

Effect of Mindfulness on Aggression Management in Young Adults

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Abstract: There has been a rise in the number of young people engaging in high-risk and violent activities. For years, yoga-based therapies have been utilised to treat mental health issues. A mindfulness-based approach for youth aggressiveness is examined in the current study. Sociodemographic information schedule, Buss-Perry Aggression Questionnaire, and World Health Organization quality of life were administered on 50 subjects in the age range of 18-25 years at pre- and post-mindfulness-based program level. Anxiety and hostility decreased; physical and verbal aggressiveness decreased; and quality of life was improved at one month follow-up in the physical and environmental domains based on the results. The results of a mindfulness-based programme have shown improvements in aggressive expression and control, suggesting that it should be included in existing programmes for the treatment of youth aggression.

Keywords: Mindfulness, youth aggressiveness, anxiety, quality of life, treatment.

1. Introduction

Rapid population increase, a shortage of housing and other support services, poverty, unemployment, and underemployment among youth are all problems that make it difficult for young people to process all the information they get. Local community deterioration, overpopulation in low-income areas, family breakup, and inadequate educational systems are further contributing issues. (World Youth Report, 2003). Progress in science and technology around the world shows that people are becoming more intelligent and creative, as well as more emotional and aggressive (Nagendra & Nagarathna, 1997). Abilities include intentionally injuring another person or attempting to intentionally injure another person, whether verbally or physically. If you are angry, you may express it in a number of ways: by being aggressive directly or indirectly; by being relationally aggressive; by being instrumentally aggressive; by being reputationally aggressive; or by being aggressive internally or externally. Delinquents are created when a person's personality is skewed, and criminals are created when that happens. The brain's amygdala and limbic system regulate aggressive behavior (Adams, 1968). There is a link between aggressive behavior and the male hormone testosterone (Archer, 1991), a low level of the serotonin neurotransmitter in the brain (Alexander et al., 1986), and alcohol (Bushman, 1997) in addition to dissatisfaction and

social learning (Bandura, 1961). Others look at the extent of influence that family, friends, and school have on aggressive teenagers' behaviour (Laufer, 2003), as well as their own negative self-concept and awareness (Vermeiren, 2004) and suicide (Laufer, 2003, Vermeiren, 2004) (Cairns, 1988). Violence and aggression are major social problems that come at a high cost and affect many people negatively. Obtaining a complete picture of these expenses is quite difficult all around the world. Waters et al. (2005) conducted an international review and found that interpersonal violence costs the US economy 3.3% of GDP. Also, they discovered that studies on the economic consequences of violence in poorer nations are lacking. Costs of violence in Latin America in 1997 were estimated to be between five and twenty-five percent of GDP (Waters et al 2005). Adults were the target of 1.3 million violent crimes in the year that ended in March 2016 in the United Kingdom (Office for National Statistics 2016). The costs of violence necessitate an annual expenditure of approximately £20.5 million on mental care alone (Figures for UK, NICE 2015). In addition to the quantity of occurrences, their immediate impact, and the associated costs, violence has been shown to have long-term implications (situation management, injuries, and damages). Victims of violence have an increased risk of developing long-term health problems and spending more money on medical care, according to the World Health Organization (WHO 2002). Loss of productivity and absence from work, provision of safe spaces and damage to property and infrastructure are just some of the indirect costs of violence. According to the World Health Organization (WHO), "...violence is a leading global public health problem." The World Health Organization's World Health Organization, p. The World Health Organization's Global Status Report on Violence Prevention has inspired people to take action against violence (2014). UN General Assembly established the 2030 Agenda for Sustainable Development (UN 2015) in 2015, which is centred on peace-building and violence reduction. Since then, violence and aggressive behaviour have come to be seen as serious problems that affect both individuals and society as a whole. The World Health Organization (WHO) defines "the intentional use of physical force or power, threatened or actual" as "the intentional use of physical force or power against

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oneself or a group or society that results (or has a high potential for resulting) in damage, death, psychological harm, maldevelopment, or deprivation" (WHO 2014). To put it another way, aggressive behaviour is any activity that is "hostile, hurtful, or destructive" (Siever 2008). Adversity can be either reactive (in response to an immediate perceived threat) or appetitive (indication of pleasure in the act of inflicting harm on another) (Elbert, Moran & Shauer 2016). We are more likely to resort to violence when we regard another person as "other," or unlike ourselves. People's hostility and violence toward the "other" increase as a result of this dehumanisation (Hanlon 2006). Burnout has been linked to an increased risk of abuse in both macro and micro settings, as well as an increase in the degree to which patients feel depersonalised in medical settings (such as national or international wars, as Hanlon discussed). A study by Crabbe and colleagues is cited by Neuberg *et al.* (2017). (2004). Repetitive thoughts (Bushman, 2002) and difficulties in controlling one's emotions have an effect on violence and aggression. (Davidson *et al.* 2000). All of these elements, as well as health or sensory issues, unpleasant life events, poor communication, lack of meaningful activities, and mood disorders, contribute to violence and aggression. (Morris 2007). (Hastings 2013). "The biology cannot be isolated from psychological, social, and environmental, such that a merger of the fields is necessary for an understanding of a phenomenon as complex as human violence," Lee (2015, p204) writes in a series on the causes of aggressiveness. Though single-focus techniques are important, psychological processes play an important role in the link between biosocial environmental risk variables and aggression or violence (McGuire 2008). Interventions targeting psychological processes have merit, if they are part of a broader intervention framework that also takes into account understanding of social, political, and environmental factors that contribute to violence.

People with violent or aggressive tendencies may benefit from psycho-social therapies, which have gained popularity in recent years. Emotional self-management, interpersonal skills, social problem solving, and allied training all indicate hopeful trends, but the study also observes that outcomes are poorer in regard to domestic violence, inconsistent in relation to prisons, and that better-quality studies are needed in general. (McGuire 2008). Mindfulness or mindfulness-based therapies were left out of that analysis (MBIs). "Paying attention in a certain way: on purpose, right now, and without judgment" is one definition of mindfulness (Kabat-Zinn 1994, p4). The number of MBIs on the market has increased by a factor of ten in recent years. The purest form of mindfulness emphasizes both regular practice (such as meditation) and application to real-world situations. Its primary goal is to aid in the growth of self-awareness. Mindfulness is used in acceptance and commitment therapy (ACT) in addition to value-based action. However, DBT does not place the same emphasis on practice as does dialectical behavior therapy (DBT). All of these are classified as MBIs, however the emphasis placed on mindfulness varies widely among them. As many of the elements and risk factors listed above are linked to mindfulness, it has the potential to be relevant to violence and aggressiveness. As well as improving

emotional control and decreasing rumination, it has been demonstrated to boost one's sense of connection with and empathy for others (Hutcherson *et al.*, 2008; Condon *et al.*, 2013). (Holzel 2011). The findings from several studies imply that dispositional mindfulness reduces aggression and violence, as well as interpersonal conflict (Brown & Ryan 2003). Mindfulness as an intervention is also being studied to see if it has any effect on levels of hostility and violence. Research has looked at how mindfulness affects illnesses including autism and psychopathology (Cachia *et al.* 2016) as well as a variety of client groups like sexual abusers (Jennings *et al.* 2013), with aggression as a secondary outcome measure in some of the studies. In addition to cognitive behavioral interventions (Ali *et al.* 2015), school prevention programs (Myton *et al.* 2006), and other non-pharmacological interventions, others have studied the influence on violence and aggressiveness of various methods (Rampling *et al.* 2016). There have been no studies done explicitly looking at the impact of mindfulness on levels of hostility and violence in adults. Only dialectical behavior treatment (DBT) was examined in a critical evaluation (Frazier & Vela, 2014), which focused on aggression. Studies with single subjects, unpublished research, and those with adolescents were all part of a critical assessment of the relationship between mindfulness and aggressiveness conducted in 2013. Since the publication of this critical evaluation, additional research has been done, but no systematic study has been made to the best of the authors' knowledge. The purpose of this systematic review is to analyze the impact of mindfulness-based therapies on adult levels of aggression and violence by appraising current research.

Mindfulness is being aware of and accepting one's present-moment experience in a nonjudgmental way with a clear, calm mind, without chasing or pushing it away (Brahmavamso, 2003). A key component of mindfulness training is teaching participants how to be present in the moment by focusing their attention on a specific object of observation (such as breathing or walking). However, emotions aren't judged on their own merits. They're just observed to see how they change over time (Marlatt & Kristeller, 1999). Mindfulness, then, is the practice of observing an ever-changing stream of thoughts, feelings, and sensations without making any judgments about them. While meditating, mind, body, and behavior are all intertwined in a way that can have a direct impact on one another. Meditation is more than just closing one's eyes and focusing on one's breathing. Most types of meditation aim to bring about inner peace, self-reflection, or relaxation by quieting the mind. This strategy aids in acquiring a comprehensive grasp of the psychophysical events taking place in the body because the mind tends to roam. To become a more enlightened observer, keep an eye on your mental and bodily processes (Brahmavamso, 2003). Mindfulness meditation has been found to reduce psychological stress and prevent relapse in depressed patients (Marlatt & Kristeller, 1999). Improves coping abilities and empathic abilities, as well as decreasing the tendency to absorb other people's negative feelings (Bedow & Murphy, 2004). Following physical relaxation, there are four stages of meditation: self-directed, guided by the inner voice, and

connecting with the inner voice. To practice mindfulness meditation properly, you must go through these four phases. At this point the therapist will utilize guided imagery in order for their patient to come face-to-face with their own internalized image of inner direction or a voice from the within. These insights might be sensory, verbal or imaginative in nature and are welcomed by the meditator in the fourth stage of their practice.

2. Literature Review

Mirsad Serdarevic, Aileen Herlinda Sandoval (2021) studied "The Influence of Mindfulness Trait in Adult-Child Aggressiveness". Aggression is the root of many of the ills plaguing modern civilization. Despite the fact that current research and clinical literature suggest that a child's mindfulness traits may be influenced by their parents' behavior and that mindfulness may act as a buffer to limit aggression, scholars need to learn more about the role of parental affection and the influence of mindfulness traits on human aggressiveness in order to make more informed conclusions. In spite of decades of study showing the protective nature of parental affection, there has been little research on the relationship between mindfulness qualities and the violence of adult children. In this study, the researcher looked at the relationship between adult-child mindfulness qualities in midlife aggression outcomes and perceptions of parental affection during childhood, and whether this relationship is linked to a decrease in aggression traits. MIDUS is a cross-sectional nationwide study of midlife health and well-being conducted by the MacArthur Foundation, which the researcher drew on for her research. Study results show that a child's experience of parental affection as a youngster affects how much of their adult aggressiveness qualities manifest as their own mindfulness characteristics. Perceived parental attachment, mindfulness qualities, and adult-child aggressiveness traits were shown to be significantly correlated, according to a two-tailed Pearson's correlation analysis. According to object relations theory, this study's predictions will be supported by the Wilfred Bion container/contained model. This research is critical in clinical and forensic psychology because it raises awareness and provides guidance for the development of effective prevention and intervention programs for parents and mindfulness training programs for parents and their children.

Alisa R. Garner, Ryan C. Shorey, Scott Anderson & Gregory L. Stuart (2021) studied "Explication of the significant interactions utilizing the Johnson-Neyman technique males with low and moderate Nonreactivity and Acting". Mindfulness characteristics were found to have more violent attitudes when they used alcohol or had drinking difficulties. Men with lower Nonreactivity and Acting mindfulness facets had more positive associations with alcohol use/problems and verbal aggressiveness than men with higher Non Revealed alcohol use/problems levels. Verbal aggression was more strongly linked to alcohol use/problems in men who scored lower on Nonreactivity and Acting than in those who scored above average. Alcohol abuse and issues are associated with physical

violence in men who are less aware than normal and average in the Describe and Acting mindfulness components. Aside from that, guys who use or have difficulties with alcohol are more likely to have aggressive attitudes and engage in physical aggressiveness than men who are more mindful. Men who abuse substances are more likely to display aggression if they also abuse alcohol, according to the findings. This finding may be due to deficits in trait mindfulness activity and acting. Alcohol abuse and issues are associated with physical violence in men who are less aware than normal and average in the Describe and Acting mindfulness components. Men are more likely than women to exhibit aggressive attitudes and physical aggression when alcohol use/problems are taken into consideration. Alcohol use and violence may be conditional and influenced by deficiencies in trait mindfulness in men who misuse substances, according to research.

Sivaramappa B. (2020) studied the "Effect of anapanasati meditation on anxiety, verbal aggression and depression". According to the study's findings, practicing npanasati Meditation significantly reduced anxiety, depression, and verbal aggression in the participants. ss. Anxiety levels in the experimental group decreased from 47.61 7.41 to 44.58 5.08 after the intervention. verbal aggression decreased from 66.53 6.93 & 46.97 6. in comparison to pre- and post-intervention, showing a decline. 79. The experimental group also saw a decrease in depression from 25.78 9.32 to 4.02 5. 33. According to their VAS, STAI, and BDI scores after six months of intervention, this study found that npanasati Meditation was effective in reducing levels of anxiety, depression, and verbal aggression. In comparison to the non-meditating controls, those who engaged npanasati Meditation saw their stress levels drop. We promote dilation because it's simple and easy to do, and because it reduces tension, worry, and depression, and because it makes you feel more energized and optimistic. 's way of thinking.

Maedeh Heidary (2021) studied "Mindfulness-based intervention and aggression and rule-breaking behaviours in elementary school boys: a proof of concept trial". In boys with externalised disorders, a mindfulness-based intervention was examined to see if it had an effect on pathological symptoms. The Child Behavior Checklist was used to randomly assign 24 elementary school students with externalising disorders to a mindfulness-based intervention for two months (CBCL). There were two groups: those who received the treatment on a weekly basis (n = 12) and those who were placed on a waiting list as a control group (n = 12). The data was examined using a MANCOVA (multivariate analysis of covariance) test. Students in the intervention group showed a greater decrease in rule-breaking conduct than those in the wait-list control group. Compared to the control group on the waiting list, the intervention was clearly superior in terms of lowering aggressive and rule-breaking behaviours (effect sizes differed by 2.52 and 1.88 respectively). A mindfulness-based treatment for boys with externalising disorders may be a viable option, based on these encouraging results on outcome measures.

El-Lim Kim (2021) answered "Are mindful people less aggressive? The role of emotion regulation in the relations

between mindfulness and aggression". It's possible that mindfulness can help people control their emotions, as it has a positive influence on aggression reduction in both clinical and non-clinical populations. Mindfulness may reduce violence through improving emotion regulation, but there is no formal model to explain how this works. If mindfulness can reduce aggressiveness, then a complete model explaining the mindfulness-aggression link is needed. As a result, the current research focused on the mediating influence of various emotion control strategies on the relationship between mindfulness and violence. U.S. individuals from colleges and communities filled out surveys on topics like mindfulness, emotion management, and hostility. According to the findings, mindfulness was linked to less use of maladaptive emotion regulation mechanisms (such as ruminating or suppressing one's emotions), which acted as a mediating factor in the association between mindfulness and aggressiveness. Emotion control strategies were not linked to mindfulness (e.g., reflection, cognitive reappraisal). Rumination and expressive repression were less common among those who were highly non judging, which meant they were less likely to engage in rumination and suppression, and thus had lower levels of aggression. It was found that those who scored higher on the observing component had higher levels of aggressive speech (i.e. verbal aggressiveness, rage, and hostility) than those who scored lower on this side.

Anbang Zhang & Qian Zhang (2021) answered "How could mindfulness-based intervention reduce aggression in adolescent? Mindfulness, emotion dysregulation and self-control as mediators" The purpose of this study is to see if a mindfulness-based intervention can reduce aggressive behaviour in teenagers. 80 high school students (51.25 percent of whom were male; Mage was 15.89 years old with a standard deviation of 0.53 years) were randomly allocated to an intervention or control group. The intervention group received a different curriculum than the control group after an eight-week mindfulness intervention. As part of and following the intervention, students completed the FFMQ, the Buss-Perry Aggression Questionnaire (BPAQ), the Difficulty in Emotion Regulation Scale (DERS), and the Self-Control Scale. (SAS). At the beginning of the trial, there were no differences in the parameters analysed between the intervention and control groups. For multiple measures of mindfulness, emotional dysregulation, self-control, and aggression, there were significant differences between the pre- and post-test groups (intervention group and control group). A model with full mediation and a good fit to the data was built using structural equation model (SEM) analysis [2/df = 1.47, RMSEA (95 percent CI) = 0.77, CFI = 0.955, TLI = 0.927, GFI = 0.913 percent SRMR = 0.067]. Emotional dysregulation and self-control were found to be important mediators of aggressiveness reductions during the intervention period, according to the SEM analysis. MBI has the potential to influence aggression in five different ways. Finally, this MBI can assist students in reducing emotional dysregulation and hostility, as well as improving their mindfulness and self-control. In spite of this, neither MBI nor a rise in mindfulness appear to have any effect on teenagers' violence. MBI, on the other hand, has been shown to lower

teenage violence by reducing emotional dysregulation and improving self-control.

James K. Luiselli (2021) studied the "Applied Behavior Analysis Treatment of Violence and Aggression in Persons with Neurodevelopmental Disabilities". People with neurodevelopmental disorders benefit greatly from ABA treatment, which is the emphasis of this book. ABA theory and concepts leading to empirical treatment procedures are described in detail. These procedures can be used successfully in a variety of treatment settings. The book also looks at contemporary approaches to functional behavioral assessment (FBA) and functional analysis (FA) in figuring out what causes aggression and violence in people. These processes include antecedent control, contingency management, cognitive behavior therapy and physical intervention components and are described in detail in the book. Behavioral skills training (BST), posttraining performance management, and mindfulness are just a few of the tactics discussed. As a final conclusion, the book offers guidance on how to conduct effective and socially valid translational research into practice.

Aftab Hussain, Dr. Muhammad Saleem (2021) studied "Effect of Mindfulness Based Relapse Prevention Therapy on Uncontrolled Aggression among Individual with Amphetamine use Disorder: a Systematic Review". Cognitive behavioural relapse prevention is combined with mindfulness practise in the Mindfulness-Based Relapse Prevention approach (MBRP).. People with substance use disorders may benefit from using MBRP because of the current studies showing that it efficiently reduces desire (SUD). Individuals with amphetamine use disorder with uncontrolled aggressiveness were examined to see if Mindfulness-Based Relapse Prevention (MBRP) treatments worked. This report, as part of a comprehensive review, suggests a study to examine the impact of relapse prevention therapy based on mindfulness on uncontrollable aggression in amphetamine users. Studies were selected, data extracted, and bias risk assessed. It was necessary to use the PRISMA protocol to establish a uniform review process. There was no requirement for ethical approval in this case. Individuals with amphetamine use disorder responded well to the mindfulness training intervention known as the MBRP, according to the findings of the study. As a result of this preventive technique, their ability to handle temptation and high-risk behaviours like excessive aggressiveness has improved.

Ali Lahak, Javanshir Asadi (2021) studied The Effectiveness of Mindfulness Training on Attention and Aggression in Children Less than 12 Years Old. According to the findings, children as young as 12 years old in Tehran who practiced mindfulness exhibited significant improvements in attention and aggression. Sustained and selective attention, as well as the ability to regulate one's attention and manage one's aggressive tendencies were all improved with mindfulness (p 0.001). According to the findings of this study, children with attention issues or violence may benefit from practicing mindfulness practices. Mindfulness activities appear to minimize negative thoughts and emotions, developmental delays, and trouble communicating with others, as well as high

levels of stress associated with adjusting to a new environment.

Tongping Yang (2021) studied the relational self-construal and attachment theory, the goal of this study was to analyze the underlying mechanisms through which mindfulness affects romantic relational aggression. A total of 506 college students who were currently in a romantic relationship provided the data for this study. These studies indicated a multi-mediation model with routes for relational self-construction, attachment, and chain mediation all taking place at the same time (as opposed to just one or the other). Future intervention strategies targeted at lowering romantic relational hostility and their consequences are also considered. Sisi Tao (2021) studied "The Effects of Mindfulness-Based Interventions on Child and Adolescent Aggression: a Systematic Review and Meta-Analysis". Aggressiveness is a major problem for children and adolescents. Numerous studies are examining whether mindfulness-based interventions (MBI) can reduce violence. We conducted this study to see if children and adolescents who practice mindfulness-based stress reduction are less likely to become violent.

Mojarad Faezeh, Keshavarz Azita (2021) studied "The Effect of Mindfulness-based Group Therapy on Aggression and Resilience of Suburban Children in Mashhad". Given the impact of disadvantaged people' poor socioeconomic level on children's behavioral and emotional disorders, it's critical to increase children's resilience while also reducing their hostility. Children in Mashhad's suburbs were tested for resilience and aggression using a mindfulness-based group treatment approach, and the results were promising.

Anna Gillions (2019) studied "The effect of mindfulness practice on aggression and violence levels in adults: A systematic review". The problem of violence and aggression is one that affects individuals as well as society as a whole. Mindfulness therapies are gaining popularity as a way to reduce anger and violence. Mindfulness therapies are examined in this paper to see if they are useful in reducing aggression and violence. To conduct the study, researcher's scoured five different electronic databases for relevant information and followed recognized guidelines for conducting systematic reviews. A mindfulness intervention was provided to adults in several studies, and the consequences of anger and violence were tracked over time. The Quality Assessment Tool for Quantitative Studies was used to assess the quality of a variety of studies (. One hundred and twelfth investigations were deemed to be eligible: fourteen were randomised, three were not, and five were cohort studies. Various treatments, including mindfulness, dialectical behaviour therapy, acceptance and commitment therapy, and yoga mixed with meditation, were studied. Mindfulness-based therapies, with the possible exception of DBT, appear to be effective in reducing aggression and violence in general. Furthermore, they claim that mindfulness is associated with the control of emotions, a strategy employed in violent conflict.. The quality of the papers, on the other hand, was inconsistent, with flaws in methodology as well as data reporting. It is necessary to conduct more high-quality controlled trials with complete and open reporting to corroborate these findings and investigate the interactions

between mindfulness and aggression mechanisms.

A.N. Stephens (2020) studied Self-reported mindfulness, cyclist anger and aggression. Anger is a common reaction among road users when they believe they have been impeded in their pursuit of their aims. A number of recent studies have revealed that bikers deal with their anger in beneficial ways. Angry people may engage in behaviours that increase their risk of an automobile accident. Studies show that drivers with higher levels of mindfulness experience less wrath, and that mindfulness may act as a buffer between rage and the ensuing aggression. It was the purpose of this study to discover if a group of cyclists who regularly practised mindfulness also had similar levels of fury and aggression. More than 500 cyclists (68 percent of whom were men) completed an online survey regarding their level of mindfulness, their current mindfulness practises, and their cycling-related tendencies for anger and violence. Structural equation modelling was utilised to investigate their relationships. According to the findings, bicyclists who reported lower levels of anger in a range of situations had higher levels of mindfulness (e.g., interactions with pedestrians, cyclists, motor vehicle drivers and police). Mindfulness was found to have both direct and indirect (via anger) associations with aggressiveness, indicating that more thoughtful cyclists were less likely to use aggression. Those findings are in line with other recent studies that have looked at the connection between rage and aggression among cyclists and drivers of motor vehicles.

Michael S.Christopher (2018) "Mindfulness-based resilience training to reduce health risk, stress reactivity, and aggression among law enforcement officers: A feasibility and preliminary efficacy trial". Mindfulness-Based Resilience Training (MBRT) for law enforcement professionals was the primary goal of this study, and preliminary findings were obtained. On one side were those who received eight weeks of MBRT and on the other were those who did not receive any therapy at all (a total of 61 participants). At the beginning, post-training, and three months after the intervention, participants completed a self-report and physiological assessment. MBRT is a viable option for law enforcement officers to apply in their day-to-day actions based on attendance, adherence, post-training evaluation, and interventionist adherence to procedure. Results of salivary cortisol, self-reported aggression, organisational stress and burnout in the MBRT group were lower than those in the control group who did not get any therapy. However, after the three-month follow-up, there were no significant changes between the two groups. It appears that MBRT can be a viable therapeutic option based on this preliminary randomised investigation. MBRT has been shown to promote officer well-being and public safety by addressing physiological, psychological, and health risk factors that are widespread among law enforcement officers.. It's possible, though, that more training sessions, referred to as "boosters," will be required to retain any training gains made. It is necessary to conduct a high-powered longitudinal randomized study.

Patrizia Velotti studied "Mindfulness, Alexithymia, and Empathy Moderate Relations Between Trait Aggression and Antisocial Personality Disorder Traits". Aggression is one of

the most common behavioral characteristics associated with antisocial personality disorder (ASPD). A well-established role for mentalizing in violence has yet to be explored in depth, however. Using a violent male offender sample (N = 403), this study explored the independent and interaction impacts of mentalizing ability and aggression on ASPD features. A detailed assessment of mentalizing skills was also performed by the participants, including tests for mindfulness, empathy, and alexithymia. In addition to aggression's primary effect, supplementary regression models found that mindfulness, alexithymia, and empathy significantly explained additional variance in ASPD traits. ASPD scores were also predicted by measures of mindfulness, emotional intelligence, and empathy. Researchers found that offenders with better mentalizing had significantly greater levels of aggression and ASPD traits, indicating that only those with higher levels of violence also had higher ASPD traits scores. The correlation between aggression and ASPD traits and bad mentalizing was significantly smaller, indicating that poor mentalizing alone was sufficient to have high ASPD features in this group (and aggression). Findings suggest that mentalizing may not always have a protective impact on ASPD in the face of exceptionally high levels of aggression.. It's possible that treatments aimed at aggression won't work to reduce ASPD features in offenders with poor mentalizing. In the long run, interventions aimed at enhancing mentalizing may be more helpful in treating offenders' aggressive behavior and ASPD. Liang, L. H (2018) the dimensions and mechanisms of mindfulness in regulating aggressive behaviors. Self-control is crucial in controlling violent actions, so we propose using the concept of mindfulness as a way to control aggression in the workplace to great effect. Furthermore, we examine how different characteristics of mindfulness (such as mindful awareness and mindful acceptance) affect the ability to control aggressive behavior in the workplace. We found that the awareness dimension of mindfulness, rather than the acceptance dimension, plays a more critical role in attenuating the connection between animosity and violence in an experimental investigation (Study 1). According to the results of a second multiwave field investigation (Study 3), mindfulness-based emotional regulation (i.e., surface acting) moderates the link between hostility and aggressiveness by reducing the extent to which people utilize dysfunctional emotion regulation strategies (i.e., rumination). According to the findings, identifying mindfulness's aspects and methods can help control workplace hostility (PsycINFO Database Record (c) 2018 APA, all rights reserved).

Nirbhay N.Singh (2019) researched "Surfing the Urge: An informal mindfulness practice for the self-management of aggression by adolescents with autism spectrum disorder". The verbal and physical violence of certain individuals with autism spectrum disorder (ASD) is detrimental to their intellectual and social development. Because no single treatment works for everyone with ASD, we must devise and test therapies that empower people with ASD to manage their own behaviors. An informal mindfulness practice called Surfing the Urge was given to three ASD teenagers in a multiple baseline design to

help them self-manage verbal and physical aggressiveness. To put it another way, they were trained to use their breath like a surfboard in order to ride out the waves of aggression without becoming engaged or giving in. Teenagers who had completed Surfing the Urge training demonstrated clinically and statistically significant reductions in verbal and physical aggression compared to those who had not. Additionally, all three teenagers were able to quit using their prescription mental drugs after the amount of physical violence was reduced to an extremely low level. These findings give preliminary evidence that Surfing the Urge therapy may be useful for teenagers with (ASD) who exhibit verbal and physical aggressiveness.

Michael Christopher, Sarah Bowen & Katie Witkiewitz (2020) "Mindfulness-based resilience training for aggression, stress and health in law enforcement officers: study protocol for a multisite, randomized, single-blind clinical feasibility trial". It is commonly known that the stresses faced by law enforcement officers (LEOs) increase their propensity for aggressive behavior, the overuse or abuse of physical force, and adverse effects on mental health, such as PTSD and other mental illnesses including alcohol abuse and depression. Mindfulness training has been demonstrated to increase resilience and improve negative mental health outcomes common among law enforcement officers (LEOs) and other high-stress populations.

Leticia Ribeiro (2019) "Differential Impact of Mindfulness Practices on Aggression Among Law Enforcement Officers". It's not uncommon for professional mindfulness training procedures to include home-based mindfulness practice as well. It's difficult to get reliable results from home meditation programs. Home-based mindfulness meditation and clinically relevant outcomes are challenging to evaluate because of the vast range of recommendations for practise length, frequency, and kind. Clinical outcomes improved with more compliance with home-based MBRT procedures, according to the findings of this exploratory study.

Nirbhay N. Singh, Giulio E. Lancioni, Alan S. W. Winton (2017) studied Mindfulness and the Treatment of Aggression and Violence. Anger and aggression are ubiquitous in modern society. CBT (cognitive-behavioral therapy), relaxation training, and skill training are a few of the most popular treatments for these disorders. Modern treatments include training in mindfulness and self-control, as well as cognitive reappraisal. We cultivate mindfulness when we pay attention to the unfolding of our experiences with intention, in the present, and without judgement. Therapy based on mindfulness-based approaches has been used successfully to help people behave calmly and peacefully to situations that ordinarily provoke wrath and aggression. One of the strategies discussed in this chapter is mindfulness-based foot meditation, which can be used in conjunction with other techniques like Shenpa and quiet abiding, as well as other techniques like cognitive therapy that are also based on mindfulness. When it comes to self-management of rage and aggressiveness, meditation on the soles of the feet has the most promise.

Yazd Branch, Islamic Azad University, Yazd, Iran researched "The Effectiveness of Child-based Mindfulness

Program on Impulsivity and Aggression in Children with Externalizing Disorders". It is possible for youngsters with emotional and behavioral problems to suffer from long-term consequences in these areas as well as their overall future success. Children with psychological illnesses can benefit from a variety of therapy options, including child-based mindfulness training. Because of this, the study's goal was to see how child-centered mindfulness affected children with out-of-group behavioral disorders' impulsivity and aggression. According to the results of this study, mindfulness therapy that incorporates techniques like awareness of thoughts and emotions can be an effective treatment for children with externalizing disorders who are prone to impulsivity and violence.

Lauren B. Clark (2020) researched Utilizing Mindfulness Based CBT to Address Anger and Aggression in Middle Schools. It is possible for youngsters with emotional and behavioral problems to suffer from long-term consequences in these areas as well as their overall future success. Children with psychological illnesses can benefit from a variety of therapy options, including child-based mindfulness training. Because of this, the study's goal was to see how child-centered mindfulness affected children with out-of-group behavioral disorders' impulsivity and aggression. According to the findings of this study, children with externalising disorders who are prone to impulsivity and violence can benefit from mindfulness therapy that combines strategies such as awareness of thoughts and feelings.

A.N.Stephens (2018) analyzed the Associations between self-reported mindfulness, driving anger and aggressive driving. Drivers' perceptions of the driving conditions and the behaviour of other drivers are linked to road rage and violence. It is important for drivers to keep in mind that both can be exacerbated by misinformed and/or stereotypes about certain types of road conditions or users. Mindfulness is likely to have negative connotations with rage and aggression since it fosters opposing assessments. That is to say, it promotes self-regulation of emotions and entails accepting the present circumstance without reacting to it in any way. A total of 309 motorists took part in an online questionnaire that measured three factors: mindfulness, driving fury, and aggressive driving. Driving rage and self-reported aggressive driving have unfavorable associations with mindfulness. It was revealed that mindfulness was only related to anger when the associations were investigated simultaneously using Structural Equation Modelling, which predicted aggressive driving. Further research revealed that aggressive driving is linked to mindfulness, and that driving anger mediates this link. Mindfulness training appears to be an effective remedy for drivers who are at risk for driving rage and subsequent aggressiveness, as demonstrated by these findings

3. Method

1) Aim

To assess the efficacy of mindfulness-based programs for the management of aggression.

2) Objective

Study the effectiveness and influence on the quality of life of

a mindfulness-based approach for the treatment of aggressive behaviour.

3) Subjects

The mindfulness-based treatment for the management of aggression was offered to 50 Delhi-based individuals between the ages of 18 and 25 who had trouble controlling their hostility and were also screened on the Buss-Perry scale. The ability to read and write in English/Hindi/was one of the requirements for inclusion. The study eliminated participants who were hesitant to participate or had a history of substance misuse.

4) Tools

Researcher-created information includes socio demographic variables, situations associated with anger, type of anger, style of expression, control over aggressive ideation, and protective factors for controlling aggression and risk factors like substance abuse, mood disturbance, childhood experiences, academic effects and family influence. It is the version of the Buss-Durkee hostility assessment that is called the Buss-Perry Aggression Questionnaire [18]. It has 29 items and has been scored on a 5-point scale. It has a high degree of internal stability. Scale of Quality of Life: The WHOQOL-BREF was used to measure the quality of life. In total, there are 26 items that fall into four categories: physical, psychological, social and environmental. The Institute Ethic Committee has given its blessing to this project.

5) Procedure

After getting informed consent from the subjects, they were taken for observation. During pre-intervention and follow-up assessments, the socio demographic information schedule, Buss-Perry scale, and WHOQOL-BREF were administered. A total of eight 40-60-minute sessions were held in a group of 8-10 participants over the course of a month. Sessions will cover the following topics:

Handouts on aggression management that include identifying physical and psychological cues to anger and the use of distraction; mindfulness (the first session) and working on behavioural methods for aggression management; and handouts on aggression management that include identifying physical and psychological cues to anger. Practicing mindfulness meditation at home: a homework assignment. There was a debate about the difficulty of using techniques, as well as an application of techniques. Home assignment (third session); review of previously learned techniques and overcoming the difficulties; mediation to overcome impulsivity (fourth session) and understand its association with aggression; identification, modification, and understanding of anger-producing thoughts (home assignment). / There will be a review of the intervention programme, feedback applications of mindfulness in aggression management, discussion on the importance and significance of practise, and actual application of the techniques learned in the fifth session. Other sessions will cover managing impulsivity and conducting a behavioural experiment, as well. Choosing a day and time for a follow-up meeting (eighth session). The quality of life and Buss-Perry impulsivity scales were used for the follow-up assessment at a one-month interval. Percentage scores and parametric statistics were used to analyse the data.

4. Result

Twenty-two percent engaged in physical violence, 12 percent used weapons to express their rage, and 14.2 percent had been injured as a result of fighting. For physical aggression, verbal aggression, anger, hostility, and environmental quality of life, the pre- and post-intervention assessments show that there is considerable variation between pre- and post-intervention assessments. The ability to notice ruminations and relax during times of difficulty, improved relationships with other people, and less desire to smoke while under stress were all noted by participants in this study.

Significance at 0.001 level .SD- Standard deviation, WHOQOL- World Health Organization quality of life.

There is a lack of female representation in the study's sample, as well as a long-term follow-up to document the efficacy of a mindfulness-based programme for the control of aggressiveness, which are some of the study's limitations. To improve the quality of life, adopting a mindfulness-based programme or using it as part of an existing behavioural intervention to reduce violence among youth at the institutional level, it has ramifications.

Table 1
Comparison of scores at pre- and post-mindfulness based program

Pre and Post intervention variables	Mean	SD	t	Df	Significant (two-tailed)
Buss- Perry Aggression scale					
Physical aggression	3.1	6.2	7.04	218	0.000
Verbal aggression	1.04	4.43	3.46	218	0.001
Anger	2.50	6.49	5.71	218	0.000
Hostility	2.65	7.16	5.54	218	0.000
WHOQOL					
Physical QOL	-3.63	12.72	-4.22	218	0.000
Social QOL	-2.43	22.64	-1.59	218	0.113
Psychological QOL	-0.38	13.52	0.47	218	0.678
Environment QOL	-	17.21	-	218	0.000
	14.71		12.65		

5. Discussion and Conclusion

Physical aggressiveness ($P = 0.000$), verbal aggression ($P = 0.001$), hostility ($P = 0.000$), physical quality of life ($P = 0.000$), and environmental quality of life ($P = 0.000$) were all significantly reduced at post-intervention, according to this study. Table 1 is here. It is supported by the existing evidence. As a result, less hostility is expressed as a result of ruminations about aggression being reduced by mindfulness practise. When three individuals were taught a simple meditation method, they were required to shift their focus and awareness from the source of their rage to the soles of their feet, a neutral spot on their body, as part of a multiple baseline design across subjects. After four years of follow-up, there was no physical or verbal aggression in the community, and there was a significant drop in verbal aggressiveness. Meditation-based training resulted in a decrease in both physical and verbal aggression. Physical and verbal aggression decreased similarly when the same training was used in a control group. The ability to recognize one's

thoughts has a favorable effect on one's mental health, as well as a reduction in anger and aggression.

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