

EMOTIONAL INTELLIGENCE, ATTACHMENT STYLE AND LIVED EXPERIENCES OF FATHERS WITH CHILDREN WITH SPECIAL NEEDS: A DESCRIPTIVE STUDY

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ABSTRACT

This descriptive study determined the emotional intelligence, attachment style, as well as the lived experiences of fathers of children with special needs. Specifically, the objectives of this research are the following: to ascertain the profile of fathers in relation to emotional intelligence and attachment style and to determine the experiences of father respondents in relation with their children with special needs. The researchers interviewed, administered psychological tests and questionnaires namely, the BarOn Emotional Quotient Inventory: Short and the Vulnerable Attachment Style Questionnaire to five Filipino fathers who have children with special needs. The participants have at least one child with special needs like cerebral palsy, autism and ADHD. Based on the result of the study, most of the participants have low emotional intelligence and their attachment style is more likely to be vulnerable. The thematic analysis yielded three themes common among the participants' lived experiences with their children namely financial difficulties, emotional difficulties and strategic coping. Implications, limitations and recommendations of this study are discussed.

Keywords: Emotional Intelligence, Attachment Style, Descriptive Study, BarOn Emotional Quotient Inventory: Short, Vulnerable Attachment Style Questionnaire, Programs, Fathers, Children with Special needs

INTRODUCTION

The category of children with special needs is very broad and includes a wide variety of disabilities. It is defined by the Maternal and Child Health Bureau as those children who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health related services of a type or amount beyond required by children generally (Jones *et al.*, 2013).

These children differ from normal kids in many ways. They differ in terms of their abilities, cultural or social background and personal characteristics up to the point that they need to reorganize their learning environment in order for them to realize their potential for development (Kallarus, 2010). There are special education programs, therapy sessions and tutorials designed specifically to help these children that differ significantly from the 'traditional' education programs which are designed for 'regular' children. These programs give these children a chance to develop their potentials in a 'special' way.

Children with special needs require constant healthcare wherein they will be in need of help which can cause burden to the family or the caregiver (*Birch et al., 2012*). Parents and/or relatives have to expend more time and effort for their children in order to help them grow despite the difficulties. No matter how difficult it may sound to have a child with special needs, a child is generally considered as a blessing, especially by their parents. Both their mother and their father.

Fathers are thought of as the breadwinner of the family. But aside from being the breadwinner, they can also act like mothers and take care of their children. Fathers used as participants in a study are scarce even though they play a very important part in ones' upbringing. Bronte-Tinkew et al. (2008) stated that father involvement has been associated with healthy cognitive development in infancy. Father involvement in parenting interventions has also been found to positively contribute to program effects on child outcomes as to what Bagner et al. described it (Dumka, L. et al., 2013). There are limited studies about fathers yet. And this is about them

Emotional Intelligence

Intelligence is a broad concept. It cannot be explained through a single definition. Some theorists had identified several types of intelligence. For example, Louis L. Thurstone had identified seven different "primary mental abilities". These were verbal comprehension, reasoning, perceptual speed, numerical ability, word fluency, associative memory and spatial visualization. However, Thurstone had only identified the components of one general type of intelligence. That is, mental ability. Other researchers such as Peter Salovey and John Mayer had identified another type of intelligence. That is, emotional intelligence. This paper focuses on the latter.

According to Salovey and Mayer (1990) as cited by Gardner (2006), emotional intelligence is "the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth." Its substantiality is seen through the presence of self-awareness, self-management which includes transparency, adaptability, achievement and optimism, social awareness and relationship management (Goleman, Boyatzio and McKee, 2003).

Cherry (2012) stated that Salovey and Mayer, back in 1990, pioneered the research concerning emotional intelligence. They are said to be the most influential researchers in the said field. Their research entitled "Emotional Intelligence" is considered as the mostly used journal for the latter researches that followed up to date and to name a few (*Cherry, 2012; Hur and Moon, 2011; Yousefi and Zardeini, 2012; Van Dusseldorp et al., 2011*). Salovey and Mayer are also among the firsts who defined emotional intelligence.

However, there are variations regarding the definition of emotional intelligence among researchers. The difference was mostly due to varying result of researches. Salovey and Mayer (1990) defined emotional intelligence, as cited by Hur and Moon (2011) as the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth.

However there is a revision that took place on 1997. Emotional intelligence was stated as the individualist ability in correct perception and evaluation of emotions, ability to facilitate thoughts by emotions and ability to adjust emotion for enhancement of emotional as well as mental growth (*Yousefi and Zardeini, 2012*).

Another definition cited by Hur and Moon (2011) from Goleman (1995), is that emotional intelligence is a competency of managing yourself and your relationships with others, making effective teamwork, leading others, and forecasting the future, all of which had positive effects in terms of efficacy and job performance. It refers to one's ability to be able to perceive, control and evaluate emotions. Also, it can be learned and strengthened but others consider it as an inborn characteristic.

It was mentioned earlier that Salovey and Mayer pioneered the study about emotional intelligence. Salovey and Mayer (2001), as cited by Van Dusseldorp et al. (2011), divided emotional intelligence into four parts. These four parts are now known as the four areas of skill namely perceiving emotions, using emotions to facilitate thoughts, understanding emotions and managing emotions in a way that enhances personal growth and social relations.

There are studies that have been made to correlate emotional intelligence with adjustment. According to the study of Choi, Kleumper and Sauley (2011), emotional intelligence measures predict rational coping, life satisfaction, psychological distress and detachment coping. On the other hand, study of Downey, et al., (2010) regarding the mediating effects of emotional intelligence and coping on problem behaviors indicated that the development of emotional abilities may be required to improve coping outcomes. Results of the study of Petrides, Perez-Gonzalez and Furnham (2007) suggest that emotional intelligence is related to coping, rumination, life satisfaction, depression and dysfunctional attitudes.

However, most subjects of the researches about emotional intelligence are mothers (*Trute, Benzie and Worthington, 2012; Gascon-Ramos, Campbell and Bamford, 2010; Daudji, et al., 2011*) regarding their roles to family adjustment in situations of children with special needs. Findings of the study of Trute et al. (2012) suggest that mothers' positivity is related to enhance family adjustment in situations of children with disability.

There were tests made to determine the emotional intelligence of individuals. For example, Salovey and Mayer developed a test called the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). This test measures the four areas of skills mentioned earlier such as perception of skills, managing one's emotions, managing other's emotions and utilization of emotions. Aside from the MSCEIT, There was also a test developed by BarOn in 2003 called the BarOn Emotional Quotient Inventory.

BarOn Emotional Quotient Inventory is one of the first measures of emotionally and socially competent behavior that provides an estimate of one's emotional and social intelligence that is scientifically developed that attempts to assess emotional intelligence which consist of a 133 item measure of emotional intelligence with five composite scales (Intrapersonal, Interpersonal, Stress Management, Adaptability and General Mood Scale) and 15 subscales (Self -Regard, Emotional Self-Awareness, Assertiveness, Independence, Self-Actualization, Empathy, Social Responsibility and Interpersonal Relationship, Stress Tolerance, Impulse Control, Reality Testing, Flexibility, Problem Solving, Optimism and Happiness) that can be administered to individuals ages 16 and older, as stated by Multi Health Systems (2012) and Rossi and Weerdt (2012). It measures the potential to succeed rather than the success itself. The core of emotional intelligence is understanding oneself and others, being able to relate to people and possessing the ability to adapt and cope with one's surroundings which in term will increase one's chances of success when dealing with environmental demands because emotional intelligence renders the way in which someone applies his knowledge to certain situations, it can also help to predict future success BarOn (1997) as cited by Rossi and Weerdt (2012). The BarOn Emotional Quotient Inventory was developed in 1997 by Reuven BarOn, PhD, a clinical psychologist since 1972. Dr. BarOn is known internationally as an expert and pioneer in the field of emotional intelligence. He started with researches to find the answer to the question "why do some people succeed in possessing better emotional well-being than others?" that later had been expanded to "why are some individuals more able to succeed in life than others?" as cited by Rossi and Weerdt (2012). BarOn defined the concept emotional intelligence as "an array of personal, emotional and social competencies and skills that influence one's ability to succeed in coping with environmental demands and pressures" in which he used a systematic review of variables in believing that those variables are responsible for success in general. He hypothesized that people having higher than average EQ are in general to be more capable of handling life's stresses and the deficiency in EI is said to have an existing emotional problem and lack of success. (Rossi and Weerdt, 2012).

Certain emotional and social competencies, skills and facilitators are what consist of a mixed model of EI divided into five different areas that work hand in hand with one another: Intrapersonal (emotional awareness, assertiveness, independence, self-regard and self-actualization); Interpersonal (empathy, social responsibility, and interpersonal relationships); Stress management (stress tolerance, and impulse control); General Mood Feeling (happiness and optimism) and that makes the complete 15 subscales under each factor. BarOn proposed that these factors consist of how you will be able to understand yourself as well as the people around you. BarOn (2003) has stated that the ongoing

development of his model is greatly influenced by Darwin's early work which stresses on the importance of emotional expression for survival and adaptation. According to this model emotional-social intelligence is a cross-section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands. (BarOn, 2003). BarOn made that statement in order to explain further how the model works. On the intrapersonal level, for us to be emotionally and socially intelligent, we must know how to understand oneself and the others as well as their strengths and weaknesses while on the interpersonal level, for us to be emotionally and socially intelligent, we must be aware of emotions, feelings and needs of others. To be able to do this, we need to manage emotions so that they work for us and not against us, and we need to be sufficiently optimistic, positive and self-motivated.

This model of ESI was developed with the help from the EQI. Based on the findings obtained when BarOn applied the EQ-i in a wide range of studies over the past two decades, he was able to mold his construct and to keep it still as an empirically based theory. These are the steps BarOn (2003) had elaborated that helped with the development of the ESI model (1) identifying and logically clustering various emotional and social competencies thought to impact effectiveness and psychological well-being based on my experience as a clinical psychologist and review of the literature; (2) clearly defining the individual key clusters of competencies, skills and facilitators that surfaced; (3) initially generating approximately 1,000 items based on my professional experience, review of the literature and input from experienced healthcare practitioners who were asked to generate questions they would ask in an interview situation guided by my definitions; (4) determining the inclusion of 15 primary scales and 133 items in the published version of the instrument based on a combination of theoretical considerations and statistical findings generated by item analysis and factor analysis; (5) initially norming the final version of the instrument on 3,831 adults in North America in 1996; and (6) continuing to norm and validate the instrument across cultures and these has proceeded for a period of 17 years.

Since most participants of several studies are mothers, this paper focuses on father's emotional intelligence. Emotional intelligence here includes the components of emotional intelligence as identified by Bar-on (1997, 2000) namely intrapersonal, interpersonal, stress management, adaptability and general mood.

There are also researches regarding emotional health had been made that used the BarOn's Emotional Quotient Inventory as their aid. Emotional intelligence and emotional skills develop over time, change throughout the course of life and can improve via training and remediation (Van Rooy et. al. 2005; Van Dusseldorp et al. 2011). As BarOn (2003) stated, emotional intelligence is one's ability to learn, recall, apply, think, reason, and abstract (Clift, 2004). The study of Dusseldorp et. al (2010) focused on the emotional intelligence and mental health of nurses, they wish to investigate possible implications which higher or lower emotional intelligence levels may have on the quality of care. In relation to what BarOn (2003) previously stated, EQI measures the ability to adapt and cope

with one's surroundings and based on their findings, the nurses in psychiatric care scored above average in the emotional intelligence that is required to cope with the amount of emotional labor involved in daily mental health practice (Dusseldorp, 2010). Another study conducted was regarding the Relationship of Emotional Intelligence with Mental Health (Ahmad et. al 2010). The result of their study supported their hypothesis, emotional intelligence negatively correlate with the negative symptoms of mental, and emotional intelligence can predict mental health scale and sub-scales" by having a negative correlation, it shows that there is a significant relationship between emotional intelligence and mental health scales and sub-scales scores. It also revealed that mental health scales and sub-scales scores are influenced by emotional intelligence. Also, a research on emotional intelligence and domestic abuse was conducted (Clift, 2004). The result came out as expected by the authors; the batterers' emotional intelligence appeared lower than the rest of the population. Emotional self-awareness, assertiveness, self-regard, independence, problem solving, reality testing, flexibility, impulse control, and happiness seem to be associated with an increased propensity for abusiveness in domestically violent men (Clift, 2004).

A study conducted in Malaysia focused on the emotional intelligence of fathers and how they respond with the behavior of their children. (Abdullah, et. al 2010). On the said study, Abdullah et al. (2010) concluded that emotional intelligence helps to predict success because it reflects how a person applies knowledge to an immediate situation.

Other researchers such as Stover (2003) and Lamb (2004) found out that fathers nowadays are more aware of their roles as a father figure to their child. It has been clear that their presence with the child's growing up stage plays a big role with the development of their child. Fathers' emotion also affects the emotion and social behavior of the child by discouraging their emotional parameter, and with the result of the study conducted, it simply shows that the fathers who have high levels of emotional intelligence are lesser to give angry responses to their child's behavior.

Attachment Style

The concept of attachment style originated from John Bowlby. Bowlby described attachment as a lasting psychological connectedness between human beings (Bowlby, [1969] as cited by Cherry [2012]). Bowlby believed that there are four distinguishing characteristics of attachment namely proximity maintenance, safe haven, secure base and separation distress.

Cherry (2012) also cited from Bowlby (1988) that the propensity to make strong emotional bonds to particular individuals is a basic component of human nature. Attachment style is also an emotional bond which we have toward another person, a special emotional relationship which involves exchanging of comfort, care and pleasure (Cherry, 2012).

Several researches have been conducted about attachment (*Pace and Zavattini, 2011; Limke and Mayfield, 2011; Chen, Lin and Li, 2012; Santelices, et al., 2011; Pasco and Belsky, 2011; Madigan, Benoit and*

Boucher, 2011; Huth-Bocks, et al., 2011; Araneda, Santelices and Farkas; 2010). However, most of these researches focused on the infant-mother or infant-parent attachments or the attachment style of infants with their mothers/parents. For example, Chen, Lin and Li (2012) studied parent-child attachment. They found out that mothers who tended to adopt an emotion-coaching philosophy were more likely to achieve secure parent-child attachments as reported by their children. On the other hand, there are also researches found which gives focus on paternal attachment (*Boyd-Soisson, et al., 2012; Madigan, et al. 2011*) but these researches are limited.

There are also evidences that attachment is a factor to understanding and acceptance of children with special needs. Results of the study of Bostrom, Broberg and Hwang (2010) suggest that parents' level of processing to their children's disability varies depending on the degree of their acceptance of the situation. The researchers conclude that although parents of children with special needs describe negative emotions in relation to the child and the disability, most of these parents also describe positive emotions that seemed to balance the negative experiences.

Several studies have also been made to correlate attachment style to depression. There are evidences that these two variables are related (Bifulco et al., 2001). There was a test developed by Bifulco et al. (2001) to determine the vulnerability of attachment style of individuals which is called Vulnerable Attachment Style Questionnaire (VASQ).

Significance of the Study

There are plenty of organizations and foundations from other countries which aim to help children with special needs but factually, there are only limited organizations and foundations here in the Philippines. And so, this research aims to contribute to the limited knowledge of people regarding children with special needs. This study may contribute to the researches existing for other researchers in the future to help them with their own study. There is also limited access to researches here in the Philippines with the said topic and so the researchers have come up with the study to add to the existing ones and to be able to give awareness to people who have less knowledge regarding children with special needs.

Furthermore, data gathered in this research may be used to develop programs to help fathers with children with special needs. Understanding the dynamics of emotional intelligence and attachment style of fathers may help them cope and comprehend deeper their current situation.

METHOD

Ethical Considerations

Informed consent was obtained and signed by the participants. The participants were given a description of the study before commencement through an informed consent letter and the researchers clarified that each participant's contribution will remain confidential and for academic purpose only. The researchers also gained consent from the participants to record the interview session. To protect the identity of the participants, their real names were not mentioned in this paper. Codenames were used to identify them.

Research Design

Considering the distinctiveness of the participants in this study in terms of their profile in relation to emotional intelligence and attachment style and also the subjectivity of their experiences with their children with special needs, the researchers found it fitting to use descriptive study as the research design of the study. Descriptive study, as defined in this paper, is a type of observational study which involves collecting information without manipulation of variables and primarily answering the question "what". The information gathered in this study is about the emotional intelligence, attachment style and experiences of the participants with their children with special needs.

Participants

The participants of this study include five Filipino fathers who have children with special needs. They have at least one child who possesses one of the special cases such as cerebral palsy, autism, and ADHD. These fathers are living and participating with the care of their children. A small number of participants were used to deliver a thorough account of each case. The participants were also able to communicate and define their experiences with their children with special needs.

Procedure

The participants of this study were gathered through purposive sampling using the conditions/standards described above. Purposive sampling is a type of non-probability sampling in which samples will be chosen based on a certain criteria. The researchers found it fitting to use purposive sampling because first, participants were not chosen randomly. Participants do not have equal chances on being selected. And second, participants were chosen based on certain conditions.

Participants must have at least one child with special needs like cerebral palsy, autism and ADHD, and must be living and participating with the care of their children. Each participant was interviewed individually and each of them took emotional intelligence and attachment style

measures. With their written consent, their interview sessions were recorded. The researchers utilized four fundamental questions namely early reactions, direct experiences, coping and acceptance to determine the experiences of fathers in relation to their children with special needs. The results of the emotional intelligence attachment style tests were used to ascertain the profile of fathers in relation to emotional intelligence and attachment style.

Instrumentation

The BarOn Emotional Quotient Inventory: Short was employed to assess the emotional intelligence of the participants. The BarOn EQi:s is based on Bar-on model of emotional intelligence. This model proposed that emotional intelligence is composed of five major ability namely intrapersonal, interpersonal, adaptability, stress management and general mood. It consists of 51 items and requires approximately 15 minutes to complete. The BarOn EQi:s provides 8 main scores: inconsistency index, positive impression, total EQ, intrapersonal, interpersonal, stress management, adaptability and general mood.

On the other hand, Vulnerable Attachment Style Questionnaire (VASQ) was utilized to assess the vulnerability of attachment style of the participants in this study. VASQ consists of 22 items. Items were extensively respondent- and expert-tested in an interactive interview context. Questionnaire items were written as self-statements with a five-point Likert response scale. Response options ranged from ‘strongly agree’ to ‘strongly disagree’. The centre point was ‘unsure’ (Bifulco et al., 2001).

Interview questions were also formulated and utilized. The questions were validated by three experts.

Data Analysis

The BarOn Emotional Quotient Inventory: Short and Vulnerable Attachment Style Questionnaire were scored and interpret. The results and interpretation of the aforementioned tests were used to determine the emotional intelligence and vulnerability of attachment style of the participants. Individual interview sessions were recorded and then transcribed. To ascertain the common experiences of fathers in relation to their children with special needs, thematic content analysis was employed. Thematic content analysis “involves summarizing and classifying data” (Rawatla and Petersen, 2012). The themes formulated in this study were also validated by three experts.

FINDINGS

Participant 1

Relevant History

Mr. Monday (not his real name) has a son with cerebral palsy. His son, Eight (not also his real name), was diagnosed of having cerebral palsy the moment he was born at the hospital. Mr. Monday mentioned that his son was not supposed to have the disability. Eight's disability was just a result of hypoxia and Mr. Monday mentioned that it was due to the doctor's negligence. The doctor, he said, did not attend immediately to his wife's needs during her labor. As a result, Eight came out to have cerebral palsy.

Disappointment and sadness were experienced by Mr. Monday when he learned about his child's condition. However, he mentioned that he was not disappointed with his child, but his disappointment was directed to the doctor responsible with his wife's childbirth. "*Dabil lang naman sa hypoxia kung bakit may CP iyong anak ko.*" He mentioned that he already moved on but until now, he is still disappointed. What makes him more disappointed is the fact that Eight was their first child.

Eight have undergone therapies as early as possible. He is currently undertaking speech therapy, occupational therapy, physical therapy and tutorial. Mr. Monday tried to enroll his child to regular schools but Eight lasted for only a year with no improvement. Eight was back to his therapies. Mr. Monday's ultimate goal for his child is for Eight to be independent. "*Marami akong dreams para sa kanya pero hindi ko alam kung realistic. Gusto ko sana as realistic as possible.*" He wanted Eight to learn how to stand, to speak and to be with himself so that they would not worry much if ever they have to leave Eight alone. So far, Mr. Monday mentioned that Eight was exhibiting improvement with his therapies especially his "walking". Eight can't even stand before the therapy but now, he can already walk provided that someone was assisting him.

Mr. Monday said that he wanted to spend time as much as possible with his child. "*Kasama ko siya mga two hours in the morning tapos the whole time sa gabi.*" He drives his child to school and he also picks up Eight, especially now that his wife is pregnant. But of course just like other parents, he sometimes loses patience with his child whenever Eight is throwing tantrums. Sometimes, he scold and hit Eight but Mr. Monday said that he is trying to understand the situation and he was explaining to Eight why did he do that later on.

Table 1. Profile of Mr. Monday based on BarOn EQi:s

BarOn COMPOSITE SCALES	EQi:s	STANDARD SCORE	LEVEL
Positive Impression	103	Average	
Intrapersonal Scale	112	High	
Interpersonal Scale	116	High	
Stress Management Scale	115	High	
Adaptability Scale	105	Average	
General Mood Scale	107	Average	
TOTAL EQ	113	High	

Emotional Intelligence

Inconsistency Index. The Inconsistency index indicated that the responses of Mr. Monday on the BarOn EQi:s may be inconsistent. It requires that the results should be interpreted with caution.

Positive Impression Scale. The standard score of Mr. Monday for the Positive Impression Scale is 103. His impression of himself is average which means that he is not giving an exaggerated positive impression of himself and is not considered “faking good.” Mr. Monday is simply not attempting to create an overly positive impression of himself.

Intrapersonal Scale. The standard score of Mr. Monday for the Intrapersonal Scale is 112 which means that he has a high, well developed intrapersonal skills. He has a high self-awareness and is in touch with his emotions. He is also able to express his feelings and communicate his needs to others.

Interpersonal Scale. The standard score of Mr. Monday for the Interpersonal Scale is 116. Among the seven scales, it is the highest. It means that Mr. Monday has a high, well developed establishment of cooperative, constructive and satisfying interpersonal relationships. He is a good listener and is able to understand and appreciate the feelings of others.

Stress Management Scale. The standard score of Mr. Monday for Stress Management Scale is 115 which indicates that he has a high, well-developed stress management. He tends to be calm and can work under pressure. He is rarely impulsive or lose control.

Adaptability Scale. The standard score of Mr. Monday for Adaptability Scale is 105. It indicates that Mr. Monday has an average and adequate adaptation capacity. His flexibility, realistic character and success in managing others are adequate. His adeptness at finding ways of dealing with everyday problems is satisfactory.

General Mood Scale. Mr. Monday's standard score for General Mood Scale is 107 which means that he has an average, adequate general mood required for emotional and social capacity. His optimism, energetic character and self-motivation are adequate for effective functioning. He also has a positive outlook and is typically pleasant to be with.

Total EQ. The score of Mr. Monday for the Total Emotional Quotient is 113. It indicates that he has a high, well developed emotional and social capacity. He can be considered generally as emotionally socially effective in dealing with daily demands. He tends to behave, act and manage his life in an emotionally intelligent manner.

Table 2. Profile of Mr. Monday based on VASQ

VASQ SCALES	COMPOSITE SCORE	RAW LEVEL
Level of Insecurity/Mistrust	29	Low
Degree of Proximity Seeking	26	Low
Total Scale	55	Low vulnerability of attachment
Type of Insecure Style	Does not fall under any type of insecure style	

Attachment Style

Total scale (vulnerable) attachment style. The total scale score of Mr. Monday from the Vulnerable attachment Style Questionnaire is 55. Since the cut-off is 57, it indicates that Mr. Monday has a low vulnerable attachment style.

Level of insecurity/mistrust. The score of Mr. Monday for the level of insecurity/mistrust is 29. Since the cut-off is 30, it indicates that Mr. Monday has low insecurity of attachment.

Degree of proximity seeking. The score of Mr. Monday for the degree of proximity seeking is 26. Since the cut off is 27, it indicates that Mr. Monday has a low level of proximity seeking.

Type of insecure style. The results of VASQ showed that Mr. Monday does not fall under any type of insecure style and that his attachment style is not vulnerable.

Participant 2

Relevant History

Mr. Friday (not his real name) has a child with mild autism. His child, Dos (also not his real name), was diagnosed of having mild autism when Dos was about three years old. Mr. Friday said that when he was still oblivious of Dos' condition, he thought that Dos was deaf. Dos was not listening to his parents whenever his parents were calling him. "*Akala namin nung una bingi lang. Kahit anong gawin namin, bindi kami pinapansin pag tinatawag siya.*" That was the time they decided to take his son to a pediatrician to check Dos' ears. However, the pediatrician alleged that the condition of Dos' ears is in good health and that Dos was not deaf. The apprehensive Mr. Friday was then reassured after knowing that his child was not really deaf.

But Dos continued to express his odd behavior. He still acts deaf sometimes which made his parents worry. They brought him again to a pediatrician until there was such a time when Dos started to throw tantrums during a check up. The pediatrician noticed it and then referred Dos for an assessment. That was when Mr. Friday found out about Dos' real condition.

Sadness was felt by Mr. Friday upon learning about Dos' condition. He immediately researched autism to understand further the condition of his child. "*Nag-research agad ako about autism.*" He thought that he could deal more with his child if he has some knowledge about autism. Mr. Friday also mentioned that he immediately accepted Dos' condition compared with his wife. "*Tanggap ko naman agad. Sanayan lang yan. Tatal psychology graduate naman ako. Itong si misis matagal bago niya natanggap. Umiiyak pa rin siya dati.*"

Dos had undergone therapies such as occupational therapy and speech therapy. Mr. Friday has found both therapies effective in helping and improving his child. "*May improvement akong nakita sa OT at speech therapy. One week lang dati pero may improvement na.*" Because of the therapies, Dos can already brush his own teeth, check himself in the mirror and he is already talking. The only complain of Mr. Friday is that therapies and sending his child in a school is expensive. "*Masakit siya sa bulsa. Para kasing sa college eh.*" Nevertheless, Mr. Friday is trying his best to spend time with his child.

Mr. Friday mentioned that he spend almost 24 hours with his child. "*Almost 24 hours ang ini-spend kong time para sa kanya kasi special iyan eh. Full time parent ako sa kanya*" He drives Dos to school and wait outside until Dos' classes were over. He was patiently waiting on the waiting area to pick-up Dos as well. He also mentioned that his treatment with Dos is the same as how he treats his other children. He scolds Dos and also hits him sometimes. "*Nagagalit din ako parang sa iba. Halimbawa namamalo rin ako.*" However, Mr. Friday mentioned that he explains to Dos the reasons why he is scolding him afterwards.

Table 3. Profile of Mr. Friday based on BarOn EQi:s

BarOn COMPOSITE SCALES	EQi:s SCORE	STANDARD LEVEL
Positive Impression	103	Average
Intrapersonal Scale	83	Low
Interpersonal Scale	99	Average
Stress Management Scale	79	Very low
Adaptability Scale	100	Average
General Mood Scale	94	Average
TOTAL EQ	88	Low

Emotional Intelligence

Inconsistency Index. The Inconsistency index indicated that the responses of Mr. Friday on the BarOn EQi:s are consistent.

Positive Impression Scale. The standard score of Mr. Friday for the Positive Impression Scale is 103. His impression of himself is average which means that he is not giving an exaggerated positive impression of himself and is not considered “faking good.” Mr. Monday is simply not attempting to create an overly positive impression of himself.

Intrapersonal Scale. The standard score of Mr. Friday for the Intrapersonal Scale is 83 which means that he has a low, underdeveloped intrapersonal skills. He has a low self-awareness and is a little in touch with his emotions. He may have difficulty in expressing his feelings and communicating his needs to others. Nonetheless, it also means that there is still room for improvement.

Interpersonal Scale. The standard score of Mr. Friday for the Interpersonal Scale is 99. It means that Mr. Friday has an average, satisfactory interpersonal skills. His establishment of cooperative, constructive and satisfying interpersonal relationships is average. He tends to be a good listener and is able to understand and appreciate the feelings of others.

Stress Management Scale. The standard score of Mr. Friday for Stress Management Scale is 79. Among the seven scale scores, this is the lowest. It indicates that he has a very low, extremely underdeveloped stress management. He does not tend to be calm and may experience difficulty in working under pressure. He can be impulsive or tend to lose control.

Adaptability Scale. The standard score of Mr. Friday for Adaptability Scale is 100. This is Mr. Friday's highest score among the seven scales. It indicates that Mr. Friday has an average and adequate adaptation capacity. His flexibility, realistic character and success in managing others are adequate. His adeptness at finding ways of dealing with everyday problems is satisfactory.

General Mood Scale. Mr. Friday's standard score for General Mood Scale is 94 which means that he has an average, adequate general mood required for emotional and social capacity. His optimism, energetic character and self-motivation are adequate for effective functioning. He also has a positive outlook and is typically pleasant to be with.

Table 4. Profile of Mr. Friday based on VASQ

VASQ SCALES	COMPOSITE SCORE	RAW SCORE	LEVEL/INTERPRETATION
Level of Insecurity/Mistrust	29	29	Low
Degree of Proximity Seeking	31	31	High
Total Scale	60		High vulnerability of attachment
Type of Insecure Style		Does not fall under any type of insecure style	

Total EQ. The score of Mr. Friday for the Total Emotional Quotient is 88. It indicates that he has a low, underdeveloped emotional and social capacity with room for improvement. He may still be considered as emotionally and socially effective in dealing with daily demands. He only needs to improve his behavior, his actions and his management of his life to a more emotionally intelligent manner.

Attachment Style

Total scale (vulnerable) attachment style. The total scale score of Mr. Friday from the Vulnerable attachment Style Questionnaire is 60. Since the cut-off is 57, it indicates that Mr. Friday has a high vulnerable attachment style.

Level of insecurity/mistrust. The score of Mr. Friday for the level of insecurity/mistrust is 29. Since the cut-off is 30, it indicates that Mr. Friday has low insecurity of attachment.

Degree of proximity seeking. The score of Mr. Friday for the degree of proximity seeking is 31. Since the cut off is 27, it indicates that Mr. Friday has a high level of proximity seeking.

Type of insecure style. The results of VASQ showed that Mr. Friday does not fall under any type of insecure style and but his attachment style is more likely to be vulnerable.

Participant 3

Relevant History

Mr. Tuesday (not his real name) has a child with ADHD. When Seven, Mr. Tuesday's child was still small, Mr. Tuesday already noticed that something was weird with Seven so he took him to the doctor. "*Noong maliit pa lang, nakita na namin kaya pinatingin na namin sa doctor.*" Mr. Tuesday stated that he was not surprised when he learned about Seven's condition because having a child with an ADHD is in their bloodline. "*Nasa lahi naming yan eh. Iyong mga pinsan niya mayroon ding ganyan.*"

Seven is currently studying in a normal school but he is undertaking therapy specifically, occupational therapy and special services such as tutorial. Among the services availed for Seven, Mr. Tuesday find tutorial effective. "*I saw improvement sa kanya siguro eh yung sa math. Doon siya talaga magaling*"

Mr. Tuesday claimed to spend time with Seven everyday though he and his wife are busy. He said that though they work full time, they are still the ones who take care of Seven personally because they did not hire any nannies. "*Wala kasi kaming katulong eh. Walang special care na dapat may yaya. Full time parents din kami sa kanya.*" His main activity with Seven is when he drives Seven at school and at his therapy sessions. Mr. Tuesday also stated that he just let Seven play at computers and Ipad because he said that he is too busy to play with his child. It is also the same with his studies. "*Pinagtututor ko siya. Wala akong time. Hindi ko kaya.*" To know Seven's needs and wants, Mr. Tuesday asks him what he wants. "*Tinatanong ko kung ano ang gusto niya.*" Mr. Tuesday also said that he also scold and hit Seven sometimes just like what a normal parent would do with their children if they are throwing tantrums. "*Nasisigawan ko minsan pag nagtatantrums. Napapalo din. Wala naming batang hindi napapalo.*"

Mr. Tuesday said that he have to accept his child. According to him, he has to accept it so that he may help Seven. "*Tanggap naman kasi kung hindi mo tatanggapin, paano mapapagaling.*" Mr. Tuesday accepted Seven's condition and he enrolled Seven in therapies to help him. For him, parents have to be open-minded with their child's condition so that they may also contribute in the improvement of their children. "*Meron akong kakilala na ayaw nilang maniwala na may ganun anak nila kaya ayaw nilang ipa-doctor.*"

Table 5. Profile of Mr. Tuesday based on BarOn EQi:s

BarOn COMPOSITE SCALES	EQi:s SCORE	STANDARD	LEVEL
Positive Impression	125	Very high	
Intrapersonal Scale	89	Low	
Interpersonal Scale	85	Low	
Stress Management Scale	79	Very low	
Adaptability Scale	83	Low	
General Mood Scale	82	Low	
TOTAL EQ	77	Very low	

Emotional Intelligence

Inconsistency Index. The Inconsistency index indicated that the responses of Mr. Tuesday on the BarOn EQi:s are consistent.

Positive Impression Scale. The standard score of Mr. Tuesday for the Positive Impression Scale is 125. Among the seven scale scores, this is the highest. His impression of himself is very high which means that he may be giving an exaggerated positive impression of himself and is somewhat considered as “faking good.” Mr. Tuesday seems attempting to create an overly positive impression of himself.

Intrapersonal Scale. The standard score of Mr. Tuesday for the Intrapersonal Scale is 89 which means that he has a low, underdeveloped intrapersonal skills. He has a low self-awareness and is a little in touch with his emotions. He may have difficulty in expressing his feelings and communicating his needs to others. Nonetheless, it also means that there is still room for improvement.

Interpersonal Scale. The standard score of Mr. Tuesday for the Interpersonal Scale is 85. It means that Mr. Tuesday has low, underdeveloped interpersonal skills. His establishment of cooperative, constructive and satisfying interpersonal relationships is below average. He may not be a good listener and exerts extra effort to be able to understand and appreciate the feelings of others.

Stress Management Scale. The standard score of Mr. Tuesday for Stress Management Scale is 79. It indicates that he has a very low, extremely underdeveloped stress management. He does not tend to be calm and may experience difficulty in working under pressure. He can be impulsive or tend to lose control.

Adaptability Scale. The standard score of Mr. Tuesday for Adaptability Scale is 83. It indicates that Mr. Tuesday has low, underdeveloped adaptation capacity. His flexibility, realistic character and

success in managing others are somewhat inadequate. His adeptness at finding ways of dealing with everyday problems needs to be improved.

General Mood Scale. Mr. Tuesday's standard score for General Mood Scale is 82 which means that he has low, underdeveloped general mood. His optimism, energetic character and self-motivation are inadequate for effective functioning. He may lack a positive outlook and may not be typically pleasant to be with.

Total EQ. The score of Mr. Tuesday for the Total Emotional Quotient is 77. This is Mr. Tuesday's lowest score among the seven scales. It indicates that he has a very low, extremely underdeveloped emotional and social capacity with considerable room for improvement. He does not tend to be emotionally and socially effective in dealing with daily demands. He needs to improve his behavior, his actions and his management of his life to a more emotionally intelligent manner.

Table 6. Profile of Mr. Tuesday based on VASQ

VASQ SCALES	COMPOSITE SCORE	RAW SCORE	LEVEL/INTERPRETATION
Level of Insecurity/Mistrust	37	37	High
Degree of Proximity Seeking	32	32	High
Total Scale	69		High vulnerability of attachment
Type of Insecure Style		Falls under insecure anxious style	

Attachment Style

Total scale (vulnerable) attachment style. The total scale score of Mr. Tuesday from the Vulnerable attachment Style Questionnaire is 69. Since the cut-off is 57, it indicates that Mr. Tuesday has a high vulnerable attachment style.

Level of insecurity/mistrust. The score of Mr. Tuesday for the level of insecurity/mistrust is 37. Since the cut-off is 30, it indicates that Mr. Tuesday has high insecurity of attachment.

Degree of proximity seeking. The score of Mr. Tuesday for the degree of proximity seeking is 32. Since the cut off is 27, it indicates that Mr. Tuesday has a high level of proximity seeking.

Type of insecure style. The results of VASQ showed that Mr. Tuesday falls under insecure anxious style and that his attachment style is more likely to be vulnerable.

Participant 4

Relevant History

Mr. Wednesday (not his real name) has a child with mild autism. Uno (also, not his real name), Mr. Wednesday's child, was first diagnosed of having an ADHD when Uno was four years old. Awareness of Uno's condition began when Uno was confined in a hospital because of a flu. Mr. Wednesday stated that Uno kept on walking around the hospital though he was sick. “*Unang diagnosis sa kanya ADHD. Kasi ang hyper niya eh.*” “*Lakad lang siya nang lakad kahit may dextrose hindi tulad ng ibang bata na nakabiga lang.*” The second time Uno was diagnosed, it turned out that he has a mild autism. “*Hindi siya ADHD lang eh kasi hindi na siya hyper. Mild autism kasi nawala na iyong pagka-hyper niya*”

Mr. Wednesday claimed that he felt challenged upon learning of Uno's condition unlike his wife who kept asking “Why?” “*Feel ko noong unang una, parang na-challenge ako.*” He felt that since his child was diagnosed of having special needs, he needs to exert more effort in taking care of his child.

Services were availed for Uno as well, such as occupational therapy and speech therapy. He was also enrolled at social classes. Mr. Wednesday saw improvement with those therapies. According to him, Uno learned how to speak, but he did not know yet how to convey what he wants. “*Marunong naman siya magsalita pero hindi niya masabi iyong gusto niya.*” With therapies, Uno learned how to communicate his wants and needs.

Realistic or not, Mr. Wednesday still has a goal for Uno. Mr. Wednesday's current goal for Uno is for him to be sociable and learn to act normal just like other children. “*Goal ko para sa kanya siyempre para maging sociable at maging normal.*”

Mr. Wednesday spends time with Uno but not a lot because he was busy with his work. “*Sa pag spend ng time, siguro 40-30% lang out of 100 kasi most of the time nasa work ako.*” Aside from driving Uno to school, he can only spend time with Uno if he has spare time. Most of his activities with his child include playing, tutoring and walking his child to parks or malls. Mr. Wednesday also mentioned that he is showing affection with his child through embracing. “*Gusto kasi niya laging may embrace. Parang yun yng pinaka-comfort nya.*” He also mentioned that he is scolding and hitting Uno to discipline him.

Table 7. Profile of Mr. Wednesday based on BarOn EQi:s

BarOn COMPOSITE SCALES	EQi:s SCORE	STANDARD LEVEL
Positive Impression	93	Average
Intrapersonal Scale	90	Average
Interpersonal Scale	93	Average
Stress Management Scale	92	Average
Adaptability Scale	101	Average
General Mood Scale	91	Average
TOTAL EQ	91	Average

Emotional Intelligence

Inconsistency Index. The Inconsistency index indicated that the responses of Mr. Wednesday on the BarOn EQi:s are consistent.

Positive Impression Scale. The standard score of Mr. Wednesday for the Positive Impression Scale is 93. His impression of himself is average which means that he is not giving an exaggerated positive impression of himself and is not considered “faking good.” Mr. Wednesday is simply not attempting to create an overly positive impression of himself.

Intrapersonal Scale. The standard score of Mr. Wednesday for the Intrapersonal Scale is 90 which means that he has an average, adequate intrapersonal skills for effective functioning. His self-awareness and ability to be in touch with his emotions are adequate. His ability to express his feelings and communicate his needs to others is satisfactory.

Interpersonal Scale. The standard score of Mr. Wednesday for the Interpersonal Scale is 93. It means that Mr. Wednesday has an average, adequate ability to establish cooperative, constructive and satisfying interpersonal relationships. He may tend to be a good listener and to be able to understand and appreciate the feelings of others.

Stress Management Scale. The standard score of Mr. Wednesday for Stress Management Scale is 92 which indicates that he has an average, adequate stress management skills for effective functioning. He may tend to be calm and can work under pressure. He is rarely impulsive or lose control.

Adaptability Scale. The standard score of Mr. Wednesday for Adaptability Scale is 101. Among the seven scale scores, this score is the highest. This indicates that Mr. Wednesday has an average

and adequate adaptation capacity. His flexibility, realistic character and success in managing others are adequate. His adeptness at finding ways of dealing with everyday problems is satisfactory.

General Mood Scale. Mr. Wednesday's standard score for General Mood Scale is 91 which means that he has an average, adequate general mood required for emotional and social capacity. His optimism, energetic character and self-motivation are adequate for effective functioning. He also has a positive outlook and is typically pleasant to be with.

Total EQ. The score of Mr. Wednesday for the Total Emotional Quotient is 91. It indicates that he has an average, adequate emotional and social capacity. He can be considered generally as emotionally socially effective in dealing with daily demands. He tends to behave, act and manage his life in an emotionally intelligent manner.

Table 8. Profile of Mr. Wednesday based on VASQ

VASQ SCALES	COMPOSITE SCORE	RAW SCORE	LEVEL/INTERPRETATION
Level of Insecurity/Mistrust	28	28	Low
Degree of Proximity Seeking	32	32	High
Total Scale	60		High vulnerability of attachment
Type of Insecure Style	Insecure	Does not fall under any type of insecure style	

Attachment Style

Total scale (vulnerable) attachment style. The total scale score of Mr. Wednesday from the Vulnerable attachment Style Questionnaire is 60. Since the cut-off is 57, it indicates that Mr. Wednesday has a high vulnerable attachment style.

Level of insecurity/mistrust. The score of Mr. Wednesday for the level of insecurity/mistrust is 28. Since the cut-off is 30, it indicates that Mr. Wednesday has low insecurity of attachment.

Degree of proximity seeking. The score of Mr. Wednesday for the degree of proximity seeking is 32. Since the cut off is 27, it indicates that Mr. Wednesday has a high level of proximity seeking.

Type of insecure style. The results of VASQ showed that Mr. Wednesday does not fall under any type of insecure style but his attachment style is more likely to be vulnerable.

Participant 5

Relevant History

Mr. Sunday has a child with mild autism. Kwatro, the son of Mr. Sunday was diagnosed of having mild autism just a month ago. People around Kwatro were apprehensive because at the age of three, Kwatro was still not speaking. When they were still oblivious about Kwatro's actual condition, they thought that his speech was just delayed. *"We just thought that he was just delayed speaking. Baka delayed lang kasi some of my friends told me that their child first spoke at the age of 3."* Eventually, the cousin of the wife of Mr. Sunday, who is working at a special education institution, suggested that they should bring Kwatro to a doctor for an assessment. *"Pumunta kami sa doctor and then we found out na ganun pala."*

Pain and sadness was experienced by Mr. Sunday and his wife upon learning about Kwatro's condition. *"At first, masakit talaga. Wala namang may gusto na magkaganun eh."* Mr. Sunday mentioned that he was thankful that he has a work. He made his work a means to divert his sadness into it. *"Buti na lang may trabaho ako. At least parang na-da-divert ko sa work."* However, Mr. Sunday claimed that they still took Kwatro as a blessing. They said that dealing with his child's condition would make them stronger since they have to be more patient towards his child. Mr. Sunday's wife had a miscarriage before, and Kwatro was the first child born after Mr. Sunday's wife's miscarriage. *"He is a blessing talaga. He brings luck to us."* They claimed that Mr. Sunday and his wife really wanted a child, and Kwatro was given to them. Aside from Mr. Sunday and his wife, only a few of their relatives are aware of Kwatro's condition. They are worried that people might criticize Kwatro. *"We don't want na one day may magsabi na 'Hey you know what, ganito ganito ganyan yan'. We don't want him to feel that way."*

Kwatro is currently undergoing therapy sessions specifically, occupational therapy. However, Kwatro was still new in his therapies since he was just diagnosed recently. Kwatro's doctor advice them to enroll him in therapy sessions for about 12 months. They are planning to visit again the doctor for the doctor to monitor Kwatro's progress.

Mr. Sunday mentioned that they are dealing and taking care of Kwatro with extra effort and caution. For example, they refrain from shouting whenever Kwatro was nearby. They said that if Kwatro heard a scream, he would cry, although they are not directly screaming at him. As what Mr. Sunday's wife stated *"When I'm watching T.V. and I scream because of excitement, he will cry. He thought I was scolding him so right now, I'm controlling it."* They noticed that if they shout at Kwatro whenever he was throwing tantrums, Kwatro would still continue to throw tantrums. But when they ask him to stop in a soft –spoken way, Kwatro would immediately stop. *"Pinapagalitan namin siya in a very soft spoken way."* *"Pag pinagalitan mo siya tapos you gave him a hug, makikita mo yung expression ng face niya na hindi na siya galit."*

They stated that they really just have to be patient to deal with their child and understand his needs.

Table 9. Profile of Mr. Sunday based on BarOn EQi:s

BarOn COMPOSITE SCALES	EQi:s	STANDARD SCORE	LEVEL
Positive Impression	114	High	
Intrapersonal Scale	88	Low	
Interpersonal Scale	65	Markedly low	
Stress Management Scale	105	Average	
Adaptability Scale	69	Markedly low	
General Mood Scale	65	Markedly low	
TOTAL EQ	68	Markedly low	

Emotional Intelligence

Inconsistency Index. The Inconsistency index indicated that the responses of Mr. Sunday on the BarOn EQi:s are consistent.

Positive Impression Scale. The standard score of Mr. Sunday for the Positive Impression Scale is 114. Among the seven scale scores, this is the highest. His impression of himself is high which means that he may be giving an exaggerated positive impression of himself and is somewhat considered as “faking good.” Mr. Sunday seems attempting to create an overly positive impression of himself.

Intrapersonal Scale. The standard score of Mr. Sunday for the Intrapersonal Scale is 88 which means that he has a low, underdeveloped intrapersonal skills. He has a low self-awareness and is a little in touch with his emotions. He may have difficulty in expressing his feelings and communicating his needs to others. Nonetheless, it also means that there is still room for improvement.

Interpersonal Scale. The standard score of Mr. Sunday for the Interpersonal Scale is 65. It means that Mr. Sunday has markedly low, atypically impaired interpersonal skills. His establishment of cooperative, constructive and satisfying interpersonal relationships needs to be enriched. He does not tend to be a good listener and may experience difficulty in understanding and appreciating the feelings of others.

Stress Management Scale. The standard score of Mr. Sunday for Stress Management Scale is 105. Among the seven scale scores, this is the highest. It indicates that he has an average, adequate stress management skills for effective functioning. He may tend to be calm and can work under pressure. He is rarely impulsive or lose control.

Adaptability Scale. The standard score of Mr. Sunday for Adaptability Scale is 69. It indicates that Mr. Sunday has markedly low, atypically impaired adaptation capacity. His flexibility, realistic character and success in managing others need to be enriched. His adeptness at finding ways of dealing with everyday problems is not satisfactory.

General Mood Scale. Mr. Sunday's standard score for General Mood Scale is 65 which means that he has markedly low, atypically impaired general mood. His optimism, energetic character and self-motivation are not adequate for effective functioning. He does not seem to have a positive outlook and may not be typically pleasant to be with.

Total EQ. The score of Mr. Sunday for the Total Emotional Quotient is 68. It indicates that he has a markedly low, atypically impaired emotional and social capacity with extensive room for improvement. He may not be considered as emotionally and socially effective in dealing with daily demands. He greatly needs to improve his behavior, his actions and his management of his life to a more emotionally intelligent manner.

Table 10. Profile of Mr. Sunday based on VASQ

VASQ COMPOSITE SCALES	RAW SCORE	LEVEL/INTERPRETATION
Level of Insecurity/Mistrust	35	High
Degree of Proximity Seeking	35	High
Total Scale	70	High vulnerability of attachment
Type of Insecure Style	Falls under insecure anxious style	

Attachment Style

Total scale (vulnerable) attachment style. The total scale score of Mr. Sunday from the Vulnerable attachment Style Questionnaire is 70. Since the cut-off is 57, it indicates that Mr. Sunday has a high vulnerable attachment style.

Level of insecurity/mistrust. The score of Mr. Sunday for the level of insecurity/mistrust is 35. Since the cut-off is 30, it indicates that Mr. Sunday has high insecurity of attachment.

Degree of proximity seeking. The score of Mr. Sunday for the degree of proximity seeking is 35. Since the cut off is 27, it indicates that Mr. Sunday has a high level of proximity seeking.

Type of insecure style. The results of VASQ showed that Mr. Sunday fall under insecure anxious style and that his attachment style is more likely to be vulnerable.

Cluster of Common Themes

Financial difficulties

Financial difficulties were experienced by the participants in taking care with their children with special needs. It is mainly due to the therapies, tutorials and special education programs they have availed for their children. Most of the participants indicated that they enrolled their children in therapy sessions. Among the most common therapies as mentioned by the participants are occupational therapy, speech therapy and special education programs. They indicated that they are willing to send their children in therapies but their main problem is that, sending a child in special programs is expensive.

The participants indicated that they spend time with their children as much as possible. The bottom line is that, they spend time with their child if they have time. Some also spend time if they have spare time for their children. Most of the participants have work and their main task for their children is to drive them at school. Some also indicated that they have to work to support the financial needs of their child in sending to school.

Emotional difficulties

Ever since parents learned about their child's condition, they experience a series of emotional difficulties. These emotional difficulties mainly include the negative emotions they felt the first they became aware of their child's condition and apprehensions about their child's future. There is no denying that parents would feel negative emotions upon learning about their child's condition. "*Masakit siya sa loob, siyempre.*" "*Wala naman may gusto ng ganyan.*" *I felt very sad and disappointed.*" Some indicated that they accepted easily the condition of their children but pain and sadness was still experienced.

The participants also showed apprehension about what would happen to their children if they were gone. "*Pano na lang siya pag wala na kami.*" To learn how to be independent, to read and to write are among the dreams of the participants for their children. It can be noticed that most of the parents want their children to learn how to be with themselves. "*Hindi ko alam kung realistic, pero gusto*

ko para sa kanya ay maging independent.” “Matutong magbasa. Iyon muna yung goal ko sa kanya.” “Para pag iniwan namin, hindi na kami mag-aalala.”

Strategic coping

Because dealing with their child's condition is inevitable, the participants developed their own strategies to cope with their children.

Getting used with their children's condition is the most common coping style of the participants. “*Sanayan lang yan.*” At first, they have difficulty coping but as time goes on, they learn on how to get used with their child's condition. “*Sa 8 years na may ganyan ang anak ko, sanay na kami.*”

One way also for the participants to cope with their children and to the condition as well is through understanding. They want to understand their child's condition through research and reading books. “*Nag-research agad ako para alam ko ang mga bagay about autism.*” This is for the participants to understand what the condition is all about to also help their children. They also search for cues from their children to understand what do their children want. If they know what do their children want and need, they may be able to take care of them better.

They also want to accept their children's condition so that they may help them. “*Kailangan tanggapin. Kung hind mo matatanggap, pano matutulungan iyong bata.*”

Another coping strategy they usually do is to take care with their children with extra effort. Watching movies, playing with their children and bringing them to malls and parks are the typical activities of parents with their children. This is also the same with the participants. To discipline them, they also scold and hit their children if needed just like what a normal parent would do. “*Pinapagalitan at pinapalo ko rin siya. Kung ano ginagawa ko sa mga kapatid niya, ginagawa ko rin sa kanya.*” “*Ang pagpalo sa bata normal lang yan eh. Wala naman magulang hindi napalo ang anak kahit isang beses.*”

However, the only difference is that they have to take care with their children with extra effort. “*Parang normal child din, pero kailangan may extra effort. Kasi special iyan eh.*”

DISCUSSION

Taking care with children with special needs requires more patience compared with normal children since these children would need a constant healthcare. According to Birch et al. (2012), they will be in need of help which can cause burden to the family or the caregiver. This statement is consistent with the findings of this study. Two of the three themes identified in this study are about the participants' difficulties in having a child with special need. These parents experience financial and emotional burdens.

Financial burden was brought about by the expensive therapies parents have to avail to help their children. Children with special needs have to reorganize their learning environment in order for them to realize their potential for development (*Kallavus, 2010*). The participants want their children to improve and develop so they enroll them to therapy sessions, tutorials and special education programs though it is expensive.

The findings of the study of Choi, Kleumper and Sauley (2011) that emotional intelligence measures predict psychological distress was supported by this study. The participants experienced distress, sadness and disappointment upon learning about their child's condition and most of them also yielded low scores on BarOn EQi:s. On the other hand, the findings of the study of Downey et al. (2010) which indicated that the development of emotional abilities may be required to improve coping outcomes is disputed by this study. As mentioned earlier, the participants scored low on the BarOn EQi:s which indicated that most of them have low emotional intelligence. But despite having low emotional intelligence based on the test, they still have their own methods of coping regarding their child's condition. For example, they would research articles and books about autism to know more about the condition or they would just sublimate their sadness, distress and disappointment by focusing on their work, and some of them just simply get used to it. On the other hand, the findings of Stover (2003) and Lamb (2004) that fathers who have high levels of emotional intelligence are lesser to give angry responses to their child's behavior, is supported by this study as well. If the findings of Stover (2003) and Lamb (2004) are stated another way, then it can be stated: fathers who have low levels of emotional intelligence are more to give angry responses to their child's behavior. Most of the participants have low emotional intelligence and at the same time, they also can't avoid hitting their children if they can't stop them from throwing tantrums.

The information gathered in this study can be used for creating programs for fathers with children with special needs to help them understand the dynamics of their children. However, it appears that most fathers are not willing to participate in such programs. Aside from being unaware about such programs, most of the fathers of children with special needs are busy from work. Most argued that they take care of their children if they are not busy but they have no time to attend such programs.

There are some who already attend similar programs. However, these fathers are not satisfied and reported disappointment in joining. Aside from it is very expensive, they find it ineffective. They thought that they are better than the speakers in imparting knowledge and sharing experiences about children with special needs. Speaking about the disability or the condition, as they say, cannot help them and their children. They still believe that experience is still better than mere knowledge about the condition. The participants indicated that if the speaker is also a father like them who has a child with disability, they may join in such programs.

Most of the participants in this study have low emotional intelligence. It also appears that most of them have a vulnerable attachment style which means that they are prone to depression. It is suggested that in creating programs for fathers of children with special needs, emotional intelligence and attachment style must be taken into account and be considered.

LIMITATIONS

The results of this study are limited to fathers of children with special needs. This can be used for the development of programs to help fathers learn the dynamics of their children and to help them cope and deal with it. However, results regarding the emotional intelligence and attachment style of the participants are limited to the results and interpretation of BarOn Emotional Quotient Inventory:Short (BarOn EQi:s) and Vulnerable Attachment Style Questionnaire (VASQ) , respectively. Regarding the attachment style of the participants, the researchers did not particularly ‘identify’ a particular attachment style. Rather, the researchers use the VASQ simply to profile the participants’ attachment style in relation to its vulnerability and if their attachment style fall under a particular type of insecure style.

RECOMMENDATIONS

The number of participants used in this study is limited. It is highly recommended that future researchers would use a larger number of participants in exploring the emotional intelligence and attachment style of fathers with children with special needs. It is also recommended to use a variety of tests to understand their profile further and not just to limit it in using one or two tests.

In creating programs for fathers of children with special needs, it is also recommended to consider their emotional intelligence and attachment style. Results of this study indicate that most of the participants have low emotional intelligence and vulnerable attachment style. These two variables must be taken into account for a program to be effective.

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