CHAPTER -III

PROBLEM AND HYPOTHESES

Aim of the Study

The aim of the present study is to study the effect of life skills training on self-esteem, emotional intelligence, coping style, perceived social support, and behaviour problems of boys in need of care and protection.

Objectives of the Study

To achieve the above aim the following objectives were formulated for the present study.

1. To understand the extent of behaviour problems reported by boys in need of care and protection.

2. To find out the nature of relationship among self-esteem, emotional intelligence, coping style, perceived social support, and behaviour problems of boys in need of care and protection.

3. To determine the effect of life skills training on self-esteem, emotional intelligence, coping style, perceived social support, and behaviour problems of boys in need of care and protection.

Hypotheses

In testing COPE measure, Carver, Scheier, and Weintraub (1989) found positive relationships between self-esteem and the problem-focused strategies such as active coping, planning, and positive re-interpretation. Carver et al. (1989) found low self-esteem was associated with using emotion-focused strategies such as denial and behavioral disengagement. Maladaptive coping strategies such as “Behavioral
disengagement” and “Self-blame” were associated with low Self-esteem (Lane, Jones & Stevens, 2002).

1. **Self-esteem would be positively related to adaptive coping style of boys in Need of Care and Protection.**

2. **Self-esteem would be negatively related to maladaptive coping style of boys in Need of Care and Protection.**

Studies found out that adolescents reporting greater emotional clarity and a greater ability to repair their own emotional states report higher levels of self-esteem (Salovey et al., 2002, Fernandez-Berrocal, Alcaide & Extremera, 2006).

3. **Self-esteem would be positively related to emotional intelligence of boys in Need of Care and Protection.**

Arslan (2009) found out the significant positive relationship between self-esteem and the social support received from parents, peers and teachers (Moran & DuBois, 2002; DuBois, Felner, Sherman & Bull, 1994).


4. **Self-esteem would be positively related to perceived social support of boys in need of care and protection.**
Low Self-esteem is positively related to behaviour problems of neglected adolescent girls (Priscilla, 1998). Self-worth has a significant contribution to depressive symptomatology, and both internalizing and externalizing behaviour problems in homeless youths (Votta & Manion, 2003). Troubled, abused, neglected and homeless adolescent’s hostility and depression have a positive relationship that is inverse to self-esteem (Maxwell, 1991). Donnellan et al. (2005) found out that global self-esteem was negatively related to externalizing problems such as aggression, antisocial behavior, and delinquency among adolescents.

5. **Self-esteem would be negatively related to behaviour problems of boys in need of care and protection.**

Appraisal of emotions in the self was positively correlated with plan-full problem solving and positive reappraisal coping styles. Emotional regulation of the self was positively correlated with plan full problem solving, confronting coping, self-controlling, positive reappraisal and with distancing, but negatively correlated with escape avoidance (Shah & Thingujam, 2008). Trait Emotional Intelligence was correlated positively with adaptive coping styles and negatively with maladaptive coping styles, and depression among school students (Mikolajczak, Petrides & Hurry, 2009).

A study was conducted to explore the mediating effect of emotional intelligence (EI) and coping strategies on problem behaviour in Australian adolescents. The study found out the relationships between Emotional Management and Control and engagement in internalizing and externalizing behaviour were found to be mediated by the use of non-productive coping strategies (Downey et al., 2010). Adolescents higher in emotional intelligence were more likely to use adaptive
coping strategies when face with stressful situations (Campbell & Ntobedzi, 2007; Furnham, Badmin & Sneade, 2002).

6. Emotional intelligence would be positively related to adaptive coping style of boys in Need of Care and Protection.

7. Emotional intelligence would be negatively related to maladaptive coping style of boys in Need of Care and Protection.

A study shows that students’ psychological attributes such as emotional intelligence, coping, and social support have a positive impact on their overall adjustment (Abdullah, 2008).

8. Emotional intelligence would be positively related to perceived social support of boys in need of care and protection.

The clinically screened internalized adolescents are found to have significantly low emotional intelligence as compared to their normal counterparts (Shrivastava & Mukhopadhyay, 2009). Emotional intelligence was negatively related to levels of depression and anxiety. Specifically, the ability to discriminate clearly among feelings (Emotional Clarity) and the ability to self regulate emotional states were associated with better psychological adjustment (Fernandez-Berrocal et al., 2006). Emotional intelligence significantly negatively correlated to externalizing problems in adolescents (Downey et al., 2010). A study was conducted to compare the emotional intelligence and behaviour disorders in dyslexic and non-dyslexic boys. The study found out that there is an adverse relationship between emotional intelligence and behaviour problems (Narimani, Ahari, Homeily and Siahpoosh, 2009). Emotional intelligence, were negatively associated with depression and
anxiety (Head 2002, David, 2002). Correlational analyses showed lower Emotional Intelligence in males; principally the inability to perceive and use emotions was associated with negative outcomes, including illegal drug and alcohol use, deviant behaviour, and poor relations with friends (Trinidad & Johnson, 2001).

9. Emotional intelligence would be negatively related to behaviour problems of boys in Need of Care and Protection.

Compared to non-homeless youth, homeless youth reported a greater use of disengagement coping style, higher negative life events, less perceived parental support, and higher levels of depressive symptoms and internalizing and externalizing behaviour problems (Votta & Manion, 2003). The relationship between adult attachment styles, perceived social support and the uses of various coping strategies were examined among college students. Regression analyses indicated that the link between secure attachment and support seeking as a coping strategy was mediated in part, by the perception that support is available from friends and family (Ognibene & Collins, 1998).

10. Perceived social support would be positively related to adaptive coping style of boys in need of care and protection.

11. Perceived social support would be negatively related to maladaptive coping style of boys in need of care and protection.

Hellenthal (2006) found that peer attachment is significantly related to perceived social competence and negatively correlated with externalizing problems (Rubin et al., 2004). Murberg and Bru (2004) found that support from parents, friends and teachers were negatively associated with emotional problems among
adolescents. Studies have reported that social support is directly associated with emotional problems among adolescents (Ystgaard et al., 1999; DuBois et al., 1992, 1994).

12. **Perceived social support would be negatively related to behaviour problem of boys in need of care and protection.**

A series of logistic regression analyses showed that avoidant coping was significantly associated with increased risk for internalizing and externalizing problems, but active coping was associated with reduced risk in Chinese adolescents (Liu, Tein & Zhao, 2004). Hierarchical regression analysis indicated that disengagement coping and self-worth accounted for significant amount of variance in depressive symptomatology and both internalizing and externalizing behaviour problems in homeless youths (Votta & Manion, 2003).

The impact of different types of coping styles on adolescents’ depressive symptoms was investigated in a prospective study. The study found out that adolescents with an approach-oriented coping style reported the fewest depressive symptoms whereas adolescents with an avoidant coping style reported higher levels of depressive symptoms (Seiffge-Krenke & Klessinger, 2000). A study was conducted to understand the relationship between coping style and behavior problems among urban African-American adolescents. The study revealed that emotion focused coping strategy was positively correlated with child reported depressive symptoms and aggressive behavior (Steele et al., 1999).

13. **Adaptive coping style would be negatively related to behaviour problems of boys in need of care and protection.**
14. Maladaptive coping style would be positively related to behaviour problems of boys in need of care and protection.

Younger children who received school-based social skills program showed significant changes in self-esteem (Verduyn, Lord & Forrest, 1990). Self-esteem training had enhanced the overall self-esteem, academic performance and reduced adjustment problems of neglected institutionalized adolescent girls (Priscilla, 1998; Deepa, 1993; Bijstra & Jackson, 1998). Life skills training improved self-esteem, emotional adjustment, educational adjustment, total adjustment and empathy among adolescents (Yadav & Iqbal, 2009). Adolescents who received Coping intervention used more active coping as compared to control group. (Volkenant, 2007; Bijstra & Jackson, 1998). Fabio and Kenny (2010) evaluated the efficacy of a training program focused on increasing emotional intelligence (EI) among high school students. The study revealed emotional intelligence training increased self-reported emotional intelligence, particularly with regard to the appraisal and expression of emotions dimension in the Emotional Intelligence Scale Total Score.

15. Life Skills Training would improve overall self-esteem of boys in need of care and protection.


15.3. Life Skills Training would improve moral and self-control dimension of self-esteem of boys in need of care and protection.
15.4. Life Skills Training would improve social esteem dimension of self-esteem of boys in need of care and protection.

15.5. Life Skills Training would improve family esteem dimension of self-esteem of boys in need of care and protection.


16. Life Skills Training would increase emotional intelligence of boys in need of care and protection.

17. Life Skills Training would enhance adaptive coping style of boys in need of care and protection.

18. Life Skills Training would reduce the maladaptive coping style of boys in need of care and protection.

19. Life Skills Training would enhance perceived social support of boys in need of care and protection.

19.1. Life Skills Training would enhance significant others support of boys in need of care and protection.

19.2. Life Skills Training would enhance friends’ support of boys in need of care and protection.

19.3. Life Skills Training would enhance family support of boys in need of care and protection.

Adolescents who received Social Skills training have displayed significantly fewer problem behaviours than at pre-intervention, whereas problem behaviour of
the control group remained the same (Verduyn et al., 1990; Ansari & Dakheel, 2000; Schweinhart et al., 2005). Anger management enhanced cognitive functions and promoted adaptive behaviors of juveniles at overt and covert levels (Rose, 1996). Self-esteem training had enhanced the overall self-esteem, academic performance and reduced adjustment problems and behavior problems of neglected institutionalized adolescent girls (Priscilla, 1998; Deepa, 1993; Bijstra & Jackson, 1998). High-risk adolescents who received the life skills intervention resulted in fewer aggressive behaviour problems and improved social and emotional skills (Kam, Greenberg & Walls, 2003; Humphrey, Kalambouka, Wigelsworth and Lendrum, 2010).

20. Life Skills Training would reduce behavioral problems of boys in need of care and protection.

20.1. Life Skills Training would reduce internalizing problems of boys in need of care and protection.

20.2. Life Skills Training would reduce externalizing problems of boys in need of care and protection.

20.3. Life Skills Training would reduce social problems of boys in need of care and protection.

20.4. Life Skills Training would reduce thought problems of boys in need of care and protection.

20.5. Life Skills Training would reduce attention problems of boys in need of care and protection.