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## INVESTIGATION OF LEVELS OF CHILDREN'S SADNESS MANAGEMENT DOING SPORTS BETWEEN 11-16 YEAR OLD

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### Abstract

The aim of this study was to investigate the sadness levels of students doing sports in terms of some variables. The study consisted of 237 students selected randomly (mean age =  $14.01 \pm 1.45$ ), 91 girls and 146 boys studying in schools affiliated to Karaman Provincial Directorate of National Education in 2017-2018 academic year. In addition to the personal information form prepared by the researcher, as a data collection tool, Zeman et al. (2001), developed by Akin et al. (2014) "Child Sadness Management Scale was used. Skewness-Kurtosis normality distribution test was used to determine whether the measurements were suitable for normal distribution. As a result, t-test and One way - Anova tests were used. POST HOCK Sheff tests were used to determine the source of the difference. SPSS (Statistical Package for Social Sciences) program was used to evaluate the data. As a result of the study; while there is a statistically significant difference between gender variable and the general sadness management dimension and the emotional regulation coping dimension from sub-dimensions and also between father education variable and the emotional regulation coping dimension from sub-dimensions, No significant difference was found between the variables of age, family income and maternal education level and sadness management sub-dimensions.

**Keywords:** Sports, Sadness Management, Student.

### INTRODUCTION

Sadness means a feeling sad, bad or sorrow it. For people feeling sad, the burden arises because social norms discourage people from expressing their sadness. People hold expectations about how, when, and to what extent people should feel sad, and research suggests that people work hard to honor these social norms - even during profoundly sad periods (Goodrum, 2008; Hochschild, 2003). Sadness is a feeling that humans create, reflect on, express, and suppress in internal conversations with the self and in social interactions with others. Sadness represents a temporary state, one that will or should pass within a few minutes or hours. At the extreme end, sadness can involve profound grief over the loss of a loved one or a serious mental illness that requires medication and counseling (e.g., depression). Wortman and et al. (1997) found that supporters felt helpless when faced with suddenly bereaved people because there was little that brought them comfort (Trans: Goodrum & Stafford, 2003). The effort to bring comfort and have that comfort not help the person is often frustrating to potential supporters, and many sad people understand and even anticipate this sense of frustration in others. Emotion management strategies allow people "to bring emotions into line with the feeling norms

of the situation”, maximizing their control of the situation, permitting them to get work done, and preventing emotional deviance (Francis, 1994). Sociologists identify two types of strategies for emotion management: self and interpersonal emotion management and both strategies get used with sadness. Self-emotion management strategies can help workers maintain a customer-satisfaction orientation, display a Professional demeanor, and minimize emotional drain. Medical professionals use avoidance to distance themselves from grieving relatives and prevent themselves from feeling sad (Coombs & Powers, 1976). Restraining sadness and pretending to feel good are the most common and perhaps most effective strategies people use to manage their sadness for the benefit of the self and others, demonstrating the effectiveness of self-interaction during periods of intense emotional upset (Goodrum, 2008). These self emotion management strategies can take verbal and nonverbal forms. Clark (1997) and Sudnow (1967) have found that people sometimes underplay their suffering to fit the emotion norms of a particular setting. The second type of emotion management – interpersonal emotion management – gets used when people want to influence or alter others’ emotional feelings or emotional expressions. For sadness, interpersonal emotion management can arise when people want to either provoke sadness or minimize the likelihood of sadness in others. (Clark, 1987).

Sadness is a symbolic interaction. Sharing one’s sadness with others can create a special bond, promote mutual understanding, and facilitate ongoing social interaction (Mattley, 2002). It can also divide people, foster misunderstanding, and impede future social interactions, particularly, when those shared feelings of sadness get dismissed or minimized. Sadness has the power to both bond and separate people, and its expression presents a challenge to those experiencing and witnessing it, in part, because the rules and norms surrounding the expression of sadness remain unclear. This chapter examined the burden of sadness and the management of sadness in everyday life.

## METHODS

### Participants

Research group consists of a total of 237 students (mean age =  $14.01 \pm 1.45$ ), 91 female and 146 male students from the primary and secondary

schools in the district of Ermenek connected to the Karaman National Education Directorate In the 2017-2018 academic year.

### Data Collection

The current available information for the purpose of the study was given in a systematic manner by searching the literature. Thus, a theoretical framework has been established. In order to evaluate the coping behaviors of primary and secondary school students in their sadness situations, “Children’s Sadness Management Scale” developed by Zeman et al. (2001) and adapted to Turkish by Akin et al. (2014) and also the personal information form to collect the participants’ personal information were used.

### Data Collection Tools

The data collection tools required to achieve the research objectives are given below:

#### Personal Information Form

A questionnaire consisting of 5 questions was prepared by the researcher in order to gather information about the personal characteristics of primary and secondary school students and to create independent variables of the research.

#### Child Sadness Management Scale

Child Sadness Management Scale” was developed by Zeman et al. (2001) and adapted to the Turkish language by Akin et al. (2014). The scores obtained from between the Child Sadness Management Scale for Inhibition, Emotion Regulation Coping, Dysregulated-Expression subscales and Childhood Depression Scale were  $r = .30$ ,  $r = -.31$ ,  $r = .32$ , respectively. Internal consistency, the Cronbach alpha internal consistency coefficients were found to be .77 for the inhibition subscale, .62 for the emotional regulation subscale, and .60 for the irregular outward reflection subscale. Factor loadings range from .27 to .68. The Dysregulated-Expression consistency (Cronbach Alpha) reliability coefficient of the study was 0.78, The Emotional Regulation Coping internal consistency (Cronbach Alpha) reliability coefficient was 0.72, and the inhibition dimension was 0.74. The Dysregulated-Expression consistency (Cronbach Alpha) reliability coefficient of the current study was

0.59 the inhibition dimension internal consistency (Cronbach Alpha) reliability coefficient was 0.63, The Emotional Regulation Coping internal consistency (Cronbach Alpha) reliability coefficient was 0.74.

**Analysis of Data**

During the analysis and evaluation of the data; the data were analyzed using the Spss 25.0 for Windows package program. Percentage and frequency methods were used to determine the distribution of the personal information of

the participants. In order to test whether the sub-dimensions of the scale show normal distribution, Skewness-Kurtosis normality distribution test was used and finally, and Child Sadness Management Scale and all sub-dimensions were found to have normal distribution. Accordingly, One Way Anova and t- Test analysis were performed to determine the main differences. POST HOCK Tukey and Tamhane T2 were examined to determine the source of the difference.

**Table 1.** Skewness-Kurtosis normality distribution test chart for General Sadness Management, Inhibition, Emotion Regulation Coping, Dysregulated-Expression sub-dimensions of children participating in the research

	<b>General Sadness Management</b>	<b>Inhibition</b>	<b>Emotion Regulation Coping</b>	<b>Dysregulated-Expression</b>
<b>n</b>	237	237	237	237
<b>Skewness</b>	(-.127) - (.158)	(.077) - (.158)	(-.248) - (.158)	(.720) - (.158)
<b>Kurtosis</b>	(.572) - (.315)	(-.221) - (.315)	(-.246) - (.315)	(.448) - (.315)

From the table 1, General Sadness Management, Inhibition, Emotion Regulation Coping and Dysregulated-Expression was checked from child sadness management sub-dimensions. According to this, the normal distribution was reached.

**RESULTS**

**Personal Characteristics of the Research Group**

The data and comments on the demographic characteristics of the children participating in the survey are given below.

**Table 2.** Demographic Characteristics of the sample group participated in the survey

<b>Demographic Characteristics</b>	<b>n</b>	<b>%</b>	
<b>Gender</b>	Female	91	38.4
	Male	146	61.6
<b>Age</b>	11-12	28	11.8
	13-14	100	42.2
	15-16	109	46.0
<b>Family Income</b>	0-1500	77	32.5
	1501-3000 TL	115	48.5
	3001-4500 TL	26	11.0
	4501 and + TL	19	8.0
<b>Mother Education</b>	Primary School	118	49.8
	Secondary School	79	33.3
	High School	30	12.7
	University and +	10	4.2
<b>Father Education</b>	Primary School	91	38.4
	Secondary School	72	30.4
	High School	59	24.9
	University and +	15	6.3

According to Table 2, 91 people (38.4%) are female and 146 (61.6%) are male participants according to the gender variable. According to age of participants, 28 persons (11.8%) were between 11 and 12 years of age, 100 persons (42.2%) were between 13 and 14 years of age and 109 persons (46.0%) were between 15 and 16 years of age. According to the family income, 77 persons (32.5%) earn between 1501 and 3000 Turkish Liras, 115 persons (48.5%) earn between 3001 and 4500 Turkish Liras and 26 persons (11.0%) earn between 4501 and over Turkish Liras. According to the mother education, 118 persons (49.8%) finished primary school, 79 persons (33.3%) finished secondary school, 30 persons (4.2%) finished high school and 10 persons (4.2%) finished university and over. According to the father education, 91 persons (38.4%) finished primary school, 72 persons (30.4%) finished secondary school, 59 persons (24.9%) finished high school and 15 persons (6.3%) finished university and over.

**Table 3.** Participants' Results Regarding Sadness Management Total Score and Sub- Dimension Score

	n	Ort.	Ss	Min	Max
<b>Total Sadness Management</b>	237	23.83	3.514	12.00	36.00
<b>Inhibition</b>	237	8.19	1.769	4.00	12.00
<b>Emotional Regulating Coping</b>	237	10.86	2.207	5.00	15.00
<b>Dysregulated-Expression</b>	237	4.78	1.360	3.00	9.00

In Table 3, average scores of the participants' sadness management point averages and sub-dimensions were examined. As a result of this review; it was found that the students who participated in the survey had a total score average of 23.83 and they were mid-level. Inhibition was a low level with 8.19, Emotion Regulation Coping was little bit over mid level with 10.86 and Dysregulated-Expression was a low level with 4.78.

**Table 4.** t Test Results of The Participants According to Gender Variable

Points	Groups	n	Mean	Ss	Shg	t Test		
						t	Sd	p
Inhibition	Female	91	8.43	1.808	.189	1.693	235	.092
	Male	146	8.04	1.733	.143			
Emotional Regulating Coping	Female	91	11.09	2.127	.223	1.252	235	.212
	Male	146	10.72	2.252	.186			
Dysregulated-Expression	Female	91	5.09	1.480	.155	2.785	235	.006*
	Male	146	4.59	1.246	.103			
Total Sadness Management	Female	91	24.61	3.312	.347	2.734	235	.007*
	Male	146	23.35	3.559	.294			

(\*p<0.05).

As shown in table 4, independent group t test was used to determine whether the scores of the participants in the sample regarding the sadness management and sadness management sub dimentions showed a significant difference according to the gender variable. The difference was statistically significant (t = -2.785; p <.05; t = -2.734; p <.05). The difference was in favor of male participants in the deformation dimension. The difference in general sadness management was also in favor of male participants.

**Table 5.** Anova Test Results of The Participants According to father Education

Puan	f, x ve ss Values				Anova Results					
	Group	N	Mean	Ss	KT	Sd	KO	F	p	
Inhibition	Primary School	91	8.16	1.904	Intergroup	3.60	3	1.200	.380	.767
	Secondary School	72	8.36	1.738	In Groups	735.47	233	3.157		
	High School	59	8.03	1.564	Total	739.07	236	_____		
	University and +	15	8.20	1.934						
Emotional Regulating Coping	Primary School	91	10.75	2.297	Intergroup	5.42	3	1.809	.368	.776
	Secondary School	72	10.79	2.282	In Groups	1144.97	233	4.914		
	High School	59	11.02	2.096	Total	1150.40	236	_____		
	University and +	15	11.27	1.791						
Dysregulated-Expression	Primary School	91	4.45	1.258	Intergroup	17.03	3	5.679	3.154	.026*
	Secondary School	72	5.06	1.442	In Groups	419.55	233	1.801		
	High School	59	4.95	1.223	Total	436.59	236	_____		
	University and +	15	4.80	1.740						
Total Sadness Management	Primary School	91	23.36	3.610	Intergroup	34.74	3	11.580	.937	.424
	Secondary School	72	24.21	3.801	In Groups	2879.84	233	12.360		
	High School	59	24.00	3.085	Total	2914.58	236	_____		
	University and +	15	24.27	3.034						

(\*p<0.05).

In Table 5, as a result of one-way analysis of variance (ANOVA) in order to determine whether the mean of the sadness management scale showed a significant difference according to the father's educational status variable, the difference between the deformation dimension and the father education level arithmetic mean was found to be statistically significant (F = 3.15; p <.02).

Following this procedure, complementary post-hoc analysis techniques were used to determine the groups that caused the significant difference after ANOVA. In order to decide which post-hoc multiple comparison technique to use after ANOVA, Levene test first tested the hypothesis whether the variances of group distributions were homogeneous and variance was found to be homogeneous (LF =.307; 05). Because of the homogeneity of variances, Scheffe multiple comparison technique was preferred. Because it is sensitive to alpha type error. The results of the Scheffe multiple comparison analysis performed are presented below.

Table 5.1. Post-Hoc Scheffe Test Results After ANOVA

	Education Status (i)	Education Status (j)			
Dysregulated-Expression	Primary School	Secondary School	-.60501*	.21165	.024
		High School	-.49860	.22429	.120
		University and over	-.34945	.37394	.786

(\*p<0.05).

In Table 5.1, after the one-way analysis of variance (ANOVA) done to determine the Dysregulated-Expression dimension scores of the sadness management subDimensions according to the father education status variable, there was a statistically significant difference for the disadvantage of secondary school graduate between the participants whose father was a primary school and secondary school graduate ( $p < .02$ ). This situation reveals that those whose father graduated from secondary school have more Dysregulated-Expression in sadness management than those who graduated from primary school. The difference between the other sub-dimensions was not statistically significant ( $p > .05$ ).

## DISCUSSION AND CONCLUSION

According to the results of the research;

It was concluded that the average score of general sadness management dimension of the participants was mid level (23.8), Inhibition dimension level of them from sadness management sub-dimensions was mid level (8.2), Emotional Regulating Coping dimension level of them from sadness management sub-dimensions was mid level (10.9) and Dysregulated-Expression dimension level of them from sadness management sub-dimensions was low level (4.8). According to Nas (2018) study on children, it was understood that the participants had low level of Inhibition dimension, mid level of the Emotional Regulating Coping and below the mid level of the dysregulated-expression. These results support the current study.

It was concluded that there was no interaction between the participants according to the variables of age, family income and mother education level of the participants. According to Nas (2018) study, the fact that there is no significant difference according to the age variable supports the current study, and that it cannot find a difference in terms of gender does not support the current study.

According to the gender variable; while there was no significant difference in the inhibition

and Emotional Regulating Coping dimensions of the sadness management sub-dimensions of the participants, there was a significant difference between the general sadness management and the Dysregulated-Expression dimension of the sadness management sub-dimensions. Accordingly, it was found that the males who participated in the study were less deformed than the females and they were better in general sadness management.

According to father education variable; There was a significant difference between the Dysregulated-Expression dimension of sadness management sub-dimensions. According to this, it is concluded that the father education level of the participants had more Dysregulated-Expression than the ones with secondary school education.

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