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Associates of Distress Tolerance among Adolescents: Role of Anger, Worry and Sadness

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ABSTRACT

Article History:	This study examined the relationship between intolerant
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· · ·	Participants were to be taken from the different schools of
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Keywords:	range was 10 to 18 years old. The following criteria were to be
Repression	applied to evaluate the results of the investigation. Using a
Neurosis	demographic form, personal data about teenagers' worry
Gendered Oppression	management was gathered (J. L. Zeman, Cassano, Suveg, &
Patriarchy	Shipman, 2010) was used to investigate emotional
Oppression	management. The distress tolerance scale (Simons & Gaher,
Funding:	2005) assesses emotional management. To investigate the
This research received no specific	findings, descriptive statistics, regression analysis, and t-test
grant from any funding agency in the	analysis were used to analyze the data. Findings showed that
public, commercial, or not-for-profit	there is a significant positive predictive relationship between intolerant behavior and sadness among adolescents [R2=105; F
sectors.	(1,398) = 46.6 73, p<.001], Results also showed Intolerant
	conduct positively predicted worry in adolescents. [R2=066; F
	(1,398) = 28.182, p<.001]. Anger and intolerant conduct are
	positively correlated in adolescence [R2=109; F (1,398)
	=48.699, p <.001]. The findings of the present study concluded
	that intolerant behavior is positively associated with sadness,
	worry, and anger.
	won y, and anger.
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1. Introduction

One trait you do not want to possess is intolerance, or the inability to accept the opinions or actions of someone who differs from you (Baron-Cohen & Wheelwright, 2004). It is frequently used in relation to religious intolerance, which is the refusal to accept the beliefs of others. Accepting opinions, attitudes, or actions that are different from one's own is intolerable and is known as intolerance. When someone is against the views, actions, or customs of another individual who belongs to a different caste, religion, or custom, it is called intolerance (Shane, Locke, & Collins, 2003). A high level of hate crimes, prejudice, and violence may result from it in the community. When anything (an action or practise) occurs against a person's will or practise, it gives rise to the mental and emotional attribute of refusal in that person. Equality, freedom, and other social rights are not possible for people to live with (Bonanno & Burton, 2013). Tolerance for negative emotional states, measured by Distress tolerance is a meta-emotion construct that is thought to be based on four factors: (1) tolerability and aversiveness; (2) evaluation and acceptability; (3) tendency to absorb attention and impair functioning; and (4) control of emotions (Caiado et al., 2024). First of all, those who have a low threshold for discomfort are likely to say that they find it intolerable and are unable to cope with feeling upset or distressed. Second, the assessment of one's own misery is implied reluctance to acknowledge one's pain, a sense of guilt about one's own distress, and a belief that one's own coping skills are inferior to those of others. Third, it is anticipated that those

with low distress tolerance will exhibit strong efforts to suppress their unpleasant emotions and quick ways to quickly diffuse those they do experience (Juarascio et al., 2020). Fourth, those with low distress tolerance should report feeling substantially overwhelmed by the encounter if unpleasant feelings are not manageable. This indicates that when they experience unpleasant feelings, their focus is pulled to them and that it greatly hinders their capacity to perform (Simons & Gaher, 2005).

More concern has been linked to an intolerance for ambiguity in current conceptual models of generalized anxiety disorder. An intolerance of uncertainty scale, and behaviours linked to generalized anxiety disorder are all examined in this study. The objective of this research was to investigate in a non-clinical population the specificity of the association between concern and intolerance of uncertainty. In order to better comprehend worry and prevent generalised anxiety disorder, the findings are addressed in relation to their consequences (Webb, Simons, & Simons, 2020). Emotional intolerance and state-trait anxiety, entitlement and trait anger, intolerance and trait anger, and nonassertive behaviour and depression were indicated to have significant connections (distress). This research study's findings of trait anger and the entitlement sub-scale were in agreement when it came to rage. It was shown that there was only a substantial association between entitlement and state anger; Intolerance and entitlement were strongly correlated with state wrath (Azizi, 2010). In this study, we examine how melancholy and anger affect consumers' choices of products that promote exercise or passivity (relaxation).Utilizing a mood-as-information viewpoint and empirical differences in the level of activation associated with anger and melancholy, we postulated that people in an angry emotional state will favour activity over passivity. So, they liked an aggressive product when they were upset, and a more passive product when they were depressed (Brindle, Moulding, Bakker, & Nedeljkovic, 2015).

1.1. Hypotheses

- 1. There would be a predictive relationship between intolerant behavior and worry among adolescents
- 2. There would be a predictive relationship between intolerant behavior and anger among adolescents
- 3. There would be a predictive relationship between intolerant behavior and sadness among adolescents

2. Materials and Methods

2.1. Participants

The current study sample was comprised of (400) higher secondary students. Samples were consisted of boys (200) and girls (200). Participants were taken from different government higher secondary schools. Initially, 400 students were invited to participate in the investigation. In the present study total sample of 400 students from different government and private higher secondary schools in Faisalabad and Karachi. The participant age range was between 10-18 years (M=200, F=200). A purposive sample technique was used to collect the data.

2.2. Inclusion and exclusion criteria of the study

Private school pupils were not included in this survey; only higher secondary students were. Included were middle to intermediate level kids from government schools located in Faisalabad. Additional individuals in the study with middle- to intermediate-level schooling were added. Students with disabilities were excluded.

2.3. Measurements

2.3.1. Demographics form

To obtain data, including personal information, the demographic form was utilized (i.e. Age, education, marital status, family status, etc).

2.4. Instrument

2.4.1. The Children Emotion Management Scales (CEMS)

CEMS was translated into Urdu language (J. Zeman, Shipman, & Penza-Clyve, 2001; J. L. Zeman et al., 2010). The CEMS is comprised of 33 items, which assess the regulation of emotions in three major domains, namely anger (11 items), worry (10 items) and sadness (12

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items). Each domain is subdivided into three major categories; such as, inhibition, dysregulated expression and emotional coping. The CEMS is rated on 3-point Likert type. Rating values of Cronbach Alpha for three domains is established between 0.62- 0.77 and test-retest reliability range from 0.61- 0.30 respectively. Initial norms of the scales were developed on children from 9-12 years of age

2.4.2. The Distress Tolerance Scale (DTS) (Simons & Gaher, 2005)

The development and validation of a self-report emotional distress tolerance measure are described in this paper. In study 1, n = 642, the first scale was developed. Its expected correlations with other measures of affective functioning provided evidence for the convergent and discriminant validity of the scale. Reliability of the criteria was confirmed by significant negative relationships with drug use coping, but not with enhanced aims. In Study 2 (n=823), the first factor analysis results were extended and it was shown that the distress tolerance scale includes four first-order components, each of which indicates a single second-order general distress tolerance factor. A 6-month stability was found in the pro distress tolerance scale, which was found to be positively connected with alcohol concerns in men in Research 2. In both assessments, men reported significantly higher levels of distress tolerance than did women.

2.5. Procedure

First and foremost, the concise aims and objectives of the research were communicated to the faculty and administration of the university. For the sole goal of doing research, they were given the assurance that all of the information would be used. The heads of the several schools were asked to provide the participants in a random fashion after authorization was given. The consent to take part in the research was granted to each and every participant. All of the subjects were also given the assurance that Participants were informed about the nature of the study, its duration, their right to privacy and confidentiality, and their ability to withdraw from the study at any point in time following the design of a permission form that adhered to the standards of the American Psychological Association (APA). After getting consent from the participants, the scales were administered and the responses of the participants were recorded carefully. Data were entered into SPSS 21 for further analysis.

2.6. Statistical analysis

A descriptive statistic was computed to provide a more comprehensive statistical overview of the sample's demographics. Correlation, and t-test analysis were used to analyze the data.

3. Results

 Table 1: Demographic Characteristics of Adolescents (400) Frequency, Percent, Valid

 Percent

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	200	50.0	50.0	50.0
	Female	200	50.0	50.0	100
	Total	400	100.0	100.0	
Education	Middle	87	21.8	21.8	21.8
	Metric	230	57.5	57.5	79.3
	F.A	83	20.8	20.8	100
	Total	400	100.0	100.0	
Residence	Urban	87	21.8	21.8	21.8
	Rural	313	78.3	78.3	100
	Total	400	100.0	100.0	
Parents	Primary	64	16.0	16.0	16.0
Education	Middle	189	47.3	47.3	63.3
	Metric	114	28.5	28.5	91.8
	B.A	33	8.3	8.3	100
	Total	400	100.0	100.0	
Father	Job	349	87.3	87.3	87.3
Occupation	Retired	51	12.8	12.8	100

	Total	400	100.0	100.0		
Family	Joint	159	39.8	39.8	39.8	
System	Neculer	241	60.3	60.3	100	
	Total	400	100.0	100.0		

Demographic Characteristics of Percentage of the Sample (N=400)

The table displays the percentage of various demographic factors, including father's occupation, parents' educational attainment, gender, and type of habitation (urban or rural).

Table 1: Linear Regression and Analysis of Variance Statistics of Intolerant Behavior and Sadness among Adolescents (N=400)

Model	R	R ²	Adj. R ²	SEE	SS	Df	MS	F	Sig.
(Constant) Sadness	.324a	.105	.103	8.484	3359.821 28650.456	1 398	3359.821 71.986	46.673	.000 ^b
					32010.278	399			

According to the results (table, 2), there is a strong positive predictive correlation between acting intolerantly and feeling depressed. [R^2 , .105; F (1,398) =46.673, p<.001].

Table 3: Coefficient Statistics of Intolerant Behavior and Sadness Among Adolescents (N=400)

Unstanda	Unstandardized Coefficients Standardized Coefficients		Т	Sig.	
В	Std. Error	Beta			
23.908	2.549		9.378	.000	
.738	.108	.324	6.832	.000	
	B 23.908	23.908 2.549	B Std. Error Beta 23.908 2.549 2.549	B Std. Error Beta 23.908 2.549 9.378	

Further, Young people's intolerant behaviour is predicted by depression, according to coefficient statistics (table, 3). (β =.324, p<.001).

Table 4: Linear Regression and Analysis of Variance Statistics of Intolerant Behavior and Worry among Adolescents (N=400)

Model	R	R ²	Adj. R ²	SEE	SS	df	MS	F	Sig.
(Constant) Worry	.257 ª	.066	.064	8.667	2116.76 29893.50 32010.27	1 398 399	2116.768 75.109	28.182	.000 ^b

The results indicate (table, 4) that there is a strong positive predictive correlation between acting intolerantly and feeling depressed. $[R^2, .066; F(1,398) = 28.182, p < .001]$.

Table 5: Coefficient Statistics of Intolerant Behavior and Worry Amon	ng Adolescents
<u>(N=400)</u>	

Model	Unstandardiz	ed Coefficients	Standardized C	oefficients T	Sig.
	В	Std. Error	Beta		
(Constant)	24.431	3.166		7.716	.000
Worry	.853	.161	.257	5.309	.000

Further, Depression is a predictor of intolerance in teenagers, according to coefficient statistics (table, 5).(β =.257, p<.001).

Table 6: Linear Regression and Analysis of Variance Statistics of Intolerant Behavior and Anger among Adolescents (N=400)

Model	R	R ²	Adj. R ²	SEE	SS	df	MS	F	Sig.
(Constant)	.330 ª	.109	.107	8.465	3489.751	1	3489.751	48.699	.000 ^b
Anger					28520.527 32010.278	398 399	71.660		

The finding shows (table, 6), indicates there is a strong positive predictive link between depressive symptoms and intolerant behaviour [R^2 , .109; F (1,398) =48.699, p<.001].

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Table 7: Coefficient Statistics of Intolerant Behavior And Anger Among Adolescents(N=400)

Model	Unstandardiz	zed Coefficients	Standardized Coefficients	Т	Sig.	
	В	Std. Error	Beta		_	
(Constant)	22.871	2.644		8.651	.000	
Anger	.865	.124	.330	6.978	.000	

Further, Depression is a predictor of intolerance in teenagers, according to coefficient data (table, 7).(β =.330, p<.001).

4. Discussion

The first hypothesis, which is backed by earlier research on the strength and specificity of the relationship between worry and intolerance of uncertainty with reference to depression in a nonclinical sample, demonstrates a significant relationship between worry and intolerance behaviour (Dugas, Gosselin, & Ladouceur, 2001). Recent conceptual models of generalised anxiety disorder have linked heightened worry to an intolerance of uncertainty. Furthermore, even after removing shared variance with other research variables, there was still a significant correlation between concern and intolerance of uncertainty. The findings' implications for comprehending worry and avoiding generalised anxiety disorder are examined (McEvoy & Mahoney, 2012). Beliefs that uncertainty poses a threat, causes stress, or causes anxiety, as well as the desire to steer clear of circumstances where uncertainty and ambiguity may exist, are examples of intolerance for uncertainty (Khawaja & McMahon, 2011). Even if a number of anxiety disorders are probably exacerbated by an intolerance for uncertainty (Lee, Orsillo, Roemer, & Allen, 2010). In order to explain the symptoms of widespread concern, the most thorough conceptual model of the connections between anxiety psychopathology and intolerance of ambiguity was created.

Intolerance for ambiguity and a focus on problems when worrying. The results also demonstrate that emotional problem orientation and intolerance of uncertainty both contribute in common and distinctive ways to the prediction of worry (Basaran, 2023). These researchers found that the relationship between anxious parenting and concern and anxiety symptoms was mediated by an intolerance of ambiguity. In their longitudinal study, Makady (2023) examined the temporal link between anxiety and intolerance of uncertainty during adolescence. They found that shifts in worry are partially mediated by shifts in intolerance of uncertainty, and vice versa. As a result, Rosen, Ivanova, and Knäuper (2014) proposed that anxiety and intolerance of uncertainty have a reciprocal relationship throughout time, with teenage intolerance of uncertainty potentiating worry through maladaptive behaviours akin to those of adults and threatening assessments of ambiguity (Zlomke & Jeter, 2014). The second research hypothesis, which looked at the strength and specificity of the association between anger and intolerance of ambiguity in a nonclinical population, is backed by a prior study. Intolerance behaviours are violent and harmful to other people. Peers' and family members' goals are likewise impacted by intolerable behaviour. The ability to endure and endure unpleasant psychological states is known as distress tolerance (Galovski & Lyons, 2004). Data on information processing that point to a cognitive bias have also corroborated associations between hypervigilance and intolerance of ambiguity (Bamberger & Bamberger, 2022), uncertainty also seems to be linked to increases in heart rate variability, suggesting a widespread impact throughout the attention networks and autonomic nervous system. It was expected that when people are angry as opposed to sad, they will prefer activity over passivity based on empirical differences in the level of activation that accompany sadness and anger and a mood-as-information approach (Thomas & Brausch, 2022).

Anger is a physical manifestation of an emotional response. Anger also causes bodily symptoms in the victim, such as a faster heartbeat, higher blood pressure, and higher levels of adrenaline and noradrenaline (Wang & Degol, 2016). Everyone gets angry sometimes more frequently and intensely than others. Even though rage is one of the most universal emotions experienced by humans, only a small percentage of people are adept at responding to it completely successfully. The main factor leading to violence against another individual is unresolved anger. looked explored the relationship between internalising and externalising symptoms in children and how well they self-report regulating their anger and grief (Spencer, Keilholtz, Palmer, & Vail, 2024). Anger inhibition, dysregulation of anger and grief, an inability to identify emotional states, and constructive coping with anger were all found to be predictive

factors of internalising symptoms, according to the results of multiple regression analyses. Externalizing symptoms were inversely correlated with dysregulated expression of sadness and productive coping strategies for anger management (Silva, 2021).

There is a strong correlation between intolerant behaviour and melancholy, according to the third research hypothesis. The findings showed that different informants had distinct methods of regulating their melancholy that differed by gender but not by ethnicity and were linked to social functioning. Boys deviated from this pattern when it came to social issues, and those who did were evaluated higher by parents and were less accepted by their peers when it came to playing down feelings of sadness. Yet, this had nothing to do with peer acceptance, even though girls were thought to display overt melancholy more frequently than boys (Vargas & Hemenway, 2021). Examining how worry and sadness affect young consumers' purchasing decisions and elucidating the variations in the links between anxiety and sadness consumption are the goals of this study. The findings show that anxiety increases young consumers' desire to identify with their peers and is more closely linked to their intention to buy products associated with their social status than hedonistic items (Li et al., 2022). Young consumers are influenced by sadness to adopt their views, and they are more likely to buy hedonistic products than those linked to social prestige (Overby & Lee, 2006). The drivers of purchasing behaviour for expensive products also vary: the purchase intention of anxious young customers is motivated by the perceived social status worth of these things, whereas the purchase intention of depressed consumers is motivated by the perceived hedonic value of these products (Lambe & Craig, 2023).

5. Conclusion

The present study concluded that intolerant behavior is positively associated with sadness, worry, and anger.

5.1. Limitations of the study

Following the same limitation of the current study

- The study's results cannot be broadly applied because of the small sample size.
- Due to the quantitative nature of the current study, all aspects of the study variables could not be explored.
- There are some different unknown causes of intolerant behavior to the result cannot be generalized.

5.2. Recommendations of the study

Following are some recommendations for future studies.

- Future studies should use the parenting style with studying variables to find out the effects.
- Govt. should add literature related to emotional management to the syllabus of adolescents.
- There must be workshops inside or outside that should lead the students to attain their goals of behavior or emotional management.
- Schools should work to help pupils develop social skills so they can better control their emotions.

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