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1.1: INTRODUCTION

Our modern society is dynamic and everything is undergoing constant change. The 21st century is a century of fast changing, explosion of information and an age in which information technology transfers the world into a small village. In this period of history, we are constantly expecting the outbreak of some unforeseen and unbelievable events and traumas. Human beings, to avoid injuries and to maximize his foresight capability, and in order to be able to manage the events and minimize their probable unpleasant consequences, need different kinds of abilities. It has been shown by the several researches and studies that mere intelligence quotient (IQ) is not enough for guaranteed prosperity; Moreover, individuals need social intelligence which includes the capabilities of reviewing feelings and emotions, thought steering, sentiments regulation, stimulant control, ability to resist unpleasant events and having enough power to evaluate the situation, and if conditions make it possible, to be able to express and utilize emotion. Cognitive intelligence, at the best time, can only cause twenty percent of success; the rest of it depends on other factors, in many occasions human fate is dependent on the kind of skills which overall, we call Emotional Intelligence (Goleman,1995).

Intelligence is described as a strong correlate of many of life’s outcomes, like educational and occupational attainment (Gottfredson, 1997). It is generally regarded as one of the defining attributes of human nature. General Intelligence, which is also referred to Intelligence Quotient (IQ), has, for long been identified as
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an essential attribute in man. Wechsler has defined intelligence as “the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with his environment”. Alfred Binet, the inventor of modern intelligence test, believed that intelligent behavior would be manifested in such mental abilities as reasoning, imagination, insight, judgment and adaptability.

Theorists have defined intelligence in various ways ranging from unitary concept of intelligence to multi-aspect views of the concept of intelligence. Sternberg (1997) has proposed a conception of intelligence, which he calls successful intelligence. Successful intelligence involves three distinct types of mental abilities: analytic, creative and practical. Analytic intelligence refers to the mental processes used in learning how to solve problems, such as choosing a problem-solving strategy and applying it. Creative intelligence is the ability to deal with the novel situation by drawing on existing skills and knowledge. The intelligent person effectively draws on past experiences skills and knowledge. The intelligent person effectively draws on past experiences to cope with new situations, which often involves finding an unusual way to relate old information to new. Practical intelligence involves the ability to adapt to the environment and often reflects what is commonly called Street smart. Sternberg (1997) notes that what is required to adapt successfully in one particular situation or culture may be very different in another situation or culture. He stresses that the behaviour that reflect practical intelligence can vary depending on the particular situation, environment or culture.

Recent approach to intelligence is reflected through the Theory of Multiply Intelligences. Gardner, in his theory of multiple intelligences talks about nine different types of intelligence. There is also research on the concept of Emotional
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Intelligence which includes Interpersonal Intelligence and Intrapersonal Intelligence of Gardner’s theory. Thus the field of intelligence has been marked by tremendous development.

1.2: RESEARCH QUESTIONS

The present study is an attempt to investigate the following questions:

1. Whether there is a significant relationship between Emotional Intelligence and general health among delinquent juveniles?
2. Whether there is a significant relationship between Emotional Intelligence and general health among normal juveniles?
3. Whether there is a significant difference between delinquent and normal juveniles in their Emotional Intelligence and general health status?
4. Whether Secondary variables (age and education) significantly influence the Emotional Intelligence of delinquents and normal juveniles?
5. Whether Secondary variables (age and education,) significantly influence the general health of delinquents and normal juveniles?

1.3: NEED AND IMPORTANCE OF THE STUDY

The present world, by manifesting the emotional weaknesses, depression, and recklessness in families, communities, and societies, created a huge degree of anger and depression. The daily news on human societies is overloaded by the reports which show how security and proper behaviour are destroyed by the incursions of immediate stimulants and motives, these reports evidently also indicate the presence of some uncontrolled emotions in human life. Some individuals are
aware of their emotions, sentiments, mentalities and emotions; they also have control over themselves and their surrounding environment (Yarmohammadian, 2006).

These people also possess mental health and benefit from their positive attitudes. On the contrary, there are individuals, who, most of the time are helpless and unable to control their emotions. They are unstable and have little awareness on their own emotions; they drown in their feelings and have no control over them. In such a situation, it is important to pay attention to Emotional Intelligence as one of human characteristics which has a crucial role in human prosperities as well as its failures, an influential quality in the emergence and formation of proper behaviour by individuals (Yarmohammadian, 2006).

It has been shown by several studies that a low level of Emotional Intelligence leads to feebleness of individuals in their handling of emotions which can have a role in the emergence of many social as well as moral problems. In recent years in order to improve and develop the level of emotional adjustment, educational success and reduction of pathological conducts, the interests in Emotional Intelligence and related plans for its improvement have crucially increased (Humphrey, Curran, Morris, Farrel, Woods, 2007).

Inability to control and manage emotions can endanger the mental health of individuals in their educational and social situations. The individuals, who have problem to show and keep a normal behaviour, have a low level of learning capability. For those who do not possess the proper skills to adjust and manage their emotions, it is easier to express anger rather than to think about related
consequences like guilty feeling or being hazardous towards themselves and others. To know and recognize these kinds of skills leads to help people to understand the causes of their behaviour and discover the proper mechanisms for better adjustment of their behaviour (Keener, Leaman, 2007) and (Wong, Foo, Wang, Wong, 2007). As a result, psychologically, it is evident that for a social and educated prosperity, the possession sound mental health and function is necessary. The merits and personal capabilities towards emotions are the main components of mental health.

1.4: Emotional Intelligence

Emotional Intelligence is a kind of psychological structure that is measured through Emotional Intelligence Shutte (1998). This test has three sub-scales: assessment and expression of emotion, management and adjustment of emotional and utilization of emotions.

The term Emotional Intelligence refers to being intelligent about one’s emotions as well as others’ emotions and knowing how to handle these. Wayne Leon Payne first academically used the term Emotional Intelligence in 1985 in his doctoral dissertation. In 1990, Mayer and Salovey used the term Emotional Intelligence especially in the form of tests. However, the individual who pioneered this is Goleman (1995).

According to Hein (2005), emotional understanding means the ability to solve emotional problems, and ability to understand the value of emotions for survival. Further, he contended that emotional management means the ability to take responsibility for one’s emotions and happiness; the ability to turn negative
emotions into positive learning and growing opportunities; and the ability to help others identify and benefit from their emotions.

According to Goleman (1995), individuals with emotion of intelligence are able to relate to others with compassion and empathy, have well developed social skills and use this emotional awareness to direct their acts and behaviour. He had linked Emotional Intelligence with the ability to enhance team performance and to provide constructive feedback. Emotional Intelligence pertains to emotional and social competencies of leaders and employees that involve the ability to monitor one’s own and other feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions (Salovey and Mayer, 1990, p. 189). Cirrochi et al (2001) stress that being able to understand, perceive and express emotions in an appropriate way can determine whether an individual is successful or not as an employee in a career. Evidence is accumulating that Emotional Intelligence is associated with important outcomes such as high quality social relationships (Lopes et al., 2005).

In his book “Emotional Intelligence – why it can matter more than IQ” Goleman, describes EI as “social and emotional learning.

Slaski and Cartwright (2002) observed that participants – who scored higher on Emotional Intelligence suffered less subjective stress, experienced better health and well being, and demonstrated better management performance.

Goleman (1995) points out that Emotional Intelligence involved the skills that help people harmonize what is valued as an important work place asset. Emotional Intelligence is seen as an important factor for enhancing leadership
effectiveness because of its emphasis on people and interpersonal relationships (Caruso et al., 2002). It is also using the emotional and social capabilities, competencies, and skills that influence one’s ability to succeed coping with environmental demands and pressures. Thus Emotional Intelligence can be said to be a key to success in one’s career.

Studies have shown that possessing education and a high level of IQ don’t guarantee any success. However, individual need to posses social intelligence which includes the ability to revise the feelings and emotions of their own and other, leading of thought, control of impulse application of communication skills, self-awareness, adjustment of emotions and excitements, resistance against unpleasant incidents, and the ability to evaluation, application and expression of excitements at the proper time. (Goleman, 1995) General intelligence and excitement intelligence are not different abilities but it’s better to say that they are different. All of us have a combination of intelligence and excitement. In fact there is a low correlation between general intelligence. It should be said that they are two independent domains.

Indeed Emotional Intelligence on the one hand explains the failure of individuals with a high intelligence quotient, and on the other hand it also explains the success of those who have a middle rank of intelligence. The individuals with average general intelligence and high rank of Emotional Intelligence are much more successful than those who have a high degree of general intelligence and low Emotional Intelligence (Goleman, 1995).

Therefore Emotional Intelligence has the capacity by which individuals are able to foresee their success and choose a proper action when they have to deal
with the different stresses of their life. In ability to use and display the emotional skills at a suitable time may threaten person’s psyche and thinking health, indeed the aberrant excitements leads to a situation in which person neither have any control over stimulants nor can resist the difficulties, a situation in which persons lack the ability to use proper means in their involvement with hardships and problems.

Emotional Intelligence predicts academic success in traditional classrooms and serves as a transitional tool to the corporate world (Barchard, 2003; Goldsworthy, 2000; Parker, Summerfeldt, Hogan, & Majeski, 2004). In the corporate world, the EI that characterizes successful leaders is reflected in their self-awareness, self-management, and relationship building for everyday problem-solving and communication (Goleman, 1995).

Moreover, Emotional Intelligence, mental health has important impact on tendency to abnormal behaviour especially delinquency (Elias 1997; Goleman, 2006; Bradberry and Greaves 2003). Mental health describes either a level of cognitive or emotional well or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual’s ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

Mental health is an expression of emotions and signifies a successful adaptation to a range of demands. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community World Health
Organization (2006). The importance of maintaining a good mental health is crucial to living a long and healthy life. Mental health can enhance or even prevent someone from living a normal life. According to Richards, Campania, & Muse-Burke (2010) “There is growing evidence that is showing emotional abilities are associated with prosocial behaviours such as stress management and physical health” (2010).

It was also concluded in their research that people who lack emotional expression lead to misfit behaviours. These behaviours are a direct reflection of their mental health. Self-destructive acts may take place in order of suppressing the emotion. Some of these acts include drug and alcohol abuse, physical fights or vandalism (Richards, Campania, & Muse-Burke, 2010).

Also without emotional support, mental health is at risk. According to a study done by Strine, Chapman, Balluz and Mokdad (2010) inadequate social and emotional support is a major barrier to health relevant to the practice of psychiatry and medicine, because it is associated with adverse health behaviours, dissatisfaction with life, and disability. By receiving emotional support ones health can increase and prevent mental health disorders. Support systems are a valuable asset and those whom do not have social and emotional support are more likely to lead to disorders. This support can lead to “an increase personal competence, perceived control, sense of stability, and recognition of self-worth and can have a positive effect on quality of life (Strine, Chapman, Balluz & Mokdad (2010).

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overloaded by the reports which show how security and proper behaviour are destroyed by the incursions of immediate stimulants and motives, these reports evidently also indicate the presence of some uncontrolled emotions in human life. Some individuals are aware of their emotions, sentiments, mentalities and emotions; they also have control over themselves and their surrounding environment (Yarmohammadian, 2006).

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As a result, psychologically, it is evident that for a social and educational prosperity, the possession of a sound mental health and function is necessary. The merits and personal capabilities towards emotions are the main components of mental health.

According to Goleman’s studies, at the best condition there is a very low correlation (0.07) between general intelligence and the other aspects to excitement intelligence so that it can be claimed that they basically have an independent nature. When we see that some people possessing a high level of general intelligence endeavor hard in their lives while the people with a medium intelligence surprisingly make improvements in their lives, we can relate this to the high level of Emotional Intelligence of those people.

IQ contains our ability in learning, logical and abstract thinking, whereas the Emotional Intelligence tells us how to use IQ to succeed in our life. The Emotional Intelligence includes our ability in emotional and social self awareness and measures the requisite skills in this field.
According to the clinical reports from US and Canada, half of the addicted men and women are unable to describe their own mental states. In an experiment done on middle-aged male subjects, it was found that those who are chronically drunk have more difficulty in describing their mental state. In another study, cocaine-addicted subjects received a combination of psychotherapy and medication for 12 weeks. Although the subjects’ stress-level came down, there was no improvement in their disability to express their mental states. Rubin (1999) found that students and juveniles with high emotional IQ were less aggressive and more sociable. Trinidad and Johnson (2002) as well as Trinidad and Anderson (2004) showed in their researches that people with high emotional IQ are less prone to cigarette smoking or alcohol consumption. Likewise, high emotional IQ enables people to manage and endure more mental pressure and they will be less prone to psychological depression and suicide attempts (Ciarrochi, Dean & Anderson, 2002).

Moreover, low emotional IQ is associated with weak impulse control (Chate et al. 1998) high level of anxiety (Summerfield et al. 2006) and more consumption of alcohol and narcotics (Riley & Schutte, 2003). In a research investigating the role of Emotional Intelligence in enhancing efficiency, positive performance, and self-esteem among Arab women, Faravan (2001) found that by implementing certain Emotional Intelligence-enhancing programs, one can increase all the above mentioned factors, active participation in economic and social activities as well as a sense of utility in people on the one hand and decrease in their inclinations towards risky behaviour on the other. In a research titled the investigation of the relationship between behavioural disorder and Emotional Intelligence of junior high school students, Mohammadi (2007) found that there is a significant negative correlation between behavioural disorder and general Emotional Intelligence and its
components. Fave et al. (2011) found that happiness is primarily known as a psychological equilibrium. To begin with, they measured the subjects’ happiness through the Oxford Questionnaire. Then their Emotional Intelligence level was measured through a questionnaire. This study showed that happiness has a strong relationship with Emotional Intelligence.

Algor (2011) studied a group of volunteers. Participants with high scores in Emotional Intelligence tests were statistically significantly happier. He also studied each of the components of Emotional Intelligence and interpersonal relationships. The results indicated that those subjects who had a higher Emotional Intelligence and happiness had a more successful relationship with others and interacted with them more successfully even under stressful and difficult circumstances. In sum, this study indicated that Emotional Intelligence has a high correlation with interpersonal relationships and happiness.

On this basis, it is the aim of the present research to study the relationship of Emotional Intelligence and general health status among delinquents and normal juveniles “a comparative study” in order to utilize the results in the programs by which it could make possible to encourage the empowerment of the items and components of Emotional Intelligence in the educational centers, thereby it could help people to deal with the problems in their personal and social life with the hope that they will be able at last stop abnormal acts in society. It predicts success in school and business beyond traditional indicators of academic intelligence and personality (Van der Zee, K., & Wabe, R. (2004).
1.5: General Health

The World Health Organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization (2006). Although this definition has been subject to controversy, in particular as lacking operational value and because of the problem created by use of the word "complete", it remains the most enduring (Jadad AR, O'Grady L, 2008). Classification systems such as the WHO Family of International Classifications, including the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Diseases (ICD), are commonly used to define and measure the components of health.

Health in humans is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury - as in "good health" or "healthy" (Merriam-Webster, 2011). Generally, the context in which an individual lives is of great importance for his health status and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society.

Mental health is an expression of emotions and signifies a successful adaptation to a range of demands. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community World Health Organization (2006). The importance of maintaining a good mental health is crucial
to living a long and healthy life. Mental health can enhance or even prevent someone from living a normal life. According to Richards, Campania, & Muse-Burke (2010) “There is growing evidence that is showing emotional abilities are associated with pro-social behaviours such as stress management and physical health” (2010).

The key factors that have been found to influence whether people are healthy or unhealthy include Income and social status, Personal health practices and coping skills, Social support networks, Healthy child development, Education and literacy, Employment /working conditions, Gender, Culture and etc (WHO, 2011).

Youth may experience conduct, mood, anxiety and substance abuse disorders. Often they have more than one disorder; the most common “co occurrence” is substance abuse with another mental illness. Frequently, these disorders put children at risk for troublesome behaviour and delinquent acts. Substance abuse and dependency also are considered behavioural disorders and are often linked to acts of crime and delinquency (Hammond, 2007).

In the first decades of the twenty century, the theory of the relationship between poor moral activities and poor mind was developed (Delgar, 1991, cited in Borjali and Abdolmaleki, 2011). Research showed that mental retardation or low intelligence, and schizophrenia have been shown to be related to delinquency in adolescents (Ghazaei, 2000, cited in Borjali and Abdolmaleki, 2011). Winfri (1999) suggested that a high percent age of prisoners who committed crime were low on intelligence quotient. There are many theoretical reasons to expect that trait EI will be related to both psychological and physical health (Austin, Parker, Petrides, & Saklofske, 2008). This is reflected in the large number of studies conducted in this area, which have been summarized in two Meta - analyses (Martins et al., 2010; and
Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). Overall, trait EI is a strong positive predictor of mental health and well-being (Johnson et al., 2009; Platsidou, 2010; Saklofske et al., 2003) and a negative predictor of psychopathology (Gardner & Qualter, 2009; Williams, Daley, Burnside, & Hammond - Rowley, 2010b).

Trait EI has been implicated in physical health, including in positive relationships with self-rated physical health (Tsaousis & Nikolaou, 2005) and in negative relationships with somatic complaints (Mavroveli et al., 2007). A range of associations has also been reported with health-related behaviours (for example, Saklofske, Austin, Rohr, & Andrews, 2007 found that trait EI has a significant, albeit weak, correlation with taking exercise). Related research has revealed links with addictive behaviours, ranging from gambling and Internet addiction (Parker, Taylor, Eastabrook, Schell, & Wood, 2008), to alcohol dependency (Austin, Saklofske, & Egan, 2005; Uva et al., 2010), and ecstasy use (Craig, Fisk, Montgomery, Murphy, & Wareing, 2010).

1.6: Juvenile

Some psychologists divide Juvenile period into 3 stages: 1- Pre-Juvenile stage that starts at 10 and ends at 12 years old. 2- Primary Juvenile stage from 13 to 16 years old. 3- Secondary Juvenile stage from 17 to 20 or 21 years. Aristotle divides growth and evolution into three stages first 7 years old of the life period is called childhood, from 7 to mature time is childhood and from mature to 21 years is called” juvenile” or growth and evolution” (Shoarinezhad, 2000).
The age of majority is the threshold of adulthood as it is conceptualized (and recognized or declared) by law. It is the chronological moment when minors cease to be considered children legally and assume control over their persons, actions, and decisions, thereby terminating the legal control and legal responsibilities of their parents or guardians over and for them. The vast majority of countries set majority at 18, but ages as low as 12 and as high also exists. (Sexual Offences Laws – Countries, 2012)

Research indicates that juvenile delinquency is a serious and growing problem in the United States, and that a substantial relationship exists between youth diagnosed with an emotional or behavioural disorder and juvenile delinquency (Johnson-Reid, Williams, & Webster, 2001). Data from the U.S. Department of Education, Office of Special Education Programs (OSEP) indicate that adolescents with an emotional disturbance accounted for 42% of those incarcerated in 1996. Two commonly studied factors associated with overall emotional well-being are anxiety and self-esteem. The identified effects of each of these important attributes provide us with many examples of this relationship. Furthermore, many of the problems associated with these emotional factors are often related to the use of negative or maladaptive coping strategies under stressful situations and have an impact on the overall psychosocial adjustment of children and adolescents (Hussong & Chassin, 2004). Given the recent interest by researchers in the Emotional Intelligence (EI) construct, and the essential assumption shared by those who pioneer the field that Emotional Intelligence contributes to an individual’s growth and well-being, this study attempts to identify the mediating effect of coping styles on the relationship between anxiety and self-esteem to Emotional Intelligence, within a juvenile delinquent population.
1.6.1: Period of Puberty in the Juvenile

Puberty is the first signal in the adolescence span. Some believe this span alters when the child grows from a sexual to sexual situation. Juvenile period is a great transition and the Juvenile feels enormous excitement. Puberty is a typical period that is accompanied with growth and evolution any changes and it is one of the essential stages in the adolescence period. This period is a start one and it last 2 or 4 years. There is no appropriate behaviour in this special period. The Juvenile shows unsocial behaviour. Acceptance of child’s natural position by family and environments decreases psychology agitation and make children self confident and self-secure. Here we have some changes in puberty period:

- **Feeling:** irritation, anger and willing to yell are the factors of period; there is sorrow, anxiety and sensitivity.

- **Exclusiveness:** in the time of growth changes a child, avoids his / her friends and family activities and fight with his / her friends and family members.

- **Social conflict and aggression:** A juvenile in the puberty period is disagreeable, un co-operative and aggressive. Clear enmity is common in this age as each other criticize and insult each other.

- **Lack of self confidence:** in this age a juvenile loses prior self confidence and is unreliable on his / her own and scary of failure. The main reason for this state is the weakness of body strength and constant adults’ and friends’ criticism.
Independence: entering of young people from childhood stage to puberty stage causes independence and getting rid of family domination it results, a youth likes to have a private room and come home late and choosing friends from outside the family circle (Razavi, 2006 citing Sotoudeh, Mirzaii & Pazand, 2008).

1.7: Juvenile delinquency

Research shows that emotional factors such as anxiety and low self-esteem are associated with juvenile delinquent behaviour (Agnew, 1992; Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005). Within some experimental models, the emotional factors of anxiety and self-esteem are considered to be a contributing factor to delinquent behaviour (Agnew, 1992; Hirschi, 1969). Furthermore, many of the problems associated with these emotional influences are often related to the use of maladaptive coping strategies under stressful situations (Hussong & Chassin, 2004). Emotional Intelligence (EI) represents an individual’s skill or ability to perceive, understand, and utilize affective information in order to exert control over his or her emotional life (Salovey, Bedell, Detweiler, & Mayer, 2008). Research demonstrates a relationship between higher Emotional Intelligence and higher self-esteem (Fernandez-Berrocal, 2006) and a relationship between higher Emotional Intelligence and less anxiety (Fernandez-Berrocal, 2005: Salovey, 2001) yet, it is not clear what mediating effect coping strategies may play on these relationships. Furthermore, although previous research has demonstrated the influence of maladaptive coping strategies on self-esteem and levels of anxiety (Feldman & Elliot, 1990; Gould, Welting, Kleinman, Lucas, Thomas & Chung, 2004), little research exists examining the influence of these strategies within a juvenile
delinquent population. Essential to the similar relationships discovered in the literature between self-esteem and anxiety to both Emotional Intelligence and specific coping styles, is the potential for Emotional Intelligence to influence the use of specific coping styles.

Therefore, this study examined the mediating influence of coping styles on the relationship between Emotional Intelligence with both self-esteem and anxiety within an adolescent population of juvenile delinquent males. Extensive studies examining the relationship between self-esteem and delinquency have demonstrated that engagement in delinquent behaviour is associated with low self-esteem (Donnellan et al., 2005; Fergusson & Horwood, 2002; Rosenberg, Schooler, & Schoenbach, 1989). While some researchers have contested this finding with a suggestion that unrealistically high self-esteem is positively correlated with aggression and delinquency (Baumeister, Smart, & Boden, 1996), this disagreement ultimately seems to hinge on a differing conceptualization of self-esteem. One side of the argument is that increasing levels of self-esteem represent a healthy self-regard and the other side of the argument is that self-esteem is viewed on a continuum between low self-esteem and narcissism. Donnellan et al. (2005) found that it is possible to draw a distinction between healthy self-regard and narcissistic self-views. Their studies indicated that the effect of low self-esteem on aggression and externalizing behaviours was independent of narcissism and when healthy self-regard was disentangled from narcissism, the relation between low self-esteem and aggression became even stronger.

Research regarding the relationship between anxiety and delinquency has resulted in mixed results. A large portion of this literature seems to be directed at the
empirical analysis of Agnew’s (1992) general strain theory, in which he posits that an individual will experience a negative emotion ranging from depression to anxiety to despair whenever an experience of strain is encountered. However, studies indicating that anxiety and deviance do not significantly correlate tend to focus only on situations of anxiety as a stand-alone response to a specific strain (Aseltine, Gore, & Gordon, 2000). The measure and identification of anxiety in situations where anger represents a separate response to the specific strain seems predisposed to exclude anxiety from strong correlations with deviant behaviour. These studies seems to view anger and anxiety as completely separate types of emotional response and therefore treat them as separate predictors of deviant behaviours. On the other hand, when anxiety and anger are viewed as linked affective states that create internal pressure for corrective action, one can quickly recognize that anxiety may often be masked by the more overt manifestations of anger (Agnew, 1992).

The results of research from the Economic and Social Research Council (2008) indicates that increased anxiety can have significant consequences on cognitive processing and consequently, a youth’s ability to remain engaged within academic settings. These researchers found that anxious individuals find it harder to avoid distractions and take more time to turn their attention from one task to the next. Similarly, Byrne (2000) showed that adolescents who have higher anxiety levels have a greater number of disruptive behaviours and lower self-concept.