

**Role of Anger Rumination and Self Compassion in development of
Uncontrolled Anger among Adolescents**



MS THESIS

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of the requirements for the degree of
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**ROLE OF ANGER RUMINATION AND SELF COMPASSION IN
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ADOLESCENTS**

By

Sara Sadaf



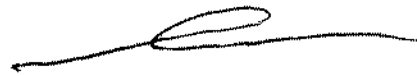
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DEDICATION

I dedicate this humble effort to my loving and sweet parents whose love and prayers are always source of light in darkness and without whom my success means nothing

This thesis is also in debt to Late Sammia Mehmood, a friend and mentor who instilled in me the love of knowledge and supported me through thick and thin

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All the praises, glory and deepest gratitude is for the ever merciful Almighty Allah subhanahu wa ta'ala , the lord of heavens and earth, who knows all hidden or evident. Blessings of Allah on Holy prophet Muhammad (Peace be upon Him), a great human being and a great teacher who is forever a pinnacle of knowledge and character for humanity.

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May Allah bless all these noble personalities. **"AMEEN"**

Sara Sadaf

Abstract

The present study was aimed to investigate the role of Anger Rumination and Self Compassion in development of Uncontrolled Anger among non clinical adolescent population. Additionally the study attempted to identify the moderating role of Self Compassion on relationship between Anger Rumination and Uncontrolled Anger. A total sample of 300 adolescents of age 14-19 years including 144 males and 156 females participated in the study. The sample data was collected from different educational institutes of the twin cities of Islamabad and Rawalpindi. Anger rumination was assessed through self rated Anger Rumination Scale developed by Sukhodolsky, Golub, and Cromwell (2001) whereas Self Compassion was measured by using self rated Self Compassion Scale developed by Neff (2003) and Uncontrolled Anger was assessed through self rated Buss–Perry Aggression Questionnaire developed by Buss and Perry (1992). Results indicated that Anger Rumination was positively correlated while Self Compassion was negatively correlated with Uncontrolled Anger, whereas Anger Rumination and Self Compassion were negatively correlated with each other. In addition to this, the results suggested that Self Compassion did not offer a significant moderating role on relationship between Anger Rumination and Uncontrolled Anger. Moreover females were found to have greater Anger Rumination tendencies as compared to their male counterparts but no significant differences were observed on Self Compassion and Uncontrolled Anger among males and females. Furthermore the findings of the study revealed significant mean differences of education levels on Anger Rumination and Self Compassion whereas no significant mean differences were found on Uncontrolled Anger.

CHAPTER I

Introduction

An individual explores the journey of life walking through paths of infancy, childhood, adolescence, adulthood and old age. Every age comes along with its grace, excitements and adjustability crisis yet they form a beautiful combination of individual's personality. However the age of adolescence is thought to be the making or breaking time period of an individual's personality. The period of adolescence is considered most significant part of youth that lays foundation for the future full bloom youth. Youth is a phase of inspiration and making one's mark in the society. It carries the charm of new opportunities, career choices, aspirations, independency and selection of goal oriented actions. Since adolescence is a intermediary phase between childhood and adulthood so it poses great challenges to the growing individual for acquiring unique characteristics of personality like physique, habits and cognitions as means of preparation for the future life responsibilities and roles. The life course of adolescent years is a combination of raging hormones, anxiousness, extreme moods and disconcerting periods of obscurity in adjustment with the transitional phase. Adolescents are assumed to work through an extensive range of difficulties and issues as gradual transition to full bloom adulthood advance in progress. A general confusion seems to prevail throughout the adolescence hence leaving youngsters with feelings of seclusion from family.

Youngsters often find themselves struggling with their changing family position, adapting to societal norms, selection of career choices and extreme emotionality. As adolescence advances steadily, the possibility of youngsters experimenting with risky behaviors can be high especially in early teenage. During the course of adolescence, the influence of peers and acquaintances is at peak therefore it is hard for the young ones to resist peer pressure consequently chances of risk taking behaviors increase. Many adolescents start experimenting with drugs, indulge in criminal activities and get involve in clandestine romantic affairs due to peer pressure. However adolescents sharing positive, warm and supported relationship with their significant others, tend to safely confer radical issues that are natural part of growth phase of puberty. Youngsters want to gain independency yet they are not fully mature enough to understand and deal with the psychological and social crises therefore they find themselves in a tug of war as sandwiched between parental demands and peer pressure. That is the reason many parents find it quite challenging to deal with their teenage offspring.

The manifold maturational transitions, within and around individual, offers a cultural predisposition in order to prepare the individual for adopting an adult role in society. Adolescence is marked with assorted maturational alterations in physiological, psychological and social aspects of individual's life that lay building blocks of youngster's personality architecture. Although variations in cultural, regional and ethnical characteristics exist around the world however the experience of adolescence is generally same across the world.

Adolescent Development Milestones

A detailed perspective of adolescence involves information from different aspects which can help in better understanding of this intense course of development.

The word “adolescence” has been originated from Latin and it means “to grow up” (Macmillan, 1981). Adolescence is a transitional phase of life that instill swift changes leading to human maturity in physical, psychological and social perspectives. A normative shift has been observed in occurrence of puberty as preadolescence, especially in females due to the modern lifestyle, making the onset of puberty prior to the teen years of twelve or thirteen.

Physical Development

Puberty brings about swift physiological changes within the individual’s body at an average onset age of 10 to 11 for the girls and 11 to 12 for the boys, varying across the world with respect to heredity, cultural, social and regional scenarios (Kail & Cavanaugh, 2010; Kaplowitz, Slora, Wasserman, Pedlow & Herman-Giddens, 2001). The body of an adolescent undergoes distinct biological changes at the time of puberty under the influence of intense hormonal activity. Hormones serves twofold role by offering organizing role in terms of regulating the body for puberty (Sisk & Foster, 2004) and activational role by stirring up changes in hormones that accompany behavioral and bodily changes (Coe, Hayashi & Levine, 1988). General physical changes in the young ones involve replacement of primary sex characteristics with secondary sex characteristics, development of body stature, changes in circulatory and respiratory systems and strengthening of immune system (Peterson & Taylor, 1980).

Physical changes in boys are marked with altered vocal quality, prominent adam's apple, production of testosterone, facial hairs, enlarged muscle mass, sensual dream experiences, hairs on pubic area, roughening of the skin, and increased activity of the sweat glands. Whereas physical changes in girls are marked with onset of menstrual cycle, production of estrogen, enlarged fat buildup on chest and hips and hair development on pubic area.

Neurological Development

The cortex region undergoes major brain fold changes in order to process complex cognitive and emotional information (Casey, Getz & Galvan, 2008). Process of synaptic pruning prevails throughout the course of adolescence in order to lose unused paths, for improving information processing and to reinforce the neural connections between prefrontal cortex and other brain regions (Segalowitz & Davies, 2004). These neurological changes enable the individual to efficiently assess for the risks and rewards while making decision and effectively controlling impulsiveness. Neurotransmitters that play an important role during the course of brain development in adolescence are glutamate, dopamine and serotonin. These neurotransmitters play their part in regulation of emotions, mood, behavior, and susceptibility to risk, pleasure and boredom (Spear, 2000).

Cognitive Development

Cognitive development enhances throughout adolescence in terms of effective control and synchronization of thoughts and behavior leading to personality and character formation (Pedersen, 1961). The maturational changes of brain are product of experience,

knowledge, and varying societal demands that accelerate cognitive growth. Improvements occur in areas of attention, memory, processing speed, organization and metacognition (Brown, 1975; Higgins & Turnure, 1984; Kali & Ferrer, 2007; Keating, 2004). The early phase of adolescence is marked with egocentrism, reckless behavior and low problem solving skills whereas the later phase of adolescence is marked with emotional autonomy, achieving personal identity and improved abstract reasoning skill such as skilled deductive thinking for action planning and assessment of consequences and comprehending social and ideological issues like interpersonal relationships, politics, philosophy, religion and morality etc. Adolescents gain metacognition that is monitoring of one's own cognitive activity while thinking and it results in increased self-consciousness and intellectualization. During the course of puberty relativistic thinking also enhances (Chandler, 1987).

Social and Psychological Development

The social development of the adolescence is marked with identity development. Youngsters are prone to giving more attention to their appearance for social approval as their body undergoes definite changes. Adolescents tend to figure out various "possible selves" they aspire to become (Markus & Nurius, 1986) and enduring possibilities and outcome of their choices (Nurmi, 2004). Youngsters are predisposed to select or discard certain behaviors as means of self presentation in order to accomplish their ideal self (Markus & Nurius, 1986). According to Marsh (1989) differentiation between actual self, ideal self and feared self transpire in middle phase of adolescence.

A fair level of discomfort prevails among adolescents on detection of conflicting content in the self-concept yet this distress may supply encouragement to youngsters for structural development (Harter & Monsour, 1992). Erikson assumed that not everyone completely achieves self identity that is why, his focus remained on identity crisis faced by individual at certain ages. It has been hypothesized that the identity challenge "is never fully resolved once and for all at one point in time" (Steinberg, 2008). Many environmental factors like social media, peers, academic and moral upbringing, parental styles and social networking, as well as personal factors including identification by gender, ethnicity, and sexual orientation, interplay in identity formation.

According to Rosenberg (1986), the developmental course of adolescence witness rapid shift in barometric self-esteem, causing discomfort, in comparison to baseline self-esteem that remains stable. A Pakistani study concluded that adolescents belonging to minority religious groups (Christians and Hindus) in Pakistan are predisposed to have lower self-esteem as compared to their dominant counterpart Muslim adolescents. (Iqbal, Ahmed, & Ayub, 2012).

The relationship of adolescents with their significant others play an influencing part in their social development. The family upbringing can be a strong source of support for developing adolescents e.g providing close relationships, strong parenting skills, good communication, and modeling positive behaviors. A study by Mahtani, Bond, Moazam, Dar and Anwar (2010) reported that affection and parental knowledge is coupled with positive outcomes for girls as compared to boys whereas giving autonomy resulted in positive outcomes for both genders.

Positive peer influence may inculcate “social skills, empathy, sense of sharing, good communication, academic motivation, coping skills, improved performance and leadership” (Larson & Richards, 1991) and negative influence of peers makes an individual exposed to risk taking behaviors, reckless driving, harm, violence and other criminal activities (Juvonen, & Graham, 2001).

Youngsters having involvement in "serious" sexual activity is often coupled with violence, depression, and poor relationship quality (Collins, Welsh & Furman, 2009). There has been some level of demand for the sex related education among the youth of Pakistan (Qidwai, 1996).

Psychologists have agreed that adolescence is a natural phase packed with psychological perplexity. Hall (1904) called adolescence a turbulent period of psychological confusion. According to Anna Freud (1958), the psychological turbulence of adolescence originates from biological source and is culturally universal (Lerner & Steinberg, 2004). Glen Elder (1998) formulated numerous vivid principles of adolescent development focusing that an individual's development is shaped by the time period and location in which they grow up, impact of life events on development based on when in one's life they occur , interconnected network of relationships of which one is a part; and that one's life course is constructed through the choices and proceedings of an individual within the perspective of their historical time period and social network.

Usually many adolescents complain of time periods packed with the feelings of extreme emotions, moods and stress that may loiter and become severe enough to disturb

their normal life functions. Psychological health care for adolescents has been one of the most neglected areas in Pakistani society primarily due to the prevalence of stigmatization attached to mental illness because of lack of awareness.

There is limited published documentation on the psychological issues of adolescents despite the fact that one fourth of Pakistani population comprises of young teens. Mostly psychological disorders initiate in adolescence and if they are not identified and left untreated it may lead to chronic mental illness later in adulthood. A study conducted on adolescents in rural Nawabshah concluded that stress among adolescents can be reduced by modifying socio-economic and demographic factors (Parpio.et.al, 2005). In 2002, the World Health Organization cited that suicide rate in Pakistan exceeded the drastic figure of 15000 per annum (Zofeen, 2012). A study from Lahore indicated significant relationship between adolescence depression and social factors involving unemployment, underage marriage, early child bearing, violence and sexual harassment (Afzal, Rana, & Mehmood, 2008).

Many researches have focused on adolescent risk taking behavior in order to investigate for the reasons behind these behaviors. Various forms of behaviors e,g drug experimentation, intense romantic affairs, criminal incidences and rash driving etc fall under the broad spectrum of risk taking behaviors. Youngsters swiftly lean towards social rewards as compare to adults (Albert & Steinberg, 2011). The maturational change of puberty modifies the socio emotional system of brain resulting in escalation of reward seeking. With the advancement in self regulation capacity of individual the risk-taking declines between later phase of adolescence and adulthood. The interplay of family,

personal and educational spheres determines the healthy and hazardous behaviors in adolescents (Steinberg, 2008).

The global situation of unrest has put modern societies at stake of violence. Violence leaves behind deep scars that continue to trouble the victim lifelong. Violence among youth is becoming an important issue in modern society, as with every passing day, cases of bullying, threatening, physical or verbal fights and shooting incidences are becoming more common throughout the world. A well known reason behind the violence is uncontrolled anger that is manifested in form of aggression. Violence is a product of uncontrolled anger. Empirical data has established the fact that aggressive and violent behavior exhibited by youngsters in academic institutes is linked with high levels of anger (McWhirter , 2007).

Uncontrolled Anger

Behavior is an outcome of emotions. With the exception of joy, anger is the emotion that strongly predisposes the individual to confront eliciting stimuli rather than avoiding the triggering event (Scherer & Wallbott, 1994). Anger is a consequent emotional response of individual after perception of a situation as psychologically being threatened. Once anger becomes uncontrolled it causes disruption in normal emotional and functional spectrum of individual. Uncontrolled anger is coupled with threat and negative appraisal which in turn excites physical responses and activates behavioral tendencies (Averil, 1983; Kassinove & Sukhodolosky, 1995). Uncontrolled anger predisposes a person to experience aversive consequences after an anger incident and the person gets stuck in a vicious cycle of violence that often perturbs personal and social

aspects of individual resulting in criminal incidences, poor physical and mental health, risky behaviors, shaky relationships, poor adjustment and other harmful long term consequences (Tafrate, Kassinove, & Dundin, 2001).

Although anger is considered to be a residue emotion originating from our lone biological past yet anger cannot be explained in isolation from the social context therefore anger is considered to be "highly interpersonal emotion". The self confirming beliefs and blaming other people constitutes major part of anger (Averil, 1983). Novaco (1975) stated that anger can be expressively defined in terms of "automated defense operating emotional mechanism on exposure to actual or perceived attacks on oneself or a significant other".

The expression of anger is communicated through voluntary display actions of body (Kassinove & Sukhodolsky, 1995). The intense and uncontrolled anger often leads to externalizing behavioral problems specifically aggression. Aggression is the manifested form of anger. Cavell (2000) stated that all forms of behaviors 'intrusive' and 'demanding' in nature and casting an 'aversive effect' on the surroundings falls into the category of aggression. The term aggression in psychology is defined broadly as a range of behaviors leading to physical and psychological harm to self, others or objects present in the surroundings. Aggression may involve verbal, physical, emotional or mental expression (Behar, Hunt, Ricciuti, Stoff, & Vitiello, 1990). Volavka (2002) also elaborated aggression by involving overt and covert behaviors that leads to consequences of devastation and chaos. Buss (1961) elaborated aggression on basis of behavioral approach as an overt harmful social interaction with the purpose of inflicting pain, insult, injury or unpleasantness to other individual.

Furthermore Spielberger (1991) defined anger on basis of two mechanisms that is state anger and trait anger. State anger as the name indicates is subjective nature of emotion that involves muscular tension and activation of autonomic nervous system with varying intensity. The intensity of state anger may fluctuate as a result of individual's perception of annoying situation or frustration. On the other hand trait anger is thought to have frequent state anger and it is perceived as frustrating. Trait anger is often described as common temperament of low threshold reactivity because anger is experienced as a result of broad range of mild triggers. Gradually the tendency to react in hostile manner becomes a personality trait that is conceived in terms of individual differences in the frequency over time to react to emotional situations in an angry way by angry responding (Deffenbacher, 1992). Trait anger is a construct that overlaps with trait aggressiveness in terms of concept and content. Trait anger is believed to predict aggressive behavior mainly as a reaction to provocation whereas trait aggressiveness is thought to be an inclination towards experiencing anger (Bettencourt, Talley, Benjamin & Valentine, 2006). According to Buss and Perry (1992) the trait aggressiveness acts as a predisposition for the individual to employ physical and verbal aggression, to embrace hostile cognitions, and to articulate angry behavioral tendencies. These key factors play vital role in expression of anger as a psychological bridge connecting behavioral and cognitive components in terms of instrumental sub traits (physical and verbal aggression), subjective subtrait (physiological activation and preparation) and psychological sub trait of anger.

Anger, aggression and hostility are the terms commonly perceived as same in nature and meaning and hence they are used in same context. Many believe that these three terms may be representative of cognitive, affective, and behavioral components of the similar multidimensional construct (Buss & Perry, 1992). There are three basic dimensions underlying the main construct. First one is affective component which involves emotional regulation of anger. Second one is behavioral that involves different forms of anger expression such as physical or verbal aggression. Third and the last component is cognitive which involves human thought process comprising mainly of negative thoughts and cynical distrust. These components are interrelated and differ in terms of intensity, frequency, and duration. Much of research data has stressed the importance of physical aggression, verbal aggression, anger, and hostility playing role as key factors in comprehensive conceptualization of aggression (Buss, 1961; Buss & Perry, 1992). Hostility is referred as a negative assessment of persons and things which accompany desire to implement harm (Buss, 1961; Kaufmann, 1970). Hostility predisposes an individual to have pessimistic assessment of people, events and situations (Spielberger Jacobs, Rusell, & Crane, 1983). Buss and Perry (1992) stressed that resentment and suspicious attitude is revealed through verbal and motor responses of individual. Tiedens (2001) maintained that tendency of high trait aggressiveness makes people cling to hostile attributions which in turn leads to high anger incidences and the individual gets stuck in a vicious cycle of hostility and negative affect. Bendig (1962) defined covert hostility as irritable acts, and overt hostility as assault and verbal aggression. Miller, Smith, and Turner (1996) defined experiential hostility as an affective

processes of anger where as expressive hostility is referred to overt verbal or physical aggressiveness, or both. Hostility has been linked with irritability and aggression. Hostility is followed by feelings of anger however anger refers to feelings and attitudes where as aggression implies the manifestation of behaviors that are destructive in nature to other people or objects.

It has been mentioned previously that the interplay of basic substrates of physical and verbal aggression, anger and hostility gives rise to a global concept of aggression (Buss, 1961; Buss & Durkee, 1957; Buss & Perry, 1992). Due to difficulties related to time and resources with experimental methods in laboratory for measuring anger, Buss and Durkee (1957) generated a self-report instrument, the Buss–Durkee Hostility Inventory. However Buss and Perry (1992) précised it further and refined it in order to measure aggression, anger, and hostility (Bryant & Smith, (2001). The elaborated four dispositional subtraits of aggression are defined as follows: “Physical and verbal aggression, which involve hurting or harming others, represent the instrumental or motor component of behavior. Anger, which involves physiological arousal and preparation for aggression, represents the emotional or affective component of behavior. Hostility, which consists of feelings of ill will and injustice, represents the cognitive component of behavior” (Buss & Perry, 1992, p. 457). Buss and Perry (1992) employed confirmatory factor analysis of three alternative measurement models: (a) a global one factor model that encompass general aggression factor; (b) a four-factor model exhibiting the structure of principal components analysis; and (c) a hierarchical factor model for “super factor” of aggression.

Earlier Arnold Buss (1961) theorized three overlapping dimensions of anger as physical-verbal, active-passive, and direct-indirect. The first dimension deals with the person's choice of employing physical or verbal means to afflict harm to the target person (Berkowitz, 1994; Björkqvist, 1994). The second dimension refers to the extent an aggressor actively employs behaviors for hurting the target person or passively hurting the target person by not doing something. Third dimension, that is also relevant, involves direct facial confrontation between the aggressor and the target with an aim to afflict pain (Baron & Richardson, 1994; Björkqvist, 1994; Buss 1961, 1971). However indirect aggression is mode of aggression that is indirect and undirected through another person or object as a devious means even if it is all the same aimed at harming others (Richardson & Green, 2003). This mode prevents counterattack from the target (Buss 1961). The fore mentioned dimensions of anger seem to be consistent with Buss's formulation of anger.

Anger is not always considered to be harmful, for instance, Tangney, Wagner, Barlow, Marschall, and Gramzow, (1996) stated that the goals behind anger help in differentiating between adaptive and maladaptive functioning. The goals of anger can be constructive in maintaining a relationship or asserting authority and sorting out a problem. However the malevolent goals of anger lead to maladaptive functioning such as taking revenge or hurting others. The fractious goals may lead the anger instigator to abide by one's wishes or venting out steam to feel better. Earlier Bowlby (1973) applied phrase of "anger of hope" for constructive anger and phrase of "anger of despair" for malevolent goals. Bowlby (1973) maintained that people having secure emotional

attachment styles are likely to have constructive goals leading to functional anger experiences. People who have anxious-ambiguous attachment styles have dysfunctional anger as a consequent of malevolent goals that leads to escaping from active confrontation and active rumination of hostile thoughts. Additionally it is believed that anger in moderate levels is supposed to link with engagement in adaptive behaviors like assertiveness and conflict management (Deffenbacher, 1999).

Both internal and external triggers for the emotion of anger exist. External anger triggers are anger provoking events or situations that are recognizable and charged with anger, hostility and negativity such as display of undesirable behavior by others where as internal triggers of anger involve angry thoughts, memories and experiences. Researchers have suggested that an important anger eliciting stimulus for the teenagers is mainly social. As it has been established previously that the phase of adolescence is packed with extreme emotional crest hence youngsters get angry and frustrated much sooner than others so the trend of aggression and violence increases in puberty (Peterson & Hamburg, 1986). Adolescents incline towards aggression and violence when they get exposed to such social scenarios for which they are not equipped adequately in emotional and cognitive domain (Nadel, Spellmann, Alvarez-Canino, Lausell-Bryant, & Landsberg, 1996). Adolescents struggle to create balance between familial or societal demands and their personal opinions and choices. Hence it's necessary to understand the developing needs of youngsters by family and society (Arslan, 2008). Confrontation of parental conflicts often results in adolescent's learning of aggressive behavior as a normal response in challenging situations (Sigfusdottir, Farkas & Silver, 2004).

Uncontrolled anger is also related to impulsivity which is an inconsiderate form of anger (Barratt, Stanford, Dowdy, Liebman, & Kent, 1999) that impel individual with strong emotionality and behavioral control is lost. Impulsivity is linked with difficulties in psychological (deficient perception and mental illness) and physiological (over sympathetic arousal and neurobiological deficits e.g lower IQ) aspects (Dodge & Coie, 1987; Vitiello, Behar, Hunt, Stoff, & Ricciuti, 1990).

Research also confirmed the association of anger with mental health indicators as well as psychological ailment (Fava & Rosenbaum, 1999). Unstable patterns of anger and acting out tendencies are linked with psychopathy (Hervé, Hayes, & Hare, 2003). Studies have concluded association of uncontrolled anger with various mental disorders e.g depression (Robins & Tanck, 1997) and neuroticism and psychoticism (Painuly, Sharan, & Mattoo, 2005).

Insecure attachment style has also been found to be associated with trait anger (Troisi & D'Argenio, 2004). Additionally anger is found to be related with aggressive behavior in sportsmen and abnormal dimensions of perfectionism in students (Besharat & Hoseini, 2009). Uncontrolled Anger and hostility are considered as main culprits of school violence, poor academic performance, substance abuse and high prevalence of depression among students (Fryxel & Smith, 2000). The "recurring condition" of anger not only causes psycho social maladjustment but fuels the dysfunctional attitude and inadequate management of anger as well, which suppress problem solving abilities (Novaco, 2003). Uncontrolled anger leading to higher levels of anger have been found to anticipate the mortality rate (Harburg et al., 2003).

Males have been found to utilize more anger-based strategies to cope with daily situations. Females utilize internal means in order to cope with anger as compared to male and females tend to imply problem-focused strategies as compared to males (Cox, Stabb, & Hulgus, 2000).

According to Kassinove and Sukhodolsky (1995) people are not troubled by events rather by the meanings and labels they attach to the events. Angry experiences are influenced by cognitive appraisals, physiological excitement and acting out tendencies (Kassinove & Sukhodolsky, 1995; Deffenbacher, 1999).

There are varieties of adaptive and maladaptive strategies device to regulate or exacerbate negative moods. There are processes that are thought to play important role in exacerbating the negative moods and hence they also tend to exacerbate anger and aggression.

Anger Rumination

Rumination is one example of such processes that have been found to aggravate negative moods. Mental health professionals are becoming more interested in rumination and the concept is being investigated extensively in modern literature. Many investigators have attempted to define rumination in simpler and broader context. The simpler definition of rumination is attention directed inwardly such that the focus of attention is negative moods experienced by the person (Lyubomirsky & Hoeksema, 1995). In a broader context rumination can be described as long term repetitive thinking pattern that is self focused and is a consequence of negative mood such as depression (Rippere, 1977). A detailed account on rumination by Hoeksema (1987;1991) stated that

rumination is a tendency to respond to stressful situation by focusing essentially on reasons and consequences of problem and avoiding active problem solving. The dysfunctional mental process of rumination is recurring in nature due to repletion of unavoidable intrusive and aversive thoughts encompassing past experiences (Watkins, 2004).

Many researchers have indicated that while brooding over feelings people instantly assume first person perspective (Ayduk & Kross, 2010; Grossmann & Kross, 2010). This first person perspective during analyzing distressing memories, leads to re-experience of negative thoughts, physiological arousal and feelings that originated from initial distressing event without their resolve (Ayduk & Kross, 2008). Adopting first person approach leads to constant backfiring and accumulation of negative thoughts that hinders improvement in feelings. It is believed that people are also capable of analyzing feelings from “fly on the wall” perspective or simply stated as self distancing. A self distant approach of brooding over anger experiences can help individual to perceive the experience in broader situation instead of adopting the victim role. Studies have indicated that self distancing may soothe many of the negative consequences of aggressive thoughts and may reconstrue the experiences in ways that facilitate their resolution (Kross & Ayduk, 2011).

Recently, researchers have started to explore the impending role of rumination in aggressive behavior. There is evidence that rumination anticipate aggressive behaviors as a consequence of perceived insults (Collins and Bell, 1997). Additionally many other studies have suggested that there exists a positive association between anger and anger rumination (Gerin, Davidson, Christenfeld, Goyal, & Schwartz, 2006).

A form of rumination that is gaining its popularity as a new psychological construct is anger rumination. Simply, the term anger rumination describes thinking that mainly

focuses on anger. After an anger incident, the theme of rumination turns primarily towards that specific anger episode which is called as anger rumination. Like rumination, anger rumination also becomes unavoidable.

Anger rumination is habitual and inevitable cognitive process that continues afterwards an anger incident and tends to play its role in exacerbation of anger. Approaches based on factor analysis have postulated that anger rumination essentially comprises of two components such that the first component is thinking about and reliving an anger episode whereas the second component is mental rehearsal of acts of revenge (Denson, Pedersen, & Miller, 2006).

Sukhodolsky, Golub, and Cromwell (2001) hypothesized that anger rumination is a discrete variable that needs to be investigated independently from anger, aggression, hostility and rumination. They defined anger rumination thoroughly “as unintentional and recurrent cognitive processes that emerge during and continue after an episode of anger experience”. Anger rumination consists of a variety of cognitive facets such as attention to current anger event, recalling previous anger experiences and thinking about one’s anger experience. A detailed account of anger rumination follows four factor model developed by Sukhodolsky et al. (2001) which comprises of angry after thoughts, thoughts of revenge, angry memories and understanding of causes. Angry after thoughts state that the person maintains thoughts about the angry episode and perhaps re-enact the angry episode in mind time and again. Thoughts about revenge state that the respondent

of anger incident fantasizes about the ways to strike back against the transgressor and these fantasies may be about violent revenge. The model of angry memories state that the person constantly keeps on brooding about the injustices done to him. The model of understanding of causes states that people dwell on the possible reasons they were treated badly and try to scrutinize why the things that happened did so. According to Sukhodolsky et al. (2001) the fore mentioned model may assist researchers to understand the working cognitive mechanisms that are involved in anger rumination.

A lot of new researches have been conducted to investigate anger rumination and its relationship with other psychological constructs. It has been suggested that anger rumination tends to play its role by aggravating anger outcomes through increasing the intensity and duration of anger (Rustings & Hoeksema, 1998). Anger rumination flames anger by exacerbating negative affect and as a consequence it leads to psychological distress (Bushman, 2002). It is believed that anger rumination is coupled with onset, intensity, relapse, period, and prolongation of depression (Watkins, 2004).

An earlier study by Konecni (1975) concluded that levels of aggression for an abusive confederate decreased after solving mathematical problem, a technique used as means of distraction.

An experimental study was conducted by Rusting & Hoeksema, (1998) in order to explore the contributing role of anger rumination towards anger. The sample of study comprised of college students who were infuriated by reading a story about a teacher's unfair treatment of student. The students were instructed to imagine that they are part of the story. The students of rumination condition were instructed to write about emotional

and self focused topics. The students of distraction condition wrote about non emotional and unrelated topics. They concluded that students ruminating about 20 minutes reported being angrier in contrast to students assigned to distraction condition.

In an experiment conducted by Bushman (2002), participants were assigned randomly to one of three conditions of rumination, distraction and control condition. All of the participants of study were given negative feedback about their task performance on an easy. Every participant was told that the feedback came from another individual from participants although no such participant existed. Participants who were assigned to rumination condition were instructed to think about that individual who gave negative feedback meanwhile hitting a punching bag whereas participants of distraction condition were instructed to think about gaining physical fitness meanwhile hitting the punching bag. However participants of control condition never got the punching bag. It was found that individuals in rumination condition demonstrated elevated level of anger and aggression while hitting punching bag as compared to those in distraction and control condition. These findings convincingly lay foundation for further investigating the interplay of anger rumination with the dimensions of uncontrolled anger.

In another series of experiment Bushman, Bonacci, Pedersen, Vasquez, and Miller (2005) concluded that probability of exhibiting displaced aggression by participants of the experiment increased due to increase in experimental provocation. Furthermore, participants who were allowed to ruminate for about 25 minutes exhibited more aggression towards a deliberately clumsy confederate as compared to the participants who were allowed to distract for same 25 minutes time period. The follow up study concluded same findings after replication of an 8 hour time interval.

Another experimental study was conducted by Ray, Wilhelm, & Gross (2008) carried on a sample of undergraduates by instructing them to recollect an anger extracting incident afterwards randomly assigning them to ruminating group or reappraisal group. The findings of the experiment concluded that participants of reappraisal group responded with less anger and physiological reactions in contrast to participants of rumination group.

Previously Bushman, Baumeister, & Phillips (2001) stated that person tend to exhibit aggressive behaviors as a means of regulating negative affect. Moreover their experimental study demonstrated that people believe that aggressive behaviors tend to have mood regulating properties such that aggressive behaviors lead to emotional regulation. Their findings suggest that anger rumination may play its role in motivating some individuals to experience anger intensely in order to regulate the negative affect. The trend of rumination is not same for all people. People have different response styles to the distressing events likewise there is variation in the extent to which people experience angry rumination. Chronic anger rumination is associated with recurrent anger incidences, domestic violence, lower levels of life satisfaction and other various forms of aggression (Caprara, 1986; Sukhodolsky et al., 2001).

Individuals have cognitive vulnerability to be at high risk for rumination because of their indispensable negative thinking styles. Therefore it becomes difficult for the individual to break out or exit the self regulatory cycle of rumination (Abramson et al., 2002).

According to Denson, Moulds, & Grisham, (2012) recalling negative life events, either charged with emotions of anger or sadness, contributes to significant sentimental consequences. They conducted an experimental study to investigate effects of emotional regulatory strategies on anger experience on a sample of undergraduates. Participants of the study were instructed to recall an anger eliciting memory afterwards instructions were given to engage in either analytical rumination, cognitive reappraisal, or distraction for the time period of about 20 minutes. However in control condition, participants were made to write about their thoughts without any emotion regulation instructions. They concluded their findings that anger was preserved by rumination while remaining conditions account for reduced levels of anger following the writing task. Furthermore they suggested that reappraisal assists in dealing with anger-inducing memories and distraction aids in swift reduction of anger experience.

Anger rumination serves as a risk factor for behavioral manifestation of uncontrolled anger and active engagement of youngsters in violent criminal activities. Targeted aggression towards other people is associated with propensity to ruminate about aversive incidences, individual differences and gang norms. Many people regard anger as useful. Hence it is believed that gang members are prone to anger rumination as compared to non gang members due to the reason that they perceive anger as functional (Averill, 1983).

An earlier work by Denson (2009) on account of anger rumination and self regulation stated that anger rumination is a type of emotional regulatory system which is in need of substantial cognitive resources. The resource exhaustion models of self

regulation emphasize that self control is a restricted viable resource. According to him, anger rumination has capacity to compound aggressive behavior such that self controlling mechanisms get overwhelmed by anger rumination. This happens due to the reason that executive control system comes under extensive demand of control. Anger rumination results in aggression sometimes targeting innocent victims. Moreover, alcohol is also known to reduce self regulation and fuels aggression by augmenting effects of anger rumination. Individual differences also accounts for the anger rumination. In displaced aggression such individuals show nonaggressive controlled behavior instantly after a provocation however they end up harming innocent victim as a consequence of excessive anger rumination. Denson (2009) provided additional verification from social neuroscience demonstrating that executive control and emotional regulatory regions of brain are at risk for exhaustion as these brain regions are recruited throughout anger rumination.

Anger rumination may sustain distress and mental representation of frustrating event. Consequently, individual becomes vulnerable to aggressive responding (Bushman et al., 2005).

The nature of ruminative thinking style (sadness rumination or anger rumination) is aversive and intrusive, so individuals are motivated to cease rumination. However, it poses great challenge to the individual because regulating the intensity of anger experience and refraining from angry urges require effortful self control (Denson, 2009)..

Since many decades, “psychology” has given much emphasis on psychological problems thereby limiting the individual to just core of problems and neglected the strengths of individual that can help build up a healthy individual. In order to build a healthy community, the potentials of human must take into account (Seligman, 2002).

Therefore some characteristics and abilities have been linked to deal with the uncontrolled anger, directing it appropriately and to alleviate the negative thinking styles such as anger rumination. Among many such strategies like distraction, meditation and mindfulness, there is a newly generated concept of self compassion. To learn forget or forgive others as well as one’s own doing can help to attain positive influence for future actions. Hence Self-compassion, the ability to be kind and patient with one’s self while suffering, is a topic of significant and growing scientific interest.

Self Compassion

When exposed to difficulties in life some people get knocked off with failures, sadness and anxiety while reacting in a maladaptive way to unpleasant circumstances such as ruminating about the situation, castigating for their faults and catastrophizing, which only leads to exacerbation of their distress (Leary, 2004).

Self Compassion is an alternative model of thinking related to self views that has been derived by Neff (2003a, 2003b). Self Compassion, a recently identified construct is believed to play its role in managing life’s difficulties. This newly generated construct is gaining its popularity in western society and new researches have been conducted in this dimension of study. Self Compassion serves an important contribution to emotional well being and life contentment. Self compassion cultivates positive frame of mind with

happiness and optimism that leads to overall better adjustment, well being and flourishing (Neff, 2011).

Self compassion has been originated from Buddhist philosophy. Neff (2003a, b) briefly accounted self-compassion in simpler terms as inner compassion. It means accepting one's suffering instead of evading or disconnecting one's self from miserable consequences. It involves need to eradicate one's torment and to improve oneself by kindness without labeling judgmental commentary to one's problems or flaws. It also involves witnessing one's experience as an aggregate of human experience instead of negatively evaluating one's self-worth. Self compassionate individuals confront their suffering or failure with warmth instead of berating their potentials with self criticism. Individual recognizes that human mistakes, failures and encountering difficulties is part of life. Self compassion is a balanced view of one's painful experiences such that negative feelings are not being suppressed or exaggerated. Self compassion is about right distance from one's emotions in order to experience them at their fullest by mindfulness.

According to Neff (2003a, 2003b) self compassion comprises of three interrelated main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. The first is self-kindness which is the capability to treat oneself with concern, warmth, affection and care in difficult moments instead of critical self-judgment that may involve overlooking pain and flagellating one's self with criticism resulting in stress and frustration. Acceptance of suffering with kindness leads to emotional wellbeing. Self Compassion requires kindness and encouragement in carrying personal ego for achievements in life instead of demanding and demeaning towards self ego.

The second component is common humanity which is capability to distinguish the fact that human failure is universal phenomenon instead of feeling secluded by one's failures. One's failure is often accompanied by a sense of isolation however being human is about making mistakes and learning from them therefore common humanity is an important component that deals with personal inadequacy in a positive way and it enables individual to recognize that external factors like parenting, genetics etc impact personal thoughts, feelings and actions. This realization of interbeing allows being less judgmental about personal failings. Common humanity enables the person to recognize that difficulties are life's truth shared by all human race and this sense of commonality helps to feel less desolate or isolated from others. Third component of Self Compassion that is called as Mindfulness, is an accommodating, sympathetic state of mind that observes thoughts and feelings in their basic context that is without suppressing or denying them.

On exposure to discomfort or problems people often jump to problem's solving mode without recognizing the need of comfort to the resultant emotional reaction. Mindfulness requires a balanced stance between over identification with the discomforts or difficulties of life and acknowledging the emotions for self comfort. The converse of mindfulness is over-identification which describes as being swept away by aversive incidents and being stuck with the negative thoughts and feelings. This mindfulness approach may lead to harmony and emotional equanimity (Baer, 2003).

Many studies have concluded that enhanced self compassion is related to greater psychological well being (Akin, 2008) further more it has been linked to less depression, anxiety, rumination, and thought suppression, greater life satisfaction and social relatedness (Neff, 2003b).

A study by Borders, Earleywine, & Jajodia (2010) indicated that mindfulness could decrease rumination as a consequence it leads to reduction in aggression.

Self Compassion may guard person from lasting effects of depression and anxiety by its positive effects on unproductive repetitive thinking. Self Compassion mitigates unproductive thinking of depressive rumination and anxious worrying. Anxious worrying is described as the repeated pattern of thinking about potential upcoming threats, future risks and imagined catastrophes events (Raes, 2010).

A study by Neff, Hsieh, and Dejitterat (2005) attempted to investigate the relationship between self-compassion and reactions to academic failure. Students who had unsatisfactory midterm grade; self compassion correlated positively with emotion focused coping skills of acceptance and positive reinterpretation and negatively correlated with focus on negative emotions and avoidance-oriented coping for them. Moreover self-compassion associated positively with mastery orientation that is motivation and urge to develop skills and negatively associated with performance orientation that is motivation to defend one's self worth. Their study indicated that self compassion moderates reactions to real and potential failure, possibly by reducing the aversiveness of events that threaten self esteem.

Among most consistent findings, one in the research literature is that greater levels of self-compassion have been found to be associated with less psychopathology (Barnard & Curry, 2011).

A series of 20 studies for self compassion and its association with depression, stress and anxiety has found a large effect size for meta analysis (MacBeth & Gumley, 2012).

Self Compassion not only enhance interpersonal relations but it also helps in dealing with the relationship difficulties with a compassionate frame of mind. A study examined the effect of self-compassion on adjustment to marital separation. The findings concluded that people with high self Compassion while thinking about their break up were evidenced better psychological adjustment at the time of break up and this effect persisted for about period of nine months (Sbarra, Smith, & Mehl, 2012).

It has been established that positive emotional frame can produce “undoing” effect on negative affect by means of endorsing a greater range of behaviors and enhancing people’s capacity of available coping resources (Fredrickson, 2001). There is increasing interest in how self-compassion can reduce negative affect associated with stressful life events (Tugade & Fredrickson, 2004).

A study was conducted by Gottheim (2009) on Self-Esteem, Self-Compassion, Defensive Self-Esteem, and Related Features of Narcissism as Predictors of Aggression. A total sample of 181 students participated in the study. The findings revealed positive association between self-esteem and aggression and self-compassion shared a unique contribution to aggression. More over higher levels of self-compassion predicted lower levels of aggressive behavior. The researcher suggested that teaching self-compassionate skills could be a useful component of comprehensive interventions intended to decrease the occurrence of aggression.

Although self-compassion undo the effects of negativity however it must be acknowledged that self-compassion does not abolish negative emotions altogether.

In fact, self-compassionate individuals are less likely to suppress unwanted thoughts and emotions than those who lack self-compassion (Neff, 2003a). That is because they become more aware of their feelings and emotions in a gentle, caring and affectionate way. Self-compassion involves being caring and compassionate towards oneself in the face of hardship or perceived inadequacy (Brach, 2003).

Psychological wellbeing gets enhanced by self compassion because it helps individual to feel cared for, connected, and emotionally calm. Social mentality theory proposes that self-compassion deactivates the threat system (associated with feelings of insecurity, defensiveness and the limbic system) and activates the self-soothing system (associated with feelings of secure attachment, safeness, and the oxytocin– opiate system). The self-soothing qualities of self-compassion are thought to engender greater capacities for intimacy, exploration and successful coping with the environment (Gilbert, 1989, 2005).

Conceptual Frame work of study

Uncontrolled anger is coupled with threat and negative appraisal which in turn excites physical responses and activates behavioral tendencies (Kassinove & Sukhodolosky, 1995). Buss and Perry (1992) devised a theoretical framework of uncontrolled anger in terms of interplay of basic substrates of physical and verbal aggression, anger and hostility.

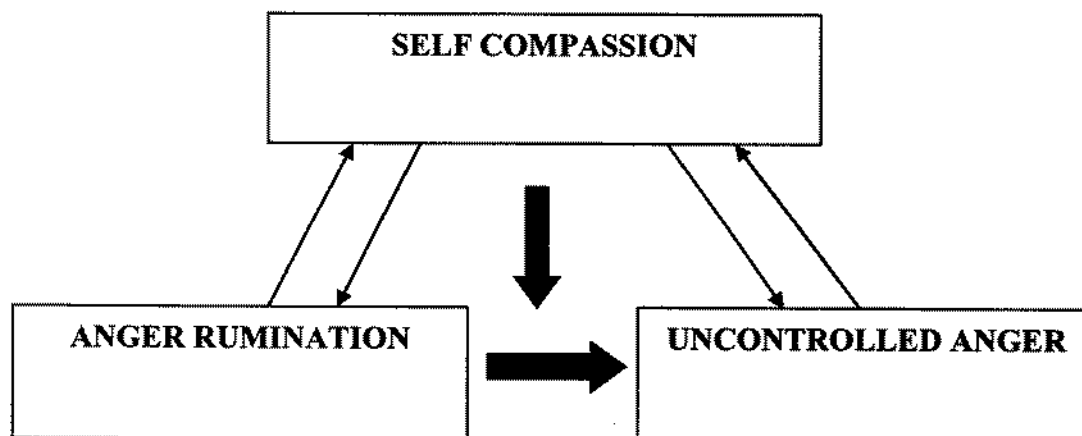
However Sukhodolsky, Golub, and Cromwell (2001) suggested the impending role of anger rumination in development of uncontrolled anger. They defined anger rumination

thoroughly “as unintentional and recurrent cognitive processes that emerge during and continue after an episode of anger experience”. The theoretical model of anger rumination follows four factors which comprises of angry after thoughts, thoughts of revenge, angry memories and understanding of causes.

Additionally Neff (2003a, b) briefly accounted self-compassion in simpler terms as inner compassion. According to Neff (2003a, 2003b) self compassion comprises of three interrelated main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self compassion cultivates positive frame of mind to deal with uncontrolled anger (Neff, 2011).

The conceptual framework for the current study involved investigating the role of anger rumination and self compassion in development of uncontrolled anger among adolescents.

Figure 1 Conceptual model of current study



Rationale

Uncontrolled anger is thought to create several psychological and social problems

not only for the individual but for others as well (Dodge & Coie, 1987). Violence is believed to be a product of uncontrolled anger and it puts the safety and security of individual and other's at stake. It poses threat to the personal well being and normal functioning of the individual. Aggression, as a behavioral manifestation of uncontrolled anger, is considered an important factor during the course of childhood and adolescent development, usually referred to as "Adolescent crises". Since it is becoming a major concern of educationists and psychologists and a pressing problem among adolescents in relation to the growing incidents of anger and violence, so focus on specifically on this component of behavior has become unavoidable in present scenario. Uncontrolled anger is associated with detrimental risk factors, including heightened risk of substance abuse, delinquent acts, unstable relationships and academic failure among today's youth.

A close inspection of Pakistani society reveals that young minds are becoming overwhelmed and prone to aggression and violence (National Human Development Report, 2015). An Exploration of causal factors of anger as a problem among Pakistani adolescents from Lahore concluded unjust treatment by parents, effect of extended family, minimal parental communication, low frustration tolerance, feelings of revenge, frustration, gender-related issues, effect of religion and community violence as major causes of uncontrolled anger (Nasrullah, Nosheen & Bokharey, 2007). Lack of sufficient information regarding adolescence emotional and psychological crises and its management poses challenge to general health and functioning of our youth.

The present study is an attempt to explore the role of anger rumination and self compassion in development of uncontrolled anger in normal population of Pakistani adolescents. Probing of anger rumination, self compassion and uncontrolled anger may

provide an opportunity to understand the interaction of cognitions and emotions relating developmentally and their contribution to the general functioning of individual.

This understanding could be helpful in developing clinical interventions, analogous to therapies targeting the reduction of maladaptive patterns, inculcating exposure strategies and educating new skills for effective and adaptive management of anger triggers and introducing mindfulness-based therapeutic interventions, tailored according to the needs of Pakistani youth. The social cognitive interventions aimed at youth can bring about good chances of success for preventing uncontrolled anger and aggressive attitudes and to mold them in socially and personally more adaptable behaviors. It is the need of the time to teach youngsters appropriate skills that can lead to increase level of self compassion and hence they would be better able to cope with their uncontrolled anger. Subsequently, the focus of present study is to gain information, due to lack of awareness with regard to research on current concepts in the country, for developing a research friendly culture and reducing the undervaluation of research on these concepts.

CHAPTER II

Method

Objectives of the Study

The main objectives of the study are stated as

1. To investigate if anger rumination and self compassion plays any role in the development of uncontrolled anger among non clinical adolescent population.
2. To investigate the relationship between self compassion and anger rumination
3. To determine the moderating role of self compassion in relationship of anger rumination and uncontrolled anger
4. The purpose of the study also includes association of demographic variables i.e gender and education with study variables.

Hypotheses

Following hypotheses have been formulated after detailed review of literature

1. Adolescents with high anger rumination have high uncontrolled anger.
2. Adolescents with high self compassion have low uncontrolled anger.
3. Anger rumination has negative relationship with self compassion.
4. Self Compassion serves a moderating role in relationship between anger rumination and uncontrolled anger.
5. There are significant differences among gender in relation to anger rumination, self compassion and uncontrolled anger among adolescents.
6. There are significant differences among educational levels in relation to anger rumination, self compassion and uncontrolled anger among adolescents.

Operational Definitions

Anger Rumination

Rumination on the anger is defined as “unintentional and recurrent cognitive processes that emerge during and continue after an episode of anger experience”. The four factor model of anger rumination involves angry afterthoughts, angry memories, thoughts about revenge and understanding of causes (Sukhodolsky, Golub, & Cromwell, 2001).

Self-Compassion

Self-compassion refers to the ability to hold one’s feelings of suffering with a sense of warmth, connection, and concern. Self-compassion involves three main components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. These components combine and mutually interact to create a self-compassionate frame of mind (Neff 2003a, 2003b).

Uncontrolled Anger

Buss and Perry (1992) defined aggressiveness as a propensity to engage in physical and verbal aggression, to hold hostile cognitions, and to express anger. The four factors of Buss and Perry's model are: physical aggression, verbal aggression, anger and hostility.

Instruments

Demographic Sheet

In order to obtain personal information from the participants of the study, gender, age, education and institution name were included in the demographic sheet.

The Anger Rumination Scale (ARS; Sukhodolsky, Golub, & Cromwell, 2001)

The Anger Rumination Scale has been constructed by Sukhodolsky, Golub, & Cromwell (2001) and it comprises of 19 items for assessment of anger type of rumination.

The ARS measures the tendency to focus attention on angry moods, recollection of past anger experiences and thoughts about the causes and consequences of anger episodes (Sukhodolsky et al., 2001, p: 689). The four factor model of angry rumination consists of four subscales. Angry after thoughts (items#7,8,9,17,18,19) refer to the maintenance of thoughts about angry episode. Fantasies of revenge (items#4,6,13,15) involve the person's dreaming or fantasy of retaliation to transgressor. Angry memories (item#1,2,3,5,14) involve dwelling on the injustices being experienced. The understanding cause (items# 10,11,12,16) is concerned with pondering upon reasons behind the anger incident and bad treatment. It is a 4-point scale (almost never, sometimes, often and almost always) regarding how often people 'do the following things' when they are angry. The age range of the scale is 13 years and onwards. The highest and lowest scores are 24 and 6 on Angry after thoughts sub scale, 16 and 4 on thoughts of revenge and understanding of causes and finally 20 and 5 on angry memories. Higher score reflect higher anger rumination ability. There is no reverse scoring item. Individual score is obtained by summing the responses of the respondents. Besharat & Mohammad (2009) reported a Cronbach's alpha coefficient of .93 on Irani adolescent population.

Self-Compassion Scale (SCS; Kristin D. Neff, 2003)

It is a 26-item Self-Compassion Scale developed by Kristin D. Neff (2003). The SCS includes six subscales: Self-Kindness versus Self- Judgment; Common Humanity versus Isolation; Mindfulness versus Over-Identification. Self-Kindness refers to ability of treating oneself with care and understanding (5 items, item# 5,12,19,23,26) rather than harsh self judgment (5 items, item # 1,8,11,16,21) Common Humanity describes the ability of recognizing that the imperfection is common aspect of humanity (4 items, item#

3,7,10,15) rather than feeling Isolation by one's failure (4 items, item# 4,13,18,25). Mindfulness involves keeping one's present moment experience in balanced perspective (4 items, item# 9,14,17,22) rather than exaggerating and dramatizing one's suffering by Over-Identification (4 items, item# 2,6,20,24). The responses of the scale are rated against 5 point likert scale ranging from "Almost Never" to "Almost Always," with higher scores representing greater self-compassion. The age range of scale is 14 years and onwards with at least eight grade educations. The items of subscales of self judgment, Isolation and over identification are negatively scored. Past research with American samples has also demonstrated good internal consistency for the SCS (.90-.95 for overall scores and .75-.86 for subscale scores). Neff (2003b) reported a Cronbach's alpha coefficient of .92 on American adolescent population.

The Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992)

It is a 29-item self-report questionnaire which is developed by Buss & Perry (1992) that measures trait aggression. The measure is divided into four subscales that are Physical Aggression, Verbal Aggression, Anger, and Hostility. Physical and Verbal aggression involves hurting or harming other people, representing the active or motor component of behavior. Anger involves physiological stimulation and preparation for aggression, referring to the emotional component whereas hostility comprises of feeling of discrimination and ill will referring to cognitive component of behavior (Buss & Perry, 1992, p.475). Items utilize a Likert type scale ranging from one ("Extremely uncharacteristic") to five ("Extremely characteristic"). The Physical Aggression Subscale (item# 1,2,3,4,5,6,7,8,9; $\alpha = .87$) consists measures the degree to which individuals tend to engage in physical confrontations. The Verbal Aggression subscale (item# 10,11,12,13,14;

$\alpha = .72$) measures the degree to which individuals tend to engage in verbal confrontations. The Anger subscale (item#15,16,17,18,19,20,21 $\alpha = .76$) measures the degree to which individuals exhibit chronic feelings of anger. The Hostility subscale (item# 22,23,24,25,26,27,28,29; $\alpha = .79$) measures the degree to which individuals believe that they do not receive fair treatment. The age range for administering the scale is 9 years upto 88 years with ability to read and understand simple English. The high scores indicate more aggression. Item 7 of physical aggression and item 18 of anger subscales are negatively scored item. Alpha reliability for the BPAQ on Pakistani Punjabi population is found to be 0.78 (Samra, Shah, Rahman, Aamir, Jamil, Uzma ., Ahmad, &Tayyab ;2014)

Sample

A sample of (N=300) young adolescents from Islamabad and Rawalpindi were selected as the participants of study by utilizing technique of convenient sampling. The inclusion criteria for the present study were age range from 14 to 19 years with English comprehension level of at least 8th grade. The individuals who were below 14 years of age or exceeded the age of 19 years or had difficulty in English comprehension were excluded from participation in study. The selected sample included 144 males and 156 females representing the adolescent population of twin cities. The sample consisted of adolescents from academic standard of under matriculation, matriculation, intermediate and graduation.

Procedure

The present study utilized three valid scales for measuring constructs of anger rumination, self compassion and uncontrolled anger. The inclusion criterion for the eligibility of participation in the present study was active enrollment in English medium

academic institutes, ability to read and write in English with English comprehension of at least 8th grade level, which was discussed from the class teacher and institute administration, age range from 14 to 19 years and signed informed consent form. The individuals who were below 14 years of age or exceeded the age of 19 years or had difficulty in English comprehension were excluded from participation in study. The sample was selected from different academic institutes of Islamabad and Rawalpindi through convenient sampling. The nature and purpose of the study had been thoroughly explained to the concerned authorities of the academic institutes and the target population was approached after the consent of those authorities. At first the adolescents were given brief introduction of the researcher afterwards in detail briefing was given regarding the study variables, the purpose of the study and informed consent form. Adolescents, who returned a signed assent to participate, were then asked to complete a standardized set of questionnaire package for study variables. Afterwards, the phase of data collection of target N=300 was completed. The participants were required to read and respond to each statement as it applies to them by marking one of the options provided on a detailed rating scale, as there was no right or wrong answer for the statements.

Statistical Analysis

In order to analyze data through Statistical Package for Social Sciences (SPSS) version 18 the descriptive statistics, Reliability analysis of scales, Pearson correlation and regression analysis were performed to summarize and inspect the data study measures.

CHAPTER III

Results

Table 1 Alpha Reliability Coefficient Estimate of Anger Rumination Scale (ARS) and subscales (N=300)

Scale/Subscales	No.of items	<i>M</i>	<i>SD</i>	<i>Sk</i>	<i>k</i>	Actual score	Potential score	Alpha reliability
Anger Rumination Scale	19	47.53	9.50	0.23	0.18	19-75	19-76	0.79
Angry After Thoughts	6	15.45	3.81	0.04	-0.27	6-24	6-24	0.63
Revengeful Thoughts	4	9.03	2.90	0.34	-0.47	4-16	4-16	0.54
Angry Memories	5	12.59	3.08	0.28	-0.17	5-20	5-20	0.54
Understanding Causes	4	10.45	2.82	-0.02	-0.24	4-16	4-16	0.53

The results in table 1 indicates Alpha Reliability of Anger Rumination Scale having 19 items where (N=300) is found to be 0.79 ($M=47.53, SD=9.50$). The subscale of Angry After Thoughts has 6 items with Alpha reliability 0.63 ($M=15.45, SD=3.81$). The Alpha reliability of further subscales of Revengeful thoughts and Understanding Causes having each 4 items, is found out to be 0.54 ($M=9.03, SD=2.90$) and 0.53 ($M=10.45, SD=2.82$) respectively. Lastly, the subscale of Angry memories have 5 items with Alpha reliability 0.54 ($M=12.59, SD=3.08$). All these figures indicate satisfactory reliability. Results further indicate that Anger Rumination Scale is reliable for the measurement of anger rumination among Pakistani population of adolescents.

Table 2 Alpha Reliability Coefficient Estimate of Self Compassion Scale (SCS) and subscales (N=300)

Scale/Subscales	No.of items	M	SD	Sk	k	Actual score	Potential score	Alpha
Self Compassion Scale	26	82.76	10.73	-0.37	0.94	40-119	26-130	0.65
Self Kindness	5	16.86	3.99	-0.34	-0.30	6-25	5-25	0.53
Common Humanity	4	14.15	3.42	-0.25	-0.66	6-20	4-20	0.54
Mindfulness	4	14.17	3.34	-0.47	-0.08	4-20	4-20	0.50
Over Identification	4	11.77	3.22	0.08	-0.00	4-20	4-20	0.50
Isolation	4	11.58	3.78	-0.02	-0.59	4-20	4-20	0.55
Self Judgment	5	14.23	3.68	0.25	0.28	5-25	5-25	0.50

The results in table 2 designate that Alpha reliability of Self Compassion Scale having 26 items where (N= 300) is found out to be 0.65 ($M=82.76, SD=10.73$). The Alpha reliability of 6 subscales is calculated and found out to be 0.53 ($M=16.86, SD=3.99$) for Self Kindness with 5 items, 0.54 ($M=14.15, SD=3.42$) for Common Humanity with 4 items, 0.50 ($M=14.17, SD=3.34$) for Mindfulness with 4 items, 0.50 ($M=11.77, SD=3.22$) for Over identification with 4 items, 0.55 ($M=11.58, SD=3.78$) for Isolation with 4 items and 0.50 ($M=14.23, SD=3.68$) for Self Judgment with 5 items. All these figures indicate satisfactory reliability. Results further indicate that Self Compassion Scale is reliable for the measurement of self compassion among Pakistani population of adolescents.

Table 3 Alpha Reliability Coefficient Estimate of Buss Perry Aggression Questionnaire (BPAQ) and subscales (N=300)

Scale/Subscales	Items	<i>M</i>	<i>SD</i>	<i>Sk</i>	<i>k</i>	Actual score	Potential Score	Alpha reliability
BPAQ	29	91.56	17.78	-0.06	0.01	41-138	29-145	0.82
Physical Aggression	9	28.71	6.74	-0.31	-0.47	10-44	9-45	0.60
Verbal Aggression	5	16.38	4.34	-0.20	-0.38	5-25	5-25	0.56
Anger	7	21.54	5.56	0.05	-0.32	7-35	7-35	0.57
Hostility	8	25.09	6.99	-0.00	-0.60	8-40	8-40	0.73

The results in table 3 point out that Alpha reliability of Buss Perry Aggression Questionnaire consisting of 29 items where (N=300) is found out to be 0.82. The Alpha reliability of 4 subscales of Buss Perry Aggression Questionnaire is also calculated and found out to be 0.60 ($M=28.71, SD=6.74$) for Physical Aggression with 9 items, 0.56 ($M=16.38, SD=4.34$) for Verbal Aggression with 5 items, 0.57 ($M=21.54, SD=5.56$) for Anger with 7 items and 0.73 ($M=25.09, SD=6.99$) for Hostility with 8 items. All the fore mentioned figures indicate significant reliability. Results further indicate that Buss Perry Aggression Questionnaire is reliable for the measurement of Uncontrolled Anger among Pakistani population of adolescents.

Table 4 *Pearson Correlation Analyses of ARS, SCS (N=300) and BPAQ (N=295)*

Scales	ARS	SC	BPAQ
ARS	1	-0.16**	0.50**
SCS	-	1	-0.40**
BPAQ	-	-	1

** $p < 0.01$, ARS=Anger Rumination Scale, SCS= Self Compassion Scale, BPAQ= Buss Perry Aggression Questionnaire.

The mentioned findings in the table 4 show correlation between ARS, SC and BPAQ. The present results indicate significant correlation between the measures. The findings suggest that Anger Rumination is negatively correlated with Self compassion ($r = -0.16$, $p < 0.01$) whereas Uncontrolled anger has significant positive correlation with Anger Rumination ($r = 0.50$, $p < 0.01$) and shares significant negative correlation with Self Compassion ($r = -0.40$, $p < 0.01$).

Table 5 Stepwise regression analysis indicating moderating role of self compassion on relationship between anger rumination and uncontrolled anger (N=300)

Model	Variables	B	SE	β	t	p
1	(Constant)	47.43	4.55			
	ARSTotal	0.93	0.09	0.50	9.90	0.000
2	(Constant)	96.12	8.36			
	ARSTotal	0.83	0.09	0.45	9.39	0.000
	SCSTotal	-0.53	0.08	-0.32	-6.76	0.000
3	(Constant)	95.69	8.39			
	ARSTotal	0.84	0.09	0.45	9.37	0.000
	SCSTotal	-0.53	0.08	-0.32	-6.74	0.000
	Interaction	0.51	0.81	0.03	0.63	0.528

$R=0.501$, $R^2=0.251$, $R^2=0.248$, $R^2\text{change}=0.251$ for step 1

$R=0.593$, $R^2=0.352$, $R^2=0.348$, $R^2\text{change}=0.101$ for step 2

$R=0.594$, $R^2=0.353$, $R^2=0.346$, $R^2\text{change}=0.001$ for step 3

Note ARSTotal= Anger Rumination Scale Total, SCTotal= Self Compassion Scale Total

The results of table 5 represent the moderating role of Self Compassion on relationship between Anger Rumination and Uncontrolled Anger. The table findings conclude that Self Compassion doesn't offer significant moderating role on relationship between Anger Rumination and Uncontrolled Anger such that model 1 and 2 demonstrate 25.1% and 35.2% of the variance respectively whereas model 3 demonstrate 35.3% of the variance explained towards the dependent variable.

Table 6 Means, Standard Deviations, *t* values and Cohen's *d* of gender on Anger Rumination, Self Compassion and Buss Perry Aggression Questionnaire (*N*=300)

	Males (<i>n</i> =144)		Females (<i>n</i> =156)		<i>t</i> (298)	<i>P</i>	95% <i>CI</i>		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
ARS	46.31	8.86	48.67	9.96	2.15	.032	0.199	4.49	-0.249
SC	81.63	10.14	83.79	11.18	1.74	.083	-0.282	4.581	-0.202
BPAQ	92.68	16.71	90.54	18.68	-1.031	.303	-6.21	1.94	0.121

ARS=Anger Rumination Scale, SCS= Self Compassion Scale, BPAQ= Buss Perry Aggression Questionnaire.
CI= Confidence Interval; *LL*= Lower Limit; *UL*= Upper Limit.

The above mentioned figures in the table 6 suggest that mean score for females (*M*=48.66, *SD*=9.96) on Anger Rumination Scale is higher as compared to their male counterparts (*M*=46.31, *SD*=8.85). These significant differences designate that female adolescents seem to have more anger rumination tendencies as compared to males. Table findings also suggest that the mean scores for females (*M*=83.79, *SD*=11.18) and males (*M*=81.63, *SD*=10.14) on Self Compassion Scale are not significant. Hence there are no significant differences found over gender for self compassion. In addition to it, the above findings of table reveals that the there is no significant differences found on Buss Perry Aggression Questionnaire between the females mean scores (*M*=90.54, *SD*=18.68) and males mean scores (*M*=92.68, *SD*=16.71). Hence the findings suggest that no significant differences have been found over gender for Uncontrolled Anger.

Table 7 One Way Analysis of Variance (ANOVA) of adolescents for differences among education levels on Anger Rumination Scale(ARS),Self Compassion Scale (SCS) and Buss Perry Aggression Questionnaire (BPAQ) (N=300)

df=296

Scales	1 Under Matric (n=80)		2 Matric (n=24)		3 Intermediate (n=148)		4 Graduation (n=48)		F	p
	M	SD	M	SD	M	SD	M	SD		
ARS	46.16	8.35	43.29	8.76	49.65	10.06	45.39	8.46	5.67	.001
SCS	82.76	9.17	74.46	9.74	83.74	11.83	83.88	8.23	5.62	.001
BPAQ	88.50	16.96	96.40	14.35	94.15	18.48	86.58	16.56	3.67	.013

The findings of table 7 indicates that there are significant differences existing over education for Anger Rumination Scale with $F(3,296) = 5.67$ and Self Compassion Scale with $F(3,296)=5.62$. The results revealed that the experience of Anger Rumination and Self Compassion is different among adolescents with different educational levels. Post hoc analysis for pair wise comparison supports the fore mentioned results. Results further reveal that no significant differences found among different education levels of adolescents on Buss Perry Aggression Questionnaire scores.

CHAPTER IV

Discussion

Adolescence is an important phase of life that shapes entire personality of the individual. The adolescent years bring about profound changes in physical, social and cognitive sphere of individual's life. An adolescent requires great deal of parental guidance and care in order to deal with these fragile growing up years of his or her life. Raging hormones, neurological development, changing physical appearance and social status puts an individual under constant pressure. It has been established that teenagers are highly prone to addictive and risky behaviors that can lead to serious injuries and psychological consequences (Irwin & Millstein, 1991).

Pakistan is a developing country with world's largest youth bulges. Pakistan has abundance of young energetic adolescents who will be becoming a bright future of the country in coming recent years. However it is very important to cater to the needs of emerging young future of Pakistani adolescents. As established previously that adolescents have to go through troublesome and unsteady phase of puberty hence forth the situation of Pakistani adolescent is of no difference. Lack of proper guidance, understanding and basic facilities may often lead to serious psychological and physical issues. Uncontrolled Angry bouts manifested in form of manipulative behaviors, temper problem and furious rage is recently becoming one of an important psychological concern of parents, teachers and mental health professionals in developing adolescents.

Researchers have found that adolescents with higher level of emotional intelligence show lower levels of impulsivity, aggressive temperament, a lesser tendency to suppress negative thoughts and less justification for aggression. In addition teenagers with a lower tendency to justify aggressive behavior reported capability to discern their emotions, more ability to mend negative emotions and fine mental health (Extremera & Fernandez-Berrocal, 2002).

The present study was aimed to assess the role of Anger Rumination and Self Compassion in development of Uncontrolled Anger among the adolescent population of Pakistan. Anger Rumination and Self Compassion are newly generated concepts of psychology that are thought to share an important link with anger and aggressive behavior. The findings of the current study support that there exists a significant relationship between the study variables.

Anger Rumination is thought to play a strong contributing role to uncontrolled anger whenever an individual is exposed to a stressful situation. In order to investigate this dynamic association, the first hypothesis of the current study stated that adolescents with high Anger Rumination have high Uncontrolled Anger. The findings of the study supported the preliminary hypothesis suggesting that adolescents who tend to engage more in Anger Rumination have been found to possess high level of Uncontrolled Anger as well. The current hypothesis was complimented by the findings of existing up to date research literature. Ray, Wilhelm, and Gross (2008) concluded in their study that anger rumination can lead to intense anger experience along with greater cognitive perseveration which in turn leads to high physical arousal.

Participants in the study who were assigned to ruminate about the event charged with anger maintained their anger whenever the event was fresh up in their minds however in contrast the participants assigned to reappraise considerably demonstrated decreased level of anger on recalling the event. Another study by Glynn, Christenfeld, and Gerin (2002) suggested that anger rumination plays an important role in maintenance of angry moods and in turn increasing the likelihood of aggressive acting out tendencies and negatively affecting the physiological recovery. Another study found that anger rumination exerts strong mediation effect on the relationship between dimensions of anger and anger control with mental health (Basharat & Pourbohlola, 2012). Furthermore some studies concluded that anger rumination tends to exacerbate the negative affect and mental distress through fueling anger (Besharat & Mehr, 2009) and a positive link has been observed between rumination and acting out tendencies (Verona, 2005). There is evidence that individuals who perceive aggression as functional are more likely to indulge in rumination and gang members are thought to have high prevalence of rumination tendencies and high levels of displaced aggression (Vasquez, Osman, & Wood, 2012).

Just as the Anger Rumination is known to contribute for the Uncontrolled Anger, Self Compassion has been observed to ease the negative affect and is believed to alleviate Uncontrolled Anger contributing to psychological well being. To understand the relationship between Self compassion and Uncontrolled anger, the second hypothesis of the study stated that adolescents with high Self Compassion have low Uncontrolled Anger.

The findings of the results supported the prelude hypothesis that Self Compassion shares inverse significant relationship with Uncontrolled Anger. Many studies that have attempted to investigate the association between Self Compassion and Aggression have concluded a negative relationship existing between self compassion and Aggression.

A recent study by Balsamo (2013) concluded that individuals with high level of trait anger tend to have lower level of self-compassion and they possess low tolerance for other people as well. When these individuals are exposed to feelings of frustration they regress to aggressive reaction by turning their emotions both inward and outward henceforth they exhibit depressive sadness symptoms. Self Compassion includes dimension of mindfulness that is believed to inhibit from over identification with negative affect such that the aversive reactions don't overpower the individual (Bishop et al., 2004). Recent literature data suggest that Self Compassion appears to enhance psychological resilience such that it improves individual's reaction to negative events. A series of study carried out by Leary, Tate, Adams, Allen, and Hancock (2007) concluded that individuals with high level of self compassion exhibited less negative feelings and fewer extreme reactions while demonstrating more acceptance to thoughts and more inclination towards putting problems into perspective by acknowledging their own responsibility. Although Uncontrolled Anger is related to depreciate interpersonal functioning however mindfulness related to enhanced relationship satisfaction and better capacity to constructively deal with conflict (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007).

Additionally, Self Compassion has been linked to improved interpersonal functioning (Crocker & Canevello, 2008; Yarnell & Neff, 2013), decrease aggression and psychological well being of person (Carmody & Baer, 2008). Another recent study by Neff and Beretvas, (2013) of heterosexual couples concluded that individuals having higher levels of self-compassion were described by their partners having better emotional connection, acceptance, supporting at the mean time being less detached, controlling, and aggressive as compared to individuals with lower levels of self-compassion.

It is mentioned earlier that Anger Rumination is thought to play significant role in postponing and redirection of anger which in turn lead to maintenance and exacerbation of Uncontrolled Anger however in contrast to anger rumination, self compassion is believed to have positive influence on overall functioning of the individual by enhancing the ability to deal with negative situations, affect and thought process hence promoting mental health. In order to study their association, third hypothesis of the study stated that Anger Rumination has negative relationship with Self Compassion. The findings of the study suggest that there exists a significant negative relationship between the fore mentioned variables. Some of the researches have suggested that interventions that involve basic mindfulness helps to lessen self rumination on anger and increase self compassion (Shapiro, Brown, & Biegel, 2007). It has been investigated that high levels of self compassion has been found to improve positive thoughts and emotions and decrease negative thoughts and emotions (Deniz, Kesici, & Sümer, 2008). On contrary self compassion has been found to have negative association with self anger rumination (Neff & Vonk, 2009) and negative automatic thoughts (Akın, 2012).

Researchers have concluded that self compassion has been found to share negative association with self-criticism, anxiety, rumination and thought suppression (Neff, Kirkpatrick, & Rude, 2006; Pauley, & McPherson, 2010).

From the literature review it had been estimated that anger rumination serves positively for uncontrolled anger whereas self compassion appears to suppress their intensity. For the purpose of exploring the role of self compassion, the fourth hypothesis of the study stated that self compassion plays a moderating role in the relationship between angry rumination and uncontrolled anger. The findings suggest that although self compassion contributes significantly for the variation in uncontrolled anger but self compassion was not found to moderate significantly the relationship between anger rumination and uncontrolled anger. The possible reason behind this inconsistent finding may stem from the fact that adolescence is a stressful stormy phase of individual's development loaded with extreme emotionality, mood swings and robust changes that encompass physical, psychological and social aspects. Aggressive behavior usually escalates during puberty phase as a result of multiple reasons including biological and psychological changes, need for autonomy, establishment of new identity, role conflict as well as parenting styles (Shahida, 2013). Therefore it appears that self compassion does not contribute strong moderating role as expected due to dynamic changes occurring in many aspects of individual's life. The changes that mother nature incite in puberty phase of growth and development have a clear impact on mental health. Youngsters struggle with extreme anxiety related to self image, academic tasks, social role, hence they often stuck in self-doubt and mood swings that as a result leads to depression, anxiety, and

maladaptive trajectories. Moreover adolescence is a time period of progressively more heightened self-scrutiny hence adolescents often compare themselves to their friends and acquaintances as an attempt to achieve their social position and as a result they fall prey to frequent self criticism and doubting their self-worth. Moreover studies have concluded that egocentrism is at peak in adolescence and gradually starts to decline and empathy starts growing in the early adult years (Eisenberg, Cumberland, Guthrie, Murphy, & Shepard, 2005; Elkind, 1967; Richter & Kunzmann, 2011). Adolescents seem to be vulnerable to rumination due to many reasons. Adolescents get to spend their most part of day with their peers as compared to family in school, college or university (Larson, Richards, Moneta, & Holmbeck, 1996). Adolescents seem to struggle for keeping balance in striving for autonomy and preservation of association with parents (Moretti & Peled, 2004). The progressing autonomy and simultaneous need of attachment comes along with the self exploration and understanding of others. This quest for self exploration and understanding is implicated development of adolescent identity as well as in rumination (Segerstrom, Stanton, Alden, & Shortridge, 2003). Hence it is not surprising that with the increase of rumination trend among adolescents, Self Compassion is not able to work effectively as expected. A recent study by Neff & McGehee (2010) concluded that adolescent egocentrism specifically the personal fable negatively predicted self-compassion. They suggested that fostering self-compassionate versus self-critical inner dialogues may be an effective intervention target for teens suffering from negative self-views. Some of the researchers have even concluded that self esteem drops especially in early adolescence and they suggest that if adolescents are appreciated regarding the

domains they are successful then it decreases the impact of disappointment in other domains. (Harter, 1990). Many of researchers have reported that youngsters in college, are in phase of identity formation and have insufficient life experiences that serves as buffer in understanding the interrelated nature of their own and others' suffering (Marcia, 1994). Hence it appears that due to the fore mentioned reasons self compassion is not able to work as progressively as expected on the relationship between anger rumination and uncontrolled anger during the phase of adolescence. Another possible reason of self compassion offering insignificant moderating role appears to be rooted in socio-cultural variation. There is dearth of literature data targeting the Pakistani adolescent population in field of self compassion hence current study is an attempt to explore the underlying dynamics of self compassion. Further studies may contribute to the better in depth understanding of self compassion within Pakistani context.

Females have different styles of thinking and reacting to different situations as compared to males. Hence in order to explore the gender difference, the fifth hypothesis of the study stated there are significant differences over the gender in relation to anger rumination, self compassion and uncontrolled anger among adolescents. The results indicated that female adolescents tend to have higher anger rumination tendencies as compared to their male counterparts. Researchers believe that females are more prone to rumination as compared to males (Strauss, Muday, McNall & Wong, 1997). According to Susan Nolen-Hoeksema (1987) difference in response style is believed to explain the higher rates of depression found among females furthermore females tend to engage in rumination after experiencing sadness and depression.

Generally the trend has been observed that females and males tend to engage in comparable levels of anger rumination (Maxwell, 2004; Sukhodolsky et al., 2001). A study carried on the adolescent girls and boys by Peled and Moretti (2007) concluded that girls were found to possess higher levels of anger and sadness rumination in contrast to adolescent boys. Additionally it has been found that women are more likely to possess anger rumination in absence of provocation, and in case of provocation they may ruminate on anger for distraction as compared to males. This basic difference stems from the gender-role socialization and it is note worthy that females tend to distract from anger instead of ruminating on it when they are provoked, which runs counter to how they cope with sadness (Zahn-Waxler, Cole, & Barrett, 1991). Hence the findings of present study are parallel with the existing literature data and may add to the literature circle. In Pakistan the female expression of anger is looked down upon and the social message females get is that uncontrolled anger is unpleasant and unfeminine. Therefore females misdirect their anger in passive-aggressive maneuvers such as sulking or destructive gossip. This might be another reason that females tend to engage in anger rumination more often as compared to males. Future studies may contribute to in depth understanding in this regard. However variations across the globe in this regard have also been observed for instance Chinese men were found to be more active in anger rumination unlike females (Maxwell, Sukhodolsky, Chow & Wong, 2005) however North American samples of males and females have reported differences in specific domains of anger rumination for example males reporting more on "thoughts of revenge" as compared to females (Sukhodolsky et al. 2001).

The differences for the gender on self compassion were also analyzed however result findings suggest no significant differences found among male and females for self compassion. The finding of present study also complimented by a study carried by Iskender (2009) who also reported no significant gender differences in relation to self Compassion among 390 university students who completed a questionnaire package including self compassion scale. Another study by Champika & Carolyn (2013) also reported no variation among males and females in relation to self compassion among 204 undergraduate students among USA population. The present study also attempted to explore the gender differences on uncontrolled anger. The findings of study revealed no significant differences found among males and females in relation to uncontrolled anger. The possible reasons behind the present findings may be due to socio-cultural scenario. As Pakistani society manifolds social and cultural differences of perception in many areas of life including psychological domain hence it is possible that participants may have responded to the self report measure such that they wanted to show themselves in more positive light hence leading to confabulation of reality. As Pakistani society is somewhat conservative and personal experiences are not talked about openly so there is a chance that participants responded with somewhat reluctance and did not share the true information. Another possible reason might be that the sample data was collected from Islamabad and Rawalpindi, which is much developed area as compared to rest of the areas of Pakistan, in addition to it, the sample belonged from prestigious schools and colleges having well trained teachers, responsible administration and maintenance of strict discipline that might be the reason that there appeared no significant differences for

male and female on uncontrolled anger because fine training of youngsters shape their control and expression of emotions. The general trend found in the present study findings may differ by including extended sample from different parts of the country. Furthermore both males and females often experience shame with their anger despite the fact that anger expression is different in both sexes on basis of gender socialization. Few studies have demonstrated different picture of the stereotyped gender differences on anger. An extensive study was conducted by Raymond DiGiuseppe (2003) on a sample of 1,300 people ages 18 to 90 from USA for developing a new anger scale. DiGiuseppe investigated 18 subscales of anger, including how individuals experience their anger, how long the anger lasts and what they get angry about. The study findings reported no significant differences among males and females on total anger scores however differences were found in the way men and women experienced the anger for instance men appeared higher on physical aggression passive aggression and experiences of impulsively dealing with their anger and revenge motive while women appeared high on resentful and experiencing anger much longer and indirect use of anger than men.

To explore the impact of education on study variables the sixth hypothesis of the study stated that there are significant differences over the education in relation to self compassion, anger rumination and uncontrolled anger among adolescents. The findings of the study indicated that there exist significant differences over education for anger rumination and pair wise comparison exhibited highest mean differences between Intermediate and Matric and higher mean differences between Intermediate undermatric and graduate. Furthermore results indicated significant differences over education for self

compassion and pair wise comparison revealed highest mean differences between Matric and Intermediate and Matric and graduation whereas higher mean differences between undermatric and matric. However results for differences over education for uncontrolled anger indicated no significant differences among different education levels over education for Uncontrolled Anger. Recent studies have found that students attending college are exposed to significantly higher levels of psychological distress (Bayram & Bilgel, 2008; Stallman, 2010) and lower levels of psychological well-being (Cooke, Bewick, Barkham,, Bradley, & Audin., 2006) as compared to the general population. It has been suggested by researchers that students must have to believe that they can produce successful outcomes and this mindfulness will bring about successful results in their academic career (Skinner, Wellborn, & Connell, 1990).

Limitations

The present study was an attempt to advance information into existing literature of psychological studies in Pakistan. A true effort on part of researcher was made to encompass the areas lacking sufficient knowledge related to the subject matter. Effort was made to bring the research as close to perfection as possible however despite the efforts there is always room for improvement. Hence following limitations have been suggested by the researcher.

- First of all, limitation about costs and resources prevented the used of larger size of sample. The current sample for the study was small and therefore generalizations of the findings need to be carefully addressed.

- The sample data was collected from twin cities of Islamabad and Rawalpindi covering limited area therefore Future studies may be benefited from exploration of a wider range of adolescent population from different regions of Pakistan.
- The target sample of the study belonged from middle and upper class families with good educational backgrounds and basic facilities hence the lower class could not be addressed properly in the current study.
- The questionnaire package was completed by the participants and so forth the researcher had to rely on self-report data. Self report measures carry a bias of general method variance. Other extended means such as observation method and report from parents and teacher may enhance the purity of results.
- Present study was a cross sectional design study in which the respondents rated themselves. Although efforts were made to provide a thorough elucidation to the respondents having any kind of confusion related to study yet chances of mistakes or difference in perception could have accounted for errors in the results

Suggestions

- Extended sample size in future studies may validate the findings for generalization
- Future studies may include adolescent population from different areas of Pakistan
- In future researchers can also conduct longitudinal study to provide strong evidence of the association between anger rumination, self compassion and uncontrolled anger among same group of respondents.
- Further studies can compare different socio economic classes and investigate the difference of trend of current study variables in the same population.

Implication of the Study

Anger is an emotional reaction to certain situations that are interpreted as threatening. Everybody experiences anger time to time and becoming angry is a normal human expression. However when anger overpowers the individual it becomes problematic for the individual and people around. This uncontrolled anger causes disruption in individual's social and personal spheres of life. The purpose of present study was to assess the role of anger rumination and self compassion in development of uncontrolled anger among adolescents. Adolescence is the age of extreme emotionality and mood swings therefore youngsters have more temper problems as compared to older people. Anger Rumination contributes strongly in preservation and exacerbation of uncontrolled anger among adolescents; whereas self compassion shares a negative relationship with uncontrolled anger. The findings of the study may help in advancement of existing knowledge in domain of adolescent's psychological crises and management. Self Compassion focused therapy may help adolescents in dealing with their uncontrolled anger effectively. It can also cast positive effects on overall functioning of individual as well.

Conclusion

The present study was aimed to investigate the role of anger rumination and self compassion in development of uncontrolled anger among adolescents. The target sample of total 300 adolescents was selected from twin cities of Islamabad and Rawalpindi educational institutes. A set of standardized questionnaire package consisting of Anger Rumination Scale (Sukhodolsky, Golub, & Cromwell, 2001) Self-Compassion Scale (Neff 2003) and Buss-Perry Aggression Questionnaire (Buss & Perry, 1992) were utilized for measuring study variables. The research findings have concluded that anger rumination

serves significant contributing role to uncontrolled anger such that the adolescents with high anger rumination tendencies have been found to possess high levels of uncontrolled anger. However self compassion is found to share inverse significant relationship with uncontrolled anger such that adolescents with high self compassion have been found to have low levels of uncontrolled anger. In addition to this self compassion and anger rumination shares a significant inverse relationship. While self compassion offers significant role in alleviating negative affect however present study findings concluded insignificant moderating role of self compassion on relationship between anger rumination and uncontrolled anger. Study findings concluded significant gender differences over anger rumination and self compassion while insignificant differences were found on uncontrolled anger. Moreover study data concluded significant mean differences of education over anger rumination and self compassion but insignificant differences over uncontrolled anger.

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ANNEXURES

ANNEXURE-A

Demographic Sheet

NAME:

GENDER:

AGE:

EDUCATION (Current Academic Status):

Dear respondent,

You are kindly requested to respond to the statements in the following Questioners. Your responses are of great importance to us, as this forms a part of research, we therefore value your cooperation to fullest. We are only interested in your personal opinions. There are no "right" or "wrong" answers. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. Words that are bold have been defined with their meanings below each scale for your convenient understanding.

YOUR ANSWERS WILL BE TREATED WITH ABSOLUTE CONFIDENTIALITY,

AND WILL ONLY BE USE FOR RESEARCH PURPOSES.

ANGER RUMINATION SCALE

STATEMENTS	1 Almost Never	2 Sometimes	3 often	4 Almost Always
I ruminate about my past anger experiences				
I ponder about the injustices that have been done to me				
I keep thinking about events that angered me for a long time				
I have long living fantasies of revenge after the conflict is over				
I think about certain events from a long time ago and they still make me angry				
I have difficulty forgiving people who have hurt me				
After an argument is over, I keep fighting this person in my imagination				
Memories of being aggravated pop up in my mind before I fall asleep				
Whenever I experience anger, I keep thinking about it for a while				
I have times when I can not stop being preoccupied with the particular conflict				

STATEMENTS	1 Almost Never	2 Sometimes	3 often	4 Almost Always
11.I analyze events that makes me angry				
12.I think about the reasons people treat me badly				
13.I have daydreams and fantasies of violent nature				
I feel angry about certain things in my life				
When someone makes me angry, I can't stop thinking about how to get back at this person				
When someone provokes me I keep wondering why this should have happened to me				
Memories of even minor annoyances bother me for a while				
When something makes me angry, I turn this matter over and over again in my mind				
I re-enact the anger episode in my mind after it has happened				

SELF-COMPASSION SCALE

How I Typically Act Toward 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.

STATEMENTS	1	2	3	4	5
	Almost Never				Almost Always
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 feelings 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 tough on myself.					
9. When something upsets me I try to 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 impatient 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 other people are probably happier than I am.					

STATEMENTS	1	2	3	4	5
	Almost Never				Almost Always
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.					

BUSS PERRY AGGRESSION QUESTIONNAIRE

Please rate each of the following items in terms of how characteristic they are of you. Use the following scale for answering these items.

STATEMENTS	1	2	3	4	5
	Extremely uncharacteristic of me			Extremely characteristic of me	
1) Once in a while I can't control the urge to strike another person.					
2) Given enough provocation, I may hit another person.					
3) If somebody hits me, I hit back.					
4) I get into fights a little more than the average person.					
5) If I have to resort to violence to protect my rights, I will.					
6) There are people who pushed me so far that we came to blows.					
7) I can think of no good reason for ever hitting a person.					
8) I have threatened people I know.					
9) I have become so mad that I have broken things.					
10) I tell my friends openly when I disagree with them.					
11) I often find myself disagreeing with people.					
12) When people annoy me, I may tell them what I think of them.					
13) I can't help getting into arguments when people disagree with me.					
14) My friends say that I'm somewhat argumentative.					
15) I flare up quickly but get over it quickly.					
16) When frustrated, I let my irritation show.					
17) I sometimes feel like a powder keg ready to explode.					
18) I am an even-tempered person.					

STATEMENTS	1	2	3	4	5
	Extremely uncharacteristic of me			Extremely characteristic of me	
19) Some of my friends think I'm a hothead.					
20) Sometimes I fly off the handle for no good reason.					
21) I have trouble controlling my temper.					
22) I am sometimes eaten up with jealousy.					
23) At times I feel I have gotten a raw deal out of life.					
24) Other people always seem to get the breaks.					
25) I wonder why sometimes I feel so bitter about things.					
26) I know that "friends" talk about me behind my back.					
27) I am suspicious of overly friendly strangers.					
28) I sometimes feel that people are laughing at me behind me back.					
29) When people are especially nice, I wonder what they want.					