Institute (TurkStat), the rate of having internet at home was 7% in 2004, but this rate increased rapidly and became 88.3% over a 15-year period. Most enterprises in Turkey have internet access (95,9%) and more than 70% of them have their own websites (TurkStat, 2019).

2.1.2 Conceptual framework of internet addiction

Before going into the details about internet addiction, it would be necessary to define addiction. Addiction is described as a neuropsychiatric disorder described by a repeated desire to maintain to take the drug despite the detrimental costs (Zou et al., 2017). Internet addiction refers to a disorder which is not associated with the abuse of any substance. It has some similar aspects with substance-induced addiction

according to the DSM-5, but it does not involve a substance. Substance addiction is also defined as "a brain disease that is manifested by compulsive substance use despite harmful consequences" by the American Psychiatric Association (APA, 2017).

Only gambling disorder was officially included in DSM-5 as a behavioral addiction (Zou et al., 2017). Other behavioral addictions such as internet addiction, sex addiction, and shopping addiction are not considered as disorders in DSM-5 since there is inadequate evidence to provide diagnosis to categorize such behaviors as mental disorders. Still, in some studies, internet addiction, mobile phone addiction, and food addiction are considered to be non-substance addictions despite not being included in the DSM-5 officially (Zou et al., 2017). Greenfield (2009) mentions a basic algorithm which is abbreviated as DIAR (D: desire, I: inability, A: attempts, and R: relapse) in his study. He asserted that this algorithm demonstrates a pattern which is observed in addictions. Greenfield (2009) states that DIAR is also a noteworthy indicator for internet addiction besides tolerance and withdrawal as indicators.

The internet originally utilized for academic and military agencies has had different functions such as the World Wide Web (www), chat rooms, and all interactive activities which make the internet more attractive for individuals (Young, 1999, Nalwa & Anand, 2003). The increased attractiveness of the internet and the increased frequency in internet use lead to potential adverse results of overuse (Kuss, Griffiths, Karila, & Billieux, 2014). Although internet use is an indispensable part of one's life, unhealthy use of the internet might lead to internet addiction (Bozkurt, Şahin, & Zoroğlu, 2016). Various studies on internet addiction have been carried out due to it being considered as a problem for individuals. To illustrate, depression (Ha

et al., 2007); personality traits and mental health (Ge, Se, & Zhang, 2014); self-efficacy (İskender & Akın, 2010); social anxiety (Weinstein et al., 2015); insecure peer attachment (Reiner et al., 2017) are some constructs which were studied in relation to internet addiction.

The internet is available, inexpensive, time-distorting, interactive, and even pleasurable. All those aspects affect the way the internet becomes a trigger of addiction (Greenfield, 2012). Some behaviors such as gaming, shopping, being online, or using substances have pleasing impacts on individuals. Thus, the pleasurable effects of behavior or substances increase the possibility of repeating the same behaviors or the use of substances. Thus, when one experiences pleasure from the internet, his/her behaviors will be reinforced and because of that his/her behaviors tend to be repeated (Greenfield, 2012). It was indicated that along with social and psychological factors, biological factors also play a role in developing internet addiction (Young, 2015). In a study, results of functional magnetic resonance imaging (fMRI) which examined differences between those with internet addiction and those without internet addiction showed that brain areas such as brainstem, right frontal lobe, left superior temporal gyrus, and cerebellum were involved in the growth of internet addiction (Liu et al., 2010). The neuroimaging results indicated that internet addiction had parallel neurobiological mechanisms with substance addiction (Yuan, Qin, Liu, & Tian, 2011).

The advancement in technology and virtual communication induce individuals to live with various digital devices. It is doubtless that digital devices and virtual communication technology are changing promptly. Therefore, when one refers to the internet, all digital devices such as smartphones, desktop and personal computers, and any new internet-based device are included (Greenfield, 2012).

These devices in return, lead to changes in the daily habits of individuals. For instance, it was reported that a person with social phobia utilized the internet to diminish stress and avoid direct social interactions (King et al., 2013). In the same study, a relatively new term nomophobia was mentioned. Nomophobia was characterized by the distress or unease by the absence of a smartphone, personal computers, or any virtual communication device (King et al., 2013). Moreover, Greenfield (2009) used the term Generation-Digital (GEN-D) to identify today's children or adolescents. He stated that since young individuals were born into digital technology, they could utilize digital devices such as computers or smartphones better than their parents can.

Goldberg (1995) is the one who initially introduced the concept of internet addiction. He developed the concept based on the diagnostic criteria of the substance use disorder which is found in the DSM-5. After the work of Goldberg, Young (1996) took the issue more seriously and brought clinical attention to problematic internet use. She was one of the pioneers in the area of internet addiction. Her work inspired many researchers to study the issue of internet addiction (Griffiths, Kuss, Billieux, & Pontes, 2016).

Greenfield (2012) asserted that individuals try to remain connected with others by using digital devices, but even when they get together face-to-face, they still spend their time by just looking at their smartphones. It is like they are bodily there but are not actually present because the internet has features that move one's attention from the present to somewhere else. It was expected that there will be an increase in abuse and addiction, as the internet-enabled technological devices get more accessible, portable, and available (Greenfield, 2012).

Though there is no consensus regarding the definition or classification of problematic internet use, it is broadly accepted that the internet somehow impairs one's life when used in unhealthy ways (Anderson, Steen, & Stavropoulos, 2016). In the literature, internet addiction is defined by several researchers. One definition is the incapability to control use of the internet that causes undesirable consequences in one's daily life (Spada, 2014). Another definition by Beard and Wolf (2001) is using the internet in a way that creates psychological, social, school, and/or work difficulties in one's life. Internet addiction is also characterized by "an individual's lack of control over his or her use of the internet, resulting in marked distress, preoccupation, mood changes, tolerance, withdrawal, and functional impairments of social, occupational, and academic performance" (APA, 2019).

Various terms have been used to describe problematic internet use. 'Internet addiction' (Young, 1996), 'pathological internet use' (Davis, 2001), 'excessive internet use' (Bobakova, Holubcikova, Geckova, & Veselska, 2018), and 'compulsive internet use' (Greenfield, 1999) are some of those terms that describe the same concept. It was indicated that internet usage level includes some stages from low to high. The stages occur as follows: (1) Need for internet use: At this stage, the person uses the internet only when necessary and obligatory, (2) frequent and regular use of the internet: The internet is seen as a source of entertainment, (3) problematic internet use: Use of the internet at this stage leads to problems in one's life. The term 'internet abuse' can be considered at this point. However, it is not at the level of addiction, (4) internet addiction: Terms such as pathological internet use, compulsive internet use, and cyber addiction can be considered in this scope (Ögel, 2017).

There are three models which are mostly cited and offer explicit criteria for internet addiction (Van-Rooij & Prause, 2014). Firstly, Young (1998b) proposed a set of criteria for internet addiction based on the criteria of the pathological gambling disorder which is listed in DSM-5. She asserted that properties of pathological gambling and internet addiction are similar. Young (1996) developed a Diagnostic Questionnaire with eight-item questions to provide an instrument to screen addictive internet use. These items question whether the participant feels mentally caught up with the internet, uses internet to fulfill satisfaction, made failed attempts to control internet use, feels restless when attempting to stop internet use, uses the internet longer hours than they aimed for, endanger their relationships or life events because of the internet, lied to significant people in their lives to hide how much they use the internet, or uses the internet to avoid their problems. Subsequently, Young (1998a) developed a 20-item Internet Addiction Test (IAT). Each item of IAT comes from previous research and clinical works on compulsive internet users and their characteristics (compulsivity, escapism, and dependency).

The second model which is known as 'the component model' was set forth by Griffiths (2005). He stated that internet addiction is a behavioral addiction that has six components. These six components were explained as follows: salience (preoccupation with internet use), mood modification (using internet to change how to feel), withdrawal (psychological and physical withdrawal symptoms), tolerance (the need to use the internet more and more), conflict (interpersonal problems with others), and relapse (returning to the use of behavioral addiction). These components are actually core symptoms of substance abuse (Griffiths, 2005).

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Thirdly, Tao et al. (2010) put forward a set of criteria to define internet addiction in parallel with the increasing internet usage in China. The set of criteria are as follows:

i. Symptom criterion: Both withdrawal experiences and preoccupation with internet use must exist. Besides, at least one of the following criteria also must be experienced: (1) tolerance (need to increase amount of time online), (2) not being able to control internet use, (3) continue using internet despite physical and psychological problems, (4) lack of entertainment because of internet use, and (5) using the internet as a way of escaping or relieving dysphoric mood.

ii. Exclusion criterion: Excessive internet use must not be explained by psychotic disorder and bipolar I disorder.

iii. Clinically significant impairment criterion: Decline in social, educational, and work abilities.

iv. Course criterion: Duration of internet addiction must be at least 3 months and at least 6 hours of internet use (non-academic, non-business) per day (Tao et al., 2010, p. 563).

Moreover, Davis (2001) developed a cognitive-behavioral model to explain pathological internet use. He specified two separate terms which are specific and generalized pathological internet use. Specific pathological internet use identifies content-specific functions of the internet. The user abuses a particular function such as abuse of gambling, excessive shopping, or internet pornography. The term generalized pathological internet use indicates that one abuses the internet in multifaceted ways which result in adverse consequences in his/her life. In other words, the internet user uses the internet in unhealthy ways for a variety of purposes instead of specific contents such as online gambling, excessive shopping, and

gaming. This approach states that maladaptive cognitions play an important role in developing pathological usage of the internet (Davis, 2001).

Lastly, Caplan (2003) emphasized the importance of online social interactions, especially for those who are lonely and depressed. He created a model to test the psychosocial well-being of individuals who prefer online social interaction instead of face-to-face social interaction. The results revealed that psychological distress predicted the preference for online social activities and that preference might lead to the development of problematic internet use (Caplan, 2002). Related literature suggests that individuals with psychosocial distress are more prone to prefer online socialization since such people might be especially susceptible to utilizing the internet to regulate their moods (Caplan & High, 2010).

2.1.3 Studies on internet addiction across the world with a focus on prevalence
There is no single commonly accepted diagnostic instrument which is reliable and valid to access internet addiction (Weinstein & Lejoyeux, 2010). Lack of consensus about diagnostic criteria and inadequate large epidemiological studies lead to difficulties in creating an instrument to measure the prevalence of internet addiction (Spada, 2014).

Prevalence rates of internet addiction have been studied broadly since today's young people are born with the internet. The label 'digital natives' have been used to identify them (Aboujaoude, 2010). Considering prevalence, it could be said that internet addiction is more common and prevalent among digital natives; yet, the problem may affect people from all age groups (Pezoa-Jares, Espinoza-Luna, & Vasquez-Medina, 2012). The following studies address the prevalence of internet

addiction considering adolescents and young adults in general. The findings are summarized in Table 3 as well.

The prevalence rate of internet addiction in the general population ranged between 1.5% and 8.2% according to surveys conducted in the United States and Europe (Weinstein & Lejoyeux, 2010). Moreno, Jelenchick, Cox, Young, and Christakis (2011) conducted a study to find out the reported prevalence of problematic internet use of US adolescents and university students by identifying 18 different studies.

Table 3. The Prevalence of the Internet Addiction Across the World

Author and year	Sample	Country	Prevalence
Günüç & Kayri, 2010	754 adolescents aged 14-20	Turkey	10.1%
Christakis et al., 2011	224 university students aged 18-20	US	4%
Kaes et al., 2014	11,356 adolescents with the mean age of 14.9	11 European Countries	4.4%
Wartberg et al., 2014	1723 adolescents aged 14-17	Germany	3.2%
Çam & Nur, 2015	1175 adolescents aged 13-18	Turkey	7.1%
Aslan & Yazıcı, 2016	910 university students	Turkey	2%
Wu et al., 2016	10,158 adolescents aged 14-24	China	0.2%
Lin et al., 2018	2170 high school students	Taiwan	17.4%
Bobakova et al., 2018	2200 adolescents aged 12-18	Greece	8.2%
Yılmaz, 2019	506 university students	Turkey	1.4%
Bisen & Deshpande, 2020	1600 university students aged 18-24	India	12.5%

Moreno et al. (2011) identified eight studies which reported that the prevalence rate of problematic internet use ranged between 0 to 26.3%. Other 10 studies were not included since those studies did not have a prevalence rate.

Kaess et al. (2014) conducted a cross-sectional study to identify pathological internet use among European adolescents by using Young's Diagnostic Questionnaire (1996). Eleven countries were included in this study. The representative sample of the study was 11,356 (4,856 males; 6,500 females) school-based students. Findings indicated that the prevalence of the pathological internet users was 4.2% of the school population.

Wartberg, Kriston, Kammerl, Petersen, and Thomasius (2014) investigated a study which reported the prevalence of pathological internet use in a German sample of adolescents. The prevalence rate of the internet users who were pathological internet users was found to be 3.2%.

In a Greek study, adolescent students whose ages ranged between 12 and 18 were utilized as participants to assess the prevalence of internet addiction. The representative sample of 2,200 students were recruited by a randomized stratified method. Internet addiction was assessed based on the eight criteria of Young's Diagnostic Questionnaire. The prevalence of internet addiction among Greek adolescents was 8.2% (Bobakova, Holubcikova, Geckova, & Veselska, 2018).

In addition to the US and Europe, internet addiction was also investigated in Asian Countries. Wu et al. (2016) conducted a cross-sectional study design among Chinese adolescents ($n = 10,158$). Youth Internet Addiction Test was used to assess prevalence of internet addiction. The prevalence of moderate and severe addiction was found to be 10.2 and .2, respectively. In another study conducted in Taiwan, secondary school students were used as a representative sample ($n = 2170$) through

stratified and cluster sampling. The prevalence of internet addiction among participants was found to be high which was 17.4% of the whole group (Lin, Wu, You, Hu, & Yen, 2018).

Günüç and Kayri (2010) carried out a study to identify the profile of internet addiction in Turkey. The sample of the study was 754 high school students. They reported that 10.1% of the sample was addicted to the internet. In another study conducted by Çam and Nur (2015), 1,175 adolescent students (50% male, 50% female) from high schools were selected as a sample. In their study, the Internet Addiction Test was used to identify internet addiction among them. The prevalence was found to be 7.1%. As can be seen from the studies above, the prevalence of internet addiction varies from study to study.

Emerging adults use the internet and technological devices as much as children and adolescents do (Kalaitzaki, 2020). It was also stated that internet addiction is a growing and worldwide issue among university students (Abdel-Salam, Alrowaili, Albedaiwi, Alessa, & Alfayyadh, 2019). There are several studies which address the issue of prevalence of internet addiction among young adults as well.

In a pilot study, 4% of the 224 university students at two US universities were found as having an internet addiction. In this study, Internet Addiction Test (IAT) was used as an instrument to identify the characteristics of internet addiction (Christakis, Moreno, Jelenchick, Myaing, & Zhou, 2011). In India, it was demonstrated that 12.5% of the university students were found to fit the description for internet addictions (Bisen & Deshpande, 2020).

Aslan and Yazıcı (2016) found that 2% of the participants ($n = 910$) who consisted of university students had internet addiction. Yılmaz (2019) conducted a study to examine prevalence of internet addiction among Turkish university students

(n = 506). He reported that 1.4% of the participants developed internet addiction and 34.8% of the participants could be categorized as at-risk groups in terms of internet addiction. In another study conducted among 743 Turkish undergraduate students, it was revealed that 9.8% of the university students were at risk for internet addiction and .7% of the participants were found as having internet addiction (Sert, Yilmaz, Kumsar, & Aygin, 2019).

2.2 Interpersonal Acceptance-Rejection Theory (IPARTheory)

Interpersonal acceptance-rejection theory (IPARTheory) is "an evidence-based theory of socialization and lifespan development that aims to predict and explain major consequences and other correlates of interpersonal acceptance and rejection worldwide" (Rohner, 2016, p. 1). The warmth dimension is the basic element of the theory. As postulated in IPARTheory, the warmth dimension consists of acceptance and rejection. The warmth dimension is construed as continuum, one end of continuum is acceptance, the other end of the continuum is rejection. It is associated with the quality of the relationship between one and significant others such as parent, best-friend, and teacher in his/her life. Acceptance refers to positive expressions of caring such as love, comfort, nurturance, support, and warmth that one experiences from the other one. On the contrary, rejection is related with the expression of hurtful behaviors such as neglect, aggressiveness, and coldness that one experiences from the other (Rohner, 2008).

In five decades, various cross-cultural studies related to IPARTheory have been done and it has been discovered that one can experience rejection in their relationships with significant others in four ways: (a) cold and unaffectionate, referring to the lack of physical, verbal, and emotional warmth; (b) hostile and

aggressive, which indicate hostile feelings (anger, hate) and aggressive behaviors (beating, slapping, biting); (c) indifferent and neglecting, which means that despite no clear behavioral sign of rejection of parents, the children perceive that they are rejected by their parents (Rohner, Khaleque, & Cournoyer, 2005).

IPARTheory consists of three subcategories. Each of them addresses distinct yet interconnected matters. The first one is the "personality subtheory" which aims to predict and clarify major personality or psychological results of perceived acceptance-rejection. Personality subtheory is the most developed one in the theory. The second one is the "coping subtheory", which attempts to understand why some people are better at coping with experiences of perceived acceptance-rejection than others. In this subtheory, two types of individuals are mentioned: "affective copers" and "instrumental copers". Affective copers are the ones who are emotionally and mentally well enough notwithstanding seriously being rejected by the significant other. Instrumental copers are individuals who are mentally and emotionally damaged but are still good at doing their tasks. Instrumental copers perform well in their school and jobs despite feeling rejected by the significant figures in their lives. The last one is the "sociocultural subtheory" which focuses on the importance and influence of societies on perceived acceptance and rejection between individuals and significant figures in their lives (Rohner, 2016).

Although the theory has been known and cited as Parental-Acceptance in the past, the name of the theory was officially changed by Rohner to Interpersonal Acceptance-Rejection Theory (IPARTheory) in 2014. The story of the paradigm shift from PARTheory to IPARTheory is based on an incident Rohner had with his

colleague. As he was talking to one of his friends about her break-up, his view about acceptance and rejection was reformed. He realized that negative emotions experienced by his friend regarding her break-ups are like effects of rejection in childhood. Thus, this showed him that the rejection can come not only from the parent, but any person being cared for is very important and that this will be a life-long importance. This is how and why the name of theory was changed to Interpersonal Acceptance and Rejection Theory (Rohner, 2016).

Rohner specified that a significant or attachment figure was related with the similar set of personality dispositions of ones who were rejected by parents in childhood. The other significant figures (siblings, teacher, peer, parent-in-law) have also become the subject of the theory and researches (Rohner, 2016).

Based on PARTheory, Rohner developed the Parental Acceptance-Rejection Questionnaire (PARQ) which aims to assess the perception of individuals associated with their experiences of acceptance-rejection by their parents in childhood. Rohner clarifies that the term parent does not have to be the biological or adoptive parent of respondents. The significant caregiver of individuals refers to the term "parent" which was construed in the questionnaire (Rohner, Khaleque, & Cournoyer, 2005). There are four versions of PARQ available: Early Childhood, Child, Adult, and Parent PARQ. The Adult PARQ, which is utilized in this study, measures the current perceptions of adults' experiences related to acceptance or rejection of their parents in the past. All versions of PARQ are almost the same except for tenses (present or past tense) or referents (mother or father form of the questionnaire).

Rohner (2016) pointed out the importance of the relationship between children and their parents. A great number of studies which have been done cross-culturally support the idea that all children need to be loved by their parents or

significant figures in their lives. It has been shown by studies that if children's needs are not met (by being loved or cared by their significant figures), they tend to develop psychological disturbances (Rohner, Khaleque, & Cournoyer, 2005).

The IPARTheory claims that the experience of rejection by significant or attachment figures induces the possibility of anxiety and sense of insecurity. It is postulated that rejection by parents or significant others is likely to result in developing seven personality dispositions. These are as follows: (1) hostility and aggression, (2) dependence or defensive independence, (3) emotional unresponsiveness, (4) impaired self-esteem, (5) impaired self-adequacy, (6) emotional instability, and (7) negative worldview (Rohner, 2004).

Studies related to IPARTheory conducted in different countries including Turkey aim to draw attention to the importance and effects of parental acceptance-rejection in both childhood and adulthood. Parental acceptance supports the development of children in the short and long term. On the other hand, parental rejection induces children to develop interpersonal problems (Öder & Gülay, 2007).

A cross-cultural meta-analysis based on 220 studies was carried out by Ali, Khaleque, and Rohner (2015) to answer the postulates of the IPARTheory. It was found out that parental acceptance is significantly correlated with psychological adjustment of children and adult individuals in all cultures. Similarly, another study conducted by Khaleque and Ali (2017) assessed the basic claims of IPARTheory. The study reviewed 12 meta-analyses which are based on 551 studies related to theory. The participants of the studies ($n = 149,440$) were from several countries. The results revealed that there are significant associations between interpersonal acceptance-rejection and psychological adjustment and personality dispositions of both children and adults across all cultures.

Considering IPARTheory and internet addiction together, it was expected that individuals were who rejected by significant others might develop internet addiction since it was indicated that those who felt rejected in their important relationships are inclined to develop psychological disturbances (Rohner, Khaleque, & Cournoyer, 2005). In that case, internet addiction can be also considered as one of the psychological disturbances. In the present study, parents and best-friend were utilized as significant others. It was expected that rejection from parents and best friends might predict increased levels of internet addiction among university students.

2.2.1 Interpersonal relationship and internet addiction

As social beings, we all need to develop relationships. Infants, toddlers, children, adolescents, adults, and elders all have relationships with someone in their lives. Individuals are affected by their experiences of relationships with others across the lifespan. People need to relate to others throughout their lives. Relationships are important components of healthy development (Erkan-Atik, Çok, Esen-Çoban, Doğan, & Güney-Karaman, 2014). The importance and effects of relationships have been conducted by scholars for a long time (Laursen, Bukowski, Aunola, & Nurmi, 2007). The term 'relationship' is a broad concept and has different types such as family relationships, romantic relationships, and peer relationships. In the present study, besides relationships with parents, peer relationships were also investigated.

Li, Garland, and Howard (2014) conducted a study to identify family correlates of internet addiction among Chinese youth. To do this, they investigated a great number of studies which were associated with family factors and internet addiction. After examining the studies, they concluded that youth with internet

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addiction had less satisfaction with their families compared to youth without internet addiction. Moreover, the researchers revealed that compared to youth without internet addiction, youth with internet addiction reported that their parents were more disciplinary and less helpful and affectionate.

In a study that took place in China (2009), it was reported that there is a significant relationship between stress-related variables and internet addiction. The authors of the study pointed out that clinicians should beware of possible comorbidities of other problems such as stress and family dissatisfaction of youth who are internet addicts (Lam, Peng, Mai, & Jing, 2009).

An experimental study was conducted to figure out the attachment styles and family functioning of 30 Turkish males (experimental group) who were diagnosed as having internet addiction based on Young's (1998b) criteria. Patients were progressively admitted to Bakırköy Mental Health and Research Hospital Internet Addiction Outpatient Clinic. As a control group, 30 males were included in the study and were matched with an experimental group consisting of 30 male patients with a mean age of 21.6 (18-20). It is important to note that the experimental and control groups did not differ significantly in terms of age, level of education, or occupational status. The results indicated that experimental groups obtained higher scores on Beck Depression Inventory, and the attachment anxiety subscale. Moreover, it was concluded that the experimental group perceived their family more negatively compared to the control group. Furthermore, it was found that the mean daily internet use of the experimental group was 7.5 hours, while the daily internet use of the control group was 2.7 (Şenormancı, Şenormancı, Güçlü, & Konkan, 2014).

In another study, the relationship between parental rejection and problematic internet use was examined among 356 Chinese university students aged 17 to 19. It

was stated that parental rejection was found to be a risk factor for problematic mobile phone use (Zhu, Xie, Chen, & Zhang, 2019). Moreover, based on their study results, Karaer and Akdemir (2019) highlighted that adolescents with internet addiction had parents who were not found to be competent in parenting in terms of emotional care, acceptance and supervision measured by the Parenting Style Scale.

In order to study the predictive role of parental acceptance, rejection, and control in internet addiction, researchers conducted a correlational and descriptive study consisting of Iranian female university students ($n = 262$) aged between 18 to 30. Young's Internet Addiction Test and Parental Acceptance-Rejection and Control Questionnaire were used to collect the data. The results documented that there was a significant positive relationship between parental rejection (maternal rejection: $r = 25$, $p < .01$ and paternal rejection: $r = 23$, $p < .01$) and internet addiction. Nevertheless, no significant relationship was found between parental control and internet addiction. The researchers of this study highlighted that the quality of parent-child relationship had a crucial role in determining individuals' tendency to be addicted to the internet (Fard, Mousavi, & Pooravi, 2015). Like this study, Sultana and Uddin conducted a study among 230 university students within the age of 18 to 25. The aim of the study was to test the mediating role of depression between parental rejection and internet addiction. The results documented that there was a positive relationship between parental rejection (maternal rejection: $r = .39$, $p < .01$ and paternal rejection: $r = .37$, $p < .01$) and internet addiction. It was also found that both maternal ($\beta = .39$, $p < .001$) and paternal ($\beta = .36$, $p < .001$) rejection together explained significantly 21% of variance in internet addiction among university students (Sultana & Uddin, 2019).

Apart from parental factors, peer relationships were also important and considered as crucial factors in one's lives. Thus, after explaining the general information regarding the peer relationships and friendship, the association between internet addiction and peer relationships will be identified in the following statements.

Hartup (2009) indicated that the peer relationship is an essential factor for human development. For instance, for adolescents, it is considered to be responsible for both some problematic functions and also for constructive factors towards their well-being (Brown & Larson, 2009). In a study, it was claimed that peer relationships might lead to the development of internalizing and externalizing problems. On the other hand, some studies proposed that friendship is a factor that protects individuals against the harmful results of maladjustment (Laursen, Bukowski, Aunola, & Nurmi, 2007).

'Intimacy' is one of the essential components of peer relationships and it forms the basis of the views of adolescents regarding peer relationships. The concept of intimacy does not have to involve sexual or physical contact. It refers to the emotional bond between two individuals (Işıtan & Bayhan, 2010). Sullivan (1953) and Erikson (1968) are two well-known figures who have studied the issue of relationships. They indicated that peer relationships are an important part of personality development.

In his theory of psychosocial development, Erikson (1968) described stage six of psychosocial development which refers to the intimacy and isolation tasks. He asserted that previous experiences of relationships seem to predict the healthy intimate relationships of young adulthood. Parallel with this view, Sullivan (1953) also stressed that earlier peer relationships of preadolescents are likely to make

available a situation for developing skills that are necessary for healthy future relationships (Bagwell et al., 2001). In his work called *The Interpersonal Theory of Psychiatry* Sullivan (1953) proposed that insufficient communicative processes result in mental disorders and such problematic mental issues are maintained by interpersonal relations.

Friendships may have effects in both positive and negative ways. It is claimed that having positive relationships with peers is likely to provide healthy and adaptive results; whereas, peers who experience problems in their relationships seem to develop maladjustment in terms of interpersonal relationships (Rubin, Bowker, McDonald, & Menzer, 2013). Friendship is basically characterized by close, voluntary, and dyadic relationships (Rubin, Bowker, McDonald, & Menzer, 2013). The General Assembly of the United Nations announced July 30th as International Friendship Day. Since friendship is a valued and prized concept, scholars have been interested in it a long time (Rubin, Frestrom, & Bowker, 2008). It was indicated that reciprocity has an important role in friendship (Rubin, Bowker, McDonald, & Menzer, 2013). Compared to individuals who do not have friends, those with friends have a chance to experience mutual liking, similarity, responsiveness, and coordination (Bukowski, Motzoi, & Meyer, 2009).

Friendship and internet addiction have been widely studied for adolescents and young adults. It was reported that for adolescents who have low friendship quality, using the internet for non-communication intentions appear to have harmful influences on depression and social anxiety levels (Selfhout, Branje, Delsing, Bogt, & Meeus, 2009). In another study, it was indicated that those who show signs of problematic internet use employ non-functional coping strategies and they

demonstrate lower quality of interpersonal relations compared to those who do not develop internet addiction (Milani, Osualdella, & Di Blasio, 2009).

The relationship between interpersonal problems and internet addiction was investigated in a study including 676 adolescents ranging in age from 12 to 17 in Korea. A positive relationship was found between internet addiction and interpersonal problems. The researchers indicated that compared to those without internet addiction, internet-addicted adolescents had more difficulties in interpersonal relationships (Seo, Kang, & Yom, 2009).

As for young adults, Simcharoen et al. (2018) examined the effect of loneliness and interpersonal problems on internet addiction in their study that comprised 324 Thai medical university students with a mean age of 20.88. The results documented that loneliness and interpersonal problems along with daily internet use were strong predictors for internet addiction of the participants.

2.3 Self-compassion

Individuals are likely to treat their friends who are facing difficulties in a caring manner; however, one does not treat himself/herself as he/she treats his/her friends when confronting life challenges. In other words, we are more compassionate for our friends than for ourselves (Neff & Germer, 2018). The word compassion literally means to "suffer with". It comes from two Latin words which are cum and passus. The equivalent of the word cum is "with" and passus is "to suffer" (As cited in Sünbül, 2016). Self-compassion, a concept belonging to Buddhist philosophy for more than 2000 years, has recently been seen in the psychology literature (Neff, 2003b; Allen & Leary, 2010). Self-compassion is like compassion, but with a slight difference. In self-compassion, we have a kind and caring attitude to ourselves but

not to others. Neff and Germer (2018) describe the concept of self-compassion as "a practice in which we learn to be a good friend to ourselves when we need it most—to become an inner ally rather than an inner enemy" (p. 9).

To understand self-compassion better, the core elements of self-compassion which are *self-kindness*, *common humanity,* and *mindfulness* should be clarified. The first component, self-kindness is characterized as being gentle and understanding to ourselves instead of being critical and ruthless. The second one is common humanity which means not feeling isolated by our life struggles, instead having a sense of connectedness with others when having difficulties in life. Lastly, the mindfulness component of self-compassion means nonjudgmental recognition of what is happening in the present moment (Neff, 2015). To be self-compassionate, one should have these three components.

The threat-defense system and the care system must be clarified to comprehend compassion better. As human beings, we all have a threat-defense system which prevents us from dangerous situations. When one recognizes a threat, his/her brain and especially the amygdala gets activated and he/she circulates cortisol and adrenaline to be prepared to fight, flee, or freeze (Gilbert, 2009). Figure 1 demonstrates this basic threat-defense relationship.
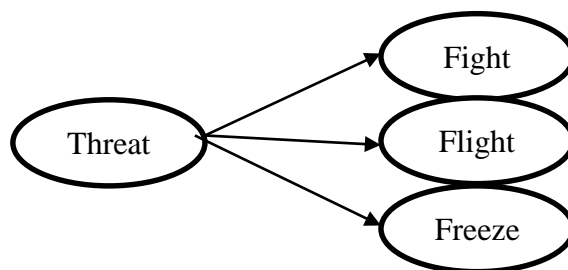

Figure 1. Threat-defense relationship

The threat-defense system has an important role in protecting us from threats coming to our physical bodies. However, today the threats we are confronting are mostly related to our self-image or self-concept rather than being physical. When one feels incompetent, his/her self-concept is threatened, as a result one may attack himself/herself. Fortunately, in the light of evolutionary advancement of human beings, the care system has evolved. Since parents live close to the babies, and the development of newborn babies depends on their caregivers, together they form a care system. The activation of this care system enables people to release the love hormone and endorphins, which naturally decreases stress and increases the sense of security. Both compassion and self-compassion are associated with the care system. That is why, when we have compassion for ourselves, we have feelings of safety and security (Neff & Germer, 2018).

When we perceive a threat to our self-concept, three stress responses which are fighting, flighting, and freezing are activated. As a result, one may criticize (fight) the self, isolate (flee) himself/herself from others or ruminate (freeze). These reactions are the opposite components of self-compassion which are self-kindness, common humanity, and mindfulness (Neff & Germer, 2018). Table 4 demonstrates the relationship between the stress response and self-compassion.

Table 4. Demonstration of the Relationship Between Stress Response and Self-Compassion

Stress Response	Stress Response/ Turned Inward	Self-compassion
Fight	Self-criticism	Self-kindness
Flight	Isolation	Common humanity
Freeze	Rumination	Mindfulness

Note: Adapted from *The Mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive* (p. 32), by K. D. Neff, and C. Germer, 2018, New York: Guilford Press.

There are concerns about whether self-compassion is helpful or destructive for human beings. These concerns stem from some misconceptions related to self-compassion: (1) Self-compassion is a type of self-pity. Indeed, self-compassion is the counteracting agent to self-pity. (2) Another misgiving about self-compassion is that it makes people weak and vulnerable individuals. Yet, studies indicate the opposite. Individuals who are self-compassionate are found to be more likely to overcome difficult situations such as divorce and trauma. (3) A third misconception is that self-compassion is a kind of selfishness. However, giving compassion to ourselves makes us more supportive and caring in our relationships. (4) Lastly, self-compassion causes people to be lazy. On the contrary, self-compassion is not self-indulgent. Self-compassionate individuals are likely to employ beneficial behaviors in their lives (Neff, 2003a; Neff & Germer, 2018).

It is important to know the difference between self-esteem and self-compassion. Although both concepts are related to psychological well-being, they do not imply the same thing. They differ from each other in important ways: (1) Self-esteem is related to having a positive evaluation of self-worth, while self-compassion is not an evaluation. Rather, self-compassion is being kind to self when one fails. (2) Self-esteem needs having a better feeling than others, whereas self-compassion implies that we as human beings are not perfect. (3) In comparison to self-esteem, self-compassion is related to less social comparison and less narcissism (Neff, 2011; Neff & Germer, 2018).

Almost all people face difficulties in their lives and their emotional stability may be influenced by circumstances like divorce, loss of loved ones, and failure. In such conditions one can have difficult emotions. Self-compassion is a crucial instrument for coping with difficult emotions which affect our lives negatively.

Additionally, it is indicated that self-compassion enriches emotional strength and augments well-being. Self-compassion is one of the major protective factors for negative emotions such as anxiety and depression (Neff, 2011).

Various studies on self-compassion have been carried out to examine its relationship with other factors. To illustrate, emotional well-being (Akın, 2008; Bluth et al., 2016), academic success (Convey, 2007), emotional intelligence, self-determination (Neff, 2003b), self-efficacy (İskender, 2009), spiritual experiences (Akın & Akın, 2017), social support (Akın, Kayış, & Satıcı, 2011), depression, anxiety (Baker, Caswell, & Eccles, 2019), and loneliness (Akın, 2010) are some of the variables studied. In addition, a relationship between internet addiction and self-compassion was examined as well (İskender & Akın, 2011). Considering national literature, there are inadequate numbers of studies which examined the relationship between internet addiction and self-compassion. Based on the literature review, it can be said that self-compassion is a crucial concept which enables people to protect themselves from the harmful consequences of difficult situations. Thus, it is considered that self-compassion might be a protective factor against internet addiction and the relationships between these two concepts should be investigated to contribute to the related literature.

2.3.1 Self-compassion and internet addiction

Considering the related literature, there is a limited number of studies which address internet addiction and all components of self-compassion. Studies on the relationship between internet addiction and self-compassion focus more on the role of mindfulness, which is one of the components of self-compassion, as the mediating or predictive variable (Kavaklı, 2018). Arslan (2017) examined the mediating role of

forgiveness and mindfulness which are related to self-compassion between

psychological mistreatment and internet addiction in his study consisting of 392

young adults ranging in ages between 20 and 29. It was documented that both

forgiveness and mindfulness mediated between psychological mistreatment and

internet addiction.

Yiğit (2015) conducted a study to investigate the relationships between

internet addiction, communication skills, and self-compassion among adolescents

ranging in ages from 13 to 18. A negative relationship between self-compassion and

internet addiction were found. Moreover, no significant relationship was found

between communications skills and internet addiction.

İskender and Akın (2011) carried out a study to investigate the relationship

between internet addiction and self-compassion among 261 university students

within the ages of 17 to 24. Structural equation modeling was utilized in the study.

The results of the study documented that the positive components of self-

compassion, namely, self-kindness ($r = -.41, p < .01$), common humanity ($r = -.30, p

< .01$), and mindfulness ($r = -.36, p < .01$) were found to be negatively correlated to

internet addiction, whereas the negative components of self-compassion, which are

self-judgement ($r = .67, p < .01$), isolation ($r = .42, p < .01$), and over-identification

($r = .50, p < .01$) were found to be negatively related to internet addiction.

Previous research suggests that self-compassion and related constructs have a

negative relationship with the maladaptive use of the internet. Since there are a

limited number of studies on this topic, there needs to be further research on it.

CHAPTER 3

METHODOLOGY

In this chapter, information regarding the participants of the study, instruments, procedures, and the data analysis were provided. The participants section describes the selection procedures and the demographic data of the sample. The instruments section illuminates the measures that were used in obtaining the data. The procedures part describes obtaining necessary permissions to conduct the research and how the scales were utilized. Lastly, analysis of the study section demonstrates the statistical methods that have been used in the present study.

3.1 Participants

The demographic structure of the participants is presented in this section. A convenient sampling method was utilized to reach a sufficient number of participants. The sample of the study consisted of 364 participants; 270 (74.2 %) of them were females and 94 (25.8%) of them were males (See Table 5). All participants were students from the same university who were either studying in the English preparatory class (those who had not accomplished the level of English proficiency to be eligible for undergraduate courses) or were classified as remedial students (those who have not passed the English proficiency exam after they complete the preparatory class, so are described as "remedial" until passing the exam in further semesters), undergraduates, or graduate students.

According to the 2018-2019 statistics of the Turkish Council of Higher

Education (YÖK), 16,410 students were registered at the target university. The

sample of the study consisted of 364 students which is 2.2% of the target population.

The language of instruction and research of the target university is English.

Table 5. Demographic Characteristics of the Sample

Characteristics	*n*	%
GENDER		
Male	94	25.8
Female	270	74.2
Total	364	100
AGE		
18	5	1.4
19	46	12.6
20	58	15.9
21	98	26.9
22	50	13.7
23	48	13.2
24	30	8.2
25	12	3.3
26	11	3
27	2	.5
28	2	.5
29	2	.5
Total	364	100
PARTICIPANTS' STATUS		
English Preparatory	48	13.2
Remedial	4	1.1
Undergraduate	296	81.3
Master	16	4.4
Total	364	100
PARTICIPANTS by FACULTIES		
The Faculty of Education	106	29.1
The Faculty of Arts and Sciences	167	45.9
The Faculty of Engineering	48	13.2
The School of Applied Disciplines	21	5.8
The School of Economics and Administrative Sciences	22	6
Total	364	100

Thus, in order to start undergraduate education, all students are required to verify their English proficiency through the university's own English proficiency exam (BUEPT) or other standardized English exams like IELTS or TOEFL.

The ages of the participants ranged between 18 and 29 ($M = 21.59$; $SD = 1.99$). Most of the participants (95.5%) were between the ages of 18 and 25. The distribution age of the participants is demonstrated in Table 5.

The participants consisted of various educational statuses, namely English preparatory class ($n = 48$, 13.2%), English remedial class ($n = 4$, 1.1%), undergraduate ($n = 296$, 81.3%), and Master's degrees ($n = 16$, 4.4%) across the university (See Table 5).

In terms of the participants' faculties, the participants were from the Faculty of Education (29.1%; $n = 106$), Faculty of Arts and Sciences (45.9%; $n = 167$); Faculty of Engineering (13.2%; $n = 48$), School of Applied Disciplines (5.8%; $n = 21$), and the School of Economics and Administrative Sciences (6%; $n = 22$) as demonstrated in Table 5.

Regarding grade point averages (GPA), 16.2% of the participants ($n = 59$) did not have a GPA since they were either preparatory school students, remedial students, or those who did not specify their GPA. Out of the participants, 1.1% of the participants ($n = 4$) had a GPA score between 0 and 1; 7.1% of the participants ($n = 26$) had a GPA score between 1.01 and 2. 35; 36.5% of the participants ($n = 133$) had GPA scores between 2.01 and 3; and lastly, 39% of the participants ($n = 142$) had GPA scores between 3.01 and 4. The grading system used at the target university is similar to those used in North American Higher Education Institutions. After evaluating all the exams, assignments, and other requirements, the instructor assesses the performance of the student in terms of the grades as follows: AA (Excellent) =

4.0, BA (Good-Excellent) = 3.5, BB (Good) = 3.0, CB (Passing-Good) = 2.5, CC (Passing) = 2.0, DC (Passing-Poor) = 1.5, DD (Poor) = 1.0, and Fail = 0. Those who graduate with a GPA higher than 3.00 are described as Honors students.

In terms of the place of residence (before the outbreak of COVID-19 in Turkey), the majority of the participants stayed in the university dorm (n = 146, 40.1%), with friends (n = 95, 26.1%), and with family (n = 94, 25.8%), respectively.

In terms of the place of residence (during the outbreak of COVID-19 in Turkey), most of the participants resided with their family (n = 327, 89.8%) and friends (n = 22, 6%). The distribution of the residential status can be seen in Table 6. It can be seen that due to the COVID-19 pandemic, nearly 90% of the students stayed with their family.

Regarding the participants' mortality status of parents, both parents of most of the participants (n = 351, 96.4%) were alive.

Regarding the parents' education level, the largest portion of mothers had an undergraduate degree (n = 133, 36.5%). Then came high school graduates (n = 104, 28.6%) and the primary school graduates (n = 65, 17.9%) followed them as the third most frequent education level for mothers. The most frequent level of education for fathers followed the same order as for mothers: undergraduate (n = 175, 48.1%), high school (n = 83, 22.8%), and primary school (n = 35, 9.6%).

In terms of perceived socioeconomic status level (SES), the majority of the participants (n = 278, 76.4%) consisted of the middle SES level, which was followed by the high SES level (n = 52, 14.3%) and the low SES level (n = 28, 7.3%). Among the participants, eight individuals (2.2%) did not specify their perceived SES levels.

With regard to the purposes of internet usage, majority of the participants (80.2%) stated that they utilized the internet for the following four areas: using social media ($n = 89$, 24.5%), watching films/TV series ($n = 88$, 24.2%), communication ($n = 59$, 16.2%), and school courses ($n = 52$, 14.3%). The distribution of the main purpose of internet use can be seen in Table 6.

Participants were asked to choose social media applications or websites options which they use the most. Regarding the percentages of mostly preferred social media or websites, WhatsApp (82.1%) was mostly opted for, which was followed by Instagram (60.7%), YouTube (50.8%), Twitter (37.6%), and Zoom (28.6%). The distribution of the purpose of the internet use can be seen in Table 6.

Participants were asked to choose social media applications or websites options which they use the most. With regard to percentages of mostly preferred social media or websites, WhatsApp (82.1%) was mostly opted for, which was followed by Instagram (60.7%), YouTube (50.8%), Twitter (37.6%), and Zoom (28.6%). The distribution of the purpose of internet use can be seen in Table 6.

Finally, in terms of daily internet usage, the participants spent their time online between .5 to 11 hours ($M = 4.13$, $SD = 1.93$) before COVID-19, whereas during COVID-19, they spent their time online between 2 to 18 hours ($M = 8.06$, $SD = 2.86$). For male participants, there was a statistically significant increase in the hours of daily internet usage (before COVID-19) to daily internet usage (during COVID-19), ($M = 4.20$, $SD = 2.29$); $t(93) = -17.75$, $p < .001$. Moreover, for female participants, there was statistically significant increase in spending hours from daily internet usage (before COVID-19) to daily internet usage (during COVID-19) ($M = 3.83$, $SD = 2.15$); $t(269) = -29.31$, $p < .001$.

Table 6. Information Related to COVID-19 and Internet Use

Characteristics	n	%
RESIDENTIAL STATUS (During COVID-19)		
Public dorm	2	.5
Private dorm	1	.3
With family	327	89.8
With relative	3	.8
With friends	22	6
Other	9	2.5
Total	364	100
PURPOSE OF INTERNET USE		
Using Social Media	89	24.5
Watching Films/ TV series	88	24.2
For communication purposes	59	16.2
Following school courses	52	14.3
Research	34	9.3
Playing Games	21	5.8
Homework	15	4.1
Other	5	1.4
For COVID-19 news	1	0.3
Total	364	100

MOST COMMONLY USED	Responses*	
APPLICATIONS/PROGRAMS	n	%
WhatsApp	299	82.1
Instagram	221	60.7
YouTube	185	50.8
Twitter	137	37.6
Zoom	104	28.6
Other	45	12.4
Facebook	23	6.3
Online Shopping Apps	21	5.8
Snapchat	19	5.2
Skype	8	2.2
TikTok	4	1.1
LinkedIn	4	1.1

Characteristics (Mean and standard deviation)	M	SD
DAILY INTERNET USAGE-Before COVID-19	4.13	1.93
DAILY INTERNET USAGE-DURING** COVID-19	8.06	2.86

Note: *Participants were asked to respond three online applications which they used mostly,
**The period when universities were temporarily closed within the scope of COVID-19 measures in Turkey.

3.2 Instruments

In the study, in order to obtain the data from participants, six measures were utilized: Demographic Information Form, Young's Internet Addiction Test-Short Form (YIAT-SF), Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ) Mother Short Version, Adult Parental Acceptance-Rejection Questionnaire (Adult PARQ) Father Short Version, Best-Friend Acceptance-Rejection Questionnaire-Short Form (BFARQ-SF), and Self-Compassion Scale (SCS).

Before administering the Adult Parental Acceptance-Rejection Questionnaires and Best-Friend Acceptance Rejection, a copyright license was obtained from Ronald P. Rohner (See Appendix A). In addition, for the utilization of Young's Internet Addiction Test and Self-compassion Scale, necessary permissions were obtained from the responsible authors via e-mail.

3.2.1 Demographic Information Form

The demographic information form was developed by the researcher under the supervision of the thesis advisor. In this form, it was aimed to obtain information about the age, gender, parent educational status, academic achievement, daily internet usage, and family income of participants. The question about their internet usage levels before and during COVID-19 was also asked to the participants on this form. In that particular question, the exact translation of the word "during" was not employed on the Turkish version of the form. Instead, the word whose literal translation is "after [sonrası]" was selected. The reason for that choice was because "after COVID-19" in this context in Turkish, would mean "after COVID-19 started". Thus, it would correspond to the exact meaning that was intended; where the English

counterpart would be the word "during" since during the time of data collection, the pandemic was still going on.

3.2.2 Young's Internet Addiction Test-Short Form (YIAT-SF)

Young's Internet Addiction Test (YIAT), developed by Young (1998b), is one of the most developed diagnostic measurements for internet addiction (Faraci, Craparo, Messina, & Severino, 2013). The original form of YIAT consists of 20 items rated in five-point Likert scale from 1 (*not at all*) to 5 (*always*). The original form had three factors named (1) emotional and cognitive internet preoccupation, (2) neglecting work and lack of self-control, and (3) social problems. Later, Pawlikowski, Altstötter-Gleich, and Brand (2013) converted the test into its short form. Young's Internet Addiction Test-Short Form (YIAT-SF) consists of 12 items with a single factor.

Some example items of YIAT-SF are "How often do you find that you stay online longer than you intended?", "How often do you lose sleep due to being online late at night?", "How often do you find yourself saying "just a few more minutes" when online?", and "How often do you feel preoccupied with the internet when offline, or fantasize about being online? " There are no reverse-scored items in the scale. All scores should be summed up to obtain a total score between 12 and 60. High scores on the scale indicate a higher level of internet addiction.

Each question of the scale was asked to the participants considering two different time periods: before COVID-19 and during COVID-19. For the first condition, the participants thought retrospectively and for the second one, they shared their current situation. Just like in the question about internet usage levels in

the demographic form, the exact translation of the word "during" was not utilized when asking the Post-COVID-19 period. Instead, the word whose literal translation is "after [sonrası]" was selected. The reason for that choice was because "after COVID-19" in this context in Turkish, would mean "after COVID-19 started". Since it had not ended yet during data collection, it would correspond to the exact meaning that was intended, where the English counterpart would be the word "during".

The Turkish adaptation of YIAT-SF was utilized by Kutlu, Savcı, Demir, and Aysan (2016). The reliability and validity of the study was done with both university students and adolescents. Four different sample groups of 1167 university students aged within 17 to 35 and five different sample groups of 945 adolescents aged within 14 to 17 took part in the adaptation study. As a result of the confirmatory factor analysis, the Turkish version of YIAT-SF called YİBT-KF [Young İnternet Bağımlılığı Testi-Kısa Form] was found to fit well ($\chi2 = 173.58$, $sd = 53$, CFI = .95, SRMR = .064 and RMSEA = .079). The internal consistency reliability coefficient of the scale was calculated as .85. The results obtained from the study demonstrated that the Turkish version of YIAT-SF was found to be valid and reliable.

In the current study, the reliability analysis of the Young's Internet Addiction Test-Short Form was measured. Cronbach's alpha value for YIAT-SF which was filled out considering their situation before COVID-19 was .81, whereas for YIAT-SF which was filled out for the period during COVID-19, it was .78.

3.2.3 Parental Acceptance-Rejection Questionnaire (PARQ)

The Parental Acceptance-Rejection Questionnaire (PARQ) developed by Rohner (1975) is a self-administered measure to evaluate children's present perceptions and adults' reflective memories regarding parental acceptance or rejection in childhood.

The scale contains four scales which are warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection. The measure has two forms: long and short one. The long form of PARQ includes 60 items, 20 for the warmth/affection scale, 15 for the hostility/aggression and indifference/neglect scales, and 10 for the undifferentiated rejection scale. The short one consists of 24 items, 8 in the warmth/affection scale, 6 in the hostility/aggression and indifference/neglect scales, and 4 in the undifferentiated rejection scale (Rohner & Ali, 2016).

There are four versions of the PARQ available: (1) The Early Childhood PARQ, which is developed for children whose ages are between 4 to 7, (2) The Child PARQ is designed for children from about 7 through whatever age they continue to be in contact with their parents, (3) The Adult PARQ assesses the participants' perceptions of earlier time in childhood with parents, (4) The Parent PARQ is conducted once researchers intend to assess parents' accepting-rejecting behaviors on their children. All versions of the measure have the same 4-point Likert scale from 4 (*almost always true*) to 1 (*almost never true*). Besides, all versions of the measure have the same items with slight differences. Based on the versions, the items have a different tense (past-present) and subject (I, my father, my mother) (Rohner & Ali, 2016).

In the present study, the Adult PARQ Mother and Father short versions were utilized. The short form of the Adult PARQ comprises of 24 items, specifically, the warmth/affection subscale consists of eight items: 1, 3, 9, 12, 17, 19, 22, 24 (all items must be reversed); the hostility/aggression subscale consists of six items: 4, 6, 10, 14, 18, 20; the indifference/neglect subscale comprises of six items: 2, 7, 11, 13 (reversed), 15, 23; the undifferentiated rejection includes four items: 5, 8, 16, 21.

Each item includes a 4-point Likert scale ranging from almost never true (1) and almost always true (4). After reversing related items, all scores should be summed up to obtain a total score between 24 (maximum perceived acceptance) and 96 (maximum perceived rejection). Higher scores on the questionnaire indicate higher levels of rejection.

In a meta-analysis of 51 studies internationally, the overall alpha coefficient of the Child PARQ, The Adult PARQ, and the Parent PARQ were .89. Specifically, the mean weighted alpha coefficient for the Child PARQ was .89, for the Adult PARQ it was .95, and for the Parent PARQ it was .84. There is no analysis for the Early Childhood PARQ since at the time of the meta-analysis study, the measure for early childhood did not exist (Khaleque & Rohner, 2002). In a study conducted in Turkey by Okur and Berument (2016), the alpha coefficient of the Early Child PARQ mother version was found to be .85. The father version of the measure was not used in that study.

In the present study, the reliability analysis of the Adult PARQ short versions for both mother and father were also measured. The Cronbach's alpha value for the Adult PARQ: Mother- Short version was .94 and for the Adult PARQ: Father-Short version was .95.

3.2.4 Best-Friend Acceptance-Rejection Questionnaire-Short Form (BFARQ-SF)

Best-Friend Acceptance-Rejection Questionnaire (BFARQ) is a self-report measure which is adapted from the Teacher Acceptance-Rejection Questionnaire (TARQ) developed by Rohner (2005). TARQ is originally an adaptation of Parental Acceptance-Rejection Questionnaire (PARQ) which was developed by Rohner (Rohner, 2010a). In TARQ, participants' perception regarding their teachers'

acceptance-rejection behaviors is assessed, whereas in BFARQ, participants'
perception pertaining to their best friends is assessed.

As the other acceptance-rejection questionnaires have, BFARQ consists of
four subscales, namely, a warmth/affection subscale (e.g., treats me gently and with
kindness), a hostility/aggression subscale (e.g., says many unkind things to me), an
indifference/neglect subscale (e.g., s ignores me when I ask for help), and an
undifferentiated rejection subscale (e.g., seems to dislike me). The short form of
BFARQ comprises 24 items, specifically, the warmth/affection subscale consists of
eight items: 1, 3, 9, 12, 17, 19, 22, 24 (all items must be reversed); the
hostility/aggression subscale consists of six items: 4, 6, 10, 14, 18, 20; the
indifference/neglect subscale comprises of six items: 2, 7, 11, 13 (reversed), 15, 23;
the undifferentiated rejection includes four items: 5, 8, 16, 21. Each item includes a
4-point Likert scale ranging from almost never true (1) and almost always true (4).
After reversing related items, all scores should be summed up to obtain a total score
between 24 (maximum perceived acceptance) and 96 (maximum perceived
rejection). Higher total scores on the questionnaire demonstrate higher levels of
rejection from the best friends.

Except for Ahmed and his colleagues' study (2012), there is insufficient
information regarding the reliability and validity for BFARQ in the literature
(Şakiroğlu, 2016). Ahmed et al. (2012) studied relationships between psychological
adjustment and parental, sibling, best friend, and teacher acceptance-rejection among
Kuwaiti adolescents. In that study Cronbach's alpha was found to be .92 for males
and .91 for females.

In her personal communication with Rohner on January 15, 2013, Şakiroğlu
(2016) obtained preliminary findings of a study carried out in Greece. The

participants of the study were 104 adolescents (64 females; 40 males). The Cronbach's alpha of the whole scale was found to be .95. Males obtained higher scores than females did on the whole scale and all subscales in the study.

The transliteral equivalence of the BFARQ was conducted by Şakiroğlu (2016) for the Turkish population. In the study, 60 bilingual university students (11 males; 49 females) took part. The transliteral study indicated that both English and Turkish forms of BFARQ had strong reliability and were transliterally equivalent. A satisfactory correlation ($r = .74$, $p < .001$) was found between scores of English and Turkish BFARQ. The Cronbach's alpha for the Turkish version for BFARQ was .87 (Şakiroğlu, 2016).

In the current study, the Turkish version of the BFARQ was used since the sample comprises participants from Turkey. The Turkish version of the questionnaire is the short form of the original questionnaire, and it consists of 24 items in the total.

In the present study, the reliability analysis of the BFARQ short version was also measured. The Cronbach's alpha value for the Adult BFARQ was .90.

3.2.5 Self-Compassion Scale (SCS)

Self-compassion was measured with the Self-Compassion Scale (SCS) developed by Kristin Neff (Neff, 2003a) and adapted to Turkish by Akın, Akın, and Abacı (2007). SCS consists of 26 items on a 5-point Likert scale, answers ranging from 1 = almost never (indicating strong disagreement), to 5 = almost always (indicating strong agreement). The SCS consists of six subscales which were derived from the three dimensions of self-compassion, and they are: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Self-kindness, common humanity and mindfulness items constitute the positive self-compassion score,

whereas self-judgment, isolation, and over-identification items constitute the negative self-compassion score.

Some examples of items are "When I'm going through a very hard time, I give myself the caring and tenderness I need" for the self-kindness subscale, "I try to see my failings as part of the human condition" for the common humanity subscale, "When I fail at something important to me I try to keep things in perspective" for the mindfulness subscale, "When I see aspects of myself that I don't like, I get down on myself " for the self-judgement, "When I fail at something that's important to me, I tend to feel alone in my failure" for the isolation subscale, and "When something painful happens, I tend to blow the incident out of proportion" for the over-identification subscale.

A total score for each subscale is obtained by calculating the mean value of the item scores related to each subscale. The scores of subscales of self-judgment, isolation, and over-identification items must be reversed. Similarly, a total scale score is obtained by the calculation of a grand mean of all subscales. Considering the self-compassion scale, the scores between 1-2.5 show a low, scores between 2.5-3.5 show medium, and scores between 3.5-5 show a high level of self-compassion (Akın, Akın, & Abacı, 2007).

In the current study, the Turkish adaptation of the SCS was used since the sample comprises participants from Turkey. The adaptation study for the Turkish version of the SCS was carried out by Akın, Akın, and Abacı (2007) with 633 university students. After the translation process, exploratory (EFA) and confirmatory (CFA) factor analyses for the Turkish version were done, respectively. Like in original scale development, the results of EFA generated the same structure for the sub-factors. The findings of CFA for a six-factor structure of SCS also

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supported six factor solution via model fit indices [χ2 = 779.01, p = .00; GFI = .91, CFI = .97, RMSEA = .06, SRMR = .06].

In order to determine the internal consistency level of the Turkish version of the SCS, the Cronbach's alpha levels for the dimensions of self-compassion were calculated and the internal consistency of the scale was found to be .77 for self-kindness, .72 for self-judgment, .72 for common humanity, .80 for isolation, .74 for mindfulness, and .74 for the over-identification subscales (Akın, Akın, & Abacı, 2007).

In the present study, the reliability analysis of the Self-Compassion Scale was also measured. Cronbach's alpha value for the SCS was .95.

3.3 Procedures

First of all, before data collection, permission was granted from the Boğaziçi University Ethics Committee for Master's and PhD Theses in Social Sciences and Humanities (SOBETIK) as shown in Appendix B.

The original target sample for the study was adolescents. To apply the forms and questionnaires to students who are under the age of 18 in the state schools, the permissions must be obtained from the Ministry of Education. It is a mandatory condition. However, due to the outbreak of the COVID-19 in Turkey, all schools had to be closed on March 12, 2020. Although the application documents for permission were prepared and applied to the Institute of Social Sciences and to the Ministry of Education, the permissions from the Ministry of Education were suspended. Thus, because of the lockdown, closing of the schools and suspensions of the permission, the sample and data collection method of the current study were modified under the supervision of the thesis advisor and the jury members. As a result, university

students instead of high school students were selected as the new sample and a web-based survey system was decided to be used for data collection in consequence of the COVID-19 environment and the characteristics of the sample. Since the sample of the study changed, the demographic form and questionnaires were revised in accordance with the jury members' feedback considering the COVID-19 environment. The originally intended scale used for determining the level of problematic internet use was replaced with Young's Internet Addiction Test-Short Form (YIAT-SF) which was revised by Pawlikowski and his colleagues (2013). However, the main purpose of the study and the variables remained unchanged. Such changes in the study again required an ethics committee permission. Therefore, new ethical permission was obtained from SOBETIK on April 6, 2020.

The questionnaires were administered to university students online using Google Forms between April 15 and May 2, 2020 in a 17-day period. During the time of data collection, there were many unknowns about the pandemic and also frequent lockdowns at the weekends had begun to take place in Turkey. The link of the survey was shared to a closed social media group whose members are only target university students. The online survey link was also delivered to university students through email and sms applications with the assistance of gatekeepers such as target university instructors and fellow students from the same university. The form stated that it should be filled out only by target university students and no one who is not a student at the target university.

The brief description of the study was shared to the participants along with the link of the survey. It was indicated on the consent form that the identities of the participants and the individual answers would be kept confidential. Without confirmation of the consent form (see Appendix C for the English version and

Appendix D for the Turkish version), participants could not proceed to the survey. Participating in the study was voluntary and it was indicated in the informed consent form that they could leave the study at any time. Parental consent was not requested from participants since their ages were over 18. It was estimated that it took about 18 minutes for the participants to complete the survey.

Questionnaires and the demographic information form appeared on the screen in the following order: Demographic Information Form (see Appendix E for the English version and Appendix F for the Turkish version), Young's Internet Addiction Test-Short Form (see Appendix G for the English version and Appendix H for the Turkish version), Adult Parental Acceptance-Rejection Questionnaire mother short form (see Appendix I for the English version and Appendix J for the Turkish version), Adult Parental Acceptance-Rejection Questionnaire father short form (see Appendix K for the English version and Appendix L for the Turkish version), Best-Friend Acceptance-Rejection Questionnaire short form (see Appendix M for the English version and Appendix N for the Turkish version), and Self-Compassion Scale (see Appendix O for the English version and Appendix P for the Turkish version), respectively.

3.4 Data analyses

The design of this quantitative study was correlational. Statistical Package for the Social Sciences (SPSS) version 23.0 was used for the statistical analyses. The significance level (α level) was determined as .05 for the statistical analysis. The raw data was received from the participants who filled out the demographic information form and each questionnaire mentioned above.

After the data was obtained, a codebook was prepared to provide a summary of the instructions that enabled the researcher to convert the information obtained from the participants into a format that IBM SPSS could run appropriately. Demographic information, forms, and questionnaires were checked and each item in all these forms and questionnaires were specified in the codebook. Afterwards, data was entered into the SPSS in parallel with the codebook. The data of 384 participants were entered into the SPSS program. To detect multivariate outliers, Mahalanobis Distance Test was utilized. According to this test, the data of 10 participants were detected as outliers and excluded from the data.

Since emerging adults were used as a sample, those who were over the age of 29 were excluded because it was indicated (Doğan & Cebioğlu, 2011) that the upper limit of this period could be 29 (lower age limit being 18). Thus, four participants who were over the age 29 were excluded from the data set. Since the analysis was mainly conducted based on male and female participants, six participants who did not specify their gender as male or female were excluded from the data as well. As a result, the data of the remaining 364 participants was analyzed statistically.

The demographic characteristics of the participants were obtained as a result of the analyses conducted in terms of frequencies, means, standard deviations, and percentages. Pearson Product-Moment Correlation Coefficient was utilized to reveal the bivariate correlations among study variables.

The main statistical technique utilized to analyze the research questions was multiple regression. The purpose of the current study is to examine which factors predict internet addiction. It is noteworthy that the internet addiction scale was filled out by participants as they consider two different conditions. The scale was measured by asking participants to fill out the scale considering the time period before the

pandemic and also after the pandemic started (during the pandemic) so that two results were obtained from the same scale. For this reason, two multiple regression analyses were conducted for each result of the internet addiction scale. Another purpose of this study was to investigate whether prediction of internet addiction changes according to gender. In the sample of the present study, the female-male ratio was close to 3:1; so utilizing all participants as one homogeneous group could lead to inaccurate results. Thus, multiple regression analyses were utilized separately for males and females. Before doing the multiple regression analysis, assumptions such collinearity diagnosis, Tolerance, VIF values, and multicollinearity were checked, and no violations were detected. More specifically, the binary correlations between study variables did not lead to a multicollinearity problem since observed correlation coefficients are lower than .90. In addition, a collinearity diagnosis was checked to see whether the data results were suitable for multiple regression analysis. Tolerance and VIF Values were utilized to reveal whether multicollinearity is violated or not. All tolerance values were greater than .10 and all VIF values were under 10, which means there was no multicollinearity. Based on the Q-Q plot, histogram, and skewness-kurtosis values which are between the accepted range (between -1 and +1), it can be concluded that normality assumptions were not violated for the dependent variable.

CHAPTER 4

RESULTS

The results of the study are presented in three sections: (1) descriptive analysis of the study variables, namely, internet addiction, parental rejection, best-friend rejection, and self-compassion, (2) the correlations among variables, and (3) results addressing the research questions.

4.1 Descriptive analysis of the study variables

The variables of the study are internet addiction, parental rejection, best-friend rejection, and self-compassion. The means and standard deviations for overall participants, male and females on Young's Internet Addiction Scale, the Adult Parental Acceptance-Rejection Questionnaire Mother and Father Short Version Forms, the Best-Friend Acceptance-Rejection Questionnaire Short Version Form, and Self-compassion Scale are shown in Table 7.

Table 7. Descriptive Statistics of the Study Variables Based on Gender

Measures			Gender			
	Overall ($N = 364$)		Female ($n = 270$)		Male ($n = 94$)	
	Mean	SD	Mean	SD	Mean	SD
Internet Addiction (B. COVID-19)	26.39	7.24	26.10	7.07	27.23	7.40
Internet Addiction (D. COVID-19)	32.13	8.33	32.24	8.20	31.82	8.76
Adult PARQ Mother	37.74	14.28	38.26	13.32	36.27	11.75
Adult PARQ Father	42.91	16.54	42.36	15.61	44.50	16.34
Best-Friend ARQ	32.31	10.92	30.99	7.51	36.12	9.43
Self-Compassion	2.86	.76	2.82	.78	2.95	.71

Note: B. (before), D. (during), PARQ (Parental Acceptance Rejection Questionnaire short form), ARQ (Acceptance Rejection Questionnaire).

According to the descriptive analyses of variables shown in Table 7, the mean scores on Young's Internet Addiction Test for the total participants are 26.39 ($SD =$ 7.24) (Before COVID-19) and 32.33 ($SD = 8.33$) (During COVID-19). For male participants, the mean scores on Young's Internet Addiction Test are 27.23 ($SD =$ 7.40) (Before COVID-19) and 31.82 ($SD = 8.76$) (During COVID-19). For female participants, the mean scores on Young's Internet Addiction Test are 26.10 ($SD =$ 7.07) (Before COVID-19) and 32.24 ($SD = 8.20$) (During COVID-19). Higher scores signify a higher level of internet addiction. In addition, no significant difference was found between male and females in terms of internet addiction scores either before or during COVID-19.

The mean scores of the Adult PARQ Mother Form for total, male and female participants are 37.74 ($SD = 14.28$), 36.27 ($SD = 11.75$), and 38.26 ($SD = 13.32$), respectively. For the Adult PARQ Father Form, the mean scores for total, male and female participants are 42.91 ($SD = 16.54$), 44.50 ($SD = 16.34$), and 42.36 ($SD =$ 15.61), respectively. The mean scores of Best-Friend Acceptance-Rejection for total, male and female participants are 32.31 ($SD = 10.92$), 36.12 ($SD = 9.43$), and 30.99 ($SD = 7.51$), respectively (See Table 7). For these three interpersonal acceptance-rejection questionnaires, higher scores indicate more rejection (See Table 7).

Lastly, in terms of the Self-Compassion Scale, the mean of the total scores for total, male, and female participants are 2.86 ($SD = .76$), 2.95 ($SD = .71$), and 2.82 ($SD = .78$), respectively as demonstrated in Table 7. For this scale, higher scores mean a greater level of self-compassion.

Apart from these results, it also should be noted that a significant increase was observed in internet addiction scores during COVID-19. More specifically, for male participants, there was a statistically significant increase from internet addiction

scores (before COVID-19) ($M = 27.23$, $SD = 7.40$) to internet addiction scores (during COVID-19) ($M = 31.82$, $SD = 8.76$), $t(93) = -7.15$, $p < .001$ and for female participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 26.10$, $SD = 7.07$) to internet addiction scores (during COVID-19) ($M = 32.24$, $SD = 8.20$), $t(269) = -14.94$, $p < .001$.

4.2 Correlations among study variables

The Pearson Product Moment correlation was conducted to test bivariate correlations among research variables, namely, internet addiction, parental rejection, best-friend rejection, and self-compassion. The results of the analyses showed that all variables were significantly correlated with each other (See Table 8).

Table 8. Pearson Correlations for Research Variables

Variable	1	2	3	4	5	6
1. YIAT-SF (Before COVID-19)	1					
2. YIAT-SF (During COVID-19)	$.64^{**}$	1				
3. Adult PARQ Mother	$.26^{**}$	$.19^{**}$	1			
4. Adult PARQ Father	$.19^{**}$	$.12^{*}$	$.50^{**}$	1		
5. Best-Friend ARQ	$.19^{**}$	$.13^{*}$	$.28^{**}$	$.21^{**}$	1	
6. SCS	$-.29^{**}$	$-.34^{**}$	$-.25^{**}$	$-.28^{**}$	$-.24^{**}$	1

Note: YIAT-SF (Young's Internet Addiction Test-Short Form), PARQ (Parental Acceptance-Rejection Questionnaire short form), ARQ (Acceptance-Rejection Questionnaire), $* p < .05$, $** p < .01$.

It is important to note that the participants filled out the internet addiction scale during the COVID-19 pandemic. However, they were asked to fill the scale twice: one for before COVID-19 and another for during COVID-19 to compare the scale results. A positive correlation was found ($r = .64$, $p < .01$) between the scores of the addiction scale formed considering two different conditions as demonstrated in Table 8.

More specifically, the results of the study showed that significant positive correlations were found between internet addiction (Before COVID-19) and young adults' perceived maternal ($r = .26$, $p < .01$), paternal ($r = .19$, $p < .01$), and best friend rejection ($r = .19$, $p < .01$). On the other hand, a negative correlation was found between internet addiction (Before COVID-19) and the total scores of self-compassion ($r = -.29$, $p < .01$) as shown in Table 8.

In terms of internet addiction (During COVID-19), significant positive correlations were found between internet addiction (During COVID-19) and young adults' perceived maternal ($r = .19$, $p < .01$), paternal ($r = .12$, $p < .05$), and best friend rejection ($r = .13$, $p < .05$). However, a negative correlation was found between internet addiction (During COVID-19) and the total scores of self-compassion ($r = -.34$, $p < .01$) as demonstrated in Table 8.

Regarding maternal rejection, positive correlations were found between maternal rejection and paternal rejection ($r = .50$, $p < .01$), and best friend rejection ($r = .28$, $p < .01$). However, negative correlations were found between maternal rejection and self-compassion ($r = -.25$, $p < .01$) as provided in Table 8.

In terms of paternal rejection, it was observed that there were positive correlations between paternal rejection and best friend rejection ($r = .21$, $p < .01$) whereas negative correlations were found between paternal rejection and self-compassion ($r = -28$, $p < .01$) as indicated in Table 8. Lastly, considering best friend rejection, negative correlations were found between best-friend rejection and self-compassion ($r = -24$, $p < .01$) as shown in Table 8.

4.3 Predictors of internet addiction (before COVID-19) in males and females

Variables, which were utilized in this study, were self-compassion, maternal rejection, paternal rejection, and best-friend rejection. In order to examine the factors that predict internet addiction, a multiple regression analysis was conducted. It is important to mention that internet addiction scores mentioned in this part belong to the responses provided by taking into account the before COVID-19 condition. Specifically, participants were asked to fill out the internet addiction scale during the pandemic, but through considering how their situation was before the pandemic. Therefore, the results of the internet addiction scale were retrospective for the before COVID-19 condition.

 First, a collinearity diagnosis was checked to see whether the data results were suitable for multiple regression analysis. Tolerance and VIF Values were utilized to reveal whether multicollinearity is violated or not. To provide tolerance and VIF values, the Coefficient table was generated. Tolerance and VIF values were demonstrated in Table 9. All tolerance values were greater than .10 and all VIF values were under 10, which means there was no multicollinearity.
The data was therefore appropriate for regression analysis.

        After the multicollinearity check, the multiple regression analysis was conducted separately for male and female participants. All factors -self-compassion, maternal rejection, paternal rejection, and best friend rejection- were entered as

Table 9. Multicollinearity Check of Variables

Variables	Tolerance	VIF
Self-compassion	.755	1.324
Maternal rejection	.753	1.328
Paternal rejection	.930	1.076
Best friend rejection	.886	1.128

Note. VIF (Variance Inflation Factor). Multicollinearity is not violated when all tolerance values are greater than .10 and all VIF values are under 10.

predictors and internet addiction was entered as outcome variable into the model at once. Using the enter method it was found that the overall regression model was found statistically significant for both males and females and explained a significant amount of the variance in the value of internet addiction for males $F(4, 89) = 8.13$, $p < .001$, $R^2 = .27$ and for females $F(4, 265) = 6.06$, $p < .001$, $R^2 = .8$. The model for males explained 27% of the variance in internet addiction, whereas the model for females explained 8% of the variance in internet addiction. Regression coefficients and standard errors for both male and female participants are demonstrated in Table 10. The results also revealed that self-compassion ($\beta = -.28$, $p < .05$) and maternal rejection ($\beta = .35$, $p < .001$) were significant predictors for internet addiction in terms of the male participants. On the other hand, only self-compassion ($\beta = -.25$, $p < .001$) was found to be as a significant predictor of internet addiction in terms of the female participants. The other variables - paternal rejection and best friend rejection – were not significant predictors in internet addiction for either females or males.

Table 10. Summary of Multiple Regression for Internet Addiction (Before COVID-19) Based on Gender

	Male			Female		
	B	*SEB*	*ß*	*B*	*SEB*	*ß*
Self-compassion	-2.94	1.01	-.28*	-2.26	.57	-.25**
Maternal rejection	.22	.07	.35**	.05	.04	.09
Paternal rejection	-.002	.05	-.005	.02	.03	.04
Best friend rejection	.05	.08	.06	.05	.06	.05

* p < .05, ** p < .001

4.4 Predictors of internet addiction (during COVID-19) in males and females

As above mentioned, the same procedures were also conducted for internet addiction measured as participants considered their current conditions during COVID-19. In order to examine the factors that predict internet addiction, a multiple regression

analysis was conducted with the four variables. It is important to remember that internet addiction scores mentioned in this part belong to the responses that the participants provided as they consider their current situation during COVID-19.

First, a collinearity diagnosis was checked to see whether the data results were suitable for multiple regression analysis. Tolerance and VIF Values were utilized to reveal whether multicollinearity is violated or not. To provide tolerance and VIF values, the Coefficient table was generated. Tolerance and VIF values were demonstrated in Table 11. All tolerance values were greater than .10 and all VIF values were under 10, which means there was no multicollinearity.

Table 11. Multicollinearity Check of Variables

Variables	Tolerance	VIF
Self-compassion	.755	1.324
Maternal rejection	.753	1.328
Paternal rejection	.930	1.076
Best friend rejection	.886	1.128

Note. VIF (Variance Inflation Factor). Multicollinearity is not violated when all tolerance values are greater than .10 and all VIF values are under 10.

After the multicollinearity check, the multiple regression analysis was conducted separately for male and female participants. All factors-self-compassion, maternal rejection, paternal rejection, and best friend rejection- were entered as predictors and internet addiction was entered as outcome variable into the model at once. Using the enter method, it was found that the overall regression model was found statistically significant for both males and females and explained a significant amount of the variance in the value of internet addiction for males $F(4, 89) = 8.41$, $p < .001$, $R^2 = .27$ and for females $F(4, 265) = 7.34$, $p < .001$, $R^2 = .10$. The model for males explained 27% of the variance in internet addiction, whereas the model for females explained 10% of the variance in internet addiction. Regression coefficients and standard errors for both male and female participants are demonstrated in Table

12. The results revealed that self-compassion ($\beta = -.36$, $p < .001$) and maternal rejection ($\beta = .38$, $p < .001$) were significant predictors in internet addiction in terms of male participants. On the other hand, only self-compassion ($\beta = -.30$, $p < .001$) was found to be as a significant predictor of internet addiction in terms of female participants.

Table 12. Summary of Multiple Regression for Internet Addiction (During COVID-19) Based on Gender

	Male			Female		
	B	*SEB*	*ß*	*B*	*SEB*	*ß*
Self-compassion	-4.40	1.19	-.36*	-3.16	.66	-.30*
Maternal rejection	.28	.08	.38*	.02	.04	.03
Paternal rejection	-.09	.05	-.17	.001	.04	.003
Best friend rejection	-.01	.09	-.01	.03	.07	.02

* $p < .05$, ** $p < .001$

CHAPTER 5

DISCUSSION

The discussion chapter consists of five sections: (1) the purpose of the current study,

(2) discussion regarding the descriptive statistics for the variables in terms of gender,

(3) discussion related to the relationships among study variables, (4) Discussion

regarding the variables predicting internet addiction (considering before and during

COVID-19) in males and females, (5) strengths and implications of the study, and (6)

limitations of the study and recommendations for further studies.

5.1 The purpose of the current study

The aim of this study was to examine whether maternal, paternal, best-friend

rejection, and self-compassion predict internet addiction among university students

considering two different life conditions: before COVID-19 and during COVID-19.

5.2 Discussion regarding the descriptive statistics for the variables in terms of

gender

Based on the aim of the current study, the data collection was applied online via

Google Forms from a total of 364 university students, comprising 270 (74.2%)

female participants, and 94 (25.8%) male participants.

By considering internet addiction (before COVID-19) results, the mean

scores for female, male, and total participants were 26.39, 26.10, and 27.23,

respectively. For the addiction scale, the minimum score and maximum scores were

12 and 60, respectively. Higher scores indicate greater levels of internet addiction.

Based on this, it can be concluded that the participants' internet addiction scores

(considering pre-COVID-19 conditions) were lower than the possible mean score for

the scale, which is 36. These results are in accordance with the results of some previous studies. For instance, in a recent study conducted by Su (2019), Turkish university students reported similar internet addiction scores on Young's Internet Addiction Test-Short Form. The results were as follows: female participants ($M = 27.37$), male participants ($M = 27.28$), and total participants ($M = 27.33$). It was also similar that female students reported a slightly higher level of addiction than male students did.

On the other hand, for the results of internet addiction levels measured considering the conditions during COVID-19, the mean scores for female, male, and total participants were 32.13, 32.24, and 31.82, respectively. This means that the participants in the current study reported a considerable increase in their levels of internet addiction during COVID-19 as compared to their levels of internet addiction before COVID-19. This difference was valid for the overall participant group, the males, and the females. Similarly, a recent study with 7,143 university students reported that 21.3% of the sample experienced mild anxiety during COVID-19 (Cao, et al., 2020). Thus, the increase in addiction scores in the current study might also have resulted from the stress and anxiety that participants experienced during COVID-19. Internet addiction is considered to be a behavioral addiction (Griffiths, 2005) and since in behavioral addictions one craves to repeat the same behaviors as they may reduce personal distress (Dasgupta, 2017), the participants, in order to reduce the level of stress and anxiety, might have been inclined to spend more time online and thus, use the internet maladaptively. The need to ease anxiety and the behavioral tendency as a response to the need could have facilitated increased levels of internet addiction scores. Overall, we could state that the mean score for both the female and male participants were still lower than the possible mean score for the

scale which was 36; however, in essence, they have all increased significantly during COVID-19.

Moreover, most of the participants of the current study ($n = 350$, 96%) reported that they started to spend much more time online during the COVID-19 pandemic. They almost doubled their daily internet usage during the pandemic compared to the period before the pandemic. Thus, an increase in internet usage might also have facilitated an increase in internet addiction scores as well. Indeed, it was reported in a study conducted by Savcı and Aysan (2017), that the daily internet use duration might affect internet addiction. Being online for a long time was considered as a sign of internet addiction (Tunalıoğlu, 2013). In the current study, too, it was revealed that during COVID-19, the participants had longer hours spent online. Thus, it can be said that spending much more time online may have a relationship with the internet addiction scores of young adults. Since the amount of time spent for an addiction represents an important factor for all addictions (Robinson, & Berridge, 2003).

It is suggested in the literature that during hard times, individuals tend to use psychoactive substances and reinforcing behaviors such as gambling, watching TV series, using social media, and surfing the internet (Kiraly et al., 2020). Kiraly et al. (2020) asserted that the COVID-19 pandemic increased the level of anxiety, stress, and depression of individuals across the world since the impacts of COVID-19 resulted in fear of losing health, uncertainty regarding the future, and also economic insecurity. In a similar vein, most of the participants of the current study reported that they used the internet for social media, watching movies, and communicating with friends. Using them for research or their academic studies were not within the top three choices for the students. Thus, it might be the case that the participants

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might have been emotionally negatively affected by the COVID-19 pandemic and may have been inclined to seek relief in leisure activities on the internet.

The scores on Adult PARQ (for mother and father short version) and Best-Friend Acceptance-Rejection Questionnaire (short version) ranged from 32 (maximum perceived acceptance) to 96 (maximum perceived rejection). Based on the Adult PARQ-Mother short version, the mean scores of maternal rejection reported by female, male, and total participants were 38.26, 36.27, and 37.74, respectively. Based on the results, it can be stated that both male and female university students perceived acceptance more than rejection from their mothers during their childhood.

On the other hand, based on the results of Adult PARQ-Father (short version), the mean scores of paternal rejection for female, male, and total participants were 42.36, 44.50, and 42.91, respectively. According to this result, it can be said that participants perceived acceptance more than rejection from their fathers when they were children. However, the scores for paternal rejection were higher than the scores for maternal rejection for both males and females. These results are similar to the results of related previous studies with emerging adults. To illustrate, in a recent study conducted by Dökmeci (2017), levels of paternal rejection were detected to be higher than the levels of maternal rejection. In addition, Karabakkal (2014) found similar results as well. In his study, young female and male adults indicated less maternal rejection than paternal rejection. They both had samples similar to the sample in this study because they collected data using PARQ in the same university environment, but at different time periods in the past. The difference between the two could point out to varying cultural conceptualizations between motherhood and fatherhood in Turkey. More importantly, the fact that both the mothers and the

fathers were found to be accepting points to the fact that the sample of all three studies comprised students from a top university which mostly preferred by the students who obtained high score from the university entrance exam (https://yokatlas.yok.gov.tr/) in Turkey. There is the possibility that the students come from families that were proud of their academic success throughout their lives and thus the parents have expressed high acceptance levels towards their children in the past.

According to the results of the Best-Friend Acceptance-Rejection Questionnaire (Short version), the mean scores for female, male, and total participants were 30.99, 36.12, and 32.31, respectively. Based on this, it can be concluded that both female and male participants felt more acceptance than rejection from their best-friends. Male university students obtained higher rejection from their best friends than female participants did. In contrast to these findings, in the adolescent population, it was reported that male adolescents felt less rejected from their best friends than female adolescents did (Ahmed, Rohner, & Carrasco, 2012). Similarly, Şakiroğlu (2016) also indicated that amongst university students, male participants obtained lower rejection scores compared to female participants in terms of their relationships with their best friend. These two studies have contradictory results with the current study. Another reason could be related to the fact that the questionnaires were applied during the pandemic lockdown period where many individuals were stuck at home most of the time. Thus, communications with friends were not face-to-face anymore; they were online. Online communication might have different implications for males and females in terms of their communication with their close friends.

In terms of the self-compassion scores, the mean scores for female, male, and total participants were 2.82, 2.95, and 2.86, respectively. The results are consistent with related previous studies. For instance, Dökmeci (2017) reported a similar mean score (2.97) of self-compassion for young adults in her study. Moreover, Lavin and Morey (2020) indicated a parallel result of self-compassion for emerging adults. For total participants, the mean score of self-compassion was found to be 2.94 in their study. Considering the self-compassion scale, the scores between 1-2.5 show a low, scores between 2.5-3.5 show medium, and scores between 3.5-5 show a high level of self-compassion (Akın, Akın, & Abacı, 2007). In the light of this information, it can be stated that both female and male participants had medium levels of self-compassion in the current study.

5.3 Discussion related to the relationships among study variables

Positive significant correlations were found between the variable internet addiction (for internet addiction scores obtained both before and during COVID-19) and three other variables in the studies, namely maternal rejection, paternal rejection, and best-friend rejection. This means that the more rejected the students felt by their fathers, mothers, and friends, the more they developed internet addiction. On the other hand, a significant negative correlation was found between self-compassion and internet addiction (for both internet addiction scores obtained before and during COVID-19) meaning that the lower the self-compassion scores the students have, the higher their internet addiction scores are.

In terms of the relationships between parental rejection and internet addiction, there are some studies which demonstrate similarity with the results of the present study. To illustrate, Sultana and Uddin (2019) carried out a related study which comprised young adults within the age of 18 to 25. They reported that there was a

significant positive correlation between parental rejection (maternal rejection: $r =$ .39, $p < .01$ and paternal rejection: $r = .37$, $p < .01$) and internet addiction. In addition, in a correlational study conducted by Fard, Mousavi, and Pooravi (2015), it was documented that a positive relationship was found between parental rejection (maternal rejection: $r = .25$, $p < .01$ and paternal rejection: $r = .23$, $p < .01$) and internet addiction of female university students. Another study also supported that young adults who used the internet excessively had lower levels of positive relationships with their parents and their peers (Arulsamy, Poonkodi, & Jeyadevi, 2014). The reason for that might be that the lack of unconditional love and connectedness in real life might initiate young adults to seek alternative ways such as virtual social connections to relieve their interpersonal stress.

Additionally, a significant negative correlation was found between internet addiction and self-compassion for both internet addiction scores obtained before COVID-19 ($r = -.29$, $p < .01$) and during COVID-19 ($r = -.34$, $p < .01$). These results are consistent with the preceding studies. In their study, İskender and Akın (2011) investigated a relationship between internet addiction and self-compassion with its subscales. They reported that there was a negative correlation between internet addiction and self-compassion of university students. In terms of subscales, self-kindness ($r = -.41$, $p < .01$), common humanity ($r = -.30$, $p < .01$), and mindfulness ($r = -.36$, $p < .01$) correlated negatively with internet addiction. On the other hand, the positive correlations were found between internet addiction and self-judgement ($r = .67$, $p < .01$), isolation ($r = .42$, $p < .01$), and over-identification ($r = .50$, $p < .01$).

5.4 Discussion regarding the variables predicting internet addiction (considering before and during COVID-19) in males and females

Two multiple linear regression analyses were conducted to reveal possible predictive roles of self-compassion, maternal rejection, paternal rejection, and best friend rejection on internet addiction. The dependent variable, internet addiction, was measured by asking participants to fill out the scale considering both before and during the COVID-19 period. In the sample of the present study, the female-male ratio was close to 3:1. Thus, utilizing all participants as one homogeneous group could lead to inaccurate results. Thus, multiple regression analyses were utilized separately for males and females.

In terms of internet addiction results that belong to the before COVID-19 condition, the first model of multiple regression showed that all independent variables analyzed together as predictors explained 27% and 8% of the variance in internet addiction in males and females, respectively. On the variable level, self-compassion ($\beta = -.28$, $p < .05$) and maternal rejection ($\beta = .35$, $p < .001$) were found to be the only significant predictors of internet addiction in males and self-compassion ($\beta = -.25$, $p < .05$) was found to be the only significant predictor of internet addiction in females. These results tell us that self-compassion has been a significant predictor for both females and males; but only maternal rejection was a predictor only in males in the before COVID-19-condition. On the other hand, for both male and female participants paternal and best friend rejection did not explain a significant variance in the values of internet addiction (for the before COVID-19 condition) However, it is noteworthy that both paternal ($r = .19$, $p < .01$) and best friend rejection ($r = .19$, $p < .01$) were positively correlated with internet addiction.

In a similar vein, regarding internet addiction whose results belong to during COVID-19, the second model of multiple regression demonstrated that all independent variables analyzed together as predictors explain 27% and 10% of the variance in internet addiction in males and females, respectively. Just like for the pre-COVID-19 condition, the model explains a higher variance of internet addiction in males. On the variable level, self-compassion (β = -.36, p < .001) and maternal rejection (β = .38, p < .001) were found to be the only significant predictors of internet addiction in males and self-compassion (β = -.30, p < .001) was found to be the only significant predictor of internet addiction in females. Thus, the exact same variables stand out after COVID-19, as well. On the other hand, again like for the pre-COVID-19 condition, variance in internet addictions values for both male and female participants was not significantly explained by paternal and best friend rejection. Yet, it is again important to note that both paternal (r = .12, p < .05) and best friend rejection (r = .13, p < .05) were positively correlated with internet addiction.

As we can see that although two models revealed very similar results, the beta values of the predictors were not the same, since there was an increase in internet addiction levels during COVID-19 in contrast to the internet addiction responses reported retrospectively. It is likely that an increase in scores of internet addiction facilitated a change in the nature of relationships between predictors and outcome variables.

According to the multiple regression models formed for both male and females, the variable self-compassion had a significant predictive role on internet addiction. These results seem to be consistent with related studies, although there are a limited number of studies which address internet addiction and self-compassion

together in the local literature. Studies on the relationship between internet addiction

and self-compassion focus more on the role of mindfulness, which is one of the

components of self-compassion, as the mediating or predictive variable (Kavaklı,

2018). For instance, Arslan (2017) examined the mediating role of forgiveness and

mindfulness which are related to self-compassion between psychological

mistreatment and internet addiction in his study consisting of young adults ranging in

ages between 20 and 29. It was documented that both forgiveness and mindfulness

mediated between psychological mistreatment and internet addiction.

İskender and Akın (2011) assumed internet addiction as a sign of

psychological maladjustment and self-compassion as an indicator of a protective

factor against psychopathology. Based on their study results, it was revealed that

positive self-compassion components, namely self-kindness ($r = -.41, p < .01$),

common humanity ($r = -.30, p < .01$), and mindfulness ($r = -.36, p < .01$) were

correlated significantly to internet addiction in a negative direction, whereas negative

self-compassion components, namely self-judgement ($r = .67, p < .01$), isolation ($r =

.42, p < .01$), and over-identification ($r = .50, p < .01$) were associated positively with

internet addiction. Self-compassion is described to be a crucial concept which

enables people to prevent themselves from harmful consequences of various life

conditions. It can be an efficient protective factor to avoid internet addiction (Neff &

Germer, 2018).

Another study not on internet addiction, but on substance use, took place with

adults and it also found an inverse relationship between self-compassion and

substance use disorder (SUD). Those who were at lower risk for SUD, had

significantly higher self-compassion scores ($M=2.86$) than those with high risk for

SUD ($M=2.25$). The results of the current study also suggest that self-compassion

could be a protective factor for addiction. It was found to be a significant predictor and it should be taken into serious consideration while planning interventions that target internet addiction (Phelps, Paniagua, Willcockson, & Potter, 2018).

In the related literature, there are also other studies addressing the relationship between parental rejection and internet addiction of young adults (Fard, Mousavi, & Pooravi, 2015; Sultan & Uddin, 2019; Zhu, Xie, Chen, & Zhang, 2019). These studies reported that parental rejection was correlated with internet addiction in a positive direction. It was indicated that individuals who use the internet maladaptively are likely to have difficulties in their interpersonal relationships (Milani, Osualdella, & Di Blasio, 2009; Seo, Kang, & Yom, 2009; Simcharoen et al., 2018). Therefore, it can be said that the quality of interpersonal relationships of individuals may affect their level of internet addiction. Based on this, it was expected that both parental and best-friend rejection might be good predictors of internet addiction. However, among these variables, only maternal rejection was found as a significant predictor of internet addiction in males in both models of multiple regression in the present study. Moreover, either parental or best-friend rejection were not found to be significant predictors. Thus, the current study emphasizes the importance of the quality of the relationship between male university students and their mothers during their childhood. As the male child perceives rejection during childhood and reports that retrospectively during adulthood, it might be the case that the same person as an adult is also more prone to internet addiction, especially during times of crisis such as COVID-19.

In a study conducted among Iranian female university students, maternal ($r = .25$, $p < .01$) and paternal ($r = .23$, $p < .01$) rejection were found to be significantly related to internet addiction (Fard, Mousavi, & Pooravi, 2015).

Moreover, in their study, Sultana and Uddin (2019) found that both maternal (β = .39, $p < .001$) and paternal (β = .36, $p < .001$) rejection together explained significantly 21% of variance in internet addiction among university students. Both maternal (r = .39, $p < .01$) and paternal (r = .37, $p < .01$) rejection were positively associated with internet addiction. They also found that depression was mediated partially between parental rejection and internet addiction. Moreover, it was revealed that male and female students were more likely to develop internet addiction when they perceived more rejection from their mothers than fathers. Similarly, in the present study significant correlations were found between maternal, paternal rejection and internet addiction. Yet, only maternal rejection was found as a significant predictor of internet addiction in male students. Therefore, it can be said that maternal rejection, especially for males, plays an important role in developing internet addiction.

In a study conducted among Iranian female university students, maternal (r = .25, $p < .01$) and paternal (r = .23, $p < .01$) rejection were found to be significantly related to internet addiction (Fard, Mousavi, & Pooravi, 2015). Moreover, in another study, Sultana and Uddin (2019) also found that both maternal (r = .39, $p < .01$) and paternal (r = .37, $p < .01$) rejection were positively associated with internet addiction. They added that both maternal (β = .39, $p < .001$) and paternal (β = .36, $p < .001$) rejection together significantly explained 21% of the variance in internet addiction among university students. Moreover, it was revealed that male and female students were more likely to develop internet addiction when they perceived more rejection from their mothers than their fathers. Similarly, in the present study significant correlations were found between maternal, paternal rejection and internet addiction. Yet, only maternal rejection was found as a

significant predictor of internet addiction in male students. Therefore, it can be said that maternal rejection, especially for males, plays an important role in developing internet addiction.

It was indicated in the literature that those who show signs of problematic internet employ non-functional coping strategies and they demonstrate lower quality of interpersonal relations compared to those who do not develop internet addiction (Milani, Osualdella, & Di Blasio, 2009). In addition, Simcharoen et al. (2018) examined the effect of loneliness and interpersonal problems on internet addiction in their study of 324 Thai medical university students with a mean age of 20.88. The results of the study documented that loneliness and interpersonal problems along with daily internet use were strong predictors for internet addiction of the participants. Therefore, it can be concluded that those who feel rejected from the significant others (in this study parents and best friends) might have a higher probability to seek out online relationships in order to fulfill a sense of belongingness. Thus, this dysfunctional pattern might result in developing internet addiction in time.

Apart from the multiple regression analyses, a paired samples t-test analysis was also utilized to compare the results related to internet addiction levels before and during Covid-19 for both males and females. The findings showed that for male participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 27.23$, $SD = 7.40$) to internet addiction scores (during COVID-19) ($M = 31.82$, $SD = 8.76$), $t(93) = -7.15$, $p < .001$, and for female participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 26.10$, $SD = 7.07$) to internet addiction scores (during COVID-19) ($M = 32.24$, $SD = 8.20$), $t(269) = -14.94$, $p < .001$. In brief, both

male and female participants had higher internet addiction scores during COVID-19. It should be noted that in such difficult times individuals might tend to use the internet maladaptively. Therefore, individuals should create alternative ways such as doing exercise, reading books, and spending time with loved ones to avoid using the internet maladaptively.

In conclusion, considering the results of multiple regression, two models revealed similar results. In the two models, self-compassion was found to be the only significant predictors of internet addiction for both males and females. Maternal rejection was found to be a predictor of internet addiction in both models only for male participants. On the other hand, paternal and best-friend rejection were not found to be significant predictors of internet addiction in either of the two models. Yet, bivariate correlation results showed that paternal ($r = .12$, $p < .05$) and best friend rejection ($r = .13$, $p < .05$) were positively related to internet addiction. Therefore, these two factors could also be thought to be risk factors in developing internet addiction. Therefore, these two factors could also be considered as risk factors in developing internet addiction. Since the results were obtained during COVID-19, and it was revealed that all rejection variables were negatively correlated with internet addiction, we can suggest that past and current close relationship quality might be even more crucial for preventing maladaptive behavior during times of crisis.

Lastly, it was indicated that both male and female participants had higher internet addiction scores during COVID-19. It is likely that during such a difficult time, where the main form of communicating with the outside world is the internet, university students might develop a tendency for internet addiction since they begin to use the internet excessively and they turn to the internet for psychological relief.

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5.5 Strengths and implications of the study

To the author's knowledge, there has not been any study which examines the relationships among parental rejection, best-friend rejection, self-compassion, and internet addiction together except for the current study. In fact, in the current study, not only risk factors, but a protective factor was also examined in terms of internet addiction. Parental rejection and best friend rejection were utilized as risk factors, whereas self-compassion was utilized as a protective factor as inspired by the related literature.

Moreover, there are only few studies which utilized the Best-Friend Acceptance-Rejection Questionnaire in both the national and international literature. Therefore, there is insufficient information regarding reliability and validity of the questionnaire (Şakiroğlu, 2016). By virtue of the present study, new data was provided for the questionnaire. This data was shared with the owner (Ronald P. Rohner) of the scale.

Another strength of the study is that it took place in a very special period of time. The data collection took place within a month of the lockdowns due to the Covid-19 pandemic. Thus, the data provided interesting information on how participants viewed their current situation (on internet use duration and internet addiction) as compared to their situation a month ago before Covid-19. It was not unexpected, but meaningful to observe that there was a significant increase in both internet use duration and internet addiction during Covid-19. Thus, the current study was one of the first studies that took place in Turkey during the Covid-19 pandemic.

The study has some implications for mental health services for university students, parent education and counselor education programs.

Considering both the correlational and multiple regression analyses, it was revealed that more rejection from parents and best friends, and less self-compassion meant a higher level of internet addiction. Therefore, it is crucial for the practitioners to consider the importance of the role interpersonal relationships and self-compassion play in terms of internet addiction. Those university students who suffer from lack of acceptance from their loved ones might be at risk for internet addiction since they might need to develop new relationships to satisfy the psychological need of belongingness.

Additionally, the quality of the parent-child and peer relationships should be improved before college years, so that university students might not face the risk of internet addiction during their college years. Parent education programs aiming to improve the relationship of parents with their adolescent children could be employed in school counseling programs in high schools before the students reach college age. Moreover, self-compassion based intervention programs in university counseling centers can be considered to be utilized for those students who have a tendency for internet addiction. The study results suggested that self-compassion appeared as a key variable since it was a significant predictor for the internet addiction levels of both males and females. Since internet addiction results in some type of impairment in one's life (Anderson, Steen, & Stavropoulos, 2016) and self-compassion is characterized by a tendency to employ beneficial behaviors (Neff, 2003a; Neff & Germer, 2018), it is not surprising that self-compassion has been determined to be the best predictor for both males and females in the current study. The current study points out to the importance of self-compassion as a variable for predicting healthy behaviors. More research needs to be conducted to learn more about self-compassion and its relationship with internet addiction.

Moreover, the paired samples t-test results demonstrated that in terms of internet addiction scores, for male participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 27.23$, $SD = 7.40$) to internet addiction scores (during COVID-19) ($M = 31.82$, $SD = 8.76$), $t(93) = -7.15$, $p < .001$, and for female participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 26.10$, $SD = 7.07$) to internet addiction scores (during COVID-19) ($M = 32.24$, $SD = 8.20$), $t(269) = -14.94$, $p < .001$. In brief, both male and female participants had higher internet addiction scores during COVID-19. During such difficult times, university students might tend to turn to the internet as a possible source of relaxation and relief and potentially use it maladaptively. Therefore, they should be guided by counselors towards alternative coping strategies such as doing exercises, reading books, and spending time with loved ones as a way to avoid using the internet in unproductive or destructive ways.

The study results also have implications for counselor education programs. Internet addiction is an issue gaining importance for school counseling and university counseling centers. Counselor education programs need to train future counselors with skills that enable them to be ready for challenges related to internet addiction. The findings of the current study demonstrated that maternal ($r = .19$, $p < .01$), paternal ($r = .12$, $p < .05$), best-friend rejection ($r = .13$, $p < .05$), and self-compassion ($r = -.34$, $p < .01$) were significantly associated with internet addiction scores which were obtained during the COVID-19 pandemic. Thus, such factors related to internet addiction should be considered in counseling intervention programs related to problematic internet behavior. It was also found that internet addiction scores increased significantly during COVID-19. Therefore, specific life

conditions also should be considered when practitioners offer counseling to individuals with maladaptive internet use.

5.6 Limitations of the study and recommendations for further studies

The sample of the study was selected based on convenient sampling which does not enable a very accountable representation of the population (Fraenkel, Wallen, & Hyun, 2015). Therefore, the results of this study cannot be generalizable to all university students in Turkey. To have a better representative sample for the population of interest, one should prefer random sampling methods such as simple random sampling, stratified random sampling, or cluster random sampling.

Another shortcoming of the study is not to cover all demographic information in the study analysis. Apart from gender, other variables such as academic success, age, socioeconomic status, and parental education were not utilized in the analysis. Adding such demographic information to the analyses could help provide more accurate results about related phenomena in further studies.

The unbalanced ratio between males and females was another limitation of the study. Almost two thirds of the sample consisted of females. The disproportionate distribution of the gender could have affected the statistical analysis. Therefore, multiple regression analyses were conducted separately for males and females. A balanced distribution of gender is suggested for further studies.

It is not possible to make causal inferences based on the data of the study. That is to say, the results cannot reveal whether internet addiction is the cause or consequence of parental rejection, best-friend rejection, or self-compassion since the correlational method was utilized in the present study. Another recommendation for further research could be to investigate the development of the internet addiction

levels of students by a longitudinal study throughout the COVID-19 period. Lastly,

for an in-depth exploration of internet addiction, qualitative research methods should

be utilized so that unstudied variables that may have a relationship with internet

addiction might be explored.

CHAPTER 6

CONCLUSION

The purpose of the study was to examine the possible predictive roles of parental rejection, best-friend rejection, and self-compassion on internet addiction by considering both gender and two different life conditions: before Covid-19 and during COVID-19.

The findings showed that both maternal rejection and self-compassion were found to be significant predictors of internet addiction for male participants before COVID-19 and during COVID-19. However, only self-compassion was detected as a predictor of internet addiction for female participants before COVID-19 and during COVID-19 based on the multiple regression analyses.

In terms of internet addiction scores, for male participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 27.23$, $SD = 7.40$) to internet addiction scores (during COVID-19) ($M = 31.82$, $SD = 8.76$), $t(93) = -7.15$, $p < .001$, and for female participants, there was a statistically significant increase from internet addiction scores (before COVID-19) ($M = 26.10$, $SD = 7.07$) to internet addiction scores (during COVID-19) ($M = 32.24$, $SD = 8.20$), $t(269) = -14.94$, $p < .001$.

The results of the present study have important implications for counseling practices targeting university students. Gender should be considered when working with individuals who experience maladaptive internet usage since in this study, the results of the multiple regression analysis varied according to gender. Preventive strategies based on self-compassion and relationships with mothers may help protect university students from internet addiction and its harmful consequences.

APPENDIX A

PERMISSION FOR PARENTAL AND BEST-FRIEND

ACCEPTANCE-REJECTION QUESTIONNAIRE

Ronald and Nancy Rohner Center
for the Study of Interpersonal Acceptance and Rejection
Human Development & Family Studies, Box U-1058, University of Connecticut,
Storrs, CT 06269-1058 USA

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December 31, 2019

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Ronald P. Rohner, Ph.D.
Rohner Research Publications
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APPENDIX B

ETHICAL PERMISSION FORM

APPENDIX C

INFORMED CONSENT FORM

INFORMED CONSENT FORM

Supporting Institution of the Project: Boğaziçi University
Name of the Research: The Role of Parental Acceptance-Rejection, Best Friend Acceptance-Rejection and Self-compassion in Predicting Internet Addiction

Project Coordinator: Assist. Prof. Sibel AKMEHMET ŞEKERLER
E-mail address: akmehmet@boun.edu.tr
Phone: 0 212 359 4616/6608

Researcher's name: Varol ARDİL
E-mail address: varol.ardil@gmail.com
Phone: 0438 351 16 65

Dear Participant*,

Varol ARDIL, a graduate student, conducts a scientific project titled "The Role of Parental Acceptance-Rejection, Best Friend Acceptance-Rejection and Self-compassion in Predicting Internet Addiction" under the supervision of Assist. Prof. Sibel AKMEHMET ŞEKERLER who is a faculty member in the Department of Educational Sciences at Boğaziçi University.

This study aims to examine the relationship between internet addiction, parental acceptance-rejection, best friend acceptance-rejection, and self-compassion levels of university students. It will be investigated whether their relationships with parents and best friends, and their self-compassion levels have an impact on internet addiction.

This research is carried out for a scientific purpose and the confidentiality of the participant information is based on. Information regarding identity is not asked in the survey. Therefore, it will not be possible to determine who the participants are.

There are six forms that we ask you to fill in, provided that you approve and volunteer. These:

☐ Demographic Information Form
☐ Young's Internet Addiction Test-Short Form
☐ Adult Parental Acceptance-Rejection Questionnaire- Mother Short Form
☐ Adult Parental Acceptance-Rejection Questionnaire- Father Short Form
☐ Best-Friend Acceptance-Rejection Questionnaire
☐ Self-compassion Scale

Participation in the study is voluntary. The questionnaire to be made does not include any questions that will cause personal discomfort. However, if you feel uncomfortable, you have the right to discontinue the project. It takes about 18 minutes to fill in the demographic information form and the scales. The data obtained in the research will be evaluated all together and all information of the participants will remain anonymous. When the research is completed, the paper or digital forms collected will be destroyed and deleted. You have a right to discontinue the study and you will not encounter any negativity when you leave the study.

For further information about the research Project, please contact Boğaziçi University Educational Sciences master student Varol ARDIL (0438 351 16 65; varol.ardil@gmail.com) or Assist Prof. Sibel AKMEHMET ŞEKERLER (0 212 359 46 16; akmehmet@boun.edu.tr). If you have any questions about your rights related to research, you can consult Boğaziçi University Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETIK).

*This questionnaire will only be filled by individuals who are students of Boğaziçi University.

☐I have read the above text and fully understood the scope and purpose of the work I was asked to participate in. In these circumstances, I agree to participate in this research voluntarily, without any pressure or coercion.

APPENDIX D

INFORMED CONSENT FORM (TURKISH)

KATILIMCI BILGI VE ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi
Araştırmanın adı: Ebeveyn Kabul/Reddi, En İyi Arkadaş Kabul/Reddi ve Öz-d'ıyarlığın Internet Bağımlılığını Yordamadaki Rolü

Proje Yürütücüsü: Dr. Öğretim Üyesi Sibel AKMEHMET ŞEKERLER
E-posta adresi: akmehmet@boun.edu.tr
Telefonu: 0 212 359 4616/6608

Araştırmacının adı: Varol ARDIL
E-posta adresi: varol.ardil@gmail.com
Telefonu: 0438 351 16 65

Sayın Katılımcı*,

  Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü öğretim üyesi Dr. Öğretim Üyesi Sibel AKMEHMET ŞEKERLER gözetiminde yüksek lisans öğrencilerinden Varol ARDIL, "Ebeveyn Kabul/Reddi, En İyi Arkadaş Kabul Reddi ve Öz-Duyarlığın Internet Bağımlılığını Yordamadaki Rolü" isimli bilimsel bir araştırma projesi yürütmektedir.

  Bu araştırma; üniversite öğrencilerinin problemli internet kullanımı, ebeveyn kabul reddi, en iyi arkadaş kabul reddi ve öz-duyarlık düzeyleri arasındaki ilişkiyi incelemeyi amaçlamaktadır. Bireylerin; ebeveynleri ve en iyi arkadaşları ile olan ilişkisi ile öz-duyarlıklarının problemli internet kullanımı üzerinde bir etkiye sahip olup olmadığı araştırılacaktır.

  Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Ankette açık kimlik bilgileri sorulmamaktadır. Bu nedenle katılım sağlayanların kim olduklarının tespit edilmesi mümkün olmayacaktır.

  Siz değerli katılımcıların onaylaması ve gönüllü olması koşuluyla sizlerden doldurmanızı istediğimiz 6 adet form bulunmaktadır. Bunlar:

-   Demografik Bilgi Formu
-   Young Internet Bağımlılığı Testi-Kısa Formu
-   Yetişkin Ebeveyn Kabul-Red Ölçeği-Anne Kısa Formu
-   Yetişkin Ebeveyn Kabul-Red Ölçeği-Baba Kısa Formu
-   En İyi Arkadaş Kabul Red Ölçeği-Kısa Form
-   Öz-duyarlık Ölçeği

  Çalışmaya katılım gönüllülük esasına dayalıdır. Yapılacak uygulama kişisel rahatsızlık verecek soruları içermemektedir. Ancak kendinizi rahatsız hissetmeniz durumunda uygulamayı yarıda bırakma hakkına sahipsiniz. Demografik bilgi formu ve ölçeklerin doldurulması yaklaşık 18 dakika sürmektedir. Araştırmada elde edilen veriler topluca değerlendirilecek ve katılımcıların tüm bilgileri anonim kalacaktır. Araştırma tamamlandığında toplanan kâğıt veya dijital formlar yok edilecek ve silinecektir. Yapılan çalışmayı yarıda bırakmanızdan dolayı herhangi bir olumsuzlukla karşılaşmayacaksınız.

  Araştırma projesi hakkında ek bilgi almak isterseniz lütfen Boğaziçi Üniversitesi Eğitim Bilimleri Bölümü yüksek lisans öğrencisi Varol ARDIL (0438 351 16 65; varol.ardil@gmail.com) veya Dr. Öğr. Üyesi Sibel AKMEHMET ŞEKERLER (0 212 359 46 16; akmehmet@boun.edu.tr) ile irtibata geçiniz. Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu'na (SOBETİK) danışabilirsiniz.

*Bu anketi sadece Boğaziçi Üniversitesi öğrencisi olan bireyler dolduracaktır.

  ☐ Yukarıda belirtilen metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

DEMOGRAPHIC INFORMATION FORM

DEMOGRAPHIC INFORMATION FORM

Below are questions about your demographic information and internet usage. Please mark all items completely and accurately.

1	Gender:	Female ( )	Male ( )	Other ( )	I do not want to specify ( )
2	Date of Birth:				
3	Your department at university:				

4	Your status at university:
English preparatory student ( ) Remedial Student ( ) Undergraduate ( ) Scientific Preparation Student ( ) Postgraduate ( ) Doctoral Student ( )	

5	If you are a preparatory student, your preparatory course is:
Beginner/P1 ( ) Pre-intermediate/P2 ( ) Intermediate/P3 ( ) Advanced/P4 ( )	

6	If you are a remedial student, your semester is:

7	If you are an undergraduate, your semester is:

8	Your GPA: (Prep students, remedial students and scientific preparation students will not fill this area):

9	Are your parents alive?

The mother deceased; the father is alive ( )
The father deceased, the mother is alive:( )
Both deceased: ( )
Both alive: ( )
I do not want to specify: ( )

10	Mother's Educational Level	Father's Educational Level
Illiterate ( )	Illiterate ( )
Literate ( )	Literate ( )
Primary school graduate ( )	Primary school graduate ( )
Secondary School Graduate ( )	Secondary School Graduate ( )
High School Graduate ( )	High School Graduate ( )
University Graduate ( )	University Graduate ( )
Master's degree ( )	Master's degree ( )
Doctorate ( )	Doctorate ( )

11	Perceived income level:

Medium ( )
Low ( )
High ( )
I do not want to specify ( )

12	Place of residence before COVID-19:

Public dorm ( )
University dorm ( )
Private dorm ( )
With family ( )
With relative ( )
With friends ( )
Other ( )

13	Place of residence after COVID-19:

Public dorm ( )
University dorm ( )
Private dorm ( )
With family ( )
With relative ( )
With friends ( )
Other ( )

14	Due to the coronavirus (COVID-19), there have been changes in the internet usage time of many university students. Roughly how many hours was your daily internet usage time before COVID 19?

15	Roughly how many hours is your daily internet usage time after coronavirus (COVID-19)?

16	For what purpose do you use the Internet **the most**? (Please select only one)	
	Homework	( )
	Research	( )
	For COVID-19 news	( )
	Following school courses	( )
	Using Social Media (Facebook, Instagram, Twitter, Snapchat, TikTok etc.)	( )
	Films/ TV series	( )
	For communication purposes (WhatsApp, Skype, Messenger, Zoom, etc.)	( )
	Playing Games	( )
	Other (Please specify)	( )

17	What are the applications / programs you use the most on the Internet? Choose the 3 you use the most.	
Twitter ( ) Facebook ( ) Instagram ( ) WhatsApp ( ) Skype ( ) Linkedln ( )		Online shopping applications ( ) TikTok ( ) Snapchat ( ) Youtube ( ) Zoom ( ) Other ( )

DEMOGRAPHIC INFORMATION FORM (TURKISH)

DEMOGRAFİK BİLGİ FORMU

Aşağıda demografik bilgileriniz ve internet kullanım durumunuz ile ilgili sorular mevcuttur. Lütfen tüm maddeleri eksiksiz ve doğru bir şekilde işaretleyiniz.

1	Cinsiyetiniz:	Kadın ( )	Erkek ( )	Diğer ( )	Belirtmek istemiyorum ( )
2	Doğum Tarihiniz				
3	Üniversitedeki bölümünüz:				

4	Üniversitedeki statünüz:
Hazırlık Öğrencisi ( )	
Beklemeli (remedial) Öğrenci ( )	
Lisans Öğrencisi ( )	
Bilimsel Hazırlık Öğrencisi ( )	
Yüksek Lisans Öğrencisi ( )	
Doktora Öğrencisi ( )	

5	Hazırlık öğrencisiyseniz hazırlık kurunuz:
Beginner/P1 (Başlangıç düzeyi) ( )	
Pre-intermediate/P2 (Alt orta düzeyi) ( )	
Intermediate/P3 (Orta düzey) ( )	
Advanced/P4 (İleri düzey) ( )	

6	Beklemeli (remedial) öğrenciyseniz döneminiz:

7	Bölüm öğrencisiyseniz döneminiz:

8	Genel not ortalamanız (Hazırlık öğrencisi, beklemeli öğrenci ve bilimsel hazırlık öğrencisi doldurmayacak):

9	Anne ve babanız hayatta mı?
Anne vefat etti; baba hayatta ( )	
Baba vefat etti; anne hayatta ( )	
İkisi de vefat etti ( )	
İkisi de hayatta ( )	
Belirtmek istemiyorum ( )	

10	Anne eğitim durumu	Baba eğitim durumu
	Okuryazar değil ( )	Okuryazar değil ( )
	Okur Yazar ( )	Okur Yazar ( )
	İlkokul Mezunu ( )	İlkokul Mezunu ( )
	Ortaokul Mezunu ( )	Ortaokul Mezunu ( )
	Lise Mezunu ( )	Lise Mezunu ( )
	Üniversite Mezunu ( )	Üniversite Mezunu ( )
	Yüksek Lisans Mezunu ( )	Yüksek Lisans Mezunu ( )
	Doktora Mezunu ( )	Doktora Mezunu ( )

11	Algılanan gelir düzeyi:
Orta ( )	
Düşük ( )	
Yüksek ( )	
Belirtmek istemiyorum ( )	

12	Koronavirüs'ten (Kovid-19) dolayı birçok üniversite öğrencisinin internet kullanım süresinde değişimler olmuştur. COVID 19 öncesi günlük internet kullanım süreniz tahminen kac saat idi?

13	Koronavirüs (Kovid-19) sonrası günlük internet kullanım süreniz tahminen kaç saat oldu?

14	İnterneti **en çok** hangi amaçla kullanıyorsunuz? (Lütfen sadece birini seçiniz)	
Ödev yapma		( )
Araştırma yapma		( )
Koronavirüs (Kovid-19) haberleri için		( )
Okul derslerini takip etme		( )

Sosyal medyayı kullanma (Facebook, Instagram, Twitter, Snapchat, TikTok vb.)	( )
Film/dizi izleme	( )
Haberleşme amacıyla (WhatsApp, Skype, Messenger, Zoom, vb.)	( )
Oyun oynama	( )
Diğer (Lütfen belirtiniz)	( )

15	İnternette en çok kullandığınız uygulama/programlar nelerdir? En çok kullandığınız 3 tanesini seçiniz.

Twitter ( ) Facebook ( ) Instagram ( ) WhatsApp ( ) Skype ( ) Linkedln ( )	Online alışveriş uygulamaları ( ) TikTok ( ) Snapchat ( ) Youtube ( ) Zoom ( ) Diğer ( )

YOUNG'S INTERNET ADDICTION TEST-SHORT FORM

Young's İnternet Addiction Test – Short Form (YİAT-SF)

Instruction: Please indicate how often you experience the situations stated in the following statements. Please mark only one option per expression and do not leave any expressions blank. "1" Never "2" Rarely "3" Sometimes "4" Often "5" Always					
1. How often do you find that you stay on-line longer than you intended?	1	2	3	4	5
2. How often do you neglect household chores to spend more time on-line?	1	2	3	4	5
3. How often do your grades or school work suffer because of the amount of time you spend on-line?	1	2	3	4	5
4. How often do you become defensive or secretive when anyone asks you what you do on-line?	1	2	3	4	5
5. How often do you snap, yell, or act annoyed if someone bothers you while you are on-line?	1	2	3	4	5
6. How often do you lose sleep due to being online late at night?	1	2	3	4	5
7. How often do you feel preoccupied with the internet when off-line, or fantasize about being on-line?	1	2	3	4	5
8. How often dou you find yourelf saying "just a few more minutes" when on-line?	1	2	3	4	5
9. How often do you try to cut down the amount of time you spend on-line and fail?	1	2	3	4	5
10. How often do you try to hide how long you've been on-line?	1	2	3	4	5
11. How often do you choose to spend more time on-line over going out with others?	1	2	3	4	5
12. How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back on-line?	1	2	3	4	5

YOUNG'S INTERNET ADDICTION TEST-SHORT FORM

(TURKISH)

Young İnternet Bağımlılığı Testi - Kısa Formu (YİBT-KF)

*Lütfen aşağıdaki soruları hem Kovid-19 öncesi, hem de Kovid-19 sürecindeki internet alışkanlıklarınızı değerlendirerek iki farklı duruma göre yanıtlayınız.

AÇIKLAMA: Lütfen aşağıdaki ifadelerde belirtilen durumları ne sıklıkta yaşadığınızı belirtiniz. Lütfen her ifade için sadece bir seçeneği işaretleyiniz ve hiçbir ifadeyi boş bırakmayınız. "1" Hiçbir zaman "2" Nadiren "3" Bazen "4" Sıklıkla "5" Her zaman					
1. Hangi sıklıkta planladığınızdan daha fazla internette kalırsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
2. Hangi sıklıkta ailenizle ilgili işleri ihmal ederek internette daha fazla zaman harcarsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
3. Okul veya ders ile ilgili çalışmalarınız hangi sıklıkta internette harcadığınız süre yüzünden zarar görmektedir?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası (okul ve ders dışı internet)	1	2	3	4	5
4. Birileri internette ne yaptığınızı sorduğunda hangi sıklıkta sır gibi saklar veya savunmaya geçersiniz?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
5. Birileri siz internette iken canınızı sıkarsa hangi sıklıkta onları tersler, onlara bağırır ve öfkeli davranırsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
6. Hangi sıklıkta gece internette harcadığınız süre yüzünden uykusuz kalırsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
7. İnternete bağlı değilken hangi sıklıkta internetle avunur veya internete bağlı olduğunuz hayalini kurarsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5

8. İnternette iken hangi sıklıkta kendinizi ''birkaç dakika daha'' derken bulursunuz?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
9. Hangi sıklıkta internette harcadığınız zamanı azaltmak için uğraşırsınız ve başarısız olursunuz?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
10. Ne kadar süre internette olduğunuzu hangi sıklıkta saklamaya çalışırsınız?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
11. Hangi sıklıkta başkalarıyla dışarı çıkmak yerine internette daha fazla zaman harcamayı tercih edersiniz?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5
12. İnternete bağlanamadığınızda hangi sıklıkta kendinizi bunalımda, karamsar ve sinirli hissedip, internete bağlandığınızda bu şikâyetlerinizin hemen geçtiğini görürsünüz?					
a) Kovid-19 öncesi	1	2	3	4	5
b) Kovid-19 sonrası	1	2	3	4	5

APPENDIX I

ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE

(ADULT PARQ) MOTHER VERSION

APPENDIX X
ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (ADULT PARQ)
MOTHER VERSION-SHORT FORM (ENGLISH)

The following pages contain a number of statements describing the way mothers sometimes act toward their children. I want you to think about how each one of these fits the way your mother treats you.

Four boxes are drawn after each sentence. If the statement is basically true about the way your mother treats you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?" If you think your mother almost always treats you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement is sometimes true about the way your mother treats you then mark SOMETIMES TRUE. If you feel the statement is basically untrue about the way your mother treats you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your mother treats you put an X in the box RARELY TRUE; if you feel the statement is almost never true, then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your mother really is rather than the way you might lie her to be. For example, if she almost always hugs and kisses you when you are good, you should mark the item as follows:

MY MOTHER		TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
		Almost Always True	Sometimes True	Rarely True	Almost Never True
	Hugs and kisses me when I am good	☒	☐	☐	☐

MY MOTHER		TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
		Almost Always True	Sometimes True	Rarely True	Almost Never True
1.	Said nice things about me	☐	☐	☐	☐
2.	Paid no attention to me	☐	☐	☐	☐
3.	Made it easy for me to tell things that were important to me	☐	☐	☐	☐
4.	Hit me, even when I did not deserve it	☐	☐	☐	☐
5.	Saw me as big nuisance	☐	☐	☐	☐
6.	Punished me severely when she was angry	☐	☐	☐	☐
7.	Was too busy to answer my questions	☐	☐	☐	☐
8.	Seemed to dislike me	☐	☐	☐	☐
9.	Was really interested in what I did	☐	☐	☐	☐
10.	Said many unkind things to me	☐	☐	☐	☐
11.	Paid no attention when I asked for helped	☐	☐	☐	☐
12.	Made me feel wanted and needed	☐	☐	☐	☐
13.	Paid a lot of attention to me	☐	☐	☐	☐
14.	Went out of her way to hurt my feelings	☐	☐	☐	☐
15.	Forgot important things I thought she should remember	☐	☐	☐	☐
16.	Made me feel unloved if I misbehaved	☐	☐	☐	☐
17.	Made me feel what I did was important	☐	☐	☐	☐
18.	Frightened or threatened me when I did something wrong	☐	☐	☐	☐
19.	Cared about what thought, and liked me to talk about it	☐	☐	☐	☐
20.	Felt other children were better than I was no matter what I did	☐	☐	☐	☐
21.	Let me know I was not wanted	☐	☐	☐	☐
22.	Let me know she loved me	☐	☐	☐	☐
23.	Paid no attention to me as long as I did nothing to bother her	☐	☐	☐	☐
24.	Treated me gently and with kindness	☐	☐	☐	☐

APPENDIX J

ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE

(ADULT PARQ) MOTHER VERSION

(TURKISH)

Yetişkin EKRÖ: Anne (Kısa Form)

Bu sayfada anne-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve annenizin siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün.

Her ifadeyi okuduktan sonra, o ifadenin annenizin size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, " Hemen hemen her zaman doğru", "Bazen doğru", 'Nadiren doğru" veya "Hiçbir zaman doğru değil" şıklarından birini işaretleyiniz.

ANNEM		DOĞRU		DOĞRU DEĞİL	
		Hemen Her Zaman Doğru	Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
	İyi davrandığımda bana sarılır ve beni öperdi.	☒	☐	☐	☐

ANNEM		DOĞRU		DOĞRU DEĞİL	
		Hemen Her Zaman Doğru	Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
1.	Benim hakkımda güzel şeyler söylerdi.	☐	☐	☐	☐
2.	Bana hiç ilgi göstermezdi.	☐	☐	☐	☐
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	☐	☐	☐	☐
4.	Hak etmediğim zaman bile bana vururdu.	☐	☐	☐	☐
5.	Beni büyük bir baş belası olarak görürdü.	☐	☐	☐	☐
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	☐	☐	☐	☐
7.	Sorularımı cevaplayamayacak kadar meşguldü.	☐	☐	☐	☐
8.	Benden hoşlanmıyor gibiydi.	☐	☐	☐	☐
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	☐	☐	☐	☐
10.	Bana bir sürü kırıcı şey söylerdi.	☐	☐	☐	☐
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	☐	☐	☐	☐
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	☐	☐	☐	☐
13.	Bana çok ilgi gösterirdi.	☐	☐	☐	☐
14.	Beni kırmak için elinden geleni yapardı.	☐	☐	☐	☐
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	☐	☐	☐	☐
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	☐	☐	☐	☐
17.	Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	☐	☐	☐	☐
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi.	☐	☐	☐	☐
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	☐	☐	☐	☐
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	☐	☐	☐	☐
21.	Bana istenmediğimi belli ederdi.	☐	☐	☐	☐
22.	Beni sevdiğini belli ederdi.	☐	☐	☐	☐
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	☐	☐	☐	☐
24.	Bana karşı yumuşak ve iyi kalpliydi.	☐	☐	☐	☐

ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE

(ADULT PARQ) FATHER VERSION

APPENDIX X
ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (ADULT PARQ)
FATHER VERSION-SHORT FORM (ENGLISH)

The following pages contain a number of statements describing the way fathers sometimes act toward their children. I want you to think about how each one of these fits the way your father treats you.

Four boxes are drawn after each sentence. If the statement is basically true about the way your father treats you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?" If you think your father almost always treats you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement is sometimes true about the way your father treats you then mark SOMETIMES TRUE. If you feel the statement is basically untrue about the way your father treats you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your father treats you put an X in the box RARELY TRUE; if you feel the statement is almost never true, then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your father really is rather than the way you might lie her to be. For example, if she almost always hugs and kisses you when you are good, you should mark the item as follows:

MY FATHER	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
Hugs and kisses me when I am good	☒	☐	☐	☐

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MY FATHER		TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
		Almost Always True	Sometimes True	Rarely True	Almost Never True
1.	Said nice things about me	☐	☐	☐	☐
2.	Paid no attention to me	☐	☐	☐	☐
3.	Made it easy for me to tell things that were important to me	☐	☐	☐	☐
4.	Hit me, even when I did not deserve it	☐	☐	☐	☐
5.	Saw me as big nuisance	☐	☐	☐	☐
6.	Punished me severely when she was angry	☐	☐	☐	☐
7.	Was too busy to answer my questions	☐	☐	☐	☐
8.	Seemed to dislike me	☐	☐	☐	☐
9.	Was really interested in what I did	☐	☐	☐	☐
10.	Said many unkind things to me	☐	☐	☐	☐
11.	Paid no attention when I asked for helped	☐	☐	☐	☐
12.	Made me feel wanted and needed	☐	☐	☐	☐
13.	Paid a lot of attention to me	☐	☐	☐	☐
14.	Went out of her way to hurt my feelings	☐	☐	☐	☐
15.	Forgot important things I thought he should remember	☐	☐	☐	☐
16.	Made me feel unloved if I misbehaved	☐	☐	☐	☐
17.	Made me feel what I did was important	☐	☐	☐	☐
18.	Frightened or threatened me when I did something wrong	☐	☐	☐	☐
19.	Cared about what thought, and liked me to talk about it	☐	☐	☐	☐
20.	Felt other children were better than I was no matter what I did	☐	☐	☐	☐
21.	Let me know I was not wanted	☐	☐	☐	☐
22.	Let me know he loved me	☐	☐	☐	☐
23.	Paid no attention to me as long as I did nothing to bother him	☐	☐	☐	☐
24.	Treated me gently and with kindness	☐	☐	☐	☐

APPENDIX L

ADULT PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE

(ADULT PARQ) FATHER VERSION

(TURKISH)

Yetişkin EKRÖ: Baba (Kısa Form)

Bu sayfada baba-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve babanızın siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün.

Her ifadeyi okuduktan sonra, o ifadenin babanızın size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, "Hemen hemen her zaman doğru", "Bazen doğru", "Nadiren doğru" veya "Hiçbir zaman doğru değil" şıklarından birini işaretleyiniz.

BABAM		**DOĞRU**		**DOĞRU DEĞİL**	
		Hemen Her Zaman Doğru	Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
	İyi davrandığımda bana sarılır ve beni öperdi.	☒	☐	☐	☐

BABAM		DOĞRU		DOĞRU DEĞİL	
		Hemen Her Zaman Doğru	Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
1.	Benim hakkımda güzel şeyler söylerdi.	☐	☐	☐	☐
2.	Bana hiç ilgi göstermezdi.	☐	☐	☐	☐
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	☐	☐	☐	☐
4.	Hak etmediğim zaman bile bana vururdu.	☐	☐	☐	☐
5.	Beni büyük bir baş belası olarak görürdü.	☐	☐	☐	☐
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	☐	☐	☐	☐
7.	Sorularımı cevaplayamayacak kadar meşguldü.	☐	☐	☐	☐
8.	Benden hoşlanmıyor gibiydi.	☐	☐	☐	☐
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	☐	☐	☐	☐
10.	Bana bir sürü kıncı şey söylerdi.	☐	☐	☐	☐
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	☐	☐	☐	☐
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	☐	☐	☐	☐
13.	Bana çok ilgi gösterirdi.	☐	☐	☐	☐
14.	Beni kırmak için elinden geleni yapardı.	☐	☐	☐	☐
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	☐	☐	☐	☐
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	☐	☐	☐	☐
17.	Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	☐	☐	☐	☐
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi.	☐	☐	☐	☐
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	☐	☐	☐	☐
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	☐	☐	☐	☐
21.	Bana istenmediğimi belli ederdi.	☐	☐	☐	☐
22.	Beni sevdiğini belli ederdi.	☐	☐	☐	☐
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	☐	☐	☐	☐
24.	Bana karşı yumuşak ve iyi kalpliydi.	☐	☐	☐	☐

APPENDIX M

BEST-FRIEND ACCEPTANCE-REJECTION QUESTIONNAIRE

SHORT FORM

BEST FRIEND ACCEPTANCE-REJECTION QUESTIONNAIRE:
(SHORT VERSION)

BFARQ.

_____   _____
Name (or I.D. number)   Date

Here are some statements about the way the person you consider to be your best friend, or the friend you consider to be most important to you, may sometimes act toward you. I want you to think about how each one of these fits the way your best friend behaves toward you. (If you have more than one friend that you consider to be your best friend, think about the one who is most important to you.) If the statement is basically true about the way s/he treats you then ask yourself, "Is it almost <u>always</u> true?" or "Is it only <u>sometimes</u> true?" If you think your best friend almost always treats you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement is sometimes true about the way s/he treats you then mark SOMETIMES TRUE. If you feel the statement is <u>basically</u> untrue about the way your best friend treats you then ask yourself, "Is it <u>rarely</u> true?" or "Is it almost <u>never</u> true?" If it is rarely true about the way s/he treats you put an X in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Answer each statement the way you feel your best friend really is rather than the way you might like him or her to be. For example, if s/he almost always acts proud of you when you are good, you should mark the item as follows:

MY BEST FRIEND	TRUE OF MY BEST FRIEND		NOT TRUE OF MY BEST FRIEND	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
Is happy for me when I'm successful	☒	☐	☐	☐

MY BEST FRIEND	TRUE OF MY BEST FRIEND		NOT TRUE OF MY BEST FRIEND	
	Almost Always True	*Sometimes True*	*Rarely True*	*Almost Never True*
1. Says nice things about me	☐	☐	☐	☐
2. Totally ignores me	☐	☐	☐	☐
3. Makes it easy for me to tell him/her things that are important to me	☐	☐	☐	☐
4. Hits me, even when I do not deserve it	☐	☐	☐	☐
5. Thinks I am a nuisance	☐	☐	☐	☐
6. Punishes me severely when s/he is angry	☐	☐	☐	☐
7. Is too busy to answer my questions	☐	☐	☐	☐
8. Seems to dislike me	☐	☐	☐	☐
9. Is really interested in what I do	☐	☐	☐	☐
10. Says many unkind things to me	☐	☐	☐	☐
11. Ignores me when I ask for help	☐	☐	☐	☐
12. Makes me feel wanted and needed	☐	☐	☐	☐
13. Pays a lot of attention to me	☐	☐	☐	☐
14. Goes out of his/her way to hurt my feelings	☐	☐	☐	☐
15. Forgets important things I think s/he should remember	☐	☐	☐	☐
16. Makes me feel I am not loved any more if I misbehave	☐	☐	☐	☐
17. Makes me feel what I do is important	☐	☐	☐	☐
18. Frightens or threatens me when I do something wrong	☐	☐	☐	☐
19. Cares about what I think, and likes me to talk about it	☐	☐	☐	☐
20. Feels other kids are better than I am no matter what I do	☐	☐	☐	☐
21. Lets me know I am not wanted	☐	☐	☐	☐
22. Lets me know s/he loves me	☐	☐	☐	☐
23. Ignores me as long as I do not do anything to bother him/her	☐	☐	☐	☐
24. Treats me gently and with kindness	☐	☐	☐	☐

APPENDIX N

BEST-FRIEND ACCEPTANCE-REJECTION QUESTIONNAIRE

SHORT FORM (TURKISH)

EN İYİ ARKADAŞ KABUL-RED ÖLÇEĞİ-KISA FORM

Aşağıda en iyi arkadaşınız ya da sizin için en önemli olan arkadaşınızın size olan davranışları hakkında birtakım cümleler yer almaktadır. Her ifadeyi dikkatle okuyunuz ve her cümlenin en iyi arkadaşınızın davranışlarına ne kadar uygun olup olmadığını düşününüz. (Eğer en iyi arkadaş olarak düşündüğünüz birden fazla arkadaşınız var ise sizin için en önemli olan arkadaşınızı düşünerek sorulara yanıt veriniz.)

Her cümlenin yanında dört tane kutu bulunmaktadır:

Eğer ifade en iyi arkadaşınızın size davranışı hakkında temelde uygun ise, kendi kendinize sorunuz; "Hemen hemen her zaman mı doğru?" yoksa "Bazen mi doğru?".

Eğer en iyi arkadaşınızın size hemen hemen her zaman böyle davrandığını düşünüyorsanız HEMEN HEMEN HER ZAMAN DOĞRU kutusuna, bazen böyle davrandığını düşünüyorsanız BAZEN DOĞRU kutusuna X işareti koyunuz.

Eğer cümle en iyi arkadaşınızın size karşı davranışını doğru olarak anlatmıyorsa, size karşı davranışlarına temelde uymuyorsa, o zaman kendinize sorunuz, "Nadiren mi doğru?", yoksa "Hemen hemen hiçbir zaman doğru değil mi?".

Eğer en iyi arkadaşınız size nadiren böyle davrandıysa "NADİREN DOĞRU" kutusuna, eğer hiçbir zaman böyle davranmadıysa "HEMEN HEMEN HİÇBİR ZAMAN DOĞRU DEĞİL" kutusuna X işareti koyunuz.

Unutmayınız, doğru veya yanlış yanıt yoktur. Onun için mümkün olduğu kadar dürüst ve açık olunuz. Cevaplarınızı, en iyi arkadaşınızdan beklediğiniz davranışlara göre değil, en iyi arkadaşınızın size gerçekte gösterdiği davranışlara göre veriniz. Testi, cümleler üzerinde fazla oyalanmadan, içinizden gelen cevapları işaretleyerek, hızlı bir şekilde doldurunuz.

Örnek: Eğer en iyi arkadaşınız siz iyi olduğunuzda sizinle gurur duyuyor ise, o zaman ifadeyi aşağıdaki gibi işaretlemelisiniz.				
	EN İYİ ARKADAŞIM İÇİN DOĞRU		**EN İYİ ARKADAŞIM İÇİN DOĞRU DEĞİL**	
EN İYİ ARKADAŞIM	HEMEN HEMEN HER ZAMAN DOĞRU	BAZEN DOĞRU	NADİREN DOĞRU	HEMEN HEMEN HİÇBİR ZAMAN DOĞRU DEĞİL
Başarılı olduğumda benim için mutludur.	X			

EN İYİ ARKADAŞIM	HEMEN HEMEN HER ZAMAN DOĞRU	BAZEN DOĞRU	NADİREN DOĞRU	HEMEN HEMEN HİÇBİR ZAMAN DOĞRU DEĞİL
1. Benim hakkımda güzel şeyler söyler.	☐	☐	☐	☐
2. Sanki ben hiç yokmuşum gibi davranır.	☐	☐	☐	☐
3. Benim için önemli olan şeyleri ona anlatabilmemi kolaylaştırır.	☐	☐	☐	☐
4. Hak etmediğim zaman bile bana vurur.	☐	☐	☐	☐
5. Beni büyük bir baş belası olarak görür.	☐	☐	☐	☐
6. Kızdığı zaman beni çok kötü cezalandırır.	☐	☐	☐	☐
7. Sorularımı cevaplayamayacak kadar meşguldür.	☐	☐	☐	☐
8. Benden hoşlanmıyor gibidir.	☐	☐	☐	☐
9. Yaptığım şeylerle gerçekten ilgilenir.	☐	☐	☐	☐
10. Bana bir sürü kırıcı şey söyler.	☐	☐	☐	☐
11. Ondan yardım istediğimde benimle ilgilenmez.	☐	☐	☐	☐
12. Bana istenildiğimi ve ihtiyaç duyulan biri olduğumu hissettirir.	☐	☐	☐	☐

EN İYİ ARKADAŞIM İÇİN DOĞRU (sütun 1-2) — **EN İYİ ARKADAŞIM İÇİN DOĞRU DEĞİL** (sütun 3-4)

13.	Bana çok ilgi gösterir.	☐	☐	☐	☐
14.	Beni kırmak için elinden geleni yapar.	☐	☐	☐	☐
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unutur.	☐	☐	☐	☐
16.	Eğer kötü davranırsam, benden hoşlanmadığını hissettirir.	☐	☐	☐	☐
17.	Bana yaptığım şeylerin önemli olduğunu hissettirir.	☐	☐	☐	☐
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit eder.	☐	☐	☐	☐
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanır.	☐	☐	☐	☐
20.	Ne yaparsam yapayım, diğer arkadaşlarının benden daha iyi olduğunu hisseder.	☐	☐	☐	☐
21.	Bana istenmediğimi belli eder.	☐	☐	☐	☐
22.	Beni sevdiğini belli eder.	☐	☐	☐	☐
23.	Onu rahatsız etmediğim sürece benimle ilgilenmez.	☐	☐	☐	☐
24.	Bana karşı yumuşak ve nazik davranır.	☐	☐	☐	☐

APPENDIX O

SELF-COMPASSION SCALE

APPENDIX X

SELF-COMPASSION SCALE (ENGLISH)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

------- 1. I'm disapproving and judgmental about my own flaws and inadequacies.

------- 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

------- 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through

------- 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

------- 5. I try to be loving towards myself when I'm feeling emotional pain.

------- 6. When I fail at something important to me I become consumed by feeling of inadequacy.

------- 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

------- 8. When times are really difficult, I tend to be though on myself.

------- 9. When something upsets me I try keep my emotions in balance.

------- 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

------- 11. I'm intolerant and important towards those aspects of my personality I don't like

------- 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

------- 13. When I'm feeling down, I tend to feel like most people are probably happier than I am.

------- 14. When something painful happens I try to take a balanced view of the situation.

------- 15. I try to see my failings as part of the human condition.

------- 16. When I see aspects of myself that I don't like, I get down on myself.

------- 17. When I fail at something important to me I try to keep things in perspective.

------- 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

------- 19. I'm kind to myself when I'm experiencing suffering.

------- 20. When something upsets me, I get carried away with my feelings.

------- 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

------- 22. When I'm feeling down, I try to approach my feelings with curiosity and openness.

------- 23. I'm tolerant of my own flaws and inadequacies.

------- 24. When something painful happens, I tend to blow the incident out of proportion.

------- 25. When I fail at something that's important to me, I tend to feel alone in my failure.

------- 26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX P

SELF-COMPASSION SCALE

(TURKISH)

ÖZ-DUYARLIK ÖLÇEĞİ

Bu anketten elde edilen sonuçlar bilimsel bir çalışmada kullanılacaktır. Sizden istenilen bu ifadeleri okuduktan sonra kendinizi değerlendirmeniz ve sizin için en uygun seçeneğin karşısına çarpı (**X**) işareti koymanızdır. Her sorunun karşısında bulunan; (1) Hiçbir zaman (2) Nadiren (3) Sık sık (4) Genellikle ve (5) Her zaman anlamına gelmektedir. Lütfen **her ifadeye** mutlaka **TEK yanıt** veriniz ve kesinlikle **BOŞ bırakmayınız**. En uygun yanıtları vereceğinizi ümit eder katkılarınız için teşekkür ederim.

1	Bir yetersizlik hissettiğimde, kendime bu yetersizlik duygusunun insanların birçoğu tarafından paylaşıldığını hatırlatmaya çalışırım.	1	2	3	4	5
2	Kişiliğimin beğenmediğim yönlerine ilişkin anlayışlı ve sabırlı olmaya çalışırım.	1	2	3	4	5
3	Bir şey beni üzdüğünde, duygularıma kapılıp giderim.	1	2	3	4	5
4	Hoşlanmadığım yönlerimi fark ettiğimde kendimi suçlarım.	1	2	3	4	5
5	Benim için önemli olan bir şeyde başarısız olduğumda, kendimi bu başarısızlıkta yalnız hissederim.	1	2	3	4	5
6	Zor zamanlarımda ihtiyaç duyduğum özen ve şefkati kendime gösteririm.	1	2	3	4	5
7	Gerçekten güç durumlarla karşılaştığımda kendime kaba davranırım.	1	2	3	4	5
8	Başarısızlıklarımı insanlık halinin bir parçası olarak görmeye çalışırım.	1	2	3	4	5

9	Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım.	1	2	3	4	5
10	Kendimi kötü hissettiğimde kötü olan her şeye kafamı takar ve onunla meşgul olurum.	1	2	3	4	5
11	Yetersizliklerim hakkında düşündüğümde, bu kendimi yalnız hissetmeme ve dünyayla bağlantımı koparmama neden olur.	1	2	3	4	5
12	Kendimi çok kötü hissettiğim durumlarda, dünyadaki birçok insanın benzer duygular yaşadığını hatırlamaya çalışırım.	1	2	3	4	5
13	Acı veren olaylar yaşadığımda kendime kibar davranırım.	1	2	3	4	5
14	Kendimi kötü hissettiğimde duygularıma ilgi ve açıklıkla yaklaşmaya çalışırım.	1	2	3	4	5
15	Sıkıntı çektiğim durumlarda kendime karşı biraz acımasız olabilirim.	1	2	3	4	5
16	Sıkıntı veren bir olay olduğunda olayı mantıksız biçimde abartırım.	1	2	3	4	5
17	Hata ve yetersizliklerimi anlayışla karşılarım.	1	2	3	4	5
18	Acı veren bir şeyler yaşadığımda bu duruma dengeli bir bakış açısıyla yaklaşmaya çalışırım.	1	2	3	4	5
19	Kendimi üzgün hissettiğimde, diğer insanların çoğunun belki de benden daha mutlu olduklarını düşünürüm.	1	2	3	4	5
20	Hata ve yetersizliklerime karşı kınayıcı ve yargılayıcı bir tavır takınırım.	1	2	3	4	5
21	Duygusal anlamda acı çektiğim durumlarda kendime sevgiyle yaklaşırım.	1	2	3	4	5
22	Benim için bir şeyler kötüye gittiğinde, bu durumun herkesin yaşayabileceğini ve yaşamın bir parçası olduğunu düşünürüm.	1	2	3	4	5
23	Bir şeyde başarısızlık yaşadığımda objektif bir bakış açısı takınmaya çalışırım.	1	2	3	4	5

24	Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik duygularıyla kendimi harap ederim.	1	2	3	4	5
25	Zor durumlarla mücadele ettiğimde, diğer insanların daha rahat bir durumda olduklarını düşünürüm.	1	2	3	4	5
26	Kişiliğimin beğenmediğim yönlerine karşı sabırlı ve hoşgörülü değilimdir.	1	2	3	4	5

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