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The Impact of Emotional Intelligence on Human Modeling Therapy given to a Youth with Bipolar Disorder

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ABSTRACT

This article deals with the impact of emotional intelligence on human modeling therapy that is used as a point of departure. Human modeling therapy is a creative therapeutic technique during which something new is created from material that already exists. The possible relationship between emotional intelligence and creativity made human modeling and creativity a suitable form of therapy for the purposes of this study. The BarOn EQ-i: YV™ was used as a measuring instrument to determine the emotional intelligence of the youth in this study.

INTRODUCTION

There is growing interest in the concept “emotional intelligence” as a result of a new approach that is based on the non-traditional view of intelligence. Few recent developments in the field of psychology have evoked as much interest as the term “emotional intelligence”. Various theorists have attempted to define this term according to the article on it in *Times Magazine* in 1995. Furthermore various measuring instruments were introduced which aimed at quantifying emotional intelligence (Ciarrochi, Forgas and Mayer, 2001, ix). The concept provided a useful instrument for describing the many components of the related factors that could play a role in a person’s achievement of success in life. Emotional intelligence, together with cognitive intelligence, facilitates a more holistic approach in assessing a person. Emotional intelligence can be regarded as an attempt to comprehend the relationship between thinking and emotion (Salovey & Sluyter, 1997, p.1; Maree & Eiselen, 2004, p. 482).

This study focuses on the impact of emotional intelligence on human modeling as used in the case of a youth with bipolar disorder. The findings of this research may be of value and useful to the practice of psychology.

MOTIVATION FOR THE STUDY

Emotional intelligence is a relatively new concept in South Africa and research in this field is essential. A client's emotional intelligence can play an important role in the choice of therapeutic methods, therapeutic uses and the outcome of various therapeutic methods. Experience in a school for learners with learning disabilities and with patients in the children's ward in a psychiatric hospital made the researchers realize that emotional intelligence could possibly be a contributory factor to the choice of therapeutic methods and the outcomes achieved by these methods. The impact of emotional intelligence on therapy is consequently regarded by the researchers as a theme requiring further research.

PROBLEM STATEMENT

The general problem statement in this study can be formulated as follows: What impact has emotional intelligence on human modeling therapy in the case of a youth with bipolar disorder?

Formulation of the research questions

The following subquestions were formulated in an attempt to obtain more information on the subject of the research:

- Why is human modeling therapy the preferred therapeutic method for this study?
- What does human modeling therapy entail?
- What does bipolar disorder in a youth mean?
- How is emotional intelligence determined?
- How can the impact of emotional intelligence on human modeling therapy be evaluated?
- What impact does emotional intelligence have on human modeling therapy?

DISCUSSION OF THE CONCEPTS

Youth

The terms “puberty” and “adolescence” relate to the threshold period of childhood and adulthood. The range of these terms elicits various differences of opinions. Puberty commences at approximately 11 years of age and is regarded as the phase of sexual maturing together with accompanying hormonal changes (Engelbrecht, Kok & Van Biljon, 1986, p. 72). Erikson (1995, p. 210) describes this developmental phase as a psychosocial stage in which a moratorium is created between the morality that was acquired in the childhood years and the ethics required by the adult world. Youths are concerned about who they are, what they are in the eyes of the “significant others” in their lives, and with whom they identify. The youth culture is characterized by an “inner-directedness”, a psychic attachment to friends, a striving towards autonomy, concern about the losing ride and an interest in the future of mankind (Thom, 1989, p. 445).

Emotional intelligence

Emotional intelligence is conceptualized and defined by researchers in different ways. The different approaches to emotional intelligence led to the development of various emotional intelligence models. BarOn (in Maree, 2004, p. 5) defines the concept “emotional intelligence” as follows:

The concept of emotional intelligence adds depth to the understanding of what intelligence or intelligent behavior is. Broadly speaking, emotional intelligence addresses the emotional, personal, social and survival dimensions of intelligence, vitally important in daily functioning. This less cognitive part of intelligence is concerned with understanding oneself and others, relating to people, and adapting to and coping with our immediate surroundings. These factors increase our ability to be more successful in dealing with environmental demands. Emotional intelligence is tactical and immediate, and as such reflects a person’s ‘common sense’ and ability to get along with the world.

This definition includes various aspects of emotional intelligence and it provides a comprehensive grasp of the concept.

According to the BarOn model used in this study, the optimal functioning, successful and emotionally healthy person is one who has sufficient emotional intelligence (Maree, 2004, p. 5).

Emotional intelligence includes the ability to

- identify one's own and others' emotions accurately;
- understand emotions and emotional language;
- deal with one's own and the emotions of others;
- use emotions to facilitate cognitive activities;
- use emotions as a support basis for motivating appropriate conduct (Salovey & Sluyter, 1997).

A working definition of emotional intelligence

This working definition is an attempt to summarise all the previous definitions of emotional intelligence. During this study the following working definition of emotional intelligence was used:

Emotional intelligence is the individual's ability to understand his/her own emotions and to express them; to understand the emotions of others; to control the emotions; to reveal problem-solving skills in relationships and to be self-motivating.

Human modeling therapy

I make, as it were, my own situation; I take my existence into my own hands, and so doing, I shape my own world – Van Kaam in Otto (1996, p. 335).

Human modeling therapy is a relatively new therapeutic intervention in comparison with other psychological therapies. Although human modeling is a more recent therapy, the principles underlying it come from well established psychotherapeutic ideas. Human modeling requires a client during therapy to construct a "person" out of the various materials available in the environment during the interview and that "person" then serves as the clients' psychological point of reference. The modeled person can then fully or partially represent possible problems of the client in the form of this projection medium. The client actively participates in his or her own therapy. Human modeling is a communication or projection medium in which conscious experiences are integrated with subconscious experiences. The, multimodal therapeutic intervention focuses on the concrete modeled person and not on subjective feelings. Human modeling is a creative process by means of which an own personality is

created and this concrete personality is evaluated and receives therapy (Coetzee, 1989, p.4).

Bipolar disorder

According to Hangaard (2004) the incidence of bipolar disorder in youths is more general than has been initially documented in research. The clinical presence of bipolar disorder in youths differs from that in adults. Bipolar disorder in youths is characterized by mood changes that usually occur in cycles. Persons suffering from bipolar disorder usually experience a manic phase in which high levels of hyperactivity and irritation occur. In the case of adults these phases recur in two or three cycles a year, but in youths the incidence could be three or four times a day. Data strongly indicate that genetics may be a significant factor in the development of an emotional disorder (Hangaard, 2004, pp. 131–135).

Bipolar disorder can have an adverse effect on a youth's development. In addition to this the disorder can cause problems in the youth's relationship with members of the family, friends and his or her school environment. Bipolar disorder may be stressful to the family and their ability to support the youth. The youth with bipolar disorder usually has few friends and experiences difficult situations at school. The most recognizable characteristic of a youth with bipolar disorder is chronic irritability which can manifest itself in the form of aggression or rage. Caregivers or friends may be the victims of rage expressed physically or mentally. The impulsive outbursts of rage in certain cases reach high levels of threatening conduct towards caregivers and are mainly the cause of hospitalization. Grandiosity is not a general feature of youths with bipolar disorder but some of them do display an unhealthy level of self-esteem (Heath & Camarena, 2002, pp. 252–270).

The diagnosis of bipolar disorder is complicated by co-morbid disorders which could accompany the bipolar disorder. Correct diagnosis is of the utmost importance since the treatment of one kind of disorder could negatively affect the course of another disorder. Some diagnoses frequently made in the case of bipolar disorders are short attention span and hyperactivity disorder (ADHD), behavioral disability, anxiety, disorder, and use of harmful substances (Hangaard, 2004, p. 34; Heath & Camarena, 2002; p. 254; Kaplan, Sadock & Grebb, 1994, pp. 525–532; McNicholas & Baird, 2000, p. 596).

RESEARCH DESIGN

A qualitative, descriptive and explorative research design was used in this study (Finestone, 2005). An inductive approach to data analysis was used to study the phenomenon below.

On studying the various paradigms the researchers came to the conclusion that there was not only one basic truth. All truths, according to Denzin and Lincoln (2000, p. 12), are partial and incomplete. Since the constructivist and interpretivist paradigms were used as points of departure for this study, an attempt was made merely to reveal part of the truth. The constructivist and interpretivist paradigms can be summarized in Table 1 by referring to the different perspectives, research strategies and methods of data collection.

STRATEGIES TO ENSURE THE VALIDITY OF THE STUDY

At all stages of the research process the validity of the findings was given the highest priority. Validity in the qualitative research process is, according to Creswell (2003, p. 195), whether the study is regarded as accurate by the researchers, the participants

TABLE 1

A summarized scheme of the different perspectives and methods of data collection, as used in the study

Paradigm	Ontology	Epistemology	Data collection method
Interpretivist	Reality is understandable and interpretable but not controllable or predictable	Knowledge or insight is obtained through observation and interpretation	<ul style="list-style-type: none"> • Interview • Participant observation
Constructivist	The reality is recognizable by person(s) who experience it themselves	Knowledge or insight is obtained through a conscious effort by a person who has experienced it in person	<ul style="list-style-type: none"> • A conscious effort by the person who experienced it.

(Adapted from Schurink in De Vos, 1998, pp. 246–247 & Fernandes, 2002, p. 48)

and readers of the study. Terminology used when referring to validity comprises the following: "genuineness," "confidence" "trustworthiness" and "credibility" (Denzin & Lincoln, 1998, p. 287). In Table 2 strategies are shown that were used in this study in an attempt to create the validity of the findings.

RESEARCH METHODOLOGY

Case study design

A case study covers a particular case within a limited system. Researchers undertaking a case study should keep asking themselves during the research process what s/he can learn from the particular case study. There is a particular pattern to be found in the conduct of the specific case. Cohesion and sequence can be found in certain features that can be regarded as part of the particular case, as well as other features that fall outside the particular system. Consequently the limitations and conduct patterns can be used in an attempt to specify the particular case. The end purpose of the case study may be to study a general phenomenon but studying a complex specific case study is rather an attempt to obtain a clear picture of a specific case (Denzin & Lincoln, 2003, p. 436; Freebody, 2003, pp. 80–83).

The value of a case study lies in the refinement of theory and an indication of the areas that require further investigation. The aim of the case study report is merely to represent the specific case and not the whole world (Denzin & Lincoln, 2000, p. 449).

A case study may require that information be obtained by means of psychometric tests, interviews as well as systematic and constant observation (Mwamwenda, 1996, p. 9). In this study interviews, observations, a modeled person as a projection medium and psychometric testing in the form of the BarOn EQ-i: YV™ measuring instrument were used.

ETHICAL ASPECTS

The researchers were lucid in their use of research methods and analysis of findings. The ethical measures used to protect the research participant were employed throughout the entire study. Informed permission was obtained from the research participant, the research participant's parents and the school which the learner attended. The research participant's identity was protected

TABLE 2
Strategies that were used in this study in an attempt to increase the validity of the findings

Strategy	Description
Triangulation	Information was obtained from the research participant's parents, teachers, doctors, specialists, therapists and also from the research participant himself. Information was also obtained by using the BarOn EQ-i: YVTM measuring instrument the modeled human created during the human modeling therapy, a literature study and a critical text study.
Participant correction	The participant was given the opportunity to read the BarOn EQ-i: YV™ results and the themes that had originated during the human modeling therapy, and to comment on them.
Use of rich penetrating descriptions to findings	The participant's environment, as well as the participant's verbatim responses was used in the study. The system of the participant was studied in depth.
Focus on the researchers' bias	The researchers' self-reflection was an open and honest attempt and it is reflected in the study.
Presentation of negative/contradictory information	Information was reported as fully as possible in the study, and also that could be regarded as contradictory to the categories mentioned.
Spending extended time in the research field	Before the present study commenced, the researchers had been involved in a therapeutic assistance-rendering situation with the research participant. Therapy also took place after the study had been completed.

Peer rating "debriefing"	The researchers made use of inputs from other psychologists and therapists who had knowledge of the study.
Member checking	The researchers frequently confirmed our observations with the participant to obtain more complete and subtle meanings.
Use an external scorer	A competent and experienced scorer revised the whole project and assessed it.
Mechanical recording of data	Cassette recordings and a photo of the modeled person that was created were used during the study.
Language of the participant: verbatim feedback	The participant's responses were noted verbatim and direct quotations from the participants' remarks were used.
Selective use of data should be avoided	Data were not used to verify findings falsely. The external coder provided assistance in this regard.
Deductions made should be supported by adequate proof	Generalisations were only made if the collected data could support these supported by generalizations.
Avoid subjective interpretation	The BarOn EQ-i: YV™ has been standardized and the researchers attempted to undertake the data analysis as objectively as possible.

(Compiled from Creswell, 2003, pp. 196–197; McMillan & Schumacher, 1997, pp. 407–409)

throughout. The research participant and the parents involved were informed that they could withdraw from the study at any stage. The researchers provided feedback to the research participant and the parents. Appropriate research methods like the BarOn EQ-i: YV™ were used and the interpretations of the results related to the collected data. An external coder assisted the researchers during data analysis to ensure accuracy as far as possible. The researchers tried to maintain the highest methodological standards and to strive for accuracy. The research findings were accurate and presented responsibly.

LIMITATIONS OF THE STUDY

The limitations of the study were as follows:

- The possibility of generalization is limited because the single case study does not represent the whole population of youths who received human modeling therapy.
- The study has a limited range since a single case study was used during the research.
- The subjective interpretation of the researchers can be regarded as a limitation since the results can be interpreted differently by other researchers.
- The client used psychopharmacological agents during the therapeutic sessions and the administration of the BarOn EQ-i: YV™ self-report questionnaires. The agents could possibly cause side-effects like an excessive calming effect or a short-term loss of memory that could have an effect on the therapeutic sessions.

DISCUSSION ON THE CASE STUDY

The research participant took part in eight 45-minute human modeling therapy sessions that were recorded with his permission on a tape recorder. Direct quotations were used to describe the themes that were identified in each session.

An 11-year-old boy in Grade 5, the research participant was the younger of two children, with a brother in the main stream school who does well in sport and in the scholastic field. He lives with both his biological parents, both of whom have a history of depression. The research participant's development occurred at a slower rate than that for his particular age group and therapy was suggested by doctors.

The research participant was referred to a special school in which therapists were readily available for daily therapy sessions. He showed average intelligence and his school achievement was good in the early grades. However, he has a short span of attention, a high degree of distractibility, deficient perseverance and a slow working speed. He projected himself as being isolated from the group and felt discouraged because he could not meet the emotional demands made on him. He participated in various cultural activities such as debates, piano lessons and drama productions.

The school reported that he suffered from behavioral problems such as aggressive behavior, inappropriate sexual conduct, poor language usage and poor discipline. The research participant subsequently received outpatient treatment, which involved medication, a psychiatrist and a psychologist. At the age of ten he was admitted to a psychiatric hospital for the first time in order to obtain control of his most aggressive behavior and to stabilize his medication levels. At first the diagnosis of the research participant was obsessive compulsive disorder with major depression, but this diagnosis was later changed to bipolar disorder.

A brain scan requested during the admission period was reported to be normal. The research participant was given *Lithium* and *Aropax* as medication. The *Ritalin* tablets were discontinued to prevent increased anxiety levels. The side effects that were experienced as a result of *Lithium* were psoriasis, a bigger appetite, weight increase and weariness.

According to Coetzee (1996, p. 1) youths between the ages of eleven and fifteen do not react as successfully to traditional psychotherapeutic methods as adults do. Human modeling is a holistic creative therapy which seems to be a functional therapy method for youths. Fluctuating emotions that are experienced are expressed by means of the modeled human.

Human modeling therapy as a therapeutic intervention seemed to be a suitable therapy in this study. Self-responsibility and problem-solving skills were, among other things, handled by human modeling therapy. The underlying hypothetical assumptions of this therapy support the quest for independency and autonomy which is sought after in the early adolescent stage of life. By means of the modeled human the research participant also took responsibility for his/her conduct and the solution of problems. The reciprocal relationship between the therapist and the research participant created an opportunity for the youth to give attention to group norms and the experience of the self with

regard to his body. Coetzee and Coetzee (1996, p. 99) describe the effectiveness of human modeling as a therapeutic strategy for youths as follows:

Human modeling should be part of the adolescent's tempo. It is like a microscope, magnifying what is inside, revealing very subtle and invisible feelings. Human modeling is the marriage between technique and content. The psychotherapist is the balance-point that has to bring these opposing but complementing forces into harmony. Technique is an intellectual process and content is an emotional process. Technique has its place in the classroom, in the rehearsal studio, but when you are busy with human modeling technique has to be placed aside. In human modeling you listen to the heart and not so much to the mind. Technique is what communes and it is communion and not communication that is the essence of human modeling.

This study, as well as the therapeutic intervention planned by the therapist, was discussed with the research participant and his parents.

FINDINGS

The BarOn EQ-i: YV™ was implemented before and after (see Appendices A and B) the research participant underwent the human modeling therapy process (during a remission period). He was still taking Lithium at the time, though; dosage: Lithium (camcolit) 400 mg three times daily. Plasma lithium level: 0.6 mmol/L (stabilised on maintenance dosage).

The results, obtained from both self-report questionnaires, were discussed with the research participant who confirmed these results. Themes were identified from the results as obtained from the BarOn EQ-i: YV™ self-report questionnaire as well as from each human modeling therapy session. The themes were verified by an external coder as well as the research participant. The identified themes were arranged in categories and summarized in Table 3.

The pre-intervention results served to confirm the research participant's previously identified problem areas of functioning. The BarOn EQ-i: YV™ at the same time also indicated problem areas within the research participant that were less obvious before the therapeutic intervention. The questionnaire identified specific strong and weak points with reference to emotional intelligence.

The BarOn EQ-i: YV™ served as a pointer to the human modeling therapy sessions in that it indicated emotional

intelligence areas in the research participant that needed therapy. At the same time it identified more prominent emotional intelligence areas that could be used during the therapy sessions to improve the less prominent areas.

Problem areas requiring immediate therapeutic attention were highlighted by the BarOn EQ-i: YV™. Administering the latter before the therapy sessions thus helped to identify problem areas and therapeutic objectives.

In this study the research participant initially obtained a low score on the BarOn EQ-i: YV™'s stress management scale. This scale indicates impulsiveness and emotional action in situations experienced as stressful. The score indicated that the research participant possibly experienced anxiety in stressful situations. Stress management was subsequently identified as the single most important therapeutic point of departure.

Although the research participant obtained fairly average scores on the intrapersonal, interpersonal, adaptability, total emotional intelligence, general mood and positive impression scale, the scores suggested that there was space for improvement. Therapy sessions were subsequently focused on improving the total emotional intelligence of the research participant by giving attention to the weaker subscales and encouraging the research participant to use his stronger subscales more effectively.

The matching categories stress management, aggression, intentionality, interpersonal relationship problems, depressive emotional conditions and attention distractibility were identified during the human modeling therapy sessions.

Post-intervention results served as an indication of whether the therapy sessions were successful with regard to dealing with areas identified for therapeutic intervention. The post-intervention results indicated that the research participant's stress management and adaptation skills had indeed improved psychologically significantly. After the therapy sessions the research participant showed a slight tendency to present a better impression of himself than was actually the case. We therefore conclude with due circumspection that the BarOn EQ-i: YV™ did provide, to a meaningful extent, an indication of whether the human modeling sessions had achieved their objective. The questionnaire also indicated those emotional intelligence areas of the research participant that needed further therapeutic intervention.

The authors are of the opinion that the BarOn EQ-i: YV™ served as a therapeutic pointer. The test saved time in that it identified the problem areas before therapeutic intervention and the researchers were able to structure their therapy sessions

TABLE 3

Summary of identified themes

CATEGORY 1: STRESS MANAGEMENT		
Subcategories	Therapy sessions	Emotional intelligence subscales
Tension/anxiety impulsiveness	1,2,3,4,5 3,4,5,7,8	Stress management scale General emotional intelligence scale
Inappropriate sexual conduct	4,5	
Search for routine	2,4,7	
Search for structure	3	
Inappropriate conduct	1,3,4	
Evasive conduct	2,4,5,6	
CATEGORY 2: AGGRESSION		
Subcategories	Therapy sessions	Emotional intelligence subscales
Irritability	1,5,6	Stress management scale
Physical violence	1,3,4,5,6,7	Intrapersonal scale
Swearing	1,5,6	Interpersonal scale
Low frustration tolerance	2,6,7	General emotional intelligence scale
CATEGORY 3: INTENTIONALITY		
Subcategories	Therapy sessions	Emotional intelligence subscales

Negative impression of own ability	1,2,5,7,8	Intrapersonal scale
Acquired helplessness	2,5,7	General emotional intelligence scale
Search for reward	1,3	
Negative bodily experience	1,4,5	
Negative task set	1,2,3,4,7	

CATEGORY 4: INTERPERSONAL RELATIONSHIP PROBLEMS

Subcategories	Therapy sessions	Emotional intelligence subscales
Search for acceptance	2,3,5,6,7	Positive impression scale
Search for friends	1,4,5,6,7	Interpersonal scale
Negative self-evaluation	6	General emotional intelligence scale

CATEGORY 5: DEPRESSIVE STATE OF MIND

Subcategories	Therapy sessions	Emotional intelligence subscales
Uncertainty	7	General mood scale
Reduced energy levels	1,2,3,6,7,8	General emotional intelligence scale
Anhedonia (loss of pleasure)	3,6	
Feelings of guilt	3,5,6	
Suicide idealization	3	

CATEGORY 6: ATTENTION DISTRACTIBILITY

Attention distractibility	1,4,5,6,7,8	Intrapersonal scale
Poor concentration	7	General emotional intelligence scale

(Compiled by the authors in collaboration with the external coder)

accordingly. Administering the BarOn EQ-i: YV™ after human modeling therapy sessions provided the researchers with feedback on the impact of the human modeling therapy sessions.

SUMMARY

The findings of the case study on which this research is based, investigated the impact of emotional intelligence on human modeling therapy given to a youth with bipolar disorder.

This study provided some evidence that emotional intelligence assessment and implementation of the assessment results have the potential to impact on human modeling therapy when administered to youths with bipolar disorder.

The authors are of the opinion that pre-assessment of a research participant's emotional intelligence could be potentially significant in drawing up a successful therapeutic program but it is not a prerequisite for obtaining success in human modeling therapy. It seems clear from the current case study that assessment of a research participant's emotional intelligence and integrating this information into the human modeling therapeutic process has the potential to be both advantageous and successful.

RECOMMENDATIONS

Some recommendations with reference to the practice, further research and training will now be made.

When possible in *practice* it is recommended that the research participant's emotional intelligence be assessed before human modeling therapy takes place, since therapy sessions tend to become more focused and therapy is facilitated. It is also suggested that the research participant's emotional intelligence again be assessed after the human modeling sessions have taken place to determine whether those aspects of emotional intelligence in need of attention have indeed been dealt with satisfactorily. It is suggested that the BarOn EQ-i: YV™ be chosen as the instrument to measure a research participant's emotional intelligence, because, among other reasons, it does not take long to be administered. Apart from this the questionnaire has outstanding psychometric features which make it potentially suitable for use in cases such as the one being researched. The BarOn EQ-i: YV™ self-report questionnaire can furthermore be used by the therapist for monitoring purposes. At present

the BarOn EQ-i: YV™ is the only internationally recognized emotional intelligence measuring instrument by means of which the emotional intelligence of youths can be measured.

For further *research* the following research possibilities are suggested:

- The impact of emotional intelligence during other therapeutic interventions.
- The impact of emotional intelligence in the treatment of other psychiatric disorders.
- A comparative study in which more than one case is studied.

With regard to *training* the researchers recommend that psychologists be trained with regard to the concept, measurement and value of emotional intelligence in their therapeutic intervention with clients.

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APPENDIX A

Summary of the BarOn EQ i:YV™ self report questionnaire results
obtained as administered before therapeutic intervention

Scale	Score	Discussion of score
Intrapersonal scale	107 Average	The client displays sufficient understanding of his emotions. He is able to express his emotions and needs sufficiently
Interpersonal scale	99 Average	Although the client displays satisfactory interpersonal relationships, there is potential for improvement
Stress management scale	65 Very Much Below Average	The client indicates that he reacts both impulsively and emotionally when he finds himself in stressful situations
Adaptability scale	98 Average	The client displays sufficient adaptability, realistic solution abilities and adaptability in new situations
Total emotional intelligence scale	91 Average	The client complies reasonably well with daily demands
General mood scale	99 Average	The client displays a reasonably optimistic outlook on life. (The client also displays a sense of humour during the administration of the questionnaire.)
Positive impression scale	115 Above Average	The client indicates that he tries to create a better image of himself than what is actually the case
Inconsistency index	8 Acceptable	There seems to be consistent answering of the questions by the client. The validity of the questionnaire as completed by the client, seems to be good

APPENDIX B

Summary of the BarOn EQ i:YV™ self-report questionnaire results
obtained as administered after therapeutic intervention

Scale	Score	Discussion of score
Intrapersonal scale	107 Average	The client displays sufficient understanding of his emotions. He is able to express his emotions and needs sufficiently
Interpersonal scale	104 (+5) Average	The client displays satisfactory interpersonal relationships
Stress management scale	99 (+34) Average	The client is generally calm and works well under pressure. He can usually respond to a stressful event without an emotional outburst
Adaptability scale	112 (+14) Above Average	The client is flexible and realistic, and he displays above average solution abilities and adaptability in new situations.
Total emotional intelligence scale	108 (+17) Average	The client complies well with daily demands and is generally happy
General mood scale	102 (+3) Average	The client displays a reasonably optimistic outlook on life
Positive impression scale	108 (+7) Average	The client indicates that he does not try to create a markedly better image of himself than what is really the case
Inconsistency index	4 (-4) Acceptable	There seems to be quite consistent answering of the questions by the client. The validity of the questionnaire, as completed by the client, seems to be good.