“FALLING HAIR AND DRILLING BONE”: A PHENOMENOLOGICAL INQUIRY INTO THE LIVES OF ADOLESCENTS UNDERGOING CHEMOTHERAPY

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# TABLE OF CONTENTS

## CHAPTERS

### I. The Problem and Its Setting

A. Introduction ................................................................................................................. 1

B. Context of the Study ................................................................................................. 6

C. Statement of the Problem ......................................................................................... 9

D. Significance of the Study ......................................................................................... 9

E. Scope and Delimitation ............................................................................................ 16

F. Definition of Terms ................................................................................................ 18

### II. Review of Related Literature and Studies

A. Introduction to Phenomenological Literature Review ............................................... 20

B. Related Literature ..................................................................................................... 20
   
   i. Childhood Cancer ................................................................................................. 21

   ii. Chemotherapy ...................................................................................................... 26

   iii. Adolescents under illness .................................................................................. 30

C. Related Studies ......................................................................................................... 33

   i. Foreign Studies ..................................................................................................... 33

      a. Adult Cancer: Needs of Cancer Patients ......................................................... 34
b. Adult Cancer: Effect of Cancer and Treatment .......................36

c. Childhood Cancer Related Studies: Quantitative ..................42

d. Childhood Cancer Related Studies: Qualitative ....................46

ii. Local Studies ........................................................................55

iii. Justification for the Current Study .........................................60

III. Methodology

A Research Approach: Phenomenology ....................................67

B Selection of Co-Researchers ..................................................74

C Ways of Gathering the Experiences .......................................77

D Process of Reflective Analysis of the Experiences ....................81

IV. Results and Discussion

A The Co-Researchers and Their Narratives ...............................88

B Thematic Representation ..........................................................123

C Thematic Interlace .................................................................161

i. Themes and Subthemes ..........................................................161

a. I am Normal More than Special
   *(Normal na Bata, Hindi Kakaiba)* ...........................................162

   1. Behind the Mask: Who am I Now?
      *(Sa Likod ng Takip, Sino na Ako?)* .................................163
2. Forbidden but not Forgotten
(Pinagbawalan pero di Kinalimutan) .......................... 169

3. New Me: Metamorphosis of Self
(Bagong Anyo, Sarili'y Pabago-bago) ......................... 177

b. Complex Chemo: Welcome to My Reality
(Chemo Komplikado, Yan ang Totoo).......................... 189

1. Good News and Bad News: The Amazing Twins
(Mabuti at Masamang Balita: Laging Magkasama) ....... 190

2. Needle Here, Needle There, Poke Me Everywhere
(Tusok Dito, Tusok Doon, Tusok Panapanahon) ............ 212

3. Chemo Condo: Are You In or Out
(Parang Nasa Condo Pagnagchechemo) ..................... 226

c. F4 (family, faith, friends and future): Maintains My Core
(Pamilya, Paniniwala, Kaibigan at Kinabukasan:
Tagapangalaga ng Katinuan).................................. 249

ii. Thematic Resonance with Related Literature .............. 260

D Thematic Embodiment
i. Eidetic Insight................................................. 276

ii. Symbolic Representation .................................... 281

E Implication to the Nursing Profession ........................ 286

V. Creative Synthesis and Future Directions

A Creative Synthesis ............................................... 292

B Future Directions.................................................. 294
BIBLIOGRAPHY

APPENDICES

A Communication Letters
   i. Request for Adviser
   ii. National Children’s Hospital
   iii. CHILD Haus

B Consent Form

C Drawings of the Co-Researchers

D Related Literatures
   i. Summary of Studies Reviewed & Cited
   ii. Topical Summary of Foreign Studies Reviewed
   iii. Summary of Concepts Supported and Implied from the Result of the Study

E Tagalog Version of Narratives

F Individual Meaning Units

CURRICULUM VITAE
LIST OF FIGURES AND TABLES

I. Figures

A  Figure 1: Interrelated Aspects of Adolescence Development ..........31
B  Figure 2: The Process of Reflective Analysis of the Experiences ......87
C  Figure 3: ”Bound” ......................................................................259
D  Figure 4: “Normalcy Amidst the Seasons of Change”...............285

II. Tables

E  Table 1: Summary of difference between descriptive and interpretative
    phenomenology ...........................................................................71
F  Table 2: Summary of the co-researcher’s profile.........................90
ABBREVIATIONS USED IN THE STUDY

ACS – American Cancer Society

ANC – Actual Neutrophil Count

ASCO – American Society of Clinical Oncology

BMA – Bone Marrow Aspiration

CBC – Complete Blood Count

CI – Cancer Institute

IUCC – International Union Against Cancer

IT – Intrathecal

IV – Intravenous

NCH – National Children’s Hospital

NCI – National Cancer Institute

OPD – Out Patient Department

PGH – Philippine General Hospital

RBC – Red Blood Cell

WBC – White Blood Cell

WHO – World Health Organization
CHEMOTHERAPY

In this enclave,

The conventions on chemical warfare

Have been suspended.

There is no tribunal here to intervene.

When the Chemo Brigade moves in,

You, or the valuable parts of you,

Will be annihilated

By any means possible.

The Chemo Brigade

Has a reputation

For never taking prisoners.

Its commander, General Bones,

Is not known as the Inflictor

For nothing.

You thought it was fun to poison bugs?

Well, welcome to Bug Cage City!

(Hugh Cook 2007)
CHAPTER I

THE PROBLEM AND ITS SETTING

Introduction

“Can I ask you something?” Mark said as he browse upon my Nursing Drug Handbook while I review for my case presentation scheduled that afternoon, for a patient on a far flung ward from where I am now.

Mark was my first patient, the first that I have obsessively taken care of way beyond the physical aspect. For him, I defied many of the unwritten rules of my clinical instructors, all for the sake of making him as comfortable as possible. I crossed the boundary of the sacred nurse-patient relationship, of maintaining a strict separation of my life and his. He was my patient, I was his student nurse. It was all that was supposed to be.

It was fate that brought us together, the same fate that works in its own mysterious ways of revealing things. He became more than a patient for me, he was my friend and I was his companion. Our lives became an intricate pattern of an elaborate embroidery, deeply intertwined with each other. Unknown was the fact that I unconditionally gave my blood when he needed it most, even amongst his family.

I was there during the most difficult moment of his hospital stay for his leukemia, even excusing myself from class just to be there when his IV was being
inserted for chemotherapy. I became a family. They confided in me those problem unrevealed by the Nursing Assessment, those that only a family member would understand and appreciate. I was given the rare opportunity to help him from inside out. I became part of his world and him part of mine.

“Of course, anything you like”. I replied as I slowly brought down the notes that I was reading, gently looking down at him resting on my lap as I sit on his bed.

And as I looked at his young fragile body, I remembered how little by little, cancer and chemotherapy took its toll on him, how he told me one day that his hair was falling out, that he is losing his appetite that he is getting weaker. It was too much for a child to bear. It was even harder for me to watch how this unfolds right before my very eye knowing that my limited knowledge and experience cannot prevent this from happening.

“Is it painful to die?” He asked as he looked at me with his innocent eyes, seemingly probing for an honest answer.

“Why do you asked?” I responded as fear, anxiety, and shock spiraled down inside me, as if the moment I dreaded the most was becoming a reality. Deep down, I knew this was coming, but I blindly looked the other way, as if denial would do any good. I’ve read his chart, browsed through books and articles, I knew his time was coming to an end... I just wouldn’t accept it.
“I overheard the doctors” he said as he turned his face away from me, gently adjusting it as he rested upon my lap. “They said I was not responding to the chemotherapy, that there was nothing more they could do... I have seen mama crying at night...”

Then there was a deafening silence.

“Maybe it’s painful to die but I don’t care” he continued as I was left dumbstruck by his sheer honesty and his way of saying things in a matter-of-fact manner. “I was lonely before you came... I just don’t care what the future will bring... all that changed when you came... you were the brother that I never had... even if I am always in pain, you made it bearable...”

I was speechless, as if this was all a nightmare... wishing hard that I would wake up sooner than later. Denial best described how I was coping during this moment.

“Promise me one thing” he said as if knowing that I was still trapped into believing that everything was all but a dream.

I merely nodded as I tried with all my might that was left, to fight back the tears from flowing. I have to be strong for him, or at least appeared to be one.

“Can you take care of other children like me when I am gone? I want them to experience having you as their kuya (brother)... I want them to be as lucky as I am” he said as he slowly gazed at me eye to eye, wanting to hear my sincere response.
“Don’t talk like that, everything will be fine, you’re going home this afternoon” I lied as I prepared my things for duty, making sure that our eyes never met. “I will always be there for all my patients especially you... See you later before you go.”

Then, for no apparent reason, he suddenly embraced me... gently whispering “thank you...I will never forget you”.

This was all that I needed to hear. I was not as powerful as I wish and think I could be in fighting back those tears. Silence was upon us as I embrace him back, pledging to myself “I will make your wish come true whatever it take, I promise”.

A week later, Mark died...

(A Tribute to a Friend: Abridge, Martinez 2004)

This story was what the researcher experience during his 2nd year taking up nursing, when the first patient assign to him was an adolescent undergoing chemotherapy for leukemia. With the goal of giving the optimum efficient care to his patient, the researcher did some readings only to find out that non exist describing how an adolescent perceived undergoing chemotherapy while there are vast amount of studies discussing cancer per se. This scenario is still the same now as it is before for there is still a lack of recent studies exploring the
experience of the cancer treatment like that of chemotherapy but numerous quantitative studies on cancer.

Though quantitative researches are a must to develop and improve the effectiveness of cancer treatment, in the opinion of the researcher, these studies reduce the uniqueness along with the individuality of patients to mere numbers and statistics.

Deeply rooted in the mind of the researcher is the conviction that every patient is unique and care must be tailor fit to them according to how they perceived it. It is the patient who is the subject of this care, as such they will be the one who will decide if it is effective and efficient.

With this situation, the researcher was left without a choice but to go back to the source of information, the patient such that the researcher was able to dwell into the life of his patient through constant interaction (almost everyday) that extent beyond the hospital duty hours. As time goes by, their relationship cross boundaries and elevated that from being a patient to being a close friend, that unknowingly a week before the patient die, the researcher was with him, uttering a promise that he will continue to take care of children like him even after he was gone.

The researcher firmly believes that optimum and efficient care can only be therefore rendered if such effective care be individualized. This process of individualization of care, which stresses the uniqueness of every patient, is the
core of qualitative research (McCance & McIlfatrick 2008) and one of the intrinsic values and central dogma of the nursing profession (Art. VI, Sec. 28 R.A. 9173; Art. I Sec 2 & Art. II Sec. 5 BON Board Resolution No. 220, S. 2004) which ensures the active participation of the patient as a member of the treatment team.

The above mentioned realities on childhood cancer, the subsequent lack of qualitative research utilizing adolescents as co-researchers in the field of cancer treatment, plus the desire of the researcher to explore the experiences of adolescents undergoing chemotherapy serve as the reasons for choosing this particular area of endeavor. More specifically, this study serves as living testament of the researcher’s promises, to understand the experiences of an adolescents undergoing chemotherapy so that proper care may be given to them. This research endeavor therefore is more than an intellectual pursuit, it is a personal journey for the researcher himself.

It is the researcher’s believes and assertion that it is only when one sees and understands how it is to undergo chemotherapy from the eye of the adolescents can effective and efficient care be rendered toward them.

**Context of the Study**

Presently, it can be observed that most researches focusing on childhood cancer are done within certain institution that specifically take care and cater to
the pediatric cancer patients, two of which are the Philippine General Hospital Cancer Institute and National Children’s Hospital.

Built in 1941 through the Commonwealth Act 398 of 1939, the PGH Cancer Institute still remains to be the sole institution which integrates the academic, clinical, and multidisciplinary approach to screening, diagnosis, and treatment of cancer. It is housed in a three (3) storey building inside the UP-PGH complex catering to both in-patient (59 bed capacity) and out-patient with varied types of cancer, one of which is pediatric cancer. The Cancer Institute moreover envisions itself to be the national model and referral center for the care and prevention of cancer, especially for the underserved Filipinos, being the national leader in cancer research, training and in providing holistic, quality, cost-effective and community-based cancer care and control. This vision was realized through intensive research as well as trainings of health care providers.

On the other hand, the National Children’s Hospital, located at E. Rodriguez Sr. Boulevard, Quezon City with a 5,000 square meter lot are and 250 bed capacity, serves as a special training and tertiary government hospital. It is also one of the institutions which spearheaded the promotion of researches on pediatric illnesses, particularly cancer, since its foundation on 1945. Currently headed by Dr. Robert Enriquez, it was able to live up to its two-fold mission of providing quality treatment and care to children with disease especially the indigent, as well as prevention of childhood diseases realized through intensive
trainings and researchers in the field of pediatric disease, especially in the field of childhood cancer. Specifically, it provides an array of in-patient, out-patient, clinical and diagnostic services for children especially the marginalized sector of society which is geared toward the fulfillment of the institution’s goals, vision and mission.

Besides the institutions which cater to the needs of pediatric cancer patient during hospitalization, the CHILD HAUS (The Center for Health Improvement and Life Development) is the single institution, which served as a halfway house for those sick children from the provinces seeking treatment here in Metro Manila. CHILD Haus, located within the Quezon Institute compound along E. Rodriguez Ave., Q.C, was built in 2003 through the initiative of Ricky Reyes and is currently being funded by donations from Ricky Reyes Foundation, Philippine Charity Sweepstakes Office, presidential daughter Evangeline "Luli" Arroyo, Technology and Livelihood Research Center, and the Metro Manila Development Authority. The institution was initially created to serve as a home for those who hail from the province and are being treated in Metro Manila, most of which are pediatric cancer patients (80%). It is a dormitory type half-way home with 220 bed capacity where patient and their guardian can stay free of charge as long as they the child is undergoing treatment, which may take months to years. CHILD HAUS does not only provide the basic needs of the patient and their family, it also gives holistic healing services including play therapy, arts and crafts, music
and dance, storytelling, children and adult catechism, Christian bible studies, grief and bereavement counseling, family and individual counseling, mass and confession, nutrition and hygiene seminars, pastoral care, patients assistance program, rosary club, Saturday night activity, and other support groups. Beside the services it provides for the patient, CHILD HAUS also gives livelihood training skill for the guardians of the patient to augment their medical expenses. This was all realized through the dedicated and collaborative work of Dr. Rachel Rosario, project director; Dr. Erwin Estimo, medical officer; three administrative staff, two janitors, a guard, and volunteers, like the researcher himself.

**Statement of the Problem**

This study explored the lived experiences of adolescents with varied types of cancer, ages 12 - 18 undergoing chemotherapy at selected hospital in Metro Manila and its implication to the nursing profession. Specifically, it seeks to answer the following questions:

1. How may the adolescents be described in terms of
   a. Age
   b. Gender
   c. Family Background
   d. Place of Origin
   e. Diagnosis
f. Treatment Status?

2. How may the lived experiences of adolescents undergoing chemotherapy be described?

3. What meanings do the adolescents ascribe to these experiences?

4. What implications to nursing profession may be derived from the result of this study?

**Significance of the Study**

This study has a considerable significance to the nursing practice, nursing education, nursing research, adolescents undergoing chemotherapy, their family, community and to the researcher as well.

**Nursing practice**

As this study explored and subsequently understands the lived experiences of adolescents undergoing chemotherapy, it thus enables nurses to have an insight and awareness of their experience so that effective, efficient and client centered care be rendered towards them. Being able to perceive and appreciate the experiences of adolescents undergoing chemotherapy in the eyes of the adolescent let the nurses be in “their shoes”, increasing their awareness and sensitivity. As nurses are in the position of constant interaction with the patient, it is but imperative for them to be able to empathize as well as be sensitive with regards to the concerns and feelings of their client. Furthermore, it subsequently encourage
nurses to place a detailed attention to the care of the patient as human beings. It can also be said that the result of this endeavor be also particularly beneficial to those hospital personnel working with the adolescents undergoing chemotherapy as much as it would to staff nurses for the reasons mentioned above. This research endeavor therefore generate awareness, insights and understanding which contributes to improving the care of those adolescents undergoing chemotherapy particularly their bedside care which is a domain of the nursing practice.

The result of this research also enables nurse managers to adapt and make significant changes in the way client undergoing chemotherapy are handled by staff nurses. The researcher believes that only after informing the nurse managers of how patients perceive and appreciate what its like to undergo chemotherapy can protocols be soundly modified to make the bedside care efficient and effective or if no protocol is in place, formulate one. As nurse managers are in a special position to influence patient care, letting them be informed will subsequently elevate patient care to a higher level.

This study is also useful for the administrators of those institutions catering to adolescents undergoing chemotherapy for the reason that they can tailor fit their institution to provide the maximum care that an adolescents undergoing chemotherapy desire to have. Through this research endeavor, the adolescents was able to voice out to the hospital administrators their experiences of undergoing chemotherapy and reveal how they feel and perceive these
experiences. This in turn will provide an avenue to change those that they view as detrimental to care and strengthen those that they believe contribute to their coping with the treatment. As a secondary gain, these subsequent modifications will bring about more income to the hospital as it attracts more patients for their personalized person-centered care informed by this research.

**Nursing Education**

Nursing is person centered and as such it stresses the importance of the uniqueness of every patient. As phenomenology intent to explore the meanings of experiences of those who have lived the experience it also emphasize the importance of man’s unique insight of the phenomenon. This study therefore contributes greatly to the teaching of nursing as being a person centered profession. For the nursing student, this work enables them to fully understand the meaning of giving a person-centered care specifically tailored to a specific group of patient, that is, the adolescents undergoing chemotherapy. This research also emphasized the importance of making every patient an active member of the treatment team by making sure that their view, opinion and experiences are integrated into their treatment plan. This epitomizes one of the essential functions of a nurse, to be a patient advocate. Through disseminating the result of this research to nursing students, it is envisioned that they will be a more efficient and effective nurses in the future.
This study furthermore help nursing educators better understand the phenomenon under investigation for as nursing continues to evolve and knowledge is continuously generated, it is a must for nursing educators to be well informed and up to date. This research work provides such knowledge from which nurse educators can draw information for them to profess to their students. It will thus enable them to impart its significance and implications to their student. This research also stresses the importance of being holistic in caring for individuals that is, taking care beyond the physical realm. Holism, like in phenomenology, is at the heart of the nursing education. Through this research, the abovementioned core values of nursing are reinforced and subsequently imparted to the nurses of the future.

School administrators also gain benefits from this study in two ways, one, that it reinforced as well as enhanced the content of what their institution impart to their students which served as a sign that they are adapting to the continued evolution of the nursing knowledge. Second, that they are able to produce quality graduate, sensitive to the need of their patients. This twofold ways serve as a medium by which their enrollment can increase since their institution will have reputation of providing quality nursing education and producing well-informed graduates.
Nursing Research

One of the goals of this study is to add to the existing knowledge of the phenomenon of undergoing chemotherapy as experience by the adolescents for this study has generated new knowledge and insights to the phenomenon under investigation. This new knowledge and insight then serve as a basis for the improvement of the nursing profession. As nursing knowledge serves as the root for the practice, education and future research, contributing to this existing knowledge directly affects the totality of the profession.

Additionally, this study is of importance to future researchers in two ways, first that it provides an avenue from which researchable problem may be derived as every research endeavors presents new problem as it finds answer to its research questions. Second, that this research work directly contributes to the understanding of the nature of phenomenology as limited researches informed by phenomenological method have been done locally even though it has become a globally emerging approach in nursing research (McCance & McIlfatrick 2008).

Co – Researchers, other Adolescents Undergoing Chemotherapy, their Family and Community

As this study focuses on the experiences of adolescents undergoing chemotherapy, it then serves as a way for those patients to verbalize and express their insights and concerns giving them a voice for everybody to hear. Subsequent to this, they feel more empowered and positively affect how they view their
treatment furthermore promoting their active participation in their treatment. This study was done with the end in mind that the experiences of these adolescents needs to be understood for a holistic, compassionate, competent, committed and person-centered care be effectively and efficiently rendered to them.

This research work also has significant bearing to the adolescents’ family as well as their communities as this endeavor provide a mean for the adolescents to make their experiences of undergoing chemotherapy known to others and a way to voice out their feeling and concerns regarding their situation. In the researcher’s opinion, the effect of cancer cum its treatment does not only affect the individual but those around him, his family and community, such that it is only when the adolescent’s experiences are made known to their family and their community can they fully understand how these adolescents lives with their treatment. Given this knowledge and insight gained from this research, both the family and the community can then provide well-informed ways of helping these adolescents adapt to their present situations.

**Researcher**

In the capacity of the researcher as a practicing pediatric pain therapist and a future pediatric oncology nurse, this research endeavor provides an avenue for the advancement of the researcher’s current practice as the result of this study ensures the improvement of his dreamed future practice, that of becoming a pediatric oncology nurse. Furthermore, this research study is motivated by a
deeply engrained belief of the researcher that each child is unique and appreciates things in a distinctive manner that for an intervention to be effective and efficient, their views and perception must always be taken into consideration. The results of this study then further strengthen this conviction and subsequently make the care provided by the researcher a competent, compassionate and committed one.

Finally, this work is part of the researcher’s fulfillment of a wish uttered to a close friend and the researcher’s first patient, an adolescent undergoing chemotherapy, to be a brother, a companion and a nurse to other children like him, a day before he die. This wish, in the researcher’s conviction, can never be realized without this research endeavor, of exploring the experiences of an adolescent undergoing chemotherapy.

**Scope and Delimitation**

This research limits itself to exploring the lived experiences of adolescents undergoing chemotherapy as one of their primary treatment and not with cancer per se or with other treatment modality for cancer. Moreover only five (5) co-researchers, regardless of their socio-economic status, place of origin, gender and cancer types were selected from CHILD HAUS based on the following criteria, 1) They are adolescents, aged 12-18, 2) They are, at the time of the study, undergoing at least the 2nd session of chemotherapy either as an in-patient or out-patient in an institution within Metro Manila, and 3) They are able and willing to
articulate, describe and share their experiences. Also, the varied ways of gathering of the co-researchers’ experiences and the process of reflective analysis was concurrently done from July 2009 – February of 2010 only.

This research endeavor further acknowledges the inherent biases of the researcher, even with the process of bracketing, in transposing the narratives from tagalong to English as well as in the process of reflective analysis of the co-researcher’s narratives. Moreover, these biases were minimized by the ongoing process of validation and counter validation with the co-researchers to try to maintain the authenticity of their stories as well as the result of the subsequent reflections. The advice of an expert in the phenomenological process was also sought to further maintain the rigors of this study.

Lastly, as the results of phenomenological researches cannot be generalized, the validity of the results of this study limits itself within the boundary of the context where it is done such that the truthfulness of the result can only be ascertained within the co-researchers themselves.
Definition of Terms

In order to avoid confusion, the following terms are operationally defined as they were used in this study. In addition to that, some terms that is too technical and scientific in nature, are defined contextually and adapted thereafter as to how they were utilized in this research endeavor.

Abstract Thinking – the ability to think in terms of concepts and ideas independent of concrete objects developed during the adolescence period. It is the major cognitive developmental characteristic of an adolescent responsible for the complexity and diversity of an adolescent’s perception (DeHart 2007, Sylvester 2007)

Adolescence – the period of childhood development covering the ages of 12-18

Adolescents – children within the age of 12-18 undergoing chemotherapy for various types of cancer

Bracketing – process of identifying and holding in abeyance one’s presuppositions, perceived beliefs, opinion, biases and prejudices about the phenomenon under investigation (Polit & Beck 2008)

Cancer – a disease characterize by an abnormal growth of malignant cells in the body (National Cancer Institute 2009). Used in this study, it is the disease and main reason for the co-researchers to undergo chemotherapy
Chemotherapy – the use of specific cell killing drugs to treat cancer done either in an in-patient facility or an out-patient department of an institution

Co-researcher – the adolescents, aged 12-18, undergoing chemotherapy as a treatment modality for varied types of cancer

Essence – From the Greek word *Eidos* which means image, form or shape and as Plato put it, a representation of genuine reality (Moustakas 1994)

- Operationally, it is the core narrative description of the adolescents lived experiences of undergoing chemotherapy as supported by themes and subthemes

Lived Experiences – as used in this study, it is the experiences of undergoing chemotherapy as lived, perceived and experienced by adolescents

Thematic Reflection – the process where the phenomena are known and described with the researcher being a tool himself (Carpernter & Soto 2008)

Themes – A recurring regularity emerging from the reflective analysis of the narratives of the lived experiences of adolescents undergoing chemotherapy

Treatment Modality – any medical or surgical means used to treat or control cancer and/or its symptoms
CHAPTER II
REVIEW OF RELATED LITERATURE

This chapter includes discussion about the related literatures as well as studies, foreign and local, pertinent and essential for better appreciation of this research endeavor.

This chapter does not limit itself to the discussion about the theories and explanation of the phenomena under study, for focusing on these topics may affect researcher’s, as well as the reader’s presuppositions, view and opinions thus impeding in the understanding and appreciation of the phenomena without biases and prejudice.

The sole intent of this chapter then is to give both the researcher and readers a better understanding of the related topics, concepts and studies, without tainting and clouding one’s perception, with regards to the phenomena under investigation.

Related Literatures (Foreign and Local)

The related literature is divided into two main sections, the first part concerns cancer as well as chemotherapy while the other half focuses on adolescents with illness.
**Childhood Cancer**

Cancer in its simplest definition is a group of diseases that involves uncontrolled growth and spread of certain abnormal cell in the body creating disequilibrium in the normal functioning of an individual (Pillitteri 2003, Hockenberry-Eaton 2005, International Union Against Cancer (IUCC) 2005, Wong et al 2006, Abrams 2007, World Health Organization (WHO) 2008, American Cancer Society (ACS) 2009, National Cancer Institute (NCI) 2009). Childhood cancer then, is a general term used to describe ranges of cancer types found in children between the ages of 0-19 years (American Society of Clinical Oncology (ASCO) 2009).

Worldwide, it is the second leading cause of death among children majority of which afflicts those below fourteen (14) years of age, and continues to be the major cause of childhood death in Asia, as 60% of Asian children afflicted with cancer die (WHO 2008, American Cancer Society (ACS) 2009, NCI 2009).

Though no more than 2% of cancer occur in children (UICC 2005, WHO 2008, ACS 2009), childhood cancer still continue to be the number one cause of childhood death between the age of 1-15 years old in the USA (King et al 2007, ACS 2009, NCI 2009) and rank as second cause of childhood mortality in the world. There are an approximated 12,000 new cases of cancer in the US annually and an estimated 161,000 new cases worldwide. 80% of these global cases are found in developing countries especially in Asia. In Asia alone, it has become an
emerging cause of childhood death (King et al 2007, ACS 2009) as 60% of Asian children afflicted with cancer die, a high percentage as compared to other races (UICC 2005, WHO 2008).

Furthermore, in 2005, 7.6 million people die of cancer with 70% of these cases occurring in low and middle income country like the Philippines (WHO 2008, ACS 2009). Locally, it ranks as the 4th leading cause of death in 2007 contributing to 9.7% of the total mortality rate for the said year. Likewise, this rate is tantamount to approximately 44,000 people dying of cancer for the said period and is projected to rise in the years to come (WHO 2008).

In 2007, the reported cases of childhood cancer in the US alone reach to about 10,400 and are projected to rise at approximately 10,730 in 2008 with an estimate of 1,490 cases of mortality in that same year. (WHO, 2008)

On the other hand, the global mortality from childhood cancer in the year 2007 reached about 87,000 (King et al 2007, ACS 2008, NCI 2008) where deaths are highest with ages 0-4 and 15-19 (King et al 2007).

The cause of childhood cancer is still unknown and not yet fully understood but most scientists agree that it is most likely multifactorial in nature and involves an interplay of genetic, immunologic, environmental and socioeconomic factors. Because of its unidentified cause, there are no screening tools for childhood cancer and no known preventive measures other than

Because of its diversity, there are multitude types of childhood cancer, thus for the purpose of simplicity, the researcher presents only the two (2) most common types found in children with some descriptions and pertinent data beginning from the most common type.

Leukemia comprises 33%, the highest percentage, of all childhood cancer cases worldwide. It has two main types, the Acute Myelogenous Leukemia and Acute Lymphocytic Leukemia both of which affect the bone marrow responsible for blood production. As a result, children with this type of cancer show signs of bone and joint pain, weakness, bleeding, anemia and fever. There is an 81% of survival rate from leukemia.

The second most common type of cancer involves cancer occurring in the nervous system especially the brain. It comprises 21% of all cases and mostly involves the cerebellum or the brain stem. During its early stage common symptoms include headache, nausea, vomiting, dizziness and blurred or double vision. There is a 79% survival rate from this cancer group. (Pillitteri 2003, Roll 2004, King et al 2007, ACS 2009, NCI 2009, and ASCO 2009)

Because of the multitude types of childhood cancer and their various subsequent clinical manifestations, it is but hard to determine based on signs and
symptoms if a child has cancer. The Pediatric Oncology Resource Center (www.acor.org) recommends seeing a doctor if the child has:

- **C**ontinued, unexplained weight loss
- **H**eadaches, often with early morning vomiting
- **I**ncreased swelling or persistent pain in the bones, joints, back, or legs
- **L**ump or mass, especially in the abdomen, neck, chest, pelvis, or armpits
- **D**evelopment of excessive bruising, bleeding, or rash
- **C**onstant infections
- **A** whitish color behind the pupil
- **N**ausea that persists or vomiting without nausea
- **C**onstant tiredness or noticeable paleness
- **E**ye or vision changes that occur suddenly and persist
- **R**ecurring or persistent fevers of unknown origin

(Lifted from American Society of Clinical Oncology, 2009)

This abovementioned realities shows the significant universal impact of cancer particularly childhood cancer among the developing countries like the Philippines. And as such, global major advances on the treatment of cancer have been and continually being developed. Nowadays, because of quality researches and improved healthcare delivery system, childhood cancer with adequate diagnosis and proper treatment poses a 77% mean survival rate (King et al 2007) with an 80% five (5) year survival rate from the less than 50% five (5) year
survival rate during the 1970’s and more than 75% ten (10) year survival rate (ACS 2009, NCI 2009).

The primary aim of treatment for childhood cancer is to eliminate or limit the number of cancer cells which mainly depends on the size and location of the tumor, whether is has spread or not and the overall health of the child.

There are five (5) common treatment modalities for cancer and each maybe use alone or in combination to treat the disease. They are as follows: Surgery is the removal of a tumor via an operation, while Radiation is the use of high energy x-ray or other particle to kill or shrink cancer cells. Biologic therapy, also called immunotherapy, on the other hand, uses substance either made by the body or in a laboratory to support of stimulate the body’s own immune system to fight cancer while Bone Marrow Transplant involves infusing a healthy marrow, or blood stem cell, into the individual after all his bone marrow are destroyed either via chemotherapy or radiation. The healthy bone marrow may come from the child himself (autogeneic) or form a match donor (allogeneic) usually a relative. The last and most common treatment modality is Chemotherapy, the use of cytotoxic (cell killing) drugs to treat cancer. (Pillitteri 2003, ACS 2009, NCI 2008, and ASCO 2009)
Chemotherapy

One of the advancement with regards to treatment of cancer is the development of chemotherapy which is currently the mainstream treatment of choice for childhood cancer (Barton-Burke 2001, Gullatte & Gaddis 2004, Coward & Coley 2006, Abrams 2007, King et al 2007, Otto 2007). This choice was supported by the fact that it has the highest success rate reaching more than 80% as compared to other treatment modality (i.e. radiation, & surgery). This high success rate is attributed to the major innovation and modernization in the field of cancer care through intensive research work (Coward & Coley 2006, King et al 2007, Otto 2007, Gloeckler-Ries 2008, ACS 2009, NCI 2009).

Research on the use of drugs to treat cancer began in the early 1900’s when Paul Ehrlich used rodents intentionally infected with disease to develop antibiotics. Since then, more and more researches had been done to improve this modality and as a result, there are now more than four hundred (400) known cytotoxic agents that have been developed and subsequently approved for commercial and experimental used (Otto 2007).

For this past thirty (30) years, there had been some major improvement in the use of chemotherapy and it consequently affects the survival rate of cancer patient (Coward & Coley 2006) for more than half of cancer clients received chemotherapy as their sole treatment or in combination with other modalities. (Otto 2007).
Chemotherapy is defined as the use of cytotoxic (cell killing) drugs in the treatment of cancer. Its prime aim is to prevent cancer cell from multiplying and adjacent tissue developing metastasis (spreading of cancer cell to various part of the body). It accomplishes this objective by having a systemic effect in the body thus, it reaches metastatic and sanctuary sites that other treatment modalities fail to achieve. As a result, chemotherapy prevents cell replication and halt cell division upon contact with the cancer cells (Gullate & Gaddis 2004, Coward & Coley 2006, Abrams 2007, Otto 2007, ASCO 2009).

The number of cycles of chemotherapy varies from as low as six (6) to as many as fifty (50) and may depends on the individual protocol of the treatment which varies within institutions. Though the protocol varies on a case to case basis, chemotherapy treatment can be basically divided into three distinct phases namely, Induction, Consolidation/ Intensification and Maintenance. The goal of the induction phase is to eliminate as much as possible cancer cells inside the body while during the consolidation/ intensification phase, treatment is directed on eliminating residual cancer cells and is more aggressive compared to the induction phase. On the other hand, the maintenance phase sees to it that the cancer cells will be suppressed for the longest time possible. Chemotherapy can also be used to provide care, control or give palliative treatment to cancer patients. It may be utilized in 6 different ways and is as follows: Adjuvant therapy involves using chemotherapy in conjunction with other treatment aimed at
treating micrometastasis while *Neoadjuvant chemotherapy* make use of cytotoxic drugs to shrink tumor before surgery. *Primary therapy*, on the other hand, uses chemotherapy as the main treatment modality of patient with localized cancer for which an alternative but less than completely effective treatment is available. In contrast, *Induction chemotherapy* utilizes chemotherapy as a primary treatment for patient with cancer for which no alternative treatment exists. *Combination therapy*, likewise involves the administration of two (2) or more chemotherapeutic agents to treat cancer as *Myeloballative therapy* make use of dose-intensive chemotherapy as a preparation for peripheral blood stem cell transplantation, also known as bone marrow transplant (Gullate & Gaddis 2004, Coward & Coley 2006, Abrams 2007, Otto 2007, ASCO 2009).

As there are numerous chemotherapeutic agents that can be utilized during chemotherapy and many side effects from each specific drug, the complexity of discussing all the side effect will be tremendous. As such, the researcher decides to include only the most common side effect of chemotherapy so as to give a brief but concise overview.

Chemotherapy affects cell replication and cell division of fast growing cells specifically cancer cells and as such, healthy rapidly dividing cells such as bone marrow, hair, and gastrointestinal tract are consequently affected. The side effect of chemotherapy mainly depends on the individual as well as the dose and drugs used.
Bone marrow depression then occur as chemotherapy suppress cell growth and replication, as an effect, there is anemia or decrease red blood cell in the blood which is responsible for the pale looking appearance of cancer patients, leucopenia or decrease white blood cell which place the individual at risk for infection and thrombocytopenia or decrease in platelets that make clients at risk for bleeding. As the production of blood component from the bone continue to decrease, the bone itself become weak and its density is altered. As an effect, there is bone pain and fragility.

The hair is a rapid dividing cell and as such, it is also affected by chemotherapy. As a result, there is a continuous decrease in hair growth until the hair ceases to grow and visible hair loss is seen. This is called alopecia, or hair loss, the most common and obvious side effect of chemotherapy.

Lining of the gastrointestinal tract are creased with rapidly dividing cells that chemotherapy also affects. As a consequent, there are gastrointestinal disturbances that accompany chemotherapy such as nausea and vomiting, diarrhea, indigestion and a noticeable decrease in appetite.

It must be noted however that as the treatment is stopped or is finished, the biological side effects will also be eliminated. Physical side effects of chemotherapy therefore are reversible. (Pillitteri 2003, Coward & Coley 2006, Abrams 2007, Otto 2007, ASCO 2009).
Beside the physical changes mentioned above that accompany chemotherapy, there also exist a significant amount of psycho-emotional disturbances among those undergoing chemotherapy which are both diverse in terms of types as well as their degree. These consequences include but are not limited to a feeling of uncertainty, vulnerability, loss of control, helplessness, grief, despair, depression, anxiety and disturb body image. This psychological effects of chemotherapy compared to its physical effect may linger even after the treatment has been stopped or finished. (Kelly & Hooke 2004, Rhiner, Otis-Green & Slatkin 2004, Fitzsimmons & Middleton 2006)

Chemotherapy when viewed on the basis of it effects therefore is comparable to a coin which possesses two (2) sides, the one side serves it’s purpose of treating cancer while the other represent its multitude of physical and psychological effects. Hence chemotherapy does not only attack the disease of the patient, it affects the totality of the person.

**Adolescents under Illness**

Adolescence is a period of transition between childhood and adulthood characterized by an especially close connection between physical, cognitive, psychosocial, moral and emotional development (Figure 1). The precise boundaries of adolescence are difficult to define, but most authors agree that this period appears at the age of 12-19. (Pillitteri 2003, Carandang 2004,

Following Erik Erikson’s psychosocial development theory, adolescents are in the stage of identity vs. role confusion, with the central task of developing a sense of identity. It further emphasize that an adolescents go through a stage of developmental crisis as they began to form their sense of identity which will only be achieved when the adolescent see themselves as a distinct individual, somehow unique and separate from every other individual. This personal identity formation is part of the ongoing identification process which is both time consuming and laden with period of confusion, depression and discouragement. Determining their identity as well as their place in society is a critical and perilous feature of

*Figure 1: Interrelated Aspects of Adolescence Development
Showing its Complexity and Interconnectedness*

Illnesses in adolescence therefore are considered a great source of challenge and stress for the adolescents as it aggravates the crisis already is inherent in the adolescence period. These as a consequence have a considerable impact on their transition from being a child to an adult, such that it could result in their isolation, stigmatization as well as handicap.

As was mentioned, the primary task of the adolescent is the formation of identity, a by product of the constant interaction of the adolescents with their society especially their peers. Moreover, a sense of group identity appears to be essential to the development of a sense of personal identity, a task impaired by an illness as well as its treatment in a variety of ways.

As body image is of uttermost importance to adolescents, physical changes brought about by the disease as well as its treatment may result into deliberately isolating themselves as they feel unattractive. Furthermore, isolation from their family, school and peers can also be a direct result of their disease and its treatment. In addition, the adolescents are face with the task of managing their illness as they strive for independence which is both time consuming and
stressful, such that they may easily become over indulge with the consequence that their peer interaction decreases and subsequently suffer.


Related Studies

This section includes previous researches and studies such as journal articles, thesis and dissertations which are related and have a bearing in this research endeavor. This section is further divided into foreign and local studies arranged first topically and chronologically within each topic.

Foreign Studies

For the purpose of clarity, the foreign studies mentioned in this review are divided into two main groups, the first involves researches concerning adult cancer which is further categorize to the needs of cancer patients and effect of cancer & treatment, while the other half concerns studies around childhood cancer further categorized into quantitative and qualitative studies.
Adult Cancer: Needs of Cancer Patients

In 2002, Soothill and colleague studied the relationship of religious faith and psychosocial needs of 402 cancer patient and their carer using a survey and found out that, patients with expressed faith identified fewer psychological needs than those without faith while those carers with expressed faith identified more needs than those without faith in relation to support from family and neighbors. The study further shows that carers needed more help with finding a sense of purpose and meaning and help in dealing with unpredictability.

Like Soothill et al (2002), Clark et al (2003), utilizing a comprehensive systematic literature review, explored the relationships of spiritual and emotional of 1,732,562 cancer patients and have further found out that there exist a strong relationship between the degree to which staff addressed emotional/spiritual needs and overall patient satisfaction. Furthermore, the study also shows that the three measures most highly correlated with emotional/spiritual care are: staff response to concerns/complaints, staff effort to include patients in decisions about treatment, and staff sensitivity to the inconvenience that health problems and hospitalization can cause.

Meanwhile, following their previous research, Soothill and others (2003) conducted another study with 233 paired patients and carers to determine their important and unmet needs. The result of this study shows that most pair of respondents expressed the importance of having good relationships with health-
care professionals and receiving good-quality information. Moreover, it shows that patients were likely to identify more needs as important while carers have more unmet needs for the reason that 'universal' needs such as having good relationship with healthcare professionals and receiving quality services are being met, but 'situational' and 'personal' needs, particularly among carers, are relatively unmet and require greater attention on the part of nurses and primary care professionals.

On the other hand, Aranda et al (2005) conducted a study on the quality of life, support and information needs of 105 women with advanced breast cancer and found as with regard to quality of life, that one quarter and a third of reported difficulties involves their physical, role and social functioning such that a little over a quarter of the women reported poor global health status. Moreover, this study shows that eleven (11) out of the top twenty (20) unmet needs came from the psychological domain, followed by health system domain (7) and physical domain (2) where fatigue is one of the most prevalent unmet needs among urban women with cancer.

In 2005, following Soothill et al (2002), Clark et al (2003)’s studies, Frick and other explored the spiritual needs and preference of 30 outpatient cancer patient and found out that patients who considered the spiritual interview as very helpful were more often female and that there were no differences between patients who evaluated the spiritual interview as very helpful and those who did
not, as far as diagnosis, educational level or belonging to a religious community were concerned.

In addition to the abovementioned study with regards to spiritually, Rademacher (2005) in his doctoral dissertation, studied the relationship of spiritual well being and quality of life of fifty eight (58) women undergoing chemotherapy for early stage breast cancer and have found out that spiritual well being on the month following completion of chemotherapy was related to physical well being. In addition to that, he also found out that spiritual well being was related to emotional well being and did not change over time while change in physical well being was related to change in emotional well being. Lastly, he further concluded that spiritual well being during the first visit was also related to change in emotional well being which remained even when change in physical well being was controlled.

**Adult Cancer: Effect of Cancer and Treatment**

In 1996, Halldorsdottir & Hamrin utilizing the phenomenological approach studied the lived experiences of nine (9) adult cancer patient and found the overriding theme of the lived experience of having cancer as “experiencing existential changes”. This theme is further reflected in its 5 subthemes which are the following Uncertainty, Vulnerability, Isolation, Discomfort, and Redefinition.

Meanwhile during 1998, McEwen et al utilizing a comprehensive literature review explored how lung cancer affects the quality of life of patients
and find out that communication and supportive environment are important in improving lung cancer patients' quality of life such that communication problems with medical staff were strongly associated with anxiety and with anticipatory nausea and vomiting. Furthermore, the result of literature review further states that, psychological adjustment in lung cancer patients might be improved if patients were given opportunities to ask questions about their disease and participate in decisions about treatment. Finally, the main highlight of this literature review was that quality of life assessment can be a prognostic factor and predictor of survival.

On the other hand, Chen et al (2000) studied the relationship of anxiety, depression and pain in Taiwanese cancer patient and have found out that anxiety and depression in the pain group was significantly higher than that for the pain-free group whereas patient's pain status had a significant effect on depression, but not on anxiety.

Meanwhile on 2002, apparel to the research done by Halldorsdottir & Hamrin (1998), Maliski and colleague explored the experiences of couples, with husbands diagnosed to have prostate cancer, from the time of diagnosis through staging to the completion of radical prostatectomy. Utilizing a qualitative cross-sectional approach to elicit the experiences of twenty (20) couples, they have found out that initially the diagnosis of prostate cancer represent a loss of control and a “death sentence” that lead them through a “crash course” on prostate cancer.
As they gather facts and information, they then view prostate cancer as a “good cancer” which then enables them to refocus their energies and to start their “quest for the best” treatment and surgeon. Once accomplished, they then prepare for surgery that culminated in the turning over of complete control to the surgeon and hospital staff at the time of surgery.

Parallel to the study done by Chen et al (2000), Matsushita in 2005 explored the relationship between clinical factors like stage of cancer, treatment type and age with the psychological status of patients. Their study found that the mean scores of anxiety and depression were significantly higher in the advanced-phase group and specifically that anxiety in the 'middle age' and 'chemotherapy' groups was more severe than in the 'elderly' and 'no chemotherapy' groups while depression in the 'medical treatment equipment', 'chemotherapy', and 'long-term hospitalization' groups was more severe than in the 'no equipment', 'no chemotherapy', and 'standard-term hospitalization' groups and that depression increased from before surgery to before discharge, and did not return to the preoperative level at six (6) months after discharge.

Following the trend set upon by Halldorsdottir & Hamrin (1998) and Maliski et al (2002), in 2006, Anjos & Zago conducted an ethnographic case study involving the experiences of a breast cancer patient and found out that attached to her experience is “the loss of control of her life” which stressed the
changes of her social role, especially the difficulties to provide financial support to the family and the relationship with her children.

Moreover, a study done by Ryan et al (2005) using a comprehensive, systematic literature review explored the barriers to expressing psychological concern of a cancer patient. The result of their literature review shows that anxiety and depression can mimic physical symptoms of cancer or treatments, and consequently emotional distress may not be detected. Furthermore, there were a considerable number of patients who may not reveal emotional issues as they believe it is not a doctor's role to help with their emotional concerns and that techniques such as active listening, using open questions and emotional words, responding appropriately to patients' emotional cues, and a patient-centered consulting style can assist in detection which further prove that the application of basic communication techniques enhances detection of patients' emotional concerns.

Meanwhile, a study by Edvardsson et al (2006) focused on exploring the meanings of being in the physical environment of an oncology centre as narrated by the nine (9) patients, five (5) significant others and thirteen (13) staffs. Interviews were analyzed using hermeneutic phenomenological approach which yield to the conclusion that the physical environment influence the experiences of care by 4 distinct ways: first, by being a symbol expressing messages of death and dying, danger, shame and stigma, less social value and worth; second, by
containing symbols of caring and uncaring, life and death; third, by influencing interaction and balance between being involved and finding privacy; and fourth, by containing objects that could facilitate a shift of focus away from the self, that is being able to escape the world of cancer and finding light midst of darkness which shows that the physical environment is but an important part of caring that needs to be accounted for.

A parallel study to Edvardsson et al (2006) that also focuses on the environment is that of Peters and Sellick (2006) research which focuses on the quality of life of cancer patients receiving inpatient and home-based palliative care. Their comparative study utilized fifty eight (58) adult patients, thirty two (32) in-patient, twenty six (26) home-based, with terminal cancer as their respondents with which a structured questionnaire was administered by means of personal interview. The result of their study showed that the most prevalent symptoms reported are weaknesses, fatigue, sleeping during the day and pain. Moreover, patients receiving home based palliative care have statistically significant less symptom severity, lower depression scores, better physical health and quality of life as compared to those receiving in patient care. In addition, home-care patient also reported statistically significant more control over the effect of their illness, medical care, treatment received and the course of the disease.
Like Halldorsdottir & Hamrin (1996), Maliski et al (2002), & Anjos & Zago (2006) study regarding the experiences with cancer, Siqueira (2007) explored the meaning of being with cancer of eleven (11) patients and found out that living a serious disease like cancer reverberates on the person’s life in a significant way and affects his/her entire Being. Moreover, the physical and psychical restrictions deriving from the disease imply significant changes, which may make the person become dependent or withdraw from social companionship. The study concluded that the comprehension of what is lived by the person with cancer indicates the relevance of transformations in the philosophy of his/her care, including the need to discuss and share feelings.

Following the trends set upon by Edvardsson et al (2006) and Peters & Sellick (2006), McIlfatrick and colleague (2007) explored the patients’ experiences of having chemotherapy in a day hospital. Unlike the studies that precede them, they focused on a treatment modality, which is chemotherapy. Employing a qualitative approach with a convenience sample of 30 adult patients diagnose with cancer and receiving chemotherapy in a day hospital, their analysis yield into four key themes, first is of facing the situation, that is accepting the diagnosis and the need to have chemotherapy; second is the perception of a day hospital setting, either with a positive perspective, that is the ability to maintain a sense of normality and absence of the sick role or with a negative dimension, which involves a dehumanizing, factory like system in a day hospital; third is the
system issue, that includes acknowledging environmental and organizational influences, including the sense of comradeship with other patients and fourth is looking ahead, which involves learning to “work around” the treatment as well as indicating the need to remain positive about the future.

The above mentioned studies utilized adults as their respondent and primarily concerns general topic on cancer per se. Meanwhile at the other side of the spectrum are the studies which focus on childhood cancer. For ease of discussion, these studies are further divided according to the approach that was utilized. The first part deals with researches utilizing the quantitative approach while the latter deal with those utilizing the qualitative method.

**Childhood Cancer Related Studies: Quantitative Approach**

In 2002, Elkateb and others conducted a study exploring the quality of life of adolescents with cancer and found out that, the major concerns of adolescents with cancer include: symptoms distress (78%); anxiety related treatment (75%); body image (69%); and physical well-being (34%) while two major concerns of mothers and nurses were also symptoms distress and anxiety related treatment. Moreover, their studies show that nurses do not seem to give or give only minimum importance or concern to the cognitive abilities of the patients during the illness period and that patient cope with physical distress through leisure time exercise patterns, while they cope with psychological distress through denial.
On the other hand, Zebrack et al (2002) evaluated and compared the psychological outcomes in long term survivors of pediatric leukemia, Hodgkin’s disease and non-Hodgkin’s lymphoma with that of sibling control using 5736 adult survivors and 2565 sibling control as respondent utilizing a questionnaire as its tool. Their study concluded that adult long term survivors of pediatric cancers have a significant increased risk for reporting symptoms of depression and somatic distress and that exposure to intensive chemotherapy further aggravated this risk.

Another worth noting study was done by Cleve and colleague (2004) which examined the pain experiences, management strategies and outcomes of children with leukemia during the first year after diagnosis. Employing a longitudinal descriptive approach to gather data at seven data points with ninety five (95) children ages 4-17 using age appropriate instruments, they have concluded that children with leukemia experience pain throughout the first year of treatment and was responsive to the management strategies used by both parents and children with the following strategies being frequently utilized: “watch TV”, “Lie down”, “wish for it to go away” and “tell my mother or father”.

Congruent with the study done by Elkateb (2002) was a masteral thesis research by MacLeod in 2005 which explored the emotional well being of ninety five (95) children diagnosed with cancer as compared to their normal classmate and surprisingly found out that the results indicated no differences in emotional
well-being for children with cancer when compared to normal children. As such, the said research recommends that additional studies is needed 1) to determine the factors contributing to their positive adjustment and 2) to identify individual families needing additional resources.

Opposite to the research done by Cleve (2004), Jalmsell et al (2006) studied the symptoms affecting the children with malignancies during the last month of life through anonymous postal questionnaire to 449 parents in Sweden who had lost a child to cancer during a six (6) year period. The researchers found out that the symptoms most frequently reported with high or moderate impact on the child’s well-being were fatigue (86%), reduced mobility (76%), pain (73%), and decreased appetite (71%) irrespective of the specific type of cancer. They also found out that children who died at 9 to 15 years of age were reported to be moderately or severely affected significantly more often than the other children.

A year after in 2007, analogous to the study done by Elkateb et al (2002) concerning the quality of life of pediatric cancer patient, Varni and others explored the use of Health-Related Quality of Life Measurement (HRQOL) in pediatric oncology. Using a systematic literature review regarding they have found out that majority of the data demonstrate that children as young as five (5) years of age can reliably and validly self-report their HRQOL when an age-appropriate instrument is utilized. They further concluded that the evidence supports including pediatric patients’ perspectives in clinical trials. Parent proxy-
report is recommended when pediatric patients are too young, too cognitively impaired, too ill or fatigued to complete a HRQOL instrument, but not as a substitute for child self-report when the child is willing and able to provide their perspective.

Meanwhile, like Zebrack et al (2002) focusing on the cancer survivors, Eracleous (2008) in his dissertation studied the character strength of twenty one (21) adolescent cancer survivors as compared to twenty one (21) healthy normal adolescents and found out that there was no statistically significant difference between the character strength of adolescents who have survived cancer and those of their healthy counterparts which may imply that the development of specific positive psychological traits during childhood is neither hindered nor enhanced by the experience of serious illness such as cancer. The study further found that the written accounts of the cancer survivor made reference to the character strengths of hope, gratitude, love, perspective and appreciation of beauty and excellence.

Like MacLeod (2005) which focuses on the psychoemotional effect of cancer, Kyung-ah in 2009, through an experimental design studied the effectiveness of logotherapy in reducing the suffering of twenty nine (29) adolescent with terminal cancer and found out that logotherapy was effective in reducing suffering and improving their meaning in life. The study further concludes that logotherapy can be utilized for adolescents with terminal cancer to prevent existential distress and improve their quality of life.
Rechner in 1990 using the phenomenological approach explored the experiences of five (5) adolescents, aged 13-17, in living with cancer and found out that the adolescents' overall goal was to get on with life. Moreover, the study shows that the teenagers responded to cancer by experiencing the illness and determining that they were normal. They also tend to develop a philosophy of being positive and redefined their social world in order to get on with life. The following were the themes extracted from the study: I’m the same; you’re different, I deal with things differently, and I have this other life.

Also exploring the experiences of living with cancer, Hockenberry-Eaton (1994) utilizing again the phenomenological method studied this time the experiences of twenty one (21) pediatric patients, aged 7-13. Analysis of the narratives reveals the common themes about the source of strength for these children during treatment and are as follows: "knowing" (what to expect, information about cancer, others with cancer), "caring" (for self, being cared for by family and nurses), "feeling special" (feeling unique and also struggling to feel normal), and "getting used to it" (being brave, accepting things). In addition, the author further summarized that children can demonstrate a pattern of strength and the ability to bounce back, despite stressful situations. In spite of differences in cognitive development, children can be helped to develop strength in the face of adversity.
On the other hand, Weekes & Kagan (1994) explored the experience and coping strategies during cancer treatment of thirteen (13) adolescents, 11-18 years of age. Employing the grounded theory to analyze the narratives of the adolescents, subsequent themes arose in three categories which are as follows: meaning and perception of the experience of completing cancer therapy (task accomplishment, movement toward a normal life); coping strategies before completion of therapy (positive thinking, not thinking about treatments, "busyness," reinterpretation, and "philosophical stance"); and coping strategies after completion of therapy (negotiation, cognitive reliving, selective forgetting). The researchers also deduced that the completion of cancer therapy is an event that is uniquely perceived by adolescents, and they employ different coping strategies before and after completion.

Meanwhile in 1995, this time focusing on the psychoemotional aspect, Danielsen in his doctoral dissertation explored the meaning of hope in living with cancer among four (4), 6-9 years old children through the phenomenological approach. After the subsequent reflections, the following are themes have emerged from the study: Hope helpers are important, It's OK to have cancer, You need to keep hoping, I didn’t want to have cancer in the first place.

On the other hand, Woodgate (1998) using grounded theory explored the illness experience of twenty three (23) young people, 13-16 years old, with chronic disease. The findings revealed that having a chronic illness made life
more difficult for the adolescents and that adolescent experienced extra effort, restrictions, pain, and additional worries because of having a chronic illness.

Following the trends set upon by Rechner (1990) and Hockenberry-Eaton (1994), Yeh in 2002 using this time the grounded theory approach studied the experience of sixteen (16) Taiwanese young people with cancer, aged 13-17 and found that the core category representing the life experience of adolescents with cancer is an unsettled state of mind. This multifaceted and dynamic process was elicited by the diagnosis of cancer or a change in clinical status. Furthermore it exists with five distinct subcategories, arranged in order of importance: physical and psychological, cognitive, social and future orientation aspect.

Hicks and colleague in 2003 followed the trend above when they explored the quality of life of thirteen (13), 5-9 years old, leukemic patient using the phenomenological approach. Through analysis of the narratives five Themes were identified and are as follows: Having leukaemia made me tired, The disease and treatment affected activities, Medication and treatment effects, Relationship changes, and Hair loss.

Parallel to the study conducted by Danielsen (1995), Stewart (2003) explored this time the experience of uncertainty with cancer of eleven (11) young people, 9-12 years of age. Employing the grounded theory approach to analyze the narrative, the following themes were extracted: Not understanding, Getting used to it, Not knowing, Not being able to predict, Not sure about what things
mean. She study also found out that children did not characterize themselves as feeling uncertain instead they quickly came to view their lives as routine and ordinary despite the unpredictable nature of their illness course. Additionally, they have found that children described a process of getting used to cancer that allowed them to keep their focus on the ordinary nature of their everyday lives within the uncertain context of their illness.

Like Rechner (1990), Hockenberry-Eaton (1994) and Yeh (2002), Woodgate and others (2003) studied the experiences of cancer, focusing on the symptoms, of thirty nine (39) adolescents, 4-18 years of age. By using grounded theory to analyze the data, they have found that children experienced symptoms as feeling states. In addition to that, they also found out that critical to children's feeling states were the meanings that children and their families assigned to the symptoms such that when families, physicians, nurses, and other health professionals approached children's symptoms solely as side effects (e.g., nausea) or singular physical and psychological states, children provided minimal description of what they were actually experiencing. However, a greater understanding was achieved when the symptoms were approached as dynamic multidimensional experiences that occurred within a particular context.

Meanwhile following the study conducted by Woodgate (1998), Cardillo (2004) as his doctoral dissertation, explored how eight (8) adolescent with chronic illness construct and make sense of their difference growing up with a chronic
disease. Using a grounded theory approach, analysis of the autobiographies of the adolescents revealed four major themes, which surfaced and recurred across all of the differing narratives, characterizing the experience of difference in reference to the communication that surrounded it: difference as devaluation, difference as hard reality, difference as oppression, and difference integrated, as such the researcher have put forth shifting re-constructions of different self as it’s grounded theory. Moreover, the said theory explain how respondents struggled to make sense of their differences, with their narratives serving as means for both articulating and constructing their shifting definitions and understandings of their experiences of difference. In addition to that, the researcher further expound that shifting re-constructions of self were in response, and often in opposition, to communication (ranges from rejecting, dehumanizing, or abusive, at one end of the spectrum, to supportive, empowering, and affirming, at the other) of parents, health care providers, peers, teachers, and others.

In 2004, Kelly et al using the ethnographical approach explored how ten (10) adolescents, ten (10) parent, fourteen (14) professional staffs gives meaning to being in an adolescent cancer unit. As the result of their analysis, two themes have emerged: cancer and the cancer unit and changes over time. These themes are further broken down into subthemes and are as follows Cancer and the Cancer Unit: Cancer is not a label, Being in the same boat, Treatment, The body, Shared
understandings and Changes over Time: Diagnosis, recurrence and other ‘difficult
times’, Looking to the future.

Meanwhile, following the studies done by Woodgate et al (2003) and
others before him, Till (2004) in his masteral thesis explored how adolescents
cope with having cancer. Using the grounded theory to analyze the narratives of
the adolescents, the researcher has found that the adolescents were able to cope
with their experience under the central category of "conquering the cancer
experience”.

On the other hand utilizing the qualitative approach describe by Polit and
Hungler, Clark in 2005 explored the parental communication of fifty five (55)
parents of children with leukemia and its effect on the children’s behavior.
Through subsequent reflections on the narratives of the parents five main themes
were defined. These were: (1) children’s responses to illness during the first three
months following diagnosis, (2) information given to the child, (3) parents’
communication style, (4) parents’ perceptions of disease, and (5) parents’
responses to treatment regimes. Moreover, the study shows the following: that
most children showed behavioral and mood difficulties after diagnosis, older
children were given more information, and parents’ perceptions of childhood
cancer affect the way they communicate with their child.

On the same year, Turner (2005) conducted a study which utilized a
phenomenological approach to explore the experiences of hope among ten (10)
young people ages 18-25 in Australia. He employed two methods to encourage the participation of the subjects, first by using a disposable camera and letting them take pictures that in their view represent hope and the second involves an in-depth interview that was prompted in part by their respective photographs. The result of his analysis revealed four horizons of hope; at-one-with, a driving force, having choices and being connected. He further concluded that professionals who work with young people must first understand the phenomenon of hope form their unique perspective before they can offer appropriate hope facilitating strategies.

Also during the same year, Woodgate (2005) conducted a third study this time concerning the experience of fifteen (15) adolescents, aged 12-18 years old, in living with cancer and its effect on their sense of self. By using the grounded theory as its underpinning methodology, six ways of being in the world were identified: life as a klutz; life as a prisoner; life as an invalid; life as an alien; life as a zombie; and life as a kid. This research points out that in helping adolescents deal with the changes, it is important that family and friends respond to them like they were the same person, but also to treat them special at times. The findings revealed that adolescents experienced changes in their lived bodies because of the symptoms and this, in turn, impacted their sense of self and way of being in the world. Although adolescents spoke to the significance that cancer had on their lives, they described themselves as still being pretty much the same person.
Following that year, Larouche (2006) explored the same field Woodgate (2005) and others before him tackled, that of living with cancer. Using five (5) adolescents, 14 -17 years of age, he utilized the phenomenological approached to discover how it is like to live with cancer. Analysis of the narratives reveals that adolescents described their body image as "I don’t look normal," a theme that is comprised of two (2) dimensions: "I look ugly" and "I look sick.". For the adolescent with cancer, these two (2) dimensions evoked feelings of being vulnerably exposed: "People look at me. Consequently, the adolescents adopted a new set of coping strategies to help them manage their physical appearance and social interactions: "avoiding," "maintaining normality," "testing the waters," and "peer-shield" themes. Although the adolescents perceived their body image as altered, coping mechanisms enabled adolescents to think of themselves as normal and re-establish their social lives.

In 2006, Woodgate conducted his 4th study exploring the experiences of fourteen (14) adolescents, 13 - 18 years of age, living with depression. His method makes use of phenomenological approach and data analysis was done utilizing van Manen as its guide which then yielded to the essence of the adolescents’ experiences of depression as “Living in the shadow of fear”. The shadow of fear was associated not only with fear of a return of the “bad” feelings related to their depression, but also to fear of not getting help, not surviving the “bad” feeling, and the fear of having to do all the “hard work” in overcoming the
“bad” feelings. This essence was supported by four themes: “containing the shadow of fear”, “keeping the self alive”, “maintaining a sense of belongingness in the world” and “feeling valued as a human being”.

On that same year, another study was undertaken by Woodgate (2006) this time exploring the social support of fifteen (15) young people, aged 12-18, living with cancer. Utilizing the grounded theory approach, the study reveals that the relationships that adolescents maintained with their nuclear families, health care team members, and special friends were the three (3) main supportive relationships in the adolescents' lives and that the act of others "being there" was seen by the adolescents as the key element of a supportive relationship. The researcher further conclude that although the three (3) key supportive relationships were essential in helping adolescents get through cancer, these relationships were at times a source of stress for adolescents.

Lastly, in 2009 Griffith in his doctoral dissertation studied the experience of cancer of both the parent and the child. Involving nine (9) families, the researcher utilized the phenomenological approach to glean an understanding of their experiences. The result of this study shows that parents identified the time of the diagnosis as the hardest part of their entire experience. Moreover, they experienced an internal struggle when they were forced to come to the realization that they were not able to help their child get well. Regarding the children, the
study shows that many of them recognize and appreciate the support they received with physical pain, as well as with emotional.

**Local Studies**

With regards to the study to be undertaken, the researcher found few studies done locally which in the researcher’s opinion may be of relation, importance and benefit for this study and for this reason, the studies presented here will be arranged chronologically.

One related study which explored the efficacy of poetry therapy in mutual group support of cancer patient was done by Nadera (1996) in her thesis utilizing a pre experimental research design on eleven (11) cancer patients. Furthermore findings of her study states that there is no statistical evidence that Poetry Therapy significantly affect the physiological, social and cognitive component of the Quality of Life Test but shows a significant difference in the pretest and post test scores of the Purpose in Life Test and the psychological component only of the Quality of Life Index showing a significant improvement after Poetry Therapy Session. This study proves that Poetry Therapy has a positive effect on the patient’s purpose in life as well as in the psychological component of their quality of life.

Meanwhile, Go (2000) explore, using a descriptive quantitative approach with eighty three (83) cancer patients, the disclosure perspective regarding the
diagnosis and treatment of cancer. The result of the study illustrate that both patients and their families are desirous to know the totality of the malignancy encompassing cancer diagnosis, prognosis, the available treatment options and the progress of the disease. Moreover, it also show that attending physician was identified as the most appropriate person to do the disclosure, 75% of which favored informing the patient’s family first about the diagnosis before the patient while nurse were viewed as important professionals who could explain and help patients and their families understand the disease, all of which preferred not to discuss the diagnosis with the patient unless the doctor had disclosed already with family members were identified as the provider of emotional, spiritual and financial support.

On the other hand, Caronan (2001) studied the grief response of 100 cancer patients utilizing also a descriptive quantitative approach and have found out that the older the person, the more one can easily achieve acceptance or could cope with the illness and when one is optimistic, the acceptance and coping with illness could easily be achieved. Interestingly, it has also shown that there was no significant difference with socio-demographic factors, support system, sociability and site of cancer to the grief response.

In line with Caronan’s (2001) research, Arulanandam in 2003 utilized a phenomenological approach to explore the suffering of the terminally ill. Furthermore, subsequent reflections on the narrative produce the following
themes: Prayer: A Journey back to life, Suffering and sharing, The strengthening of family bond through experience of suffering, Love to serve, The will power to survive, Limited time, and Inner power while on the 2nd reflection, the creative synthesis of Suffering depends on the appreciation of life and emerged a total commitment to service emerge as the phenomenon’s essence.

Like Nadera (1996), Suprapti (2004) explored another treatment modality for cancer patient, this time focusing on the effect of massage on the fatigue level of cancer patient. Her work show that there is a significant difference in the fatigue level before and after massage therapy as well as in the fatigue level between control and study (with massage therapy) group. In addition to that, the research shows that there were no relationship between fatigue level and variables of age, sex, cancer type and stage, duration of illness and presence of comorbidity.

On the other hand, following Caronan (2001) and Arulanandam (2003), Laurete et al in 2005 explored the perception of death and dying of eight (8) terminally ill patients using a qualitative research design. Their study show that nurses perceived terminal cancer as a state of helplessness and powerlessness of patients. Moreover the dyad of patients and caregivers identified three (3) common themes with regards to the perception of death and dying: inadequate information about cancer, its prevention and modes of therapy; family distress and cost of care; and expression of hope to feel well for the sake of the family.
Moreover they described two important aspects towards acceptance of peaceful death: the presence of family support and acceptance that the family feels the burden of the patient; and the second relates to their belief in God, and dying as a time to surrender self.

Meanwhile in 2005, Monserrat, for his doctoral dissertation, conducted a study about the detection of multidrug resistant genes in Filipino leukemics which utilized an experimental design on forty six (46) normal subjects, ninety two (92) acute leukemics and fourteen (14) chronic leukemics. His study have found out that multi drug resistance gene expression in cell lines is detected and measured quantitatively by competitive reverse transcriptase polymerase chain reaction with the use of the constructed internal control and that the result will help clinician change the treatment regimen and help prolong life of leukemics.

Parallel to Monserrat’s (2005) study, Rimando (2006) for his masteral thesis studied the genetic polymorphism in Filipino pediatric acute lymphocytic leukemia with 180 children diagnosed with acute lymphocytic leukemia using an experimental design and found out that the lack of the GSTM 1 allele is increase in frequency in most Asian including Filipinos while increase allele and genotype incidence of the Null GSTT1 and GSTM1 genes and increase NQ01 mutant allele incidence was observed in Philippines which can associate the possible risk of developing leukemia and the absence of these markers.
Likewise in 2006, Balabagno and colleague studied the symptom monitoring and self care of 100 cancer patients receiving chemotherapy and radiation therapy utilizing a descriptive quantitative approach and found out that in combination, patient receiving chemotherapy and radiation therapy reported severe symptoms which includes, fatigue, nausea, pain and constipation while patients receiving chemotherapy alone reported severe symptoms which includes fatigue, nausea, pain and hair loss. Furthermore, they have shown that the self care methods utilized by the patient and their caregivers were as follows: Diet, nutrition and lifestyle change; Mind body control (prayer, rosary, music); Biologic treatment (vitamins); others (use of baby shampoo, shaving hair, coconut oil for hair loss) with massage for numbed fingers and toes.

Parallel to Arulanandam (2003), Torres (2006), utilizing a phenomenological approach, explored the experiences of ten (10) chronically ill patients which yielded to the following themes: thoughts and feeling unraveled upon medical diagnosis, managing illness, self in relation to the family, need for societal support, dealing with one’s feelings. Moreover, the eidetic reduction yielded to the following reflections: developing the chronically ill patients towards resilience through supportive family systems and transforming the chronically ill patient from a state of illness to a state of health through prayer, healing and spirituality and the transcendental reduction yield the eidetic insight:
towards a transformed society bound with shared values of health equity and social justice.

Meanwhile, Sutopo (2007), utilizing a quazi-experimental approach, studied the spiritual care and quality of life of sixty nine (69) patient with advanced cancer and have found out that spiritual care interventions significantly affect spiritual well being as well as three dimensions of health-related quality of life: overall quality of life, overall physical well being, overall emotional well being with the nurse presence described as an important part of the provision of spiritual care.

Nida Juat-Veleriano (2007) on the other hand, successfully employed phenomenology in her dissertation on the lived experiences of families of person with autism. Utilizing seven (7) family member who are living with person with autism and one (1) recovered autistic young adolescent as her co-researcher, her study yielded six (6) eidetic insights of the phenomenon, the essence of time, essence of management, essence of life affirmation on the quality of life, essence of knowledge, skills and attitudes, essence of vision and mission and essence of community relations and sense of belongingness.

**Justification for the Current Study**

From the comprehensive search from a range of database which includes journals, article, books, thesis and dissertation, the researcher found that there was
no study exploring the lived experiences of adolescents undergoing chemotherapy. On the contrary, there were numerous quantitative studies, utilizing adult respondent, that explored on the needs of the cancer patient, more specifically their spiritual needs (Soothill et al 2002, Clark et al 2003, Frick et al 2005, Rademacher 2005) as well as their unmet needs (Soothill et al 2003, Aranda et al 2005) many of which show the complexity and importance of holism in the continuous, comprehensive and coordinated care of a cancer patient. Moreover, these studies echoes those already emphasize in the literature, that psychological, economic and emotional distress of the cancer patients are as painful as the disease they experience which highlight the fact that cancer affects the totality of the human being and not just the physical domain of the person.

In addition to that, still utilizing adult respondents, most studies focus on how cancer together with it treatment affect the patients quality of life (McEwen et al 1998) zeroing in on its psychological effects (Chen et al 2000, Matsushita et al 2005, Ryan et al 2005) which stresses that the quality of life of patients with cancer is being degraded with the different psychological distresses that they encounter. This further shows that anxiety and depression plays a huge role in the degradation of their quality of life. Moreover, the review shows that cancer does not only affect the patient but those around him as well (Maliski et al 2002). Additionally, the review emphasize how the physical environment during treatment affect the quality of life as well as the experience of cancer patient

It must be noted however that all of the studies mentioned above employed adult cancer patient as its respondent and that most are quantitative. Though there exist studies that are qualitative in nature, such as those of Halldorsdottir & Hamrin (1996), Maliski et al (2002), Anjos & Zago, (2006), Edvardsson et al (2006), McIlfatrick et al (2007) and Siqueira (2007), they explore a different phenomena compared to this study. In must be noted moreover that the result of this studies cannot be generalized to children afflicted with cancer.

Pediatric patients, adolescents in particular, view and experience things and phenomenon differently. They have a unique perspective of events especially of illness as compared to that of the adults (Pillitteri 2003, Carandang 2004, Hockenberry-Eaton 2005, Wong et al 2006, DeHart 2004, Steinberg 2005, Sylvester 2007, Santrock 2008, Anonat 2009). It is therefore not sufficient and correct to generalize adult based cancer researches to this unique population.

On the other hand, it was noted that though there were studies revolving around childhood cancer, there was none which specifically focus on the treatment modalities especially that of chemotherapy. Those researches that employ the quantitative approach tends to focus more on the effect of cancer itself to the quality of life of children (Varni et al 2007) or to that of adolescents
(Elkateb et al 2002) patient. Beside the effect on the quality of life of pediatric patients, some studies deals specifically with the psychoemotional aspect of these effects like that of MacLeod (2005) and Kyung-ah (2009) while others focus on the symptoms (Jalmsell et al 2006) especially the experience of pain (Cleve et al 2004). Two studies meanwhile focus on the effect of cancer to the cancer survivor’s psychological well being (Zebrack et al 2002) and their character strength (Eracleous 2008).

Also, though there are qualitative studies on the other side of the spectrum, they more or less focuses on a different phenomenon like unveiling the children’s experiences of having a chronic illness like that of Woodgate (1998) and Cardillo (2004). Others focus specifically with the cancer experience of children with different age group like the studies done by Rechner (1990), Hockenberry-Eaton, (1994), Yeh (2002), Larouche (2006) or with a specific type of cancer like that of Hicks et al (2003) or with a specific type of symptoms (Woodgate et al 2003). Additionally, there are studies which explore the cancer experience in terms of the psychoemotional aspect like the experience of uncertainty (Stewart 2003), of depression (Woodgate 2006) and that of hope (Danielsen 1995 & Turner 2005). Meanwhile, other researchers shift their attention to explore the children’s experiences of cancer in terms of its effects on their sense of self (Woodgate 2005), their coping mechanisms during the disease (Till 2004), during the treatment (Weekes & Kagan 1994) or their coping mechanism in terms of their
social support (Woodgate 2006), their parent’s involvement (Griffith 2009) as well as their communications (Clarke 2005).

Of all these pediatric qualitative researches, only one was found to deal with the experience of being treated in an adolescent’s cancer unit (Kelly et al 2004) while the bulk of the studies reviewed focuses on the experience of cancer and not of any treatment modalities.

As was noted, while there are quantitative and qualitative researches focusing on how cancer and its treatment affect the live of the adolescent, there were no studies focusing on how the adolescent experience the cancer treatment per se. It therefore further epitomize the need for a study that would take into consideration the adolescents account of the treatment specifically chemotherapy.

Locally, there exist very limited amount of research, most of which were done for graduate studies, which explore cancer or its treatment. There were however quantitative studies which focuses on understanding leukemia at its genetic level (Monserrat 2005, Rimando 2006), as well as the usefulness of various modalities and care to cancer care such as poetry (Nadera 1996), massage therapy (Suprapti 2004), self care treatment (Balabagno et al 2006), and spiritual (Sutopo 2007).

There were only a few studies qualitatively done which explore a different but related phenomenon like suffering of adult terminally ill patients (Arulanandam 2003), experiences of chronically ill patients (Torres 2006) as well
how the family experience living with a child with disability (Veleriano 2007). In addition to that, there were quantitative studies done to explore the cancer experience like disclosure (Go 2000), grief response (Caronan 2001) as well as perception of death and dying (Laurete et al 2005), all of which reduced the rich experience of the individual to mere numbers and statistics.

The above local scenario is reflective of what Pena-Alampay and colleague (2003) have found regarding the researches done in the Philippines about adolescent’s life experiences, that it is at its novice stage. As was shown by their review of 147 researches on adolescence done locally in the past two decades, the results show that “fully a quarter” of the studies were only incidentally about adolescent. Their study therefore recognized the need for more scholarly works on the lives of the Filipino youth for clearer definitions of Filipino adolescents and their experiences.

As the universal uniqueness and distinctiveness of adolescence as a period of development and adolescents as individuals is stressed and emphasized in this review, it is then a must for the researcher to explore the phenomena that they themselves experiences to better understand them and consequently fill the gap that has exist due to the limited research regarding this phenomenon.

In conclusion, the review of related literature and studies show the necessity for a qualitative study, which echoes the adolescents experience of undergoing chemotherapy be made. It consequently justifies the need for a study
on the adolescents’ lived experiences of undergoing chemotherapy be explored and undertaken as a venture for research.
CHAPTER III
METHODOLOGY

This chapter includes the discussion about the research approach utilized in the study, the selection of co-researchers, the ways and means on how their experiences were gathered as well as the steps on how these experiences were reflectively analyzed.

The Research Approach: Phenomenology

This research study utilized the hermeneutics phenomenological approach to glean an understanding of the lived experiences of adolescents undergoing chemotherapy. Phenomenology is a science whose prime intent is to describe and explore the meaning and essence of unconsolidated phenomena as lived experiences and hermeneutics phenomenology specifically aims to understand and interpret theses meanings as it is lived. (Finlay & Gough 2003, Woodgate 2006, Speziale & Carpenter 2007, Taylor et al 2007, Polit & Beck 2008). As Spiezelberg puts it “it is a special kind of phenomenological interpretation, designed to unveil otherwise concealed meaning in the phenomena” (as cited by Speziale & Carpenter 2007:88) by means of entering another’s world to discover the practical wisdom, possibilities and understanding found there (Polit & Beck 2008) by specifically using inductive method to depict a phenomenon as the
individual experience it rather than transforming it into operationally defined behavior (Colaizzi as cited by Beck 2004), thus it bridges the gap between what is familiar in our worlds and what is unfamiliar (Gadamer as cited by Speziale & Carpenter 2007).

More than an approach, phenomenology is deeply rooted in philosophy (Merleau-Ponty as cited by Speziale & Carpenter 2007:77). Its origin can be traced back as a philosophical movement rather than a method or a set of doctrines as was exemplified by Spiegelberg (1975) when he describe phenomenology as

“the name for a philosophical movement whose prime objective is the direct investigation and description of phenomena as consciously experienced without theories about their casual explanation and as free as possible from unexamined preconceptions and presupposition” (cited by Speziale 2007:77).

For the purpose of understanding the development of phenomenology from a philosophical movement towards a methodology, the researcher presents a brief history of its development.

Phenomenology began during the 1st decade of the 20th century with 3 distinct phases, Preparatory, German and French (Speziale 2007:78-81).

The preparatory phase was dominated by 2 philosophers, Franz Brentano (1838-1917) and his student Carl Stumpf (1848-1939) both whose work demonstrated the scientific rigors of phenomenology and pave the way for the
further development of phenomenology as a scientific discipline. Moreover, during this period the concept of *intentionality* was clarified and was the primary focus of this time. Intentionality is described as the consciousness being always conscious of something such that one cannot hear without hearing nor believe without believing something (Cohen cited by Speziale 2007:78).

The second phase, dominated by Edmund Husserl (1857-1938) and his predecessor Martin Heidegger (1889-1976), was known as the German phase. Edmund Husserl, known as the father of phenomenology, believed that philosophy should become a rigorous science that would restore contact with deeper human concern and that phenomenology should become the foundation for all philosophy and science. He further emphasizes that in order to understand a phenomenon people should “go back to the things themselves” (as cited by Speziale 2007: 79). It is during this time that the concepts of essence, intuiting and phenomenological reduction were developed. Essence derived from the Greek word *Eidos* means image, form or shape (Moustakas 1994). It is the element related to the ideal or true meaning of something and represents the basic unit of common understanding of any phenomenon. (Huberman & Mile 2002, Macnee 2003, Munhall 2007). On the other hand intuiting is described as an eidetic comprehension of what is meant in the description of the phenomenon under investigation. It results in a common understanding about the phenomenon under investigation requiring the researcher to imaginatively vary the data until a
common understanding about the phenomenon emerges. (Moustakas 1994, Munhall 2007, Speziale & Carpenter 2007, McCance & McIlfatrick 2008). Conversely, phenomenological reduction is described as returning to original awareness regarding the phenomenon and begins with a suspension of belief, assumptions and biases about the phenomenon under investigation. It is further argued that the only way to really see the world clearly is to remain as free as possible from preconceived ideas or notions. Moreover, phenomenological reduction involves the process of *bracketing*, define as the remaining neutral with respect to belief or disbelief in the existence of the phenomenon. (Moustakas 1994, Todres & Holloway 2006, Munhall 2007, Speziale & Carpenter 2007,)

Since the prime aim of a phenomenological study is to understand and interpret the lived experiences of people, it is crucial that the researcher identify and hold in abeyance his preconceived assumptions, beliefs and opinion about the phenomena under study via the process of *bracketing*. Only by this can the interpretation and insight drawing about the phenomena be solely based upon primary experience and makes the confrontation of data in its pure form possible (Huberman & Mile 2002, Wood & Huber 2003, Fely 2005, Henn et al 2006, Todres & Holloway 2006, Munhall 2007, Speziale & Carpenter 2007, Taylor et al 2007, Polit & Beck 2008).
With the above development of phenomenology during this phase, two prominent schools of thoughts emerges, one by the founder himself, Husserl and the other by his student Heidegger.

Descriptive phenomenology was influenced by the teachings of Husserl and place heavy emphasis on the description of the meaning of human experience. It tries to answer the question “What do we know as a person”. On the other hand, Interpretative phenomenology was developed by the ideas of Heidegger and stresses the interpreting and understanding, not just describing, the human experience. As such, it focuses on the meaning of people’s experience in regards to a phenomenon (descriptive phenomenology) and how these experiences are interpreted (hermeneutics). (Huberman & Mile 2002, Wood & Haber 2003, Carpenter & Soto 2008, Mcance & Mcilfatrick 2008, Polit & Beck 2008).

Wood & Haber (2003:233) present a summary of the main difference between the two schools

<table>
<thead>
<tr>
<th>Table 1: Summary of difference between descriptive and interpretative phenomenology</th>
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<tr>
<td><strong>Descriptive Phenomenology</strong></td>
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<tr>
<td>Husserlian</td>
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<tr>
<td>Epistemology (question of knowing)</td>
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</tbody>
</table>
Person considered as a separate mind-body person living in a world of objects | Person exist as a “being” in and of the world
---|---
Data speaks for itself | Interpreter participate in making data
Techniques and procedure to aid rigour (adoption of analysis structures) | Own criteria for trustworthiness
Bracketing defending objectivity | Hermeneutic circle (background, preunderstanding)
Useful in uncovering the “essence” of a phenomena | Useful in examining the contextual features of experience – values uniqueness and diversity

On the other hand, the French phase was dominated by Gabriel Marcel (1889-1973), Jean Paul Satre (1905-1980) and Maurice Merlaue-Ponty (1905-1980) and it was during this phase that the concepts of embodiment and being-in-the-world, which refers to the belief that all acts are constructed on foundation of perception on original awareness of the phenomenon, were emphasized (Speziale & Carpenter 2007). Taylor et al (2007) further elaborated that the concept of being-in-the-world means that instead of trying to lay presupposition to one side, explore them as a legitimate parts of finding out about the nature of a thing of interest for humans live in a body and that the experience of living in the world...
could give them clues to the nature of existence. Munhall (2007) further explained that through consciousness humans are aware of being in the world for it is through the body that human gain access to the world.

Munhall (2007) refers to the abovementioned philosopher as the 1st generation phenomenologist for they are more attuned to the philosophical underpinning of phenomenology. On the other hand, those she termed as the 2nd generation phenomenologist, which include Georggi, Colaizzi, van Kaam and van Manen, have proposed their own way of data analysis thus the methodology of the phenomenological approach was refined. The first 3 were the most influential methodologist for nurse researchers in the 1970’s and 1980’s while van Manen, the contemporary phenomenologist most cited in nursing circle today (Taylor et al 2007:336), was instrumental in combining the philosophy and methodology using a human science approach where his views were often consistent with many 1st generation phenomenological philosophers. His method was not only utilized by nurse researchers but by known contemporary nurse theories such as Paterson and Zderad (1976, 1988), Watson (1985), Newman (1986), Parse (1987), Ray (1990), Benner (1994). (Tomey & Alligood 2004, Meleis 2005, Munhall 2007:160).

Locally, the development of phenomenology as a research method was spearheaded by Dr. Mina Ramirez (1983), the first to utilized phenomenology in the social sciences as well as expound on the application of phenomenology in Philippine research setting. Moreover, like van Manen, she views phenomenology
as a philosophy as well as a science and a research method which is parallel to the understanding of the methods by Spiegelberg (as cited by Ramirez 1983:156) involving seven interrelated steps: 1. Investigating particular phenomena, 2. Investigating general essence, 3. Apprehending essential relationship among essences, 4. Watching modes of appearing, 5. Watching the constitution of phenomena in consciousness, 6. Suspending belief in the existence of the phenomena and 7. Interpreting the meaning of the phenomena. This processes where aimed at discovering the “nucleus of truth” of a phenomena (Ramirez 1985:168). It can be noted, therefore, that through her, the Filipinization (process by which Filipinos become aware of themselves as creators of meanings and shaper of their culture (Ramirez, 1985:173)) of phenomenology as it applies to research takes it origin, paving the way for future Filipino researchers utilizing phenomenology to specifically tailor its methods to the culture and life of their co-researchers, the Filipino people.

**Selection of the Co-Researchers**

This study employs purposive sampling, specifically criterion as its way of selecting the five (5) co-researchers. Purposive sampling is defined as the careful handpicking of participants that will most likely benefit the study. Criterion sampling then specifically involves the selection of participants based on a preset

Polit and Beck (2008) emphasizes that the one qualifying predominant principle on selecting participants in a phenomenological research is that they should have experience the phenomenon under study and must be able to articulate what it is like to have lived that experience. For that matter, the following three (3) criteria are set in the selection of the five (5) co-researchers in this study, 1) They are willing to articulate, share, participate, and describe their lived experiences, 2) that they have undergone at least the second chemotherapy sessions, either as an in-patient or out patient, as one of their treatment modality for their cancer regardless of its type and severity. The selection of the co-researchers was carefully done so as to represent the three (3) main phases of the treatment (Induction, Consolidation & Maintenance) which ensures that the phenomenon under investigation was fully represented. And 3) that they are adolescents between 12-18 years of age, the phase that best exemplify the characteristic adolescence stage of development where the sense of self, autonomy, relationship with peers are at its crest and abstract thinking, with its consequent effects, is only beginning to emerge yet their cognitive, abstract, psychosocial, emotional and linguistic abilities are already fully developed (Pillitteri 2003, Carandang 2004, Hockenberry-Eaton 2005, Steinberg 2005, Wong et al 2006, DeHart et al 2007, Sylwester 2007, Santrock 2008, Anonat
2009). This ensures that they are able to understand, verbalized and described their lived experiences distinct to their developmental period as they have perceived it.

The first batch of co-researchers, three (3) in-patient adolescents, was carefully selected from the National Children’s Hospital Oncology Ward via the appropriate referral of its Chief Nurse, Mam Daisy Llarenas on July 2009 but within two months, all of the co-researchers died even before the actual conversations with them were done.

This prompted the researcher to again select another batch of co-researchers, this time focusing on those who fit the criterion, are hemodynamically stable and are staying in CHILD HAUS, a halfway house where the researcher was both a volunteer nurse and a clinical instructor since July 2009. After following the appropriate institutional protocol, the researcher carefully selected five (5) adolescents who both fit the criterion and are hemodynamically stable.

Of the 5 co-researchers, one (1) was having his chemotherapy as an in-patient while the other four (4) as out-patients. The in-patient co-researcher was in his induction phase of chemotherapy while another was in his consolidation phase. Two of the other co-researchers were on their maintenance phase while the last co-researcher has just recently finished his chemotherapy treatment but not his other modalities.
To maintain anonymity and in strict confidence the identity of the co-researchers their real names are replaced by pseudo-names, in this case that of the archangels.

Ways of Gathering the Experiences

The lived experiences were gathered by multiple means and they are as follows: 1) Interview (Pakikipagpasap), 2) Storytelling (Pakikipagkwentuhan), 3) Participant Observation (Pakikipamuhay), 4) Art (Sining) and 5) Group Discussion. Moreover, the personal experience and observations of the researcher in taking care of adolescents undergoing chemotherapy further enriched the gathering of lived experiences.

1. Interviews were done informally to avoid unnecessary stress toward the co-researchers. Furthermore, it utilized open-ended questions with the co-researchers and together with storytelling served as the preliminary and primary way of collecting their lived experiences. These interviews also served as the way to gain an entrance to the co-researcher’s world and have full access to their experiences as lived (Wood & Haber 2003, Todres & Holloway 2006, Munhall 2007, Speziale & Carpenter 2007, Taylor et al 2007, Polit & Beck 2008). As Wood & Haber (2003) puts it, the phenomenological method is a process of learning and constructing the human experience through intense dialogue with the person living the
experience. These interviews and narratives was at times recorded via a
digital tape recorder, transcribed verbatim and later reflectively analyzed
for their emerging themes and subsequent essence.

Consequently, the researcher also makes use of a respondents
profile and an interview protocol as a personal guide for the interview.

The respondent profile ensures that the co-researchers are eligible
for the study as set upon by the two discussed criteria and give the
researcher a brief background about them. These background data include,
but are not limited to their age, sex, family background, diagnosis, year of
diagnosis, as well as the chemotherapeutic session currently undertaken.

The interview guide on the other hand, was only used to facilitate
the interview only when it’s completely necessary, for an in depth
interview involves an unstructured, flowing conversation with the co-
researchers (Finlay & Gough 2003, Fely 2005, Kumar 2005, Henn et al
2006). This guide was be develop using the Adaptation Model of Sister
Calista Roy which post it that adaptation is essential in maintaining the
integrity of an individual and that this process has a significant effect on
the self concept, role function and interdependence of the person. (Kozier
Meleis 2005).
2. Storytelling, as opposed to the interview, on the other hand, was done by letting the co-researchers narrate their stories without so much an interruption from the researcher which not only served as a method of gathering of experiences but as a healing session for the co-researchers as this provides an opportunity for them to learn more about themselves as well as their experiences (Braud 1998:43). Moreover, based on the experience of the researcher as a practicing pediatric pain therapist, children generally communicate their feelings through story, thus storytelling helps in affirming, validating and supporting the common elements and different with regards to the experiences of the co-researchers.

3. Participant observation, a technique to collect primary data, meanwhile, was utilized to supplement and further deepen the experiences of the co-researchers. It is a purposeful, systematic and selective way of observing the interaction of the co-researchers with other people in their natural setting. This was utilized from the beginning till the end of experience gathering and was realized by the researcher immersing himself with the co-researchers life by being their private nurse during their chemotherapy session, their volunteer nurse and counselor during their stay at the half-way house and by being constantly with them as needs arises.

   Furthermore, in order to provide more meaning to the lived experiences of the co-researchers, as well as to the study, personal
experiences and observations of the researcher in taking care of adolescents undergoing chemotherapy from his student days to the present, was used to provide more depth, validate and counter validate as well as resonates the co-researchers experiences.

4. Art, specifically drawing was utilized as means of providing depth and breadth to the co-researchers experiences as Camarse (2007) put it, art is a non threatening way to visually communicate anything that is too painful to put into word. Moreover, Nadera (1996) emphasize that poetry offers the patient an opportunity not to discuss their illness but expound on their feelings as well as their fears. She further assert that art is the most beautiful, impressive, and widely effective mode of saying things, as it gives a uniquely elevated mode of saying what one thinks or feels about the surrounding, oneself and the relation of the two. Drawings represent for the co-researchers things that are too painful to verbalize. It is then another avenue for which the inner world of the co-researchers is made known to the researcher.

5. Lastly, group discussion facilitated by the researchers around the resulting meanings, themes and insights from the study, was utilized as a form of final validation and counter validation of the co-researchers experiences. This process ensures that what the researcher reflectively analyzed resonates the co-researchers’ lived experiences. Moreover, it compliments
and further deepens the meanings in the narratives of the co-researchers by allowing them to listen, share and interact with each other.

**Process of Reflective Analysis of the Experiences**

Narratives from the tape recorded interviews was transcribed verbatim on a computer which was then reflectively analyzed using an approach specifically developed by the researcher (*Figure 2*), combining characteristics of Max van Manen’s and Colaizzi’s.

The following both serves as an overview and a point of comparison of the approaches proposed by van Manen and by Colaizzi to the process of reflective analysis developed by the researcher, which was utilized in this study.

Max van Manen’s method on how to go about hermeneutic phenomenological research involves six key steps which are as follows: First, turning to the nature of the lived experiences. Second, investigating the experiences as it is lived rather than how it is conceptualized by the researcher. Third, is reflecting on the essential themes which characterize the phenomenon. Fourth, describing the phenomenon through the art of writing and rewriting. Fifth, maintaining a strong and oriented relation to the phenomenon and last is balancing the research context by considering the parts and the whole (lifted form Taylor et al 2007:338). Specifically, the approach proposed by van Manen served
as the way to uncover thematic aspect of the experience. Furthermore, his approach combines characteristics of descriptive and interpretative phenomenology in which the researcher try to grasp and understand the essential meaning or essence of experiences being studied. In gaining the essence and supporting themes, he stresses the importance of becoming immersed in the data by repeatedly listening to the taped interview at least 3 times (after the interview, after transcription and later on) to gain further perspective as well as continually reviewing the transcribed interview for significant statements in an attempt to find meaning and understanding through themes. He further believed that the thematic aspect of experiences can be uncovered or isolated from the co-researcher’s description of experience by three methods. First, is the holistic approach in which the researcher listens to the recorded tapes or view the transcript as a whole and try to capture its meaning. The second method, the selective or highlighting approach, involve the researcher selecting, highlighting and pulling out statements, or phrases that is essential to the phenomena under investigation and stand out as themes. The last method, the detailed approach involves the researcher analyzing every significant sentence. Once the themes are identified, they become the object of reflection and interpretation and further synthesize until the main essence or the narrative description of the phenomenon is develop, the end result therefore is the development of a narrative description of the essence of adolescent’s experiences of undergoing chemotherapy. It can be then said that

On the other hand, the approach proposed by Colaizzi involves the following steps:

1. Read all protocol to acquire a feeling for them
2. Review each protocol and extract significant statements
3. Spell out the meaning of each significant statement (i.e. formulate meaning)
4. Organize the formulated meanings into cluster of themes
   a. Refer these cluster back to the original protocol to validate them
   b. Note discrepancies among or between the various clusters, avoiding the temptation of ignoring data or themes that do not fit
5. Integrate result into an exhaustive description of the phenomenon under study
6. Formulate an exhaustive description of the phenomenon under study in as unequivocal a statement of identification as possible
7. Ask participants about the findings as a final validating step

(lifted from Polit & Beck 2008:585)
Conversely, the approach developed by the researcher (Figure 2), describes and summarizes how the experiences were reflectively analyzed in this study. Specifically, it shows the process of reflective analysis of the experiences, together with its concurrent level of reflection, essential steps, ways of enriching the experiences and their outcomes.

The yellow shaded boxes shows the level of reflections utilized in this study, opposite of which (blue shaded boxes), are the essential steps in the reflective analysis concurrent with each level. In addition to that, the pink shaded boxes represent the ways on how the experiences was enriched, validated and counter-validated, which is also tantamount to the ways of gathering the co-researchers experiences while the green shaded boxes represents the outcomes of each essential steps as well as each level of reflections.

The following are the essential steps in the reflective analysis of the co-researcher’s experiences

1. Interviews and stories of the co-researchers served as the primary way of gathering the experiences after which it was encoded and synthesized. This represents the 1st essential steps termed as the “gathering of experiences”. Thereafter, the encoded and synthesized interviews and stories was be given back to the co-researchers to validate its content via a reinterview which then results into the
narrative, a validated account of the individual co-researchers experiences, deemed as the outcome of this step.

2. After the reinterview, the researcher then identifies the meanings found in these experiences via three (3) distinct ways, as was described above by Max van Manen, the holistic, selective and detailed approach. This step, known as the 1st reflection: thematic representation which was further enriched by the personal experiences of the researcher as well as the observation of the co-researchers during the period of immersion and of gathering of the experiences. As a result of this 1st reflection, subsequent enrichment through observation and personal experiences, and further validation and counter validation of the co-researchers, the enhanced and validated meaning units of the experiences were produced.

3. Next, after the meaning units of the combined experiences were reflectively analyzed, the researcher then organized this meaning units into cluster of themes and subthemes, representing the 2nd level of reflection, the thematic interlace, which was further enriched by incorporating the meanings of significant artworks (drawing) of the co-researchers. This enrichment further provided both breadth and depth to the experience of the co-researchers. Additionally the resulting themes and subthemes were again validated and counter
validated by the co-researchers which then resulted into the enriched and validated themes and subthemes, the final outcome of this step.

4. The last step, dubbed as the 3rd reflection: thematic embodiment, the researcher then utilized the themes and subthemes gathered through the 2nd reflection and integrated this into a final exhaustive description of the phenomenon, which was finally validated and counter validated by the co-researchers through a group discussion facilitated by the researcher. This process of multiple and on-going validation and counter validation throughout the process of reflective analysis ensured that the final outcome of this process resonates the co-researchers’ experiences as it is lived, producing the eidetic insight of the phenomena, the core narrative description of the adolescents lived experiences of undergoing chemotherapy, visually embodied through its symbolic representation.

The final outcomes of this whole process of reflective analysis of the experiences are the eidetic insight and the symbolic representation of the co-researchers’ experiences of undergoing chemotherapy.
Figure 2: The Process of Reflective Analysis of the Experiences

Showing the level of reflections of each essential steps with ways of enriching the experience and subsequent outcome.
CHAPTER IV
RESULTS AND DISCUSSION

This chapter includes the discussion on the co-researcher and their narratives, the result of the subsequent reflective analysis namely thematic representation, thematic interlace and thematic embodiment as well as the discussion on the implication of the study to the nursing profession. The above mentioned topics are discussed section by section in this chapter.

A. The Co – Researchers and Their Narratives

This section gives a brief background of the co-researchers and presents their individual narrative, the validated individual account of the co-researchers experience. This narrative comes from the interviews and stories of the co-researchers and is subsequently validated by them.

The Co-Researchers

Micheal is a 16 year old male, and the 8th among the 10 siblings of a fisherman and his wife from Camarines Norte. He was diagnosed to have Osteosarcoma (Bone cancer) grade III on his right feet since September 2009 and subsequent treatment for his disease includes right hip disarticulation and 6 cycles
of chemotherapy. Currently he is on the 2nd cycle of chemotherapy and is being treated as an in-patient in PGH.

Uriel is the 16 years old son of a tricycle driver and his housewife from Bataan and is the first born among his 4 siblings. He was diagnosed to have Hodgkin’s Lymphoma Advance Stage and is being treated by chemotherapy since December 2008. He is on the 11th cycle of his 14 cycle chemotherapy treatment (Intensification Phase) in PGH and is being treated as an out-patient.

Jophiel, a native of Albay, is a 17 years old male diagnosed to have Acute Lymphoblastic Leukemia and is being treated at PGH since October 2008. He is the first born child among the 3 siblings of a laborer and his housewife. Presently, he is being treated as an out-patient for his 4th cycle chemotherapy treatment (Maintenance Phase) out of the 6 cycle regimen for his disease.

Barbiel is a 16 years old female from Zambales and is the only child of her widowed mother working as a laundry woman. She was diagnosed with Acute Lymphoblastic Leukemia and has started her treatment since March 2005 at NCH and is presently on her 5th cycle. She is treated as an out patient for her maintenance phase and is to complete the 6th cycle for her treatment protocol.
Chamuel, the first child of the two siblings of a farmer and his housewife from Zambales, is a 16 years old male diagnosed with Hodgkin’s Lymphoma grade III-B and has started his treatment since December 2005 at PGH. He has recently finished his 6 cycles but has pending radiation therapy for the completion of his treatment regimen.

Table 2 shows the summary of the pertinent profiles of the five (5) co-researchers

<table>
<thead>
<tr>
<th>Profiles</th>
<th>Micheal</th>
<th>Uriel</th>
<th>Jophiel</th>
<th>Barbiel</th>
<th>Chamuel</th>
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<td>1st among 4 siblings</td>
<td>1st among 3 siblings</td>
<td>Only child</td>
<td>1st among 2 siblings</td>
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<td>Albay</td>
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<td>PGH (OPD)</td>
<td>PGH (OPD)</td>
<td>NGH (OPD)</td>
<td>PGH (OPD)</td>
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</table>
Co-Researchers’ Individual Narratives

Micheal

I remember that it all started when my feet swell because of basketball… we did not do anything, we just massage the legs, then it swell more and blood started to come, and wounds started to appear out of nowhere… it swells up to the point that it feels like it will burst… then the skin thins, become transparent because of the swelling… it was very big then… then it burst that’s why there’s blood and some fluid that come out, not blood but yellowish in color, I don’t know what it is… back then I could not stand anymore, nor sit up, I spend my time lying on my bed, that even when I was transported by the ambulance to the ER I was lying that even when the ambulance shakes, my leg hurts… then it was cut off around march… I’d rather cut it off than die like that… it was almost a month before we got here in CHILD haus since we don’t have any relative here in Manila except my brothers but they are all working and are only renting a room… I can’t stay there since it is too small and far from PGH that’s why we opted to stay here at CHILD haus… The first time I was told that my legs had to be cut
off, I just accepted it, they told me that if it will not be cut off, I will die, that cancer will spread, that’s why they took it off, the edema was all over my feet, it was soft… the edema started around January and last until I was operated… Back then i can’t stand, I can’t sit, I just lie in the ambulance that when it moved my feet hurts. Then I was brought to the ER, we only stayed there for 3 days then off we went to the ward… after 3 weeks, my feet was cut off… I woke up and my feet were gone… I’d rather have my foot cut off than let cancer spread… before I did not want to undergo chemotherapy, I’d rather go home but they told me that I need chemotherapy so that I will be permanently cured of the cancer inside me… they told me it would only last 6 cycles and after that I will only have to undergo check up… after the check-ups then we can go home, and we won’t have to return here… but it will still take a long time, maybe a year more… You need to undergo chemotherapy so that you will be cleaned, so that you won’t have the disease permanently… that’s what I told myself, that I really need it to survive and somehow I learn to like it at the start… that’s why I faithfully do what the doctor’s told me… I always wear a mask may it be inside or outside the hospital… Whether you wear a mask or not, it does not change anything… it’s still you behind it, you just wore it…

The chemotherapy that was shown in the television is not real, it’s wrong, it’s not only vomiting… it’s harder and complicated than that… the gunfights is more believable for me… Every check up they’ll draw blood for the CBC then I’ll
be admitted for my chemotherapy if the CBC result is ok… The first time I was admitted we stayed there for 2 weeks, I don’t know how long I will stay for now… we stay at the CI (Cancer Institute), not in the ward for all the cancer patient undergoing chemotherapy that does not have any other complication like fever stays there… you’ll only be admitted in the ward if you have fever or something else happens, then you’ll have to finish the chemo on the ward after which you will be discharged… it’s almost the same, the CI and the ward… it’s like in the CI your all cancer patient, in the ward your mixed up with other patient as well but the place is still the same… anywhere you look there’s someone with disease sometimes worse than you and we have nothing to do there except maybe sleep… I remember during the first time of my chemotherapy, I lost my hair… I used to have hair long hair back then since I was bedridden when I had the disease for almost 3 months, that’s why it got so long… Then I had my chemo I shaved it then it grows back only to fall off… it falls off even when it’s short… I was surprise… that you need to lose your hair for it to work, that when your hair does not fall off, it means the drugs not working… The falling of your hair is there to see if the treatment really is working… and what I hate about chemotherapy is the feeling of warmness inside your body… when you feel warm inside you feel irritated, as if you’re having a fever but it’s all over you, not like the real fever. It’s warm but you won’t perspire… it really is irritating… There, my body feels warm when I undergo chemotherapy… I need to drink cold water so I won’t have
mouth sore for if I develop one, it’s hard to eat, I really need to drink cold fluids…

I remember that my vein burst, it swells then burst because the cannula was not inserted well… coz some nurses can’t place it correctly, not like the regular doctors, they can do it properly… I got much dextrose then, the only place where it was not place was my feet… here, he got the vein right that’s why it took a while before it was changed… Summary? Injection equals pain, that’s the summary… you can’t evade it… I think that the senior do better in placing my IV since they have more experience I guess… if I know that a new one will place my IV I feel anxious at times, he might not do it properly…

When your undergoing chemotherapy you just lie there, you have nothing to do but stare at the walls, and those that you see are but the same, the same people… the activities are repetitive, it’s like the day had gone by and changed but the activities stays the same… Many undergo chemotherapy at PGH but they don’t talk with each other… they just sleep, since there’s nothing to do there but sleep… The only past time there is watching television, it’s because of the dextrose… when you have dextrose you can’t move, it’s like a handcuff, you can’t move once you have it… it’s like being a prisoner inside the hospital… In the hospital, if I were in charged, I would always let the TV on… when the TV is off, you have nothing to do, especially at night… you won’t be able to finish your series, they would turn it off, there is only a specific time for watching… unlike
here, you don’t have a limit, anytime you can just turn it on… when you wake up early in the morning even at 7 am, the television is already open… There there’s the irritation of the interview inside the hospital… The interviews are redundant, they would ask how things came upon, it’s always the same, different doctors ask the same questions… even my mother tells the same story every time… at times its getting annoying, I just ignore them, even my mom, she is annoyed by that… we just pretend we are asleep… they would ask how things happen, why my foot was removed, the medications I take… why can’t they just read the chart?… it’s just that when your admitted, you don’t have the desire to talk, you don’t want to interact with anyone that’s why I get annoyed when they ask things… it like what are we, some sort of a recorder?… I just keep on telling myself, hay, even if it’s hard, it still would end… even if my hair is falling off and my veins are being burned… it will eventually end, you’ll be cured at last…

_Uriel_

I remember when I had my first chemotherapy session, I was asleep… I was asleep all the time I was hospitalized I guess… I was worse before I had my chemo… they all thought I was dying then, that when I returned to the province after some session, they all cried… they thought I would die here in Manila because of cancer… see my chest? It’s not on the same level anymore… the other side is bigger since I guess my tumor on the other side got smaller… that’s why
they’re not leveled… one seems to be lower than the other… I happen to notice this one time when I was taking a bath and looked at the mirror… I look at the keloids, I have some here and I looked at my chest, my breast was not leveled anymore… during those early times of my chemotherapy, all the drugs was given all at the same time… BM, IT, push, dextrose, all at the same time… though it’s really hard it’s because of chemotherapy that I survived… I’ll be dead by now if not for chemo I guess… I can’t even sympathize with the other patient in the hospital… I was worse than them when I came in… they’d pity me more back then… and back in our province, the only one who really explained what will be done to me was a relative who happens to be a nurse… she gave me a pamphlet telling what to expect in chemotherapy… and my disease as well… I remember it is written there that lymphoma would take its toll on my kidney, lungs… and that chemo would affect my hair… she also gave me a puzzle book for a past time but after a week or so, I already finished it… that’s why it’s boring inside the hospital, there’s nothing to do…

When the doctors told me that my hair would fall off, I just touch my head… it feels regretful for I really took care of it… they told me though that it will eventually grow back that’s why I was not that frightened… During my emergency chemo, my very first chemo I did instantly lose my hair, the drugs are too potent I guess… then when I was having my doxo it did regrows only to fall again… see this, the sides of my head has more hair than the top… and it’s way
curly, this is not my hair before, now it’s brittle and thin… see this picture (ID),
I’m good looking then, I have not lose weight then but my disease was already
progressin but when I had my chemo, I did lose a lot of weight and lose my hair…
thin and hairless imagine that…then I got fat with prednisone, then lose my hair
again… The first time it falls off, like nothing happened… it feels good to touch,
it’s smooth and all even the mosquito net stick to it… and when I’m taking a bath,
my body won’t get easily wet for the water would bounce off my head… it’s too
smooth I guess… but before that I wear a hat even before I lose my hair and when
I got home I did wear one… I was ashamed of the people to see me hairless… and
my grandmother used to tell me that the hat does not look good on me but I used
it to hide my hairless head, somebody might see it, it’s embarrassing… Jophiel
used to sport long hair… very long hair but he cut it after they were discharge but
me, I escaped from the hospital together with my mom when I did not have the
dextrose anymore, I borrowed the watcher ID and cut my hair outside the
hospital… the doctor have seen my newly shaven head and got mad… Before, I
used to have a picture on my fathers cellphone (of me hairless) but I erased it… I
don’t want to remember it anymore but Barbiel, borrow the cellphone of Barbiel
and browse through the images, she did not erased her picture, it’s her
remembrance she told me… I would rather forget about it… not only that,
because of chemotherapy, I miss a lot of things, I was studying back then, used to
go places then chemo took it all away… not only my hair…
You see, in chemotherapy there are many medications… This and this one (scars), all of them were because of Doxorubicin and this one is from Metrotrexate. This other one is new, just this Dec 5 but it’s almost gone now… this one is really painful, this one is from the dextrose, this other one is from doxo again… this one took almost 2 weeks before the pain disappear… I place warm compress over it… I memorize them all isn’t it? Since all of them are painful I would remember them very well… The site would a lot of times reddened then turns to black… it’s really painful at times…

And the Methotrexate on IT makes you lose your appetite a little compared to that of Vincristine, there you really won’t have the appetite to eat… that’s why my mom was mad because I can’t eat… because I don’t want to eat… what can I do… this is the effect of the medicine but she told me I must eat… it’s hard to force yourself when you really don’t want to… it’s like where will I situate myself… I keep on asking myself what’s more important, that I eat or just let my body be…Beside this, I get mouth sores with Methotrexate… it also makes you bald… its worse than doxorubicin, my whole mouth was full of sores, even my tongue… it’s so painful, even your saliva can’t touch your mouth for it’s really painful, that why you drools with saliva as if you have a rabies… you can’t even eat… even if you the food is inside your mouth, swallowing is problematic, there is sore even inside your esophagus that’s why you can’t swallow… it’s impossible to eat with ease… then you feel nauseated… you cannot eat right and
you don’t even have any appetite… I can’t eat anything really… except maybe cold foods like ice cream… it removes the feeling of warmness inside and makes you feel calm… just like what it do to a child… then the medication I take orally (Mercaptupurine) brings back the feeling when I was edematous, I would be bewildered… that feeling was supposed to go away but why does it seems to come back, that’s frightening at times… I guess the effects are based on your medications but a lot of times they are so many of them that I can’t pinpoint which comes from which… because you took chemotherapy to prevent this feeling of edema but it returned because of the medication… and I miss a lot when I was undergoing chemotherapy… I was attending school then… used to go places… then chemo came and it was all gone…

In chemotherapy what comes to mind is syringe, different version of syringe, there’s IV, there’s IT, there’s push, there’s BMA, the variety is complete yet different… there are those that burn your veins, those that scrape the inside of your bone (BMA), and those that makes your hand swell… they all have their own uses… but all are painful… Just the last month I guess, I was punctured many times (spinal needle)… many have tried but they can’t get any blood from my spine… it’s painful, I can’t think of anything while they were doing that to me… I feel that my nerves are being penetrated, I jerk a little… then came the excruciating pain like the blood inside my bone is being sucked up… of all the pain, that IT and BMA are the things we hate the most… even though there’s
anesthesia for the skin, most of the times, the doctor’s supply is not enough… and it does not really work when the needle is inside you… I really hate BMA even when we can have Midazolam to let us sleep… But why is it that when I was given Midazolam, the last thing I remember was that the doctor was talking to me, then I woke up because of the agonizing pain, I really cried back then, you’ll really be awaken by the pain… it really is painful… then you’ll asked yourself do you really need Midazolam when it seems it not working?… It’s only there to add more injections, I’d rather not have it and besides, it makes one lose control of themselves… that’s what happen to Jophiel one time…I guess it’s all in the mind… but the thing is, you really need to endure the pain of BMA… I guess that’s why it came to a point that when I have to be punctured, in my mind I feel anxious, but my body is not… it’s like my mind is afraid but my body is very much willing to be punctured… it’s like there’s a battle going on inside my mind, that I’m anxious… I would tell myself I’m accustomed to it… there are times when I see others being punctured, I feel goose bump, anxious that it will also happen to me… If I were to choose between choosing oral medications that will take a long time before it could take effect or the IT that will take effect shorter but with more pain… I’d choose none of them if I can… if only you could separate the bad effect of chemo from the good it would be nice…

There are times my mom just let me go alone to the hospital but still we need the consent from her that’s why she follows, I just come there early because
of the long waiting time… really long waiting time… look at this place, there’s nothing to do, you’ll feel lazy, that’s why my mom feels lazy and just let me go first… you will remember many things here, even the peanut vendor, the doctors, nurses… you will remember them all even their daily activities because it’s always the same thing… How much mom? Did I reach 3000? My cut-off is 1000 and above, higher than 1000, when it’s below 1000 I’ll need to rest for a week… they can’t give the medication for the WBC will further go down… did you see the calculator the doctor is using? That’s the judge if you would go with the treatment… it the result is low, you’ll have to wait again because it’s forbidden… wait again for a week… that’s what were good at, waiting especially when were too hard-headed to follow the doctor’s order… Like it’s restricted to eat barbequed animal organs… but I still do… only sometimes… I also sleep late at night at times… or just wonder outside, walk for a while even though there is polluted air here in Manila… I don’t mind… It just that we know all that is forbidden… they focused on that, the doctors and your mother would always tell you this is restricted, those are forbidden, that’s why we know them all… but the things that are not forbidden, they seem to forget to tell us… that’s why we do the things were used to, those that are forbidden… coz they keep on reminding us of them… Because when you’re outside the hospital those that are forbidden temporarily goes away… when you’re inside once more, there are many restrictions again… like these mask… I don’t wear this mask when were outside… don’t tell, it’s a
secret… I guess there are only two occasions when we would wear a mask, when we are inside the hospital (because where having chemotherapy) and when there is a party (so we would get gift)… outside, we don’t really wear it… for if you wear it, everybody looks at you as if there’s something wrong with you… everybody tends to notice you right then and there…

One thing good about chemo I guess it that you’re treated as a baby sometimes… that all your desires are given… all the things you want… like when I want to eat something with soup, even though my whole family won’t like it, it’ll still be the one that they would cook… even when I eat too much of the soup and left nothing for my father, he won’t get mad… he’ll be happy that I somehow have my appetite back… I’m the family baby because of chemotherapy…

Here at the OPD, there are many doctors… some are knowledgeable, some are not… See that other doctor, she’s not that knowledgeable… I laugh then when she already place a syte on my hand yet the medications are not yet prepared, the blood just drip off together with the fluids, the materials for the blood is also not yet prepared, she even told me to hold off the blood… after that she was only given patients for check-up… she only handles those for check-up… she does not even know how to do IT (intrathecal)… I remember one time during my treatment here, I ask the doctor when he will inject the medication… they don’t do anything to reduce my anxiety… they will only say that they will inject, that’s it… like ouch then they say sorry… in my mind I keep on thinking, you
already have done it, why do you say sorry?... I really hate BMA... they always say sorry yet they repeatedly do it. But still I have no choice do I? They are the doctors assigned to me, I cannot choose who will treat me... like when I was admitted before, during those times when I was well, very weak to fight I guess... I did not mind the doctors doing things to me... it's like, don’t think about it, don’t even doubt for if you ruminate too much, doubt to much, you simply can’t sleep... just trust them to do their jobs...

It is also here that I met new friends... many like me who undergo chemotherapy... It feels comforting to know that you are not alone, that there are others like you here... There are times that when I see someone like me who’s undergoing chemotherapy that I tell them the things that will be done to them... if he goes in first, I asked what was done to him, then I compare those things to what will be done to me... Chamuel has already finished chemotherapy, doesn’t he? He is already a survivor and I told myself that if I was already like him, I would just only go for things like CT scan, bone scan and x-ray... way easier than what I’m going through right now...

Jophiel

I was naughty back then, then I got sick, I have to stop working, I used to work at the water pump station, I used to service 3 pump station at our town, I stop with my studies just to earn money... I don’t earn now like I did before
because of chemotherapy… my life was a lot different from now you know. I had a work, I had my brothers in the fraternity, I was very active back then with the brotherhood… I remember one incident that when we were on a trip I collapsed when I was going down from the jeepney… from then I was hospitalized and was diagnosed to have leukemia and off I go to have my chemotherapy here in Manila… It’s not easy to change yourself like my cigarette habit… but when I got sicker because of that, I did changed… I’m really hard headed, before my mom used to tell me “I left your other sibling just for you” then I would tell her, “Why did you do that? Did I tell you to left them?” or she would tell me “I’m tired of you” and I would tell her “Did I told you to do that?” Though it’s look like that, I really treasure the presence of my mom… like one time when I was having a chill she was there besides me… I was trying to fight back the chill but I can’t, I was nearing to tears then but my mom told me “you can do it, I know you can”… though it was hard I felt somewhat calm since she was there… I was only to have 6 cycle, I’m at my 4th session, my maintenance, you see the number of cycle depends on your protocol, they are all different, It’s base on the hospital I think and your case… I only have oral medications and some IT and push but it is only after 3 months not like before that I have 4 IT every months, it’s like in 1 cycle there is 4 IT but on my maintenance, it’s far spaced compared to before…

Still, I’m naughty back then, hard headed… at times when I don’t have a line (IV), though it’s restricted by the guard to go out without a pass, I’ll sneak
I’ll just return after I took some walk… there’s many way to get out of PGH… one time when I was forbidden to go out, I crave more to do so, to get out and feel the breeze outside… coz the doctors too slow to finish our discharge summary, it’s almost two (in the afternoon)… it’s taking them a long time, I’m starting to feel irritated… my mom was deeply asleep then, I asked one of my girl friend for her watcher ID… that’s how I get out… I just stayed outside, took some walk then I returned… that how I usually am back at home, I love to go places… it seems that I still crave for it… It’s like you’re used to it, it’s the usual normal thing that you do that’s why it’s hard to let go even though it has become forbidden… I know that it’s prohibited but when you’re at the moment, you still crave for it… what is forbidden feels good… just eat and eat… think of the consequences later. Then when you get sick, then you would know that it’s really forbidden… remorse is always at the end as they say… Take this mask for example… Well the mask… it’s hot, but still if there were a mask that does not make you feel warm I still won’t wear it… its irritating, it covers your real face, it hides it… that you feel the real you is hidden as well. Then everybody else will look at you when you have a mask, they will instantly know that you’re having chemotherapy… though we must wear it almost all the time, I never wear it outside… I only wear this if I’m admitted just to prevent the doctors getting mad at me… like one time the doctor told me to wear a mask when she see me not
wearing one telling me that I might get easily sick, I did wear one but when she
left, I removed it…

At first I was hospitalized for my treatment… well the hospital
environment it’s like dull, no life like that… the place was full of patient, some
are dying some are not… and we don’t have any leisure activity back then… we
have a television but on certain hours only… we can’t have it on all the time…
the place is the same every time, it’s like the days passed but the activity does not
change at all… Blood pressure, temperature, dextrose, medication, it has been so
monotonous I guess, that I memorize all the staff here, even the orderlies I know
them but the other patient, I don’t have a chance to talk with them… either they
are asleep or being treated and besides I don’t have the initiative back then to talk
with them… I was not feeling well then because of leukemia and my disease I
guess… and besides you will feel weak when your inside the hospital doing your
chemo… it’s much better when your outside, like this one… much better than
undergoing chemotherapy in the hospital where you don’t have the energy… it’s
better that your outside, you’ll have more vitality… when your outside you see
many people passing by unlike inside the hospital it’s the same thing you see
every time you wake up… its always the same unlike this one there’s variety of
things to see… here you would meet other people, different kind of people unlike
in the hospital, you’ll memorize them all… it’s a different feeling when you just
lie there… you feel lazy, no vigor, and you tend to get sicker… if there will be a
place in the hospital where you can walk around when you don’t have a dextrose
it would be nice… if I can build a hospital, I would do just that… you’ll also get
use to being injected, like when they need blood for examination and need to
extract blood, I just give my hand… I can laugh as if it’s nothing at all…

I remember very well that in chemotherapy, the worst drug is
Cytarabine… I was always bedridden then unlike the other drugs that my body
can take… it like your being tortured… you feel sore all over, you can’t move,
you can’t fight… Cytarabine is hard. Also, that thing, vincristine and doxorubicin,
they burn your vessels… really hot… if feels hot inside your body, you’ll
perspire… that’s why after I was given I immediately took a bath… if I don’t I
will get easily irritated… you can’t think right when your irritated, like small
things will explode your feelings…

Back then when my hair falls off because of chemotherapy I felt sad… I
used to sport long hair… the picture you saw (with my long hair) was during my
first hospitalization around October, it was not until January that my first
treatment occurs, my hair used to be long then… I did not shave my hair… I was
nearing to tears back then… chemotherapy destroy my hair when I used to sport it
long and did took great care of it… there was not a time that I take a bath without
shampooing it… then chemotherapy would just take it away. Its different when it
grows back, its curly, like it sticks to your skin… see this… it’s not like before,
this is a mark, a remembrance for all eternity… I remember that I have to go
home from PGH with patches of hairless spots on my head then I have to shave it
then it regrows back... but still it does fall off... it’s only my hair that falls off,
not my eyebrows, it think it depends on the medications...also my face changed
with prednisone little by little... I developed pimples, no not really pimples,
leukemic skin they call it... I did not have these before, my face was smooth, it
was just because of the many Prednisone... I just keep in my mind that the
changes your body is going through is just like your body is adapting to the
chemotherapy... that’s what I’m thinking for when I see it as a bad effect of
chemotherapy, I just feel depress... I’d rather be happy than gloomy since my
situation in itself is already gloomy...

For me I’d rather be an in-patient than be an OPD patient since the travel
is very time consuming and it makes me tired... but hey, I’d still choose to be an
OPD, I don’t like the looks of the hospital ward...Then during my OPD
treatment, I had done BMA many times, there are times when I am not myself...
once I tried it without Midazolam (sedative), it’s really painful... really painful, as
if your being stab... If IT is painful, what more is BMA?! Then there are doctors
who can’t get the needle stick right, it’s more painful that way, did you see the
doctor with a short hair? they are neophytes, not yet seniors... the seniors are
better and kinder... the neophytes it’s like they are merely practicing on you...
more pain... they would only use the skin anesthesia to reduce the pain but it does
not work when the needle is inside already... talking?! No, they won’t do chit
chat, they’ll just tell you that they will inject and then you would hear them “IN!” meaning they have at last place the needle right… When I had BMA one time, I lose control of myself… I had my BMA on ward 11 not in the Cancer Institute, there I went like crazy, I lose myself that even 3 guards could not calm me down… they can’t control me… I can’t remember the things I did… the last thing I remember was that I was in the Cancer Institute resisting their attempt to lie me down, but I also remember that I was already lying in my bed and I was arguing with the guard in the Cancer Institute because he won’t let us enter… Mam Guia was trying to calm me when I unintentionally pushed her and she was flown to the floor… I did not run, I was just walking like a drunken man, not myself… I would even tell people things, that my mother told me to stop because it’s becoming embarrassing… but I even retorted back that it’s not other people’s business and that could slap their faces if I want to… you really would lose control of yourself… it is embarrassing now looking back…

Barbiel

I remember when they told me that I was to undergo chemotherapy, I said it was ok… I accepted it immediately but my mom didn’t… she cried and I almost did the same… she told me that she’s afraid my body won’t be able to withstand the treatment… for me, chemotherapy is ok but it’s heart breaking to see your mother suffer since she is with you the whole time… she is your constant
companion, that’s why I’m sad to see that she is sad… it’s never alright to see her sad… just think of it, she was with me from the time I was diagnosed till now… if not for her I would have never been to Manila to have my treatment, she was the one who gathered all the help she can get so that I can go here to get well… though at times she is a nagger, it’s fine with me, I guess that’s what they are supposed to do when you don’t follow the doctors order.

Back when I was told that I will undergo chemotherapy, I just accept it right away… they say it’s a necessity… I was very thin and weak then when I was sick… they say that chemotherapy was my medicine, that’s why I accepted it right away… yes you will be cured with chemotherapy, that’s what will kill the cancer cells but it has a different effect later on… you won’t focus your attention on this other effects, what was important then was that you will be cured, deal with hair fall later on. You seem to think that nothing can be worst than your disease. If not for chemotherapy, I’m dead by now… my condition was worst… then chemotherapy cured me, that I am at my maintenance phase now… I have withstood the treatment I guess.

When they (doctors) told me that my hair will fall off, it feels awkward for you will be a girl without a hair… you will definite look like a man… it’s really saddening. My life was different when I had my chemo as compared before, I have more friends, I do things on my own, I have freedom, I can do whatever I want… chemotherapy took all that away.
I remember during my first chemotherapy it’s as if nothing happens… I told myself if this is chemo, I can do this… but when the multitude of medicines was started, when I start losing my hair, you’ll begin to tell yourself, chemotherapy is really hard, that this is the real chemotherapy… you will feel that you are indeed undergoing chemotherapy. During the early phase of chemotherapy, the medications are numerous and given at the same time… They are all different, they have their own sensations but there are times when you can’t pin point where the things you feel really originated because the medications have been given all at the same time… puncture here, puncture there, it hurts, even painful at times… when my vein is burned they will puncture again for a new site then it too will be burned and will leave a scar… this scar have been here for a long time now and it seems it will not go away… This, this and this, they are all from doxorubicin, this other one is from vincristine, this one from doxorubicin again… have you seen my back? There’s many puncture site there from the IT (intrathecal), just like a witch’s doll, my whole body is bombarded by injections… what’s more, they (scars) won’t go away it’s like they are their forever… first they will reddened, then turn into black thing and though the black things will be gone, it won’t look my normal skin anymore… it’s very obvious… this one, it’s been here for 2 years now… see, it does not look like my real skin…

When you are with chemotherapy, there are times you become fat (Prednisone), lose your hair (Doxo and Vincristine), or be really thin because you
can’t eat, you don’t have an appetite (Methotrexate)… your appearance will change, really change, you can’t even recognize me, like who was the original me? It’s like who really is me, the one before the changes occurs or the new me now? I lose weight because of the disease, loose my hair because of chemotherapy, then became fat with prednisone then had my hair back again, only to lose it with chemo the second time around… when my hair was gone, it feels different… I’m a girl and girl are supposed to have hairs, long shiny hairs, I do look like a boy back then… but in the end you’ll get over it… you just have to laugh it out… it will eventually grow back, look at mine, it regrow… this is the second time that it grows back, the first time it only did fall again… but my hairs way different than before, it’s rough and thin… not like before… my present appearance was way different that what I used to be… mam Maryan used to say I started with the treatment as a girl, I am still a girl but I look like a boy now. My mother used to tease me before that being fat did not fits me when I was taking prednisone… my face was really big back then, like that of a cuddly teddy bear, that feels good to pinch… My face was really fat then, really big… But you just need to laugh so you won’t get mad…

When your inside the hospital you will feel lazy… anywhere you turn you’ll see sick people, they are everywhere around you, that’s why you feel weaker… then its coupled with your hair falling off… you’ll just sleep it off… it’s getting annoying at times… I would sometimes pretend to be asleep when
someone drew my blood, after sometimes you would be used to it… like here is my hand, do whatever you please, just like that… they won’t talk to you like your not deserving of the talk like that… they won’t even tell you why they are doing those injections, like what’s this for? But I can’t ask them during those times… I weak, very weak, I don’t have the energy to ask questions anymore so I would just let them do their jobs, I trust them in a way, I don’t have a choice but to trust them… But it would be better if they could talk to me, you see when you look at them wearing all white leaning over you for the procedure it’s like you’re in heaven but when they started with the procedure, you feel like you’re in hell… I have once experienced that two of my ward mate who are undergoing chemotherapy died… the first one I saw even though the nurse places a cover on his bed, I peep, I was curious to see what was happening… I was of course frightened for we both are undergoing chemotherapy, it might happen to me as well… what’s more frightening is when the other patient beside me died as well… like they both left me alone there.

I don’t have any friends in the hospital when I was admitted there, except that I’m familiar with the nurses and doctors since you see them almost every day, while those other patients are asleep… all of us are asleep that’s why we don’t talk with each other, it’s like you don’t even know the patient beside you, you know them by name but that all that you know. Its only here (CHILD Haus) that I had friends like me who are sick, coz you can’t talk with those who are admitted
inside the hospital, they are way sicker… not in here, here you can roam around
since where already an OPD patient… you feel happy when you have friends,
especially those your age, you can’t join with the children, you’re not a child
anymore nor with the adults, its feel that you don’t belong with them.

There are times when you feel that because of chemotherapy, your being
spoiled… they treat you as a baby, all of your desires will be given to you… like
when my tell my mom that I want to eat nilaga she will go down from the hill
(where we live) just to buy the ingredients… or when I tell my auntie I want to eat
vegetables, she will buy some… or there are times that the hospital or foundations
will grant you wish, a lot of times toys, that’s why I have many toys from them
even though I’m too old to play them… I like the guitar though… it’s feels good
to be treated as special sometimes but were not children anymore… I’d rather be
treated as normal.

When we won’t have IV’s (Intravenous) or do BMA (bone marrow
aspiration), we won’t be admitted anymore, and you’ll just have to return to the
OPD (out-patient department). There, it takes too long to have your check-up, you
have to really wait, what’s worse is that you don’t have anything to do except
watch television or you’ll just stare at nothingness… texting would kill time but
when your load in not unlimited or you don’t have anyone to text, you’ll really get
bored.
I am frightened when I have to go back for the push… it’s not like before in the hospital that you will be accustomed to being punctured, once you’re comfortable outside and you would have to return for the push again, it’s frightening… I get anxious as it feels like things might go back when I was hospitalized even though it won’t… that they might do the wrong things again and burn my veins… it’s like having to return to your nightmare again… see how that feels?

Once when your WBC is low, you mother would get mad at you, she would say its because of you sleeping late at night, that’s why its (WBC) low… then the blames on you but you can’t blame yourself… it’s you who slept late at night, its you who does not follow things… no worries, it will still go up… I’ll just have to wait… that’s what we’re good at, waiting especially when we don’t follow restrictions… me? I eat the restricted things at times just to feel normal again… it’s hard to let go of the things you used to do, it’s very hard to change who you are I guess…

Just like that at first when your inside the hospital you wear a mask but if you’re not there anymore, you don’t wear one, it feels that your still inside the hospital when you wear one, isn’t it? As if your still sick… and when you wear one, it feels warm, as if your having doxorubicin again… it feels warm in your breath… then you feel weird, that people stares at you because you’re too old to wear a mask… most often than not, it’s the children who wears one… that’s why
I only wear them when I go to the hospital because there’s a chance I might contract the disease… and so that the doctors won’t get mad at me… and my mother as well…

In the OPD, we all hate the BMA… then there’s BMA… BMA is painful… we can’t even have Midazolam (sedative) event if we want to, it’s because we have Leukemia, Midazolam is restricted, we might not wake that’s why we really have to endure the pain… there’s sometimes anesthesia but it is only for the skin, when the spinal needle enters inside you will feel the pain, like your inside being scraped, like the content of your bone is being sucked out… you will really feel it… like a screw twisting itself inside you… you can’t even cry nor scream coz your already an adult… you’ll just have to close your eyes pretending your asleep to decrease the pain… you’ll just really need to endure it… The hardest part of undergoing chemotherapy is BMA… I don’t really like BMA… CBC is ok… luckily it’s infrequent that we have BMA… it really feels as if the inside of your bone is being scraped away… it’s really painful but you have to endure it… you can’t do anything about it, it’s really needed.

Chamuel

Chemotherapy? It’s really hard… you’ll feel many things… it not that simple, it’s complicated… there’s so many drugs, it’s a long process… are you
sure you want to know? That’s the world of chemotherapy… Chemotherapy is not just a single thing… its complex, not only a single drug but a multitude of it…

I was in Grade 6 when I started to undergo chemotherapy here in Manila… that’s why I have to left school for a while back in my province, luckily I passed… I thought that I would not pass but since my teacher is very considerate of me, she let me graduate… I remember a time when I had undergone chemo then and right away I went to school that’s when I got very tried, that I collapsed, I was dizzy, I vomited and they rushed me to my teacher’s office… When I feel weak, I just stay at a corner since I have friends that will help me… I had to absent myself from then on… ah, I regret that I have to skip school for 3 days since I have faithfully attended my class the past days but I don’t have any honors, I remember my favorite subject then was MAPE… I guess that’s the reason why I was well known before when I was undergoing chemotherapy, even the principal would asked me how I was… it’s a bit embarrassing though, it feels like your different… I would rather be treated as normal… even when I have a disease, just as anybody else…

That’s why I don’t wear mask, I’m lazy to wear one… my breath feel warm when I wear a mask, I perspire… and it feels like your different, I don’t want to be different… everybody knows that your undergoing treatment, that you have a disease… even before that I’m undergoing chemotherapy, I don’t wear one when I go out… I just bring with me a handkerchief… I want to be treated as
normal… even though I have a disease, I want to be treated as normal… just like other children… When you have a mask everybody at the jeepney looks at you, as if all eyes are on you, like you’re the center of attention… if you won’t wear one, you’ll get sick… it’s your choice, isn’t it? It always boils down to you… your body your choice…

Sleeping late at night? yes I do, before even though its forbidden… but before my check up, I will sleep early, I would sleep early a week before my check-up… I also would not eat the restricted foods… I do this to compensate I guess… compensate for the forbidden things that I did I guess…

We know its forbidden but still we do it… because we’re used to doing it, maybe because it’s the normal thing that we do… because we want to be normal, we do those things even though they are forbidden to feel normal I guess… is that reasonable? Well for us I guess yes…

It has been a long time since I had my first chemo but I do remember that the first time I had my chemo I told myself, ah, chemo is easy because I did not feel a thing… then after that first treatment, I felt the other side of it, I vomit, got weak, lost my hair… I thought it was easy, I guess I was wrong then… I also remember then that I used to have 2 doxorubicin, 2 dextrose, 2 push 2x a month… I can’t remember the exact number of times that I went to the hospital but I do know that it’s numerous… then after my session in the hospital, I have to spend
the night at my uncles house, I first opted to go home since I’m studying then eventhough it’s a long journey… I would rather spend the time studying than doing nothing… but then when my treatment is almost day after day, we opted to stay here at CHILD haus for w while… though I only had 6 cycle of chemotherapy, it took me years to complete… though I had finish my chemotherapy, I still have my linear CT scan… then other therapy… I guess I’m not yet finished…

Chemotherapy at times is good, it is your friend but there are times when it is the villain, the enemy like Mayor (May Bukas Pa) Since in chemotherapy, there’s a bad news and a good news… the good news, it melts your tumor, remove all the bad cells, the bad news, it let your hair falls off, burn your vessels… Of all the good news, what I liked the most is that I will survive… Our hatest bad news is that your hair would fall… It’s a shame because you’re going to school hairless… the whole campus would know that you are having chemotherapy… It’s like we spend a long time in front of the mirror before we would go out, we want to be dressed properly… the mirror is really your best friend when you’re an adolescents, it shows your appearance if is it appropriate, if it’s ok for your pretty face to be seen, that’s why we spend time on it… We always get dressed, we would fix our hair almost everytime, that’s when we used to have hairs, that’s why it’s very important when you’re an adolescent…
I remember then that when I know that it’s time for me to have my chemo I would just cry, it’s like your irritated, just the mere sight of the medicine would make me vomit… That’s why there are times when you think it’s hopeless, that it feels like the medication is not working… you can’t even do anything, your body is weak, you can’t fight anymore, it better to just sleep… that’s why maybe all the patient in the hospital are asleep… just think that it will be over soon… if the drugs will work, that’s alright, if it won’t you don’t need to suffer anymore… when you’re undergoing chemotherapy, you can’t escape the injection… The injections, it’s really needed, you can’t undergo chemotherapy without the injection, chemotherapy without injections have not yet been discovered, if not for the syringe they could not introduce the medications, it like you have not undergone chemotherapy, isn’t it? I guess that’s why Chemotherapy is really painful, our skin is burned because of that (medication and injection), it’s (scar) like a permanent mark… you’ll remember everything when you see that mark… every memory of your hospitalization… see, that’s why we hate those syringe but still we need it…

When I was in the hospital and during my OPD treatment I remember that while they are preparing the medication I try to sleep and when I’m asleep… I just wait for them to do whatever they want… but even if I’m asleep I still feel it (discomfort)… I feel as if I’m a robot, like I’m a machine… they won’t even talk to me like I’m not a person at all… but still I have confidence in them
somehow… and maybe that’s why we are more anxious… like we don’t even know what’s happening, yes we know that we’re having IT or dextrose but we don’t know anything beside that… stuck in the nothingness, that’s how it feels I guess… Yes they are well adept to cure but to heal, sometimes they aren’t… I especially hate those medications that is wrapped in a black thing… I forgot its name but I’m sure it’s the most painful thing that I have to endure… That’s why when I was having my chemotherapy the thing that would make me happy is the knowledge that I will be going home… since after chemotherapy you will get bored here that’s why we go home, that’s the thing that makes me happy, that I will again have classes, see my classmates… that it all will be over I guess…

During my OPD treatment what I remember now is that day after the other we would travel, it’s making me dizzy… you’ll get very tired of the travel… and the place? It’s barren… nothing to do, you’ll have to just wait for your name to be called… just sit in there and wait… sit and wait… that’s the OPD… and there’s CBC and BMA also… and also in the OPD, the check-up is ok, but the other thing like CBC or BMA, I get anxious with that… I fear that the disease might resurface… that I would undergo chemo again… I just pray that the result would not be lower than normal…

I once experience this BMA during my OPD treatment… In BMA it’s like the content of your bone is being sucked… it’s hard, I’m lucky I don’t undergo often… BMA is painful… I only tried it once, feels like your bone is being
scraped off its content, though there is anesthesia, you will still feel it… feels like you have a faucet inside you, then they would turn it on so your blood would drain, like the faucet sucking it off…

I have Hodgkin’s but my friend has a non-hodgkin’s type, which is for me worst than what I have because it’s like the tumor is moving around your body… I guess that’s why he died… we were always together back then, we both have our chemotherapy at PGH but we don’t talk there… I think no one talks with each other there inside the hospital while undergoing chemo… everybody have their own business like that… and I did not formed any friendship there… we don’t have anything to do there, just lie on our beds… it’s only when we were out-patients, when we were having our check-ups that we really knew each other, that even though were from PGH, still we did not talk while we were admitted… when he died, I was felt sad, all of us were sad, that even though he’s been undergoing chemotherapy for a long time, though he was discharged and was being treated as an out-patient, still what happened?! It’s like nothing happened at all! his tumors just multiplied and he died… even though he is undergoing chemotherapy it seems it only got worse… it’s feels like I was alone again… I guess were never sure if chemotherapy will work or not, we hope it will work but sometimes when it’s your time, it will be your time, there’s no escaping it…

All I know is that 3-B (cancer) is worst but I did still survived… it’s because I still want to live and maybe it’s still not my time… just believe that
you’ll live… that’s what I do, look at me now, I’m still am breathing…Though chemotherapy is very very very hard, your life wouldn’t be complete without your family… your friends… your believes that you will be cured, like there is still a brighter tomorrow… that’s why given the chance that I will be a teacher, I will tell (my student) that chemotherapy is hard, I will tell them that though it’s hard, I did surpassed it because I want to, it’s the same thing I tell my mother everytime I would see her sad… and when the time for my last chemo was there, it was the most wonderful moment in my life… it’s my last day on chemotherapy but still I cried, for the medication is still ongoing but after that, it was finally finished… thanks God it was over…

B. Thematic Representation

This section includes the discussion on the meaning units derived from the subsequent reflection of the co-researcher’s individual narratives. This constitutes the 1st level of reflective analysis. Presented below are the validated meaning units of each co-researchers narrative as was shown in the line per line reflection in Appendix F.

Micheal

- Disease heavily affected one’s life
- Choose to cut the leg to alley the pain
• Don’t have a place to stay in Manila, CHILD haus is near PGH
• Accepted the procedure right away
• Procedure promise a cure, either cut the leg or die
• Suffer because of the disease
• Would rather be feetless than have cancer
• Chemotherapy was not accepted right away
• Chemotherapy present as a permanent cure for cancer
• Chemotherapy takes a long time
• Chemotherapy cleans the body of cancer permanently
• Chemotherapy is a mean for survival
• Follows the doctor’s order and restrictions
• Mask does not change who you are, you just wore it
• Media portray chemotherapy different from reality
• CBC clears one for chemotherapy
• Chemotherapy is a long process
• Stays at CI for chemotherapy, CI is for noncomplicated patients
• Ward is for chemotherapy cases with complication
• Ward and CI are almost the same
• Both ward and CI are teeming with patient with disease
• Ward have no leisure activity except sleep
• Lose hair during 1st time of chemotherapy
• Used to have long hair
• Shaved hair to prevent hair fall, hair grows back only to fall again
• Hair falls even though it’s short
• Surprise to know that hair needs to fall in order for the drugs to work
• Hair fall means the drug is working
• Hate the most the feeling of warmness chemotherapy drugs brings
• Warmness brings irritation
• Warmness is like a fever but is not
• A different kind of warmness
• Warmness causes irritation
• Body feels warm during chemotherapy
• Drink cold beverages to prevent mouth sore
• Misplaced cannula causes vein to burst
• Some nurses can’t place dextrose properly unlike regular doctor
• Full of dextrose except feet
• Regular” doctor got the vein right that’s why is was long before it has to be changed
• “regular” = senior
• Injection equals pain
- Can’t evade injection
- Seniors have more experience
- Anxious when neophyte place IV, neophyte might not do it properly
- No activities during hospitalization, Stares at the wall to past time, See the same people around hospital
- Activities are repetitive inside hospital
- Activities are monotonous and redundant
- Patient don’t interact with each other during hospitalization
- Patient only sleep since there is nothing to do
- Only past time is watching television
- Dextrose is handcuff restricting movement of individual
- Hospital is a prison
- If in control, will have unlimited TV hours, TV present as a leisure time, TV time is limited in the hospital
- Home environment have unlimited TV time
- TV is open since morning at home
- Irritated in interview inside hospital
- Interviews are redundant and always the same
- Different doctors asked same questions
- Mother tells the same story also
• Interviews are getting annoying
• Ignores interviewer at times
• Mother also gets annoyed of interview
• Pretend to be asleep to evade interviews
• Asked the same question
• Instead of interview better read the chart
• Don’t have the desire to talk when admitted
• Don’t want to interact with anyone during hospitalization
• Gets annoyed when having interview
• Feels like a recorder because of repetitive interview
• Chemotherapy is hard but believe it will eventually end
• At the end you will be cured because of chemotherapy

Uriel

• Asleep during first chemotherapy
• Always asleep during hospitalization
• Worse before having chemotherapy
• Disease was worse, thought he was dying
• Chest in not leveled because chemotherapy shrunk tumor
• See the physical changes chemotherapy brings
• Chemotherapy brings physical changes
• Early treatment have multiple drugs at the same time
• Chemotherapy let him survive disease
• Already dead if not for chemotherapy
• Can’t sympathize with other patient, worse than other patient
• Situation is pitiful
• A relative/ nurse is the first to explain what is chemotherapy
• Nurse gave pamphlet containing info on cancer and chemotherapy
• Chemotherapy will affect other organs
• Chemotherapy affects hair
• Puzzle book provide as pastime only for a week
• Hospital is boring, Nothing to do inside the hospital
• Regrets falling hair
• Reassurance that hair will grow alley anxiety
• First chemotherapy lose hair
• Hair grows back only to fall again
• Hair grows back but not like before, different from usual hair
• Chemotherapy changes appearance, lose weight and hair
• Got fat with prednisone, constant physical changes due to chemotherapy
• First time hair falls seems nothing happen
• Losing hair makes one’s head smooth
• Wears hat before and during hair fall
• Ashamed of people to see him hairless
• Grandma tells hat does not fit him well
• Use hat to hide hairless head
• Embarrass that somebody might see him hairless
• Jophiel used to sport very long hair, cut after they were discharged
• Escape from hospital when does not have dextrose to cut hair
• Doctor got mad when seen with shaven head (escaped)
• Erased picture of him hairless, does not want to remember those days
• Barbiels did not erase picture of herself hairless, serve as a remembrance
• Would rather forget memory of him hairless
• Miss a lot of things because of chemotherapy
• Chemotherapy took things away from his life (studies, going places, hair)
• Chemotherapy have many medications
• Doxorubicin and Methotrexate causes scars
• Scars are painful before
• Dextrose causes scars
• Took a long time before pain disappears
• Warm compress decreases pain
• Memorize all source of scars since all are painful
IV site will reddened then turn to black and leave a mark
Scars are painful
Methotrexate and Vincristine on IT makes one lose appetite
Vincristine is more potent than Methotrexate on losing one’s appetite
Mom get mad because he can’t eat
Does not have the desire to eat
Feels caught in the middle
Effect of medication contradicts the demand of his mother
Can’t force someone who does not have the desire to eat
Conflicts on where to place himself
Asked what’s more important to eat or just rest the body
Methotrexate causes mouth sores
Methotrexate causes baldness
Methotrexate is worst than Doxorubicin, cause sores inside mouth and tongue
Mouth sores are really painful can’t even swallow saliva
Drools like have rabies because can’t swallow saliva coz of pain
Can’t eat because of pain of mouth sore
Can’t swallow properly coz of sore inside esophagus
Mouth sore makes eating with ease impossible
• Medication causes nausea
• Medication makes eating hard and losses one’s appetite
• Can’t eat anything except cold foods like ice cream
• Cold food decreases feeling of warmness and makes one calm like what it do to a child
• Mercap bring a feeling of edema
• Bewildered that edema was coming back when it was supposed to go away
• Fears that medication is not working or disease is coming back
• Effects of medications differ from each other
• There are times when medications are given at the same time that can’t pinpoint where the side effect really came from
• Edema was supposed to go away but it returned because of medication
• Miss a lot because of chemotherapy
• Chemotherapy took it’s toll on his schooling and going places
• Chemotherapy is tantamount to syringe
• There are a variety of syringe that completes chemotherapy but all are different
• Injection can burn veins
• Injection can scrape the inside of your bone
• Injection can make hand swell
• All injections are essential in chemotherapy
• All injections are painful
• Tried to have punctured many times coz they can’t aspirate blood from spine
• BMA is painful
• Mind is restless during the BMA procedure
• Feels nerves are being penetrated and jerks because of BMA
• BMA feels like the inside of bone is being sucked up
• BMA causes excruciating pain
• Hate the most the pain of IT and BMA
• Skin anesthesia most often is out of supply
• Anesthesia does not work when needle is inside
• Hates BMA even with sedative
• Sedation comes off with the pain of the procedure
• BMA is really painful
• Midazolam seems not to work
• Sedation only adds another injection
• Choose not to have sedation coz it makes one lose control of himself
• Jophiel loses self one time because of sedation
• Enduring pain is all in the mind
• Pain of BMA cannot be evaded but endured
• Repeated injections makes one’s body accustomed to it but not the mind
• Mind is still afraid of injection but the body is not
• Feels anxious because of the conflict between the body and mind
• Would tell self that he is accustomed to injections
• Sight of another patient being punctured brings anxiety, procedure might also happen to him
• Would not choose between IT and oral medication coz both have downsides
• Better if the negative and positive effect of chemotherapy could be separated
• Mother let him go first because of the long waiting time in OPD
• OPD is time consuming
• In OPD, there is nothing to do
• OPD environment makes one lazy for lack of past time
• Activities in hospital are monotonous that the people and their activities could be memorize in a matter of time
• 1000 is the cutoff ANC and signals that chemotherapy will push through
• Below 1000 can’t give medication for WBC will further go down
• Calculator is the judge if will undergo chemotherapy or not
• If result is below 1000, have to wait for another week
• Good at waiting especially if did not follow doctor’s restrictions
• Eats forbidden foods outside sometimes
• Sometimes does restricted things like sleeping late at night
• Walks outside even with pollution
• Did not mind doing restricted things
• Knows things that are forbidden
• Doctors and others focused on telling the things that they can’t do
• Things that are not restricted are not told
• Does things that they usually do even though it is forbidden
• Constant reminder of the forbidden things only makes them more aware of it
• Outside the hospital, forbidden things go away
• Inside the hospital, there are many restrictions
• Don’t wear mask outside the hospital
• Wears mask only in two occasions, inside the hospital and when there is a party
• Does not wear a mask outside the hospital
• Mask makes people look at them as if there is something wrong with them
• Mask brings unwanted attention to them
• Chemotherapy at times makes them spoiled
• OPD have many doctors, some are knowledgeable others are not
• Unprepared and inexperienced doctors are not knowledgeable of what they are doing
• not all doctors can do procedures properly
• During OPD treatment, there is no management to alleviate patient’s anxiety
• Doctors do nothing to decrease anxiety except say sorry
• Saying sorry does not decrease anxiety
• Hates BMA
• Saying sorry does not do anything for they repeatedly do it
• Don’t have a choice who will treat them
• Early times of treatment makes one’s body weak to fight
• Early treatment makes one weak thus let doctors do things without hesitation
• Ruminating and doubting the doctors makes one sleep unsoundly at night
• Trust doctors to do their job
• OPD let them meet new patients like them as friends
• Feels not alone knowing that there are others like him
• Tell other patients of the possible things that will be done to them
• Compare the procedures done to other patient to himself

• Chamuel is a survivor

• Survivor have no treatment but checkups only

• Checkups are easier than treatment

*Jophiel*

• Naughty before go sick

• Did not work anymore because of chemotherapy

• Life was different with chemotherapy

• Was active before in fraternity before undergoing chemotherapy

• Collapsed in the jeepney because of his ailments

• After the incident was hospitalized and diagnosed to have chemotherapy then sent to Manila for treatment

• It’s not easy to change yourself nor your habit (cigarette)

• Changed bad habits when got sicker

• Admits that he’s hardheaded

• Have some run down with mother because of treatment and hard headedness

• Really treasure presence of mother

• Mother was always present during trying times of chemotherapy

• Mother was the source of hope and motivation during hard times
• Presence of mother alley discomfort
• On his 4\textsuperscript{th} of 6 cycle, number of cycle depends on protocol, protocol depends on hospital and cases
• Maintenance have less medication anf far spaced
• Early treatment have more medications and have lesser rest period between sessions
• Admits that he is hard headed before
• Sneak out of hospital when there, no IV line
• Return after took some walks
• There’s many way to get out of PGH
• The more forbidden, the more they crave to do things
• Want to go out and feel the breeze
• Irritated because of the slow progress of their hospital summary
• Got out by borrowing ID of a watcher
• Stayed outside and returned after some walk
• Loves to go places back at home, crave to do at the hospital also
• Habits are the normal thing they do
• Not easy to let go of old habit even when it is forbidden
• Knows what is prohibited
• Craves to do things at the moment
• Doing forbidden things feels good
• Do forbidden things now and think of consequences later on
• Knows things are really forbidden when got sicker
• Mask makes one feels hot
• Mask feels hot
• Won’t wear mask even if it won’t make him feel hot
• Mask is irritating
• Mask covers and hides
• Hidden face feels your real self is hidden as well
• People looks at you when your wear a mask
• Mask represents to chemotherapy
• Don’t wear mask outside hospital
• Only wears one when admitted so doctors won’t get mad
• Doctor told him mask will prevent him getting easily sick
• Wore the mask only when the doctor is present but removed when they are not around
• Hospitalized during first treatment
• Hospital are dull and lifeless
• Hospital is full of patient that are sometimes dying
• No leisure activity inside the hospital
• TV time is limited only
• Can’t have unlimited viewing time inside hospital
• Place is redundant
• Inside hospital, days changes but not the activities inside
• Activities are monotonous
• Memorize the routine because of monotony and repetitiveness
• Don’t have time to socialized with other patient inside hospital
• Patient inside the hospital are either asleep or busy being treated
• Don’t have the desire to talk with other patient when hospitalized
• Not feeling well during hospitalization
• Chemotherapy inside the hospital makes one feel weak
• Much better to have chemotherapy at home
• Hospital chemotherapy lacks energy and feels the same when inside
• Outside environment brings vitality
• Outside environment have a variety of people to see
• Hospital place is monotonous
• Hospital environment is not changing no variations
• Outside environment brings chance of meeting new people
• People inside the hospital are all the same, and easy to memorize
• Feels different when one just lie inside the hospital
• Hospital environment makes one feels lazy, lose vigor and sicker
• Having a place inside the hospital where one can roam if without a line would be appreciated
• Given the chance, would build hospital were patient can roam when don’t have lines
• Hospital makes one accustomed to injections
• Blood extraction is customary inside the hospital
• Can laugh since already accustomed to injections
• Hate Cytarabine the most
• Cytarabine makes one bedridden unlike other drugs that body can take
• Cytarabine feels like one is being tortured
• Cytarabine is hard
• Vincristine and Doxorubicin burns vessels
• Vincristine and Doxorubicin makes body feels hot inside
• Took a bath to decrease feeling of hotness of Vincristine and Doxorubicin
• Feeling warm makes one irritated
• Can’t think right when irritated
• When irritated, small things could explode one’s feelings
• Felt sad when hair falls off
• Used to sport long hair
- Did not shave hair
- Almost cried when hair falls
- Chemotherapy destroys things that are important to individual, like hair
- Took great care of hair
- Chemotherapy took hair away
- Hair is not the same when it grows back, more curly and sticks to skin
- New hair is a mark for eternity of undergoing chemotherapy
- Have bald spots because of chemotherapy
- Hair regrows after shaving only to fall again because of chemotherapy
- Hair on head is the only one that falls
- How much and what hair will fall depends on the medications
- Prednisone slowly changes ones facial appearance
- Developed pimples (Leukemic Skin) because of Prednisone
- Prednisone alters otherwise smooth texture of face
- Thinks that body changes is a way of the body adapting to chemotherapy
- When sees that changes are bad effect of chemotherapy, feels depress
- Rather be happy than gloomy
- Present situation is gloomy
- Rather be an inpatient than OPD
- OPD is tiring and time consuming
• Still choose to be and OPD
• Don’t like the look of the hospital
• Done may BMA during OPD treatment
• There are times when not himself during BMA procedures
• BMA without Midazolam is painful
• Midazolam is really painful and feels like being stab
• BMA is more painful than IT
• There are doctors who can’t do the procedure properly
• More painful if procedure is not done properly
• Seniors are better and kinder
• Neophytes are only practicing on patient
• Neophyte doing the procedure causes more pain
• Anesthesia only works on the skin not inside
• Doctors don’t talk with the patient during the procedure
• Only communication is when they will tell you that they are starting and when they are “in”
• Lose control of self during a BMA procedure
• Went crazy during a BMA procedure
• None could control him
• Can’t remember what happened afterwards
• Medication clouds ones memory
• Could not take control of himself
• Walks like a drunken man
• Actions causes embarrassment
• Midazolam lose one will
• BMA incident brings embarrassment when remembered

**Barbiel**

• Feels alright to undergo chemotherapy
• Accepted chemotherapy immediately but mom did not
• Almost cried when mom cried
• Mom fears daughter’s body might not withstand chemotherapy
• Chemotherapy is ok
• Heart breaking to see mother suffer
• Mother was present the whole time
• Mother is constant companion
• Feels sad to see mother sad
• Not right to see mother sad
• Mother was with her from the beginning
• Owe to mother having been treated in Manila
• Mother was instrumental for her treatment in Manila to push through
- Mother is a nagger at times
- Ok for mother to nag at times
- Mother nags if she does not follow doctor’s order
- Accepted chemotherapy right away
- Thin and weak because of disease
- Accepted chemotherapy for it was the medicine
- Chemotherapy present itself as a cure
- Chemotherapy kills cancer cells
- Chemotherapy have other side which will be seen later on
- Don’t focus on the other effects
- More importance given to fact that chemotherapy will cure her
- Deal with other effects later on
- Thinks nothing can be worse than her disease
- Chemotherapy saved her life
- Condition was worse before chemotherapy
- Chemotherapy cures her disease
- Withstand chemotherapy till now (maintenance phase)
- Chemotherapy makes ones hair fall
- Feels awkward to be a girl without a hair
- Girl without hair looks like a man
• Saddened by hair fall
• Chemotherapy changed one’s life
• Chemotherapy took away friends and freedom
• First treatment feels as if nothing happens
• Feels can go through with chemotherapy if it is that simple
• Early treatment have multitude of medications
• Chemotherapy lose ones hair
• Realized chemotherapy is really hard
• Real chemotherapy is really hard
• Bad effects signals that they are really undergoing
• Early treatment have numerous medications given at the same time
• Different drugs have different sensations
• During early treatment, can’t pinpoint where the effect came from because of the multitude of drugs
• Many injections during hospitalization, painful at times
• Repeated injections if site is destroyed
• Injections leaves scars
• Scars don’t fade
• Doxorubicin causes scars
• Vincristine causes scars
• Doxorubicin causes scars
• Have numerous puncture site at back because of IT
• Feels like a witch doll because of being injected many times
• Scar don’t seem to go away and stay forever
• Scars won’t turn back to normal skin
• Scars are obvious
• Scars may stay for years
• Prednisone makes one looks fat
• Doxorubicin and Vincristine makes one lose hair
• Methotrexate makes one lose appetite
• Chemotherapy changes one’s appearance
• Appearance because of chemotherapy is different from previous
• Tries to define who she really is, the old one before the chemotherapy or the new one that chemotherapy already altered
• Disease makes one lose weight
• Chemotherapy makes one lose hair
• Prednisone makes one looks fat
• Hair grows only to fall off again
• Feels different when one has no hair
• Girls without hair looks like a boy
• Get over hair loss as time goes by
• Laughter ease things out
• Reassured that hair will eventually grows back
• Hair grows back only to fall off again
• New hair is different from before, rough and thin
• Present appearance is different from before undergoing chemotherapy
• Looks like a boy because of changes in the hair brought about by chemotherapy
• Face becomes fat because of Prednisone, being fat did not fit him
• Face was big like a teddy bear and feels good to pinch
• Face becomes fat and big because of chemotherapy
• Laughter prevents one getting mad
• Hospital makes one feels lazy
• Hospital are full of sick people
• Feels weaker inside hospital
• Feeling weak plus falling hair just sleep if off
• Gets annoyed at hospital at times
• Pretends asleep when someone drew blood
• Get used to injection after some times
• Let health care provider do the procedure without hesitation
• Health care provider don’t talk with them, feels they don’t deserved of the talk
• Not inform of the purpose of the injections
• Lacks energy and feels weak to ask questions
• Trust them to do their job
• Don’t have a choice but trust medical people
• Would appreciate if medical people talks to her
• Sight of medical people wearing white is heavenly
• Procedure is painful
• Experienced death of two ward mate
• Curious to see what’s happening to other patient
• frighten that she might die like other patient undergoing chemotherapy
• More frighten when the other patient died
• Feels alone when both ward mate died
• Don’t have friends when admitted in hospital
• Became familiar with nurses and doctors
• Patient just sleep during hospitalization
• Patient don’t talk with each other since they mostly sleep
• Know only the name of patient beside them and nothing more
• Made friends only when discharged
Can’t make friends inside hospital

Patient inside hospital are sicker

Patient outside are not that sick

Can roam around during OPD treatment

Feels happy to have friends their age

Is not a child nor an adult

Feels spoiled because of chemotherapy

All wants are given

Relative make extra effort to give what they want

Have toys because of foundations’ gift

Too old to play toys

Likes guitar

Feels good when treated as special at times

Not a children anymore

IV and BMA indicates admission in the hospital

Without IV or BMA, treated as out patient

OPD takes a long time

Waiting for long time is common in OPD

Don’t have anything to do except watch TV

OPD has no pastime, just stare at nothingness
• Gets bored inside OPD
• Frightened to go back for push
• Accustomed to being punctured inside hospital
• Outside brings comfort
• To experience push again after hospitalization causes fear
• Gets anxious that what happen inside the hospital might recur
• Afraid that veins might burn again
• Feels like having to return to nightmare
• Mother gets mad when WBC is low
• Blames sleeping late at night as cause of WBC being low
• Mother blames her
• Can’t blame herself
• It is her who does the forbidden things
• Did not worry, believes WBC will still go up
• Waiting increases WBC
• Good at waiting especially when doing restricted things
• Eats forbidden things to feel normal
• Hard to let go of the things she is used to
• Hard to change who she is
• Wears a mask inside the hospital
• Don’t wear a mask when outside
• Mask make her feel she is indie the hospital
• Mask makes her feels sick
• Mask feels warm like having Doxorubicin
• Mask feels warm in breath
• Mask make her feel weird
• People stare because she is too old to wear a mask
• Most often, only children wear mask
• Wears mask when inside hospital so not to contract disease
• Wears mask so doctor ad mother won’t get mad
• Hate BMA
• BMA is painful
• Can’t have sedative even if want to
• Midazolam is restricted in Leukemics
• Might not wake up because of Midazolam
• Have to endure the pain of BMA
• Anesthesia is only for the skin
• Can feel pain if needle is already inside
• BMA feels like her inside is being scraped
• BMA feels like the content of bone is being sucked out
• Really felt the sensation of BMA
• BMA feels like a screw twisting itself in your inside
• Can’t cry nor scream because adult don’t do that
• Pretend to be asleep to decrease the pain
• Have to endure the pain of BMA
• Hardest part of chemotherapy is BMA
• CBC is ok, BMA is not
• BMA is infrequent
• BMA feels like inside of one’s bone is being scraped away
• BMA is painful but need to endure it
• Can’t do anything about BMA
• BMA is really needed

*Chamuel*

• Chemotherapy is really hard
• Chemotherapy brings many feelings
• Chemotherapy is not simple but complicated
• There’s many drugs in chemotherapy
• Chemotherapy is a long process
• Chemotherapy world is complicated
• Chemotherapy is complex
- Chemotherapy is not a single drug but a multitude of it
- Grade school when started chemotherapy
- Left school to undergo chemotherapy
- Thought could not pass but teacher is considerate of him
- Collapsed after going to school right after chemotherapy
- Feels dizzy and vomited because had gone to school right after chemotherapy
- Have friends to help him
- Had to be absent from then on because of the incident
- Faithfully attend class as much as possible
- Well known at school when undergoing chemotherapy
- Even principal know him because of chemotherapy
- Feels different because of attention from chemotherapy
- Would rather be treated as normal
- Want to be treated as normal as anybody else even with disease
- Don’t wear mask
- Lazy to wear one
- Breath feels warm because of mask
- Feels different because of mask
- Don’t want to be different
• Mask makes everybody knows that he is undergoing chemotherapy
• Mask make one knows that he has a disease
• Don’t wear mask when going out before
• Brings handkerchief instead of mask
• Want to be treated as normal
• Want to be treated as normal even though has a disease
• Want to be treated like other children
• Wearing mask makes everybody at jeepney look at you
• Mask brings unwanted attention
• Center of attention because of mask
• Not wearing mask could make one sick
• Choice to wear a mask or not is on the individual
• Your body your choice
• Sleeps late at night though it’s forbidden
• Sleeps early days prior to checkup
• Don’t eat restricted foods days before checkup
• Don’t do restricted things prior to checkup to compensate for forbidden things done
• Knows forbidden things but still do it
• Does forbidden things because they are used to doing it
• Forbidden things are the normal things they do
• Wants to be normal
• Well for us I guess yes… Does forbidden things to feel normal
• Wants to be normal
• Does forbidden things to feel normal
• Has been a long time since first chemotherapy
• Thought chemotherapy was easy for did not feel a thing during the first session
• Vomited, got weaker, lost hair after the first treatment, seen the other side of chemotherapy
• Thought chemotherapy was easy
• Wrong with first impression on chemotherapy (that it is easy)
• Remembers there are many medications during early treatment
• Went to hospital numerous times for chemotherapy
• First opted to go home after treatment to continue schooling
• Prioritize study
• Hospital is far from uncles house, opted to stay at CHILD haus
• Chemotherapy take a long time to complete
• finishing chemotherapy does not mean the treatment is finished, have other treatment to go through
• Chemotherapy is good at times
• Chemotherapy is bad at times
• Chemotherapy is like Mayor sometimes good sometimes bad
• Chemotherapy both have both good and bad side
• Chemotherapy melts tumor and remove bad cell
• Chemotherapy let hair fall and burn vessels
• Greatest good news is that one will survive
• Hate hair fall the most
• Feels shameful when going to school hairless
• Campus knows he is undergoing chemotherapy because of baldness
• the mirror is really your best friend when you’re an adolescents, Mirror is adolescent’s best friend
• Mirror shows one’s appearance if appropriate
• Spend time on mirror
• Place emphasis on one’s appearance
• Hair is important to an adolescents
• Would cry upon knowing that has to undergo chemotherapy
• Irritated because of chemotherapy
• Sight of medicine would make him vomit
• There are times when he thinks it’s hopeless and medication is not
working

- Can’t do anything
- Body is weak and can’t fight anymore
- Better sleep than fight chemotherapy
- All patient in hospital are asleep
- Think that chemotherapy will be over soon
- If drugs will work, it’s ok
- If drugs won’t work, he need not suffer anymore
- Can’t escape injection when undergoing chemotherapy
- Injection is really needed in chemotherapy
- Can’t undergo chemotherapy without injection
- Chemotherapy is not chemotherapy without the injection
- Syringe is essential to chemotherapy, used to introduced the medication
- Chemotherapy is painful
- Medication and injection burn skin
- Scar from injection is a permanent mark
- Scar serve as a remembrance of hospitalization
- Scar brings back memory of hospitalization
- Hate syringe but still needs it
- Tries to sleep when medication is being prepared
- When asleep let medical people do whatever they want
- Even when asleep still feels the discomfort
- Feels like a robot, a machine during these procedures
- Doctors don’t interact during procedures
- Still have confidence in doctor somehow
- More anxious if does not know what doctors are doing to them
- Only know than name of the procedure and nothing else
- Feels stuck in the nothingness
- They are adept to cure but not to heal
- Hate the medication wrapped in black for it causes the most pain
- Knowing that he will go home make him happy during chemotherapy
- Home evades boredom cause by chemotherapy
- Feels happy to be back in class and see classmates again
- Happy to finish chemotherapy
- OPD treatment makes him dizzy because of the travels
- Gets tired of travels
- OPD is barren
- Have nothing to do in OPD just wait for name to be called
- OPD is a “sit and wait” place
- There is CBC and BMA on OPD
- Gets anxious with CBC or BMA but check up is ok
- Fears disease might resurface
- Fears that he would undergo chemotherapy again
- Prays that results will be normal
- Experience BMA once
- BMA feels like the content of your bone is being sucked
- BMA is hard
- Feels lucky not to undergo chemotherapy often
- BMA is painful
- Tried BMA only once
- BMA feels like the content of ones bone is being scraped off its content
- Even with anesthesia one can still feel the pain of BMA
- BMA feels like having a faucet inside you, draining your blood like the faucet sucking it off
- NonHodgkin’s worse than Hodgkin for tumor is moving around the body
- Friend died because of nonHodgkin’s type of disease
- Close with his friend who died
- Both have chemotherapy back at PGH but did not talk during hospitalization
- No one talks with each other during chemotherapy inside the hospital
• Everybody have their own business inside hospital
• Did not formed any friendship during hospitalization
• Don’t have anything to do in hospital, just lie on our bed
• Only during OPD treatment that they formed real friendship
• Did not talk with each other while hospitalized
• felt sad when friend died
• Even though his friend has done chemotherapy for a long, it seems to got only worse
• Feels alone again after friend died
• No one is sure if chemotherapy will work or not
• Hope that chemotherapy will work
• When it’s your time, it will be your time
• No one can escape fate
• Though disease is worst he did survived
• Survived because still wants to live
• Survived because it’s not yet his time
• Believe that you’ll live and you will
• Still alive because of his faith
• Chemotherapy is hard
• Life would not be complete without family, friend and believe that one
will be cured

- Believe that there is still a brighter tomorrow
- Would tell others that chemotherapy is hard
- Surpassed chemotherapy because he want to
- Tells mom that he will surpassed chemotherapy because he want to
- Most wonderful moment in life is the last day of chemotherapy
- Still cried though it’s last day because of chemotherapy medication
- Thanks God that the ordeal was finished

C. Thematic Interlace

This section contains the discussion of the themes and subthemes gathered after the subsequent reflection, validation and counter-validation of the co-researchers narratives and their meaning units. Themes and their respective subthemes are discussed individually and later reflected with the current literature available.

i. Themes and Subthemes

After the 1st reflection was done and the meaning units derived, 2nd reflection then follows from which three (3) themes and 6 subthemes were gathered. The main themes are as follows: (a) I am Normal More than Special, (b) Complex Chemo: Welcome to My Reality and (c) F4: Maintains My Core. These
themes represent the constant and dynamic interaction of the co-researchers self as it maintains a feeling of normality (a) while undergoing the intricacies and complexity of the chemotherapy experience (b) and the things that serves as their source of the coping and motivation to move on (c).

Filipino translation, enclosed in a parenthesis, is provided for each themes and subthemes as the researcher deems it necessary for his co-researchers to understand and subsequently validate the result of this reflection. The themes and their subthemes were validated and enriched by personal observation, informal interviews, group discussion, and drawings of the co-researchers.

**Theme a) I am Normal More than Special**  
[Normal na Bata, Hindi Kakaiba]

“Mas gusto kong normal lang trato sakin... kahit may sakit ako, normal lang...parang ibang bata (I want to be treated as normal… even though I have a disease, I want to be treated as normal… just like other children)” (Chamuel)

The first theme deals with the co-researchers notion of themselves while undergoing chemotherapy. At the main core of this theme is the co-researchers desire to be treated as a normal adolescent even though they have a disease and are undergoing chemotherapy. The pressure of trying to feel and be normal is
constantly apparent as they journey into their chemotherapy experience. They feel that the more the people treat them differently, the more they are alienated. The essence of this theme is further echoed by its three (3) subthemes namely, (a.1) Behind the Mask: Who am I Now?, (a.2) Forbidden but not Forgotten and (a.3) New Me: Metamorphosis of Self.

**Subtheme a.1) Behind the Mask: Who Am I Now?**

*Sa Likod ng Takip: Sino na Ako?*

“Di ako nagmamask, tamad ako magmask... ang init sa hininga pag nagmamask, pagpapawisan ka... saka kakaiba ka, ayaw kong maging kakaiba... alam ng lahat na naggagamot ka, na may sakit ka... kahit nung nagchechemo ako pag lumalabas na di ako nagmamask... may dala lang akong panyo ... (I don’t wear mask, I’m lazy to wear one… my breath feel warm when I wear a mask, I perspire… and it feels like you’re different, I don’t want to be different… everybody knows that you’re undergoing treatment, that you have a disease… even before when I’m undergoing chemotherapy, I don’t wear one when I go out… I just bring with me a hankerchief)” (Chamuel)

The mask worn during chemotherapy constitute for the co-researchers varied things. It symbolizes the disease they have, seen as a remnant of their
hospital experience and serves as a cover to the real person they want others to see. For them these representations let them feel that indeed they are different.

“Tapos siyempre titignan ka ng iba pag nakamask ka, ayun, alam na na nagchechemo ka agad” (Then everybody else will look at you when you have a mask, they will instantly know that you’re having chemotherapy) (Jophiel)

For them, wearing a mask is a clear symbol that you have a disease, a tangible proof that you are different. As Chamuel stated above, the mask sends signals to other persons that you are not like them. Another co-researcher then added that wearing a mask is a giveaway that you are undergoing chemotherapy. This notion of the mask representing the disease and the treatment was also evident in the drawing done by Chamuel (see Appendix C #2) when he depicts patients inside the hospital as those who wear a mask.

Wearing a mask would then give them the feeling that people stares at them, that they are the center of interest that they don’t want, in places they would rather not have. It is the social stigma and unwanted attention the mask brings that makes it unattractive to wear.

It also serve as a remnant of their hospital experience, most of which is laden with negative memory. As Barbiel put it:
“Sa umpisa pag nasa ospital may mask, pag wala ka na dun wala na ding mask, feeling mo nasa hospital ka pag may mask ka pa di ba? parang may sakit ka pa tuloy... saka pag may mask ka mainit, feeling mo dinodoxo ka ulit... mainit sa hininga... tapos parang weird ka, nakatingin sayo mga tao kasi parang ang laki mo na para magmask... kasi kadalasan di ba mga bata yung nagmamask... kaya sinusuot ko lang pag pumupunta sa ospital kasi madaming pedeng kahawaan dun... at para di pagalitan ng mga doktor... at ng nanay ko (At first when you’re inside the hospital you wear a mask but if you’re not there anymore, you don’t wear one, it feels that you’re still inside the hospital when you wear one, isn’t it? As if you’re still sick… and when you wear one, it feels warm, as if you’re having doxorubicin again… it feels warm in you breath… then you feel weird, that people stares at you because you’re to old to wear a mask… most often than not, it’s the children who wears one… that’s why I only wear them when I go to the hospital because theres a chance I might contract the disease… and so that the doctors won’t get mad at me… and my mother as well)” (Barbiel)

Wearing the mask brings back the memory of their hospital experience; of the time they were fighting for their lives while trying to combat the negative effects of chemotherapy. As all the patients in the hospital are obliged to wear a mask, to wear it outside let them feel as if they are still in the hospital making them feel sicker, as they have a notion that in-patients are sicker compared to
OPD chemotherapy patients. Furthermore, wearing a mask makes them feel hot as it traps the warm moist air being exhaled. This feeling of ‘hotness’ brings forth the same feeling when doxorubicin, a chemotherapeutic drug, was used to them, making it another way by which the mask awaken the hospital experiences they rather forget.

As the mask covers almost half of the individual face, the co-researchers feels that it hides the true person within, the person who still consider himself normal. They fell that it kept behind their real self, the self they want others to appreciate. When asked to describe the mask, Jophiel would simply say that:

“Sa mask... mainit, kaso kahit meron mask na hindi mainit di ko pa din isusuot... nakakairita e, di makita yung mukha mo talaga, nakatago... parang pati kung sino ka nakatago na rin (The mask… it’s hot, but still if there were a mask that does not make you feel warm I still won’t wear it…. its irritating, it covers your real face, it hides it… that you feel the real you is hidden as well)” (Jophiel)

They feel that others see the person the mask represents and not the person who wears it. They believe that the mask is there to protect them and not to change who they are. Remove the mask, they would say, and others would see them clearly. Micheal has summed it up when he told the researcher the following:
“May mask ka o wala, wala namang maiiba kumbaga, ikaw pa rin yun eh, nagkamask lang... (Wheter you wear a mask or not, it does not change anything… it’s still you behind it, you just wore it)” (Micheal)

It is not surprising therefore that of the five (5) co-researchers, four (4) of them does not wear any mask when they are outside the hospital. On the contrary, the researcher observed that children and adult patient undergoing chemotherapy are constantly wearing a mask may they be inside or outside the hospital premises. Moreover, it is worth noting that the only co-researcher who does constantly wears a mask is the only one who is currently undergoing chemotherapy as an in-patient whereas the other four (4 ) have been an in-patient before but are presently taking chemotherapy as out patients.

The co-researchers know that it is a must to wear a mask when undergoing chemotherapy. They very well can articulate the rationale and benefits of wearing one but it seems that for them, the negative connotations that wearing a mask evoke are enough to overshadow its benefits. Deep inside they are indeed in constant struggle trying the mediate things, hoping to make both ends meet. This conflict is evident when Chamuel said:

“Pag may mask ka pagtitinginan ka sa jeep, parang ikaw ang pinagtitinginan, attention nasayo... pag di ka naman nagmask magkakasakit ka,
ikaw pumili di ba...ikaw naman masusunod, katawan mo yan e, desisyon mo (When you have a mask everybody at the jeepney looks at you, as if all eyes are on you, like you’re the center of attention... if you won’t wear one, you’ll get sick... it’s your choice, isn’t it? It always boils down to you, your body, your choice)” (Chamuel)

Balancing the need to wear a mask and their wish to be seen as normal individuals, they would only wear it in places where it is considered a normalcy rather than an exception, which in a sense would fulfill both desires. Uriel summarized the times when they would wear a mask by saying:

“2 beses lang halos nagmamask kami, pag nasa hospital (kasi magchechemo) at pag may party (para may regalo) (There are two occasions when we would wear a mask, when we are inside the hospital (because where having chemotherapy) and when there is a party (so we would get gifts))” (Uriel)

The hospital and their halfway house would be places where it is quite ordinary to see patient wearing a mask. They would gladly wear one knowing that they are not the only one who does so. This make them feel a sense of belongingness for in these places, no one would stare at them thinking that they are different, nor judge them by the way they look. There, a person wearing a
mask is as normal as another person wearing none outside. As the researcher has observed during check-ups and OPD treatment, they would only wear it once inside the hospital, never during the transportation nor after the visit. Outside the four walls of these places, it is but a rarity to see an adolescent wearing a mask undergoing chemotherapy, especially as an out-patient.

**Subtheme a.2) Forbidden but not Forgotten**

*Pinagbawalan Pero di Kinalimutan*

“Alam na kasing bawal gagawin pa din... dun ka na kasi sanay, parang yun baga normal mo ng ginagawa kaya sirugo ganun... dahil gusto mong maging normal gagawin mo yun kahit bawal para maging normal parang ganun... reasonable ba? Para samin parang oo...(We know it’s forbidden but still we do it… because were used to doing it, maybe because it’s the normal thing that we do… because we want to be normal, we do those things even though they are forbidden to feel normal I guess… is that reasonable? Well for us I guess yes…)” (Chamuel)

Restrictions, in the world of the co-researchers, are tantamount to two things, change and control. They feel that obeying a restriction means changing the very things they are used to doing, their routines, their ways, their habit. These
things are seen by the co-researchers as part of their self before undergoing chemotherapy, the self they longed and considered normal. It would be logical therefore for them to keep this sense of their old self alive for after the treatment is over, it is still how they want to be. Simply put, keeping this old self alive means doing things as if there is no restriction at all.

Changing a habit that is inculcated in an individual is hard, especially if it serves as a reminder of a distant past where everything is normal, a far cry from the present situations they are in. As Jophiel would relate it:

“Siyempre ano parang sanay na sanay ka na eh, normal mo yung ginagawa kaya di madaling mawala kahit pinagbawal na... alam ko siempre na bawal, alam ko na masama pero parang kapag nandun na hahanap hanapin mo pa din (It’s like you’re used to it, it’s the usual normal thing that you do that’s why it’s hard to let go even though it has become forbidden… I know that it’s prohibited but when you’re at the moment, you still crave for it)” (Jophiel)

Doing their old habits, which for them the restriction is trying to change, gives them a sense of comfort, knowing that they can still do the things as if they are not undergoing treatment. May it be considered as a big offence (going out of the hospital)
“Makiulit ako e, matigas ulo ko e... pag minsan wala akong line, di ba wala akong line, e bawal lumabas dun sa guard pag walang pass, tumakas ako... babalik na lang pagkatapos magikot ikot... ang daming dadaanan sa PGH... nung ano nga, bawal ako lumabas, di gusto kong lumabas talaga parang gusto kong magtambay dun magpahangin sa labas nababadtrip ako kasi yung doctor nga ang tagal kaming gawan ng discharge alas dos na... ang tagal pa, di pa ko ginagawaan nababadtrip na ko, si mama tulog na tulog yan, antok na antok... sabi ko dun sa barkada kong babae, hiramin ko muna watcher ID mo... nakalabas ako... dun ako tambay tapos ikot ikot tapos pumasok na ko... ganun kasi ako sa amin, mahilig maggala... hahanap hanapin mo. (I’m naughty back then, hard headed... at times when I don’t have a line (IV), though it’s restricted by the guard to go out without a pass, I’ll sneak out... I’ll just return after I took some walk... there’s many way to get out of PGH... one time when I was forbidden to go out, I crave more to do so, to get out and feel the breeze outside... coz the doctors too slow to finish our discharge summary, it’s almost two (in the afternoon)... its taking them a long time, I’m starting to feel irritated... my mom was deeply asleep then, I asked one of my girl friend for her watcher ID... that’s how I get out... I just stayed outside, took some walk then I returned... that how I usually am back at home, I love to go places... it seems that I still crave for it)”

(Jophiel)
or small ones (eating raw foods),

“Bawal ang isaw... pero kain pa din... minsan lang naman... (It’s restricted to eat barbequed animal organs… but I still do… only sometimes)” (Uriel)

They would rather give in to the temptation of feeling temporarily normal again by disobeying than reaping the future effect of following an order.

It seems that for the co-researchers, living life at the moment is as essential as living for the future. This was further illustrated when Barbiel said:

“Minsan pag bumaba ang WBC papagalitan ka ng nanay mo, sasabihin kasi puyat ka ng puyat kaya bumababa yan... tapos siyempre ikaw ang sisihin pero di mo naman masisi ang sarili mo... ikaw ang nagpuyat e, ikaw ang sumuway... di bale, tataas pa naman yan... maghintay lang ulit...parang dyan kami magaling, maghintay lalo na kung pasaway kami talaga... ako? Oo kumakain ng isaw para lang normal ulit... siyempre mahirap pakawalan yung sanay ka na... parang mahirap ng magbago (Once when your WBC is low, your mother would get mad at you, she would say it’s because of you sleeping late at night, that’s why it’s (WBC) low… then the blames on you but you can’t blame yourself… it’s you who slept late at night, it’s you who does not follow things… no worries, it will still go up… I’ll just have to wait… that’s what we’re good at,
waiting especially when we don’t follow restrictions… me? I eat the restricted things at times just to feel normal again… it’s hard to let go of the things you used to do, it’s very hard to change who you are I guess…)” (Barbiel)

Being impulsive, giving in to their temporal desire would make them feel as if they don’t have any disease, as if they are not undergoing treatment. They are well aware of the possible effect of not abiding a restriction but for them, these effects are not felt right at the moment when they would crave to do the forbidden things, rather these effects are but found on a distant future. As Jophiel would simply put it:

“Masarap ang bawal... kain lang ng kain... saka na isipin yung epekto... (what is forbidden feels good… just eat and eat… think of the consequences later)” (Jophiel)

For them, complying to a recommended restriction as part of the treatment regimen means letting the treatment take control over their lives. In a way, the feeling of losing control is seen as losing one’s sense of autonomy, the very thing they try to preserve. Rules make them feel as if they don’t have a choice but to follow.
The association of losing one's autonomy and following a restriction is very much reflected inside the hospital as here, the rules govern the daily activities of the co-researchers. As the researcher have observed, those people around and in constant interaction with the co-researchers, may it be their parents or the medical team, are more obsessed in reminding the co-researchers of the things they could not do rather than focus on the things they could do. They would reprimand simple deviations from the regulations but won’t praise the adolescent when they did follow one. Clearly, the co-researchers were not given a choice but an order. This is very much evident when Uriel said:

“Alam namin lahat ng bawal... tutok sila dun eh, sinasabi sayo ng mga doctor, ng mama mo, bawal to, bawal yan, kaya alam na alam na namin... pero yung di bawal, nakalimutan ata nilang sabihin kaya yun... dun na lang kami sa nakasanayan na, yung bawal baga... inuulit ulit pa kasi... (We know all that is forbidden… they focused on that, the doctors and your mother would always tell you this is restricted, those are forbidden, that’s why we know them all… but the things that are not forbidden, they seem to forget to tell us… that’s why we do the things were used to, those that are forbidden… coz they keep on reminding us of them)” (Uriel)
Once outside, they would see the restrictions as the extension of the hospital itself, thus when given the chances they’d rather go back to their old habits than adhering to the orders. This feeling of relative freedom from the hospital rule makes them more vulnerable to give in and disobey the restrictions. This was reflected by Uriel when he said:

“Pag nasa labas ng hospital nawawala ang bawal pansamantala... pag nasa loob na ulit, madami nanamang bawal...(When you’re outside the hospital those that are forbidden temporarily goes away… when you’re inside once more, there are many restrictions again)” (Uriel)

It may seem that the co-researchers disregard the rule all in all but there are times when they have nothing to do but follow. As observed by the researcher, there are three (3) prominent occasions when they did abide to these restrictions: when they are inside the hospital, when their OPD treatment is nearing and when they feel the effect of their previous doings.

As was noted earlier, inside the hospital, following the rules coupled with the experience of the ill effect of chemotherapy overwhelms the individual so that the primitive response of fighting these restrictions and in the process asserting ones autonomy was redirected into coping with the ill effect of the treatment. It
was also noted that during the days prior to their OPD treatment, they would willingly comply with the restriction they were disobeying before. This can be seen when Chamuel relates how he prepares for an upcoming treatment:

“Puyat? oo nagpupuyat ako dati kahit bawal... pero bago magcheck up
matutulog na ko ng maaga, mga 1 linggo bago magcheck-up matutulog na ko ng
maaga nyan... di na din ako kumain ng bawal nyan... para makabawi ba parang
ganun... makabawi ba sa kasalanan parang ganun (Sleeping late at night?, yes I
do before even though it’s forbidden… but before my check up, I will sleep early,
I would sleep early a week before my check-up… I also would not eat the
restricted foods… I do this to compensate I guess… compensate for the forbidden
things that I did I guess…)” (Chamuel)

This for the co-researchers is a way of compensating for the times they
have not been conforming to the rules, hoping to undo what they have been done
for in their minds, they are well aware of the possible effect of their works. And if
the effects of their defiance against the restriction become apparent, they would
gladly follow the rules again by heart as if they are within the boundaries of the
hospital. When Jophiel was asked of the times he started abiding to the orders, all
he can say is:
“Tapos pag lalo kang nagkasakit ayun saka mo malalaman na bawal nga... huli ang pagsisisi sabi nga... (Then when you get sick, then you would know that it’s really forbidden... remorse is always at the end as they say)” (Jophiel)

Subtheme a.3) New Me: Metamorphosis of Self
[Bagong Anyo: Sarili’y Pabago-bago]

“We spend a long time in front of the mirror before we would go out, we want to be dressed properly... the mirror is really your bestfriend when you’re an adolescents, it shows your appearance if it’s appropriate, if it’s ok for your pretty face to be seen, that’s why we spend time on it...” (Chamuel)

Physical appearance is a significant aspect of self for the co-researchers. They believe that it is the first thing people see in them, the one which leave an impression of who they are. In their opinion, if the eye is the window to the soul, the face is a great giant gate to the self. The hair which serves as the “crowning
glory” of the person have indeed become of major importance for the co-researchers as Chamuel would say:

“Lagi nga kaming gumagayak nun e, ala, sige, ayos ng buhok, laging nagaayos ng buhok, siyempre nung may buhok pa yun, kaya mahalaga yun buhok talaga pag nagbibinata ka... (We always get dressed, we would fix our hair almost every time, that’s when we used to have hairs, that’s why it's very important when you’re an adolescent)” (Chamuel)

It is not surprising therefore that the co-researcher unanimously agree that hair fall (as a primary effect of Doxorubicin and other drugs) followed by moon facies and pimples (as a direct effect of Prednisone) constitute the most hated and disturbing change they have to endure. Chamuel’s statement would mirror all the co-researchers sentiments when he said:

“Pinakaayaw na bad news e nalalagas yung buhok... (Our hatest bad news is that your hair would fall)” (Chamuel)

The news that their hair will eventually fall is faced with a mixed feeling of surprise, regret, fear and sadness. Surprise that their hair really needs to go off in order for the drugs to work,
“Nagulat ako... parang yun gagana yun pag nalagas yung buhok mo, pag hindi tumalab yun di nalalagas, yung gamot di tumatalab... yung nalalagas kasi kailangan daw yun para makita kung gumagana... (I was surprise... that you need to lose your hair for it to work, that when your hair does not fall off, it means the drugs are not working... The falling of your hair is there to see if the treatment really is working)” (Micheal)

Regret that the very thing they place importance to must go as an effect of the treatment,

“Nung sinabi ng doctor na malalagas ang buhok ko napahawak ako ng ganun eh... parang sayang, inalagaan mo pa naman... (When the doctors told me that my hair would fall off, I just touch my head... it feels regretfull for I really took care of it)” (Uriel)

Fear that the sight of them hairless will automatically send a message that they are undergoing chemotherapy to everyone they encounter,

”Siyempre nagaaral ka nakakahiya pag walang buhok... kasi nalalaman ng buong campus na chechechemo ako nun... (It’s a shame because you’re going
to school hairless... the whole campus would know that you are having chemotherapy)” (Chamuel)

And sadness that they have to let go of their old appearance for a new one without the hair.

“Nung sinabing malalagas ang buhok ko nakakapanibago siyempre babae ka tapos walang buhok... mukha kang lalaki talaga nun...nakakalungkot talaga... (When they told me that my hair will fall off, it feels awkward for you will be a girl without a hair... you will definite look like a man... it’s really saddening)” (Barbiel)

The great importance the co-researchers gave to their hair as well as their experience of losing it is also evident when Barbiel entitled her drawing (see Appendix C #5)”Lagas Buhok, Tusok Buto (Falling Hair and Drilling Bone)”. There are times however that the realization that falling hair is but imminent comes only by the time their hair start s to fall. By this time, sadness turns to grief as little by little they see their hair diminish. The picture of waking up with strands of hair on ones pillow seems to have leaved an impression for all the co-researchers of this period during their treatment. Jophiel elaborate this by saying:
“Nung nalalagas ang buhok ko sa chemo nalulungkot ako siyempre... yung buhok ko yun mahaba na yun... yung nakita mo dun unang pasok ko sa October pa yun, kinimo ako nun sa January pa, siyempre mahaba pa buhok ko nun, nung umuwi dito may buhok mahaba pa buhok ko e., longhair pa ko nun... hindi ako nagpakalbo... maluha luha ako e... kinakalbo ng chemo, siyempre pinahaba haba mo, tapos alaga mo e, di nga ako makaligo pag di nagsisyampo nun... tapos gaganunin lang, kakalbuhin... siyempre... (When my hair falls off because of chemotherapy I felt sad… I used to sport long hair… the picture you saw (with my long hair) was during my first hospitalization around October, it was not until January that my first treatment occurs, my hair used to be long then… I did not shave my hair… I was nearing to tears back then… chemotherapy destroy my hair when I used to sport it long and did took great care of it… there was not a time that I take a bath without shampooing it… then chemotherapy would just take it away...)” (Jophiel)

Compounding the fact that they have to live with the temporary loss of their hair is the reality that they have to endure other effects of the treatment most notably that of prednisone. If doxorubicin and other drugs drastically affect the hair, prednisone radically alters their face. Moon facies and pimples, as an effect of prednisone, is the second thing they dreaded the most. Barbiel would describe the situation as:
“Inaasar nga ako ni mama ko na di daw bagay sakin ang mataba nung nagprednisone ako... ang taba talaga ng mukha ko, parang teddy bear ang sarap kurot kurutin ng mukha mo... As in talagang mataba ganun, bilog talaga...(My mother used to tease me before that being fat did not fit me when I was taking prednisone… my face was really big back then, like that of a cuddly teddy bear, that feels good to pinch… My face was really fat then, really big)” (Barbiel)

Moon facies, the most notable consequence of prednisone, became apparent to them gradually in contrast to the falling hair which took them by surprise. Beside the changes in the shape, the texture and complexity of their face had also been altered. Like the moon facies, the ill effects of prednisone only become evident after sometimes. Jophiel would relate of how much prednisone change his face in the following statement.

“Nagiba mukha ko sa prednisone, pakonti konti... nagkaroon ako ng pimples, di naman daw pimples yan, leukemic skin, wala naman talaga akong gantio, makinis mukha ko... maalaga naman ako sa mukha, nasobrahan lang ako sa prednisone... (My face changed with prednisone little by little… I developed pimples, no not really pimples, leukemic skin they call it… I did not have these before, my face was smooth, it was just because of the many Prednisone)” (Jophiel)
These seemingly endless and compounding physical changes, may it be immediate or gradual, seems to dramatically modify the individuals body so as their previous appearance, the old self before the treatment, appears to have been significantly altered. The question of who they are now only becomes apparent when they try to look back and compare the old from the new self. Barbiel said the following when she compared her new appearance from before:

“Minsan tataba ka (Prednisone) makakalbo (Doxo at Vincristine) minsan papayat ka ng sobra kasi di ka makakain, walang gana (Methotraxate)... iba iba yang mga yan e, may kaya kanya kang mararamdaman pero minsan di mo na malaman kung saan ba nanggaling yung nararamdaman mo kasi nagsasabay sabay na sila...Nagiiba ang itsura, paiba iba talaga, di mo nga ako makikilala na eh, parang sino yung original? Parang sino ba ako, yung dati o yung ngayon? Pumayat ako sa sakit, nalagas ang buhok sa chemo, tapos tumaba sa prednisone, tapos nagkabuhok, nawala ulit sa chemo... ibang iba talaga sa dati kong itsura... sabi nga di ba ni mam Maryan, babae ako nung nagsimula, babae pa din naman, mukha lang lalake ngayon... (There are times you become fat (Prednisone), lose your hair (Doxo and Vincristine), or be really thin because you can’t eat, you don’t have an appetite (Methotrexate)... they are all different, they have their own sensations but there are times when you can’t pin point where the things you feel really originated because the medications have been given all at the same time...
your appearance will change, really change, you can’t even recognize me, like who was the original me? It’s like who really is me, the one before the changes occurs or the new me now? I lose weight because of the disease, lose my hair because of chemotherapy, then became fat with prednisone then had my hair back again, only to lose it with chemo the second time around… my present appearance was way different that what I used to be… mam Maryan used to say I started with the treatment as a girl, I am still a girl but I look like a boy now)” (Barbiel)

It became evident that for them undergoing chemotherapy is tantamount to submitting themselves to various physical changes, which is not a matter of choice but a forthcoming reality. This ordeal somehow brings into their consciousness the truth that they are indeed undergoing chemotherapy. Since this physical change is not a subject of preference, the co-researchers are left with only one thing to do, adapt.

Adaptation preserves their sense of autonomy, letting them feel they are in relative control of the situation. This may include taking the situation lightly, focusing on the future and conditioning. As the researcher have observed, laughter makes things more bearable for the co-researchers. They would take
things on a lighter note and just laugh it out. When asked how she adapts to the situation, Barbiel would say:

“Pero siyempre tawa ka lang para di ka maasar... (But you just need to laugh so you won’t get mad)” (Barbiel)

And if laughter is not enough, they would redirect their attention and focus on a better future, they dreamed ahead of them. As when they were told that their hair will fall, the reassurance that it will regrow after the treatment seems to lessen the anxiety the news brings. The experience of Uriel, as reflected in his statement below, is a reflection of how reassurance helps the co-researchers cope.

“Nung sinabi ng doctor na malalagas ang buhok ko napahawak ako ng ganun eh... parang sayang, inatagaan mo pa naman... sabi naman daw nila tutubo pa kaya di na ko masyadong matakot... (When the doctors told me that my hair would fall off, I just touch my head... it feels regretful for I really took care of it… they told me though that it will eventually grow back that’s why I was not that frightened)” (Uriel).

Another way of adapting is by conditioning themselves of the possible effects of chemotherapy. The best illustration of this way is when four (4) of the
five (5) co-researchers cut their hair shorter, some shaving it, so as to relieve themselves of the sight of falling hair. But even if they sport shorter hair, it would still fall. Micheal would complain that even if the hair is so small, it will eventually fall off.

“Tapos nung nagpachemo ako nagpasadsad tapos tumubo nalagas din... naglalagas pa din kahit maliliit na (When I had my chemo I shaved it then it grows back only to fall off... it falls off even when it’s short)” (Micheal)

Covering the head even before hair fall starts, as a way of conditioning, seems to also reduce the anxiety of the adolescent as Uriel would relate:

“Nagsusumbrero na ko bago pa malagas saka paguwi ko lagi akong nakasumbrero eh... nahiya ako sa mga taong makita akong kalbo... (I wear a hat even before I lose my hair and when I got home I did wear one... I was ashamed of the people to see me hairless)” (Uriel)

These are ways by which they would adapt to the situation they are in but in reality, all the techniques boils down to one thing, redefining the experience. Jophiel eloquently summarized this by saying:
“Yang pagbabago na yan parang ano lang yan e, parang naga-adjust ba yung katawan mo sa chemo... ganun na lang isipin kasi pag naiisip na na masamang epekto ng chemo yan, madedepress ka lang (The changes your body is going through is just like your body is adapting to the chemotherapy... that’s what I’m thinking for when I see it as a bad effect of chemotherapy, I just feel depressed)” (Jophiel)

For them, since they cannot alter the situation itself, redefining the meanings they attach to the situation have become their way of asserting control. From appreciating this experience early on as a thing they would really want to forget...

“May picture nga ako sa cellphone ng papa ko binura ko... ayaw ko ng maalala (I used to have a picture on my fathers cellphone (of me hairless) but I erased it... I don’t want to remember it anymore)” (Uriel)

To later realizing that it is just a mere memory of a part of their live...

“Hiramin mo cellphone nya (Barbiel) tignan sa image, di nya binibura, remembrance nya daw yun... (Borrow the cellphone of Barbiel and... )
They have modified the meaning of what it is like to undergo physical changes.

From seeing these changes as a negative effect of chemotherapy, in their mind they have transform it to represent their body adapting and in a way conquering the treatment itself, reflective of their uttermost desire to feel normal again. This view of the changes as an adaptation serves as a mean by which they have maintained a sense of relative normalcy amidst the difficulty the changes brings.

In the end, though they have adapted and redefined their experience to suit their needs, the permanent marks that these transition leaves behind do not only serve as a physical memento of their ordeal but a constant reminder that no matter how they desire to be normal again, they can never be the same person as before.

“Tapos nagiba siya nung tumubo, kulot siya, parang dikit na dikit sa balat... tingnan mo...di na tulad na dati, marka na yan, tatak, remembrance habangbuhay (It’s different when it grows back, it’s curly, like it sticks to your
skin… see this… it’s not like before, this is a mark, a remembrance for all eternity)” (Jophiel)

Theme b) Complex Chemotherapy: Welcome to my Reality
[Chemo Komplikado: Yan Ang Totoo]

“Chemotherapy? Mahirap kuya, sobrang hirap... madami kang mararamdaman... Di pa simple, komplikado... madaming gamot, matagalan... sure ka gusto mong malaman? Yan ang mundo ng chemo... (Chemotherapy? Its really hard… you’ll feel many things… it not that simple, it’s complicated… there’s so many drugs, it’s a long process… are you sure you want to know? That’s the world of chemotherapy)“ (Chamuel)

This theme encompasses the co-researchers’ view and appreciation of undergoing chemotherapy. At the nucleus of this theme is the understanding that chemotherapy is an intricate and multifarious treatment. As they journey through the experience, they learn to recognize that chemotherapy is a tedious, continuous and dynamic process, that the context from where it occur is given as much as importance as to how it unfold.

This essence is reflected in its three (3) subthemes namely, (b.1) Good News and Bad News: The Amazing Twins, (b.2) Needle Here, Needle There,
Poke Me Everywhere and (b.3) Chemo Condo: Are You In or Out. These subthemes, viewed from the principle of Yin & Yang, complete the picture of how it is like to undergo chemotherapy, like the different strands of an embroidery intertwining to produce a meaningful pattern.

The principles of yin and yang hold it that even the most complicated things can be reduced to its simplest form. This form is essentially made up of two relatively opposing, interdependent, and mutually consuming forces, the yin and the yang. The complexities of undergoing chemotherapy, in the eyes of the co-researchers, are viewed in the light of these principles to present a clearer image of their experience.

Subtheme b.1) Good News and Bad News: The Amazing Twins
[Mabuti at Masamang Balita: Laging Magkasama]

“Kumbaga sa chemo may bad news, may good news... ang good news tinutunaw nya yung bukol tinatanggal nya lahat ng bad cell, ang bad news nalalagas yung buhok, nasusunog yung mga uhat uhat. (In chemotherapy, there’s a bad news and a good news… the good news, it melts your tumor, remove all the bad cells, the bad news, it let your hair falls off, burn your vessels...)” (Chamuel)
In the world of the co-researchers, undergoing chemotherapy is like being given a news with two sides, a good one and a bad one. They are well aware of the fact that these “news”, like the yin and yang, cannot be separated and must exist concurrently. From the time that they were told to undergo chemotherapy, they were made known of the “other side” of the treatment, the part that they rather would not have.

Given the chance to personify these mutually opposing sides of undergoing chemotherapy, Chamuel would relate it to no other than the character of Mayor in the Telenovela “May Bukas Pa”.

“Chemo parang minsan mabait, kaibigan mo pero minsan masama, contrabida, kaaway ba parang si Mayor (May Bukas Pa)... (Chemotherapy at times is good, it is your friend but there are times when it is the villain, the enemy like Mayor (May Bukas Pa)” (Chamuel)

The character of “Mayor” embodied this two contrasting aspect of undergoing chemotherapy for his character is a combination of both a villain and a hero depending on the situation. Like undergoing chemotherapy, he signifies the inseparable duality of things, that of having a good side and a bad side.
“Sa good news, pinakagusto yung nakasurvive ka nun (Of all the good news, what I liked the most is that I will survive)” (Chamuel)

In all its essentiality, the goodness of undergoing chemotherapy, as the co-researchers see it, is the fact that it saved their lives. The primitive and natural craving of human being to preserve and sustain life is embodied in the goodness of chemotherapy. For them, chemotherapy was seen as a plausible source of hope when all things seem to fall apart when they have a disease. If not for chemotherapy, they would have not survived. It seems that for the co-researchers, it has become a choice between living with chemotherapy or simply dying without it. Barbiel’s statement below echoed what seems to be a universal fact for all of them, that they owe their present life to chemotherapy.

“Kung di ako nagchemo aka patay na e... malalala na ko nun... tapos nung nagchemo gumaling, eto maintenance na nga ako.. (If not for chemotherapy, I’m dead by now... my condition was worst... then chemotherapy cured me, that I am at my maintenance phase now)” (Barbiel)

The yearning to extend their life and evade the suffering that their disease presented is evident when the co-researchers and their family unanimously consented to undergo chemotherapy the very first time it was presented to them.
For them, to seek another opinion from another hospital would be a waste of their precious time. They seem to agree that in the end, they will have to undergo chemotherapy as a treatment one way or another.

Though the possible negative side effects of chemotherapy were presented to them, the primordial desire to live outshine the otherwise downside effect of chemotherapy. This message is evident when Barbiel relates how she took the news that she has to undergo chemotherapy.

“**Noon sinabing magchechemo ako tinanggap ko lang agad... kailangan daw e... ang payat payat ko na kasi nung may sakit ako... e yung daw ang gamot kaya tanggap lang agad... oo gagaling ka sa chemo talaga, yun yung papatay sa mga cancer cell pero di ba may ibang epek pa pla yun... di mo muna iisipin yung ibang epek siempre, iisipin mo muna yung gagaling ka kaya yan, saka na yung pagkalagas ng buhok mo...** (When I was told that I will undergo chemotherapy, I just accept it right away… they say it’s a necessity… I was very thin then when I was sick… they say that chemotherapy was my medicine, that’s why I accepted it right away… yes you will be cured with chemotherapy, that’s what will kill the cancer cells but it has a different effect later on… you won’t focus your attention on this other effects, what was important then was that you will be cured, deal with hair fall later on)” (Barbiel)
Moreover, having experienced the melancholy and misery of their disease, they feel that nothing can be worst than what they are going thru. As Barbiel would verbalize:

“Isipin mo kasi wala ng lalalala pa sa sakit mo eh... (You seem to think that nothing can be worst than your disease)” (Barbiel)

With these, they would definitely cling on to anything that would present itself as a way to alleviate this agony. This was made apparent during the numerous conversations with the co-researchers where they would always relate the difficulty of the time they were inflicted with the disease. The story of Micheal very well illustrates this point.

“Nung pinakaunang time na sinabi puputulin ang paa ko tinanggap ko, pag di daw pinutol yun di mamatay, magkakalat daw yung cancer, kaya pinutol na lang sagad, ang maga kasi abot dito ano, parang manas na, maga na yan pababa pero dito lang ang bukol pero dito ang manas, malambot na maiigi... January nagsimula ang pamamaga, hanggang naoperahan... di na ko nakakatayo noon, di na ko nakakaupo, nahiga na ako sa ambulansya, kapag nauuga yung ambulansiya masakit tapos dinala kami sa ER 3 araw lang kami ata tapos dinala kami sa ward... 3 linggo pagkatapos yun pinutol na... paggising ko wala na yung
paa... mas gusto ko ng maputulan kasi magkakalat daw yung cancer e, ayaw ko na sana magpachemo e, uuwi na sana kami... e sabi nila pag di daw kinimo babalik daw, kakalat daw yung cancer...kailanngan daw yung chemo dahil para sa habangbuhay wala na yung ano yung mga cancer na nakapasok sa loob, nakakalat tapos ikikaimo... sinabi na 6 na cycle lang. 6 lang tapos nun check up check up na lang. tapos nung ianalng check up kami yun pag tapos na yung check up na yun uwi na kami sa amin, di na kmi babalik dito... pero matagal pa yung aabutin pa siguro kami ng isang taon... (The first time I was told that my legs had to be cut off, I just accepted it, they told me that if it will not be cut off, I will die, that cancer will spread, that’s why they took it off, the edema was all over my feet, it was soft... the edema started around January and last until I was operated... Back then I can’t stand, I can’t sit, I just lie in the ambulance that when it moved my feet hurts. Then I was brought to the ER, we only stayed there for 3 days then off we went to the ward... after 3 weeks, my feet was cut off... I woke up and my foot was gone... I’d rather have my foot cut off than let cancer spread... before I did not want to undergo chemotherapy, I’d rather go home but they told me that I need chemotherapy so that I will be permanently cured of the cancer inside me... they told me it would only last six (6) cycles and after that I will only have to undergo check up... after the check-ups then we can go home, and we won’t have to return here... but it will still take a long time, maybe a year more)” (Micheal)
Besides presenting itself as an immediate treatment for their disease, chemotherapy was also seen as a way to prevent the future recurrence of the disease. Micheal would later add that:

“Kailangan ikimo para malinis nga para habambuhay wala ng sakit... (You need to undergo chemotherapy so that you will be cleaned, so that you won’t have the disease permanently)” (Micheal)

The realities that chemotherapy treats their illness and prevent its future reappearance makes it clear for them that it is indeed a permanent cure, a way by which they could overcome their malady and get their life back as it was before.

Soon after starting the treatment which in a sense is a miracle for them, the realities of its negative side little by little was made known. For every yang (goodness) there is a corresponding yin (badness), chemotherapy was not an exemption. If chemotherapy saved their life, the bad news can be summed up by saying that chemotherapy changed their life. As Barbiel would put it:

“Ibang iba buhay siyempre nung nagchemo ka kumapara dati...madami akong kaibigan, nagagawa ko mga bagay bagay, parang malaya ako ganun... pede kong gawin kahit anong gusto ko... kinuha yun ng chemo” (My life was different when I had my chemo as compared before, I have more friends, I do
Indeed the experience of undergoing chemotherapy starts when the bad effects begin to make itself felt. In a way, the negative effects bring into their awareness the reality that they are undergoing the treatment. This was made known when Barbiel relates how it was to first feel the side effects of chemotherapy.

“Tapos nung sinimulan na yung chemo ayun parang wala lang nung una... sabi ko ganito pala ang chemo kayang kaya ko... pero nung nagsimula na yung mga madadaming gamot, nung malagas pala ang buhok mo iisipin mo, ay mahirap pala ang chemo, ganito pla ang chemo... iisipin mo na nagchecheemo ka na talaga... (During my first chemotherapy it’s as if nothing happens... I told myself if this is chemo, I can do this... but when the multitude of medicines was started, when I start losing my hair, you’ll begin to tell yourself, chemotherapy is really hard, that this is the real chemotherapy... you will feel that you are indeed undergoing chemotherapy)” (Barbiel)

As they progress through the treatment, the negative effects of chemotherapy slowly seem to overshadow its good side. For the co-researchers,
this reality soon sinks in. They began to realize that chemotherapy will inevitably change their lives by affecting the totality of their being. May it be physical, psychoemotional or social aspect, chemotherapy brings forth discomfort in all these dimensions. Barbiel was well aware on how chemotherapy brings forth a seemingly endless cycle of physical changes when she said:

“Minsan tataba ka (Prednisone) makakalbo (Doxo at Vincristine) minsan papayat ka ng sobra kasi di ka makakain, walang gana (Methotrexate)... (There are times you become fat (Prednisone), lose your hair (Doxo and Vincristine), or be really thin because you can’t eat, you don’t have an appetite (Methotrexate)...)” (Barbiel)

Coupled with the obvious corporeal changes the treatment brings are the varieties of physical discomfort it presents. The spectrum of discomfort, both as an effect of the treatment and the medications, are as varied as the drugs used in chemotherapy. This variety is seen when Chamuel said the following when asked about the medications:

“Ang chemo kasi anu yan di lang yan parang isang bagay parang ganun, madami siya, di lang isang gamut, madami talaga (Chemotherapy is not just a
single thing… its complex, not only a single drug but a multitude of it)” (Chamuel)

Different drugs would essentially mean a diversity of discomforts. Cytarabine is related with an overall body malaise, weakness as if one is being tortured. Evidently it rank as the most hated chemotherapeutic drugs for Jophiel. When asked about how he underwent through Cytarabine, he said the following

“Sa chemotherapy pinakamahirap yung Cytarabine… talagang nakahiga lang ako palagi, pero yung iba namang gamot kayang kaya ng katawan ko… pinahirapan ako… tortture ba… masakit katawan mo, di ka magalaw naman, di ka makalaban…mahirap ang Cytarabine… (In chemotherapy, the worst drug is Cytarabine… I was always bedridden then unlike the other drugs that my body can take… it like your being tortured… you feel sore all over, you can’t move, you can’t fight… Cytarabine is hard)” (Jophiel)

On the other hand, Doxorubicin and Vincristine is associated with a feeling of warmness, as if one is having a fever but is not. Unlike fever, they would say, it affect the whole body making the individual feel irritated thereby compounding the discomfort from other drugs. Jophiel shared how the feeling of warmness, if not alleviated, affects the mood of the patient.
“Ano yan e, nakasunog, vincristine at doxo... mainit talaga... parang ano mainit lang sa katawan, iiinit talaga kawatan mo pinagpapawisan ka... kaya nga pagkatapos ko nyan maliligo agad ako... pag di ako nakaligo parang ano mainit ang ulo ko... (That thing, vincristine and doxorubicin, they burn your vessels... really hot... it feels hot inside your body, you’ll perspire... that’s why after I was given I immediately took a bath... if I don’t I will get easily irritated...)” (Jophiel)

If Cytarabine is the worst for Jophiel, both Doxorubicin and Vincristine ranks number one (1) for Micheal. Micheal would describe the feeling of having Doxorubicin and Vincristine as:

“What I hate about chemotherapy is the feeling of warmness inside your body... when you feel warm inside you feel irritated, as if you’re having a fever but it’s all over you, not like the real fever. It’s warm but you won’t perspire... it really is irritating)” (Micheal)
Moreover, if the feeling of warmness is not alleviated, either by consuming cold drinks or taking a bath, the co-researcher believed that it too causes mouth sore. Micheal would add to his experience of having both drugs by saying:

“\textit{Ayun umiinit ang katawan pag nagkimo... kailangan daw uminom ng malamaig para di singawin pag sinaging ka mahirap yung, mahirap magkain, kailangan malamig inumin mo} (There, my body feels warm when I undergo chemotherapy… I need to drink cold water so I won’t have mouth sore for if I develop one, its hard to eat, I really need to drink cold fluids)” (Micheal)

Besides the usual feeling of nausea, mouth sore is also one of the primary effects of Methotraxate, both making the intake of food sometimes impossible, especially when they occur concurrently. Uriel would relate how he cope and lived when both occur during his treatment.

“\textit{Dun ako nagkakasingaw e, sa methotraxate... nakakalbo din yun... mas malala pa sa doxo, buong bunganga ko nyan pati sa dila ko may singaw, grabeng sakit, di makadikit kahit laway mo sa dila kasi mahapdi talaga, maglalaway ka parang may rabies ba... di talaga makakain... kung nasubo mo na, problema mo pano lunukin, meron ding singaw sa lalamunan mo kaya di mo malunok din...}
impossible talagang makakain ka ng maayos... tapos feeling mo masusuka ka pa, naduduwal ganun... di ka na nga makakain, wala pang gana kumain... wala ng makain parang ganun... Walang ganang kumain, gusto ko lagi malalamig, gusto ko talaga ice cream... nakakatanggal ng init ng katawan ang ice cream kasi, saka kakalma ka sa ice cream... parang bata lang... (I get mouth sores with Methotrexate... it also makes you bald... its worse than doxorubicin, my whole mouth was full of sores, even my tongue... it’s so painful, even your saliva can’t touch your mouth for it’s really painful, that why you drools with saliva as if you have a rabies... you can’t even eat... even if the food is inside your mouth, swallowing is problematic, there is sore even inside your esophagus that’s why you can’t swallow... it’s impossible to eat with ease... then you feel nauseated... you cannot eat right and you don’t even have any appetite... I can’t eat anything really... except maybe cold foods like ice cream... it removes the feeling of warmthness inside and makes you feel calm... just like what it do to a child)” (Uriel)

On the other hand, as opposed to the above IV medications, Oral Mercaptopurine decreases the appetite and produces a general feeling of having an edema. It is worth noting that of all the oral medications, it is the single medication the co-researchers would relate as having a significant side effect. It seems to break their notion that medications given via the syringe (IV, IT or push)
are the only one with considerable side effects. Mercaptopurine is the exceptions to this rule.

It appears that there are drugs which the co-researchers would vividly and clearly remember its effect while forgetting the other drugs. Through repeated conversation and observation, it was made clear that the clarity of the imprints of this side effects leaves on the mind of the co-researchers is directly linked with the effects intensity as was experience by them. If therefore a co-researcher would experience a side effect more vividly, they tend to remember the drug and its effect more.

Albeit this multitude of physical discomfort, there exist a similarity for all of the drugs, pain. Pain is the single most physical discomfort that is related to undergoing chemotherapy so that when the co-researchers were asked to describe and summarized the physical discomfort in one word, the unanimous answer would be “painful”. It is a distinct sensation that seems be a great reason for remembering the drugs that cause it. When asked for the reason Uriel remembers so well which drugs because which sensation, this is what he said:

“Ito ito, lahat yan DOXO, tapos ito methotraxate, ito bago lang ito nung dec 5 eto pawala na... ito talaga mahapdi... ito sa swero to, ito sa doxo... ito mga 2 linggo siguro nawala hapdi nyan... nilalagyan ng warm compress... memorize ko no? Siempre lahat naman yan masakit kaya matatandaan mo talaga... (This
and this one, all of them were because of Doxorubicin and this one is from Metrotrexate. This other one is new, just this Dec 5 but it’s almost gone now… this one is really painful, this one is from the dextrose, this other one is from doxo again… this one took almost two weeks before the pain disappear… I place warm compress over it… I memorize them all isn’t it? Since all of them are painful I would remember them very well” (Uriel)

Though the experience of pain is a universal compulsory phenomenon when undergoing chemotherapy, it is but a single aspect, constituting the far end of the spectrum of the physical discomfort the treatment brings. In the end, it is the individual who would unconsciously decide which drugs to remember and which to forget for it seems that the discomfort is in the eye of the beholder.

There are times when a discomfort can be directly associated to a single drugs as was evident in the above mentioned situations. These times occur later on as the treatment progresses. On the other hand, during the early phases of the treatment, to pinpoint a discomfort on a single drug would seem to be next to impossible for at these times multiple drugs are given at the same time. This was the case for all of the co-researchers and is echoed in the statement of Barbiel when she said:
“Iba iba yang mga yan e, may kaya kanya kang mararamdaman pero minsan di m na malaman kung saan ba nanggaling yung nararamdaman mo kasi nagsasabay sabay na sila… (They are all different, they have their own sensations but there are times when you can’t pin point where the things you feel really originated because the medications have been given all at the same time…)” (Barbiel)

The above mentioned multitudes of physical discomforts bring forth a cascade of event which will later affect the other dimension of the co-researchers self, eventually taking its toll on their psycho-emotional well being. Being in the position in which they feel they were not give a choice but endure all the discomfort in exchange for its promised cure unavoidably brings an emotional cocktail of conflict, fear, doubt and melancholy to the co-researchers life.

Emotional conflict arises when the ill effect of a medication contradicts the treatment regime itself. Eating a well balance and healthy diet is part of the regime but there are times when the feeling of losing one’s appetite is also at its peak. Being at the middle, the co-researchers could only wish for the side effects to go away. The pressure of meeting the demand of the treatment, and often their caregiver, with the demand of enduring the side effects is evident in the statement of Uriel when he said:
As the side effects of the medications seem to over empower their body, the feeling of fear arises. They fear that their body might not make it through the ordeal that any moment, their body would give in or that the disease is again resurfacing. This feeling often times arises when the side effect of the drugs brings a sensation of a symptom related to their disease, the very symptom the treatment promise to bring relief. Uriel relates how the feeling that he was becoming edematous again brings fear.

"Sa Metho sa IT... walang ganang kumain... konti, yung vincristine yun talaga wala akong gana kumain dun... kaya nga naaasar si mama, kasi di ako kumakain... e wala akong gana talaga... anong nagagawa ko... epekto ng gamot di ka makakakain pero kailangan mo daw kumain... mahirap pilitin ang ayaw di ba...saan mo ilulugar sarili mo parang ganun... parang anong mas mahalaga, makakain ka o hayaan mo na lang katawan mo...(The Methotrexate on IT makes you lose your appetite… a little compared to that of Vincristine, there you really won’t have the appetite to eat… that’s why my mom was mad because I can’t eat… because I don’t want to eat… what can I do… this is the effect of the medicine but she told me I must eat… it’s hard to force yourself when you really don’t want to… it’s like where will I situate myself… i keep on asking myself what’s more important, that I eat or just let my body be)” (Uriel)
“Yung iniinom kong gamot na oral (Mercaptopurine), parang bumabalik yung pakiramdam ng pagkamanas ko, tapos magtataka ka, dapat nawawala pero bakit parang bumabalik, nakakatakot ang ganun minsan... (The medication I take orally (Mercaptupurine) brings back the feeling when I was edematous, I would be bewildered… that feeling was supposed to go away but why does it seems to come back, that’s frightening at times)” (Uriel)

Likewise, the constantly repeated cycle of torment the co-researcher feels as a result of the discomforts may at times instill fear in itself. The fact that they know that the treatment will cause inevitable discomfort serves as a form of classical conditioning such that the mere sight of the medication or knowledge that they will begin the session is enough for the physical discomfort to occur. Chamuel would tell how the mere sight of the drugs makes him nauseated.

“Malaman ko lang na magchechemo na nga iiyak na ko nyan e, parang naiinis na ko, makita ko lang yung gamot nasusuka na ko... (When I know that its time for me to have my chemo I would just cry, it’s like you’re irritated, just the mere sight of the medicine would make me vomit)” (Chamuel)

Furthermore, it is not uncommon for the co-researchers to doubt the effectiveness of chemotherapy. They feel as if hope was nowhere to be found, that
the very treatment which promises a way out seems to be not working. Compounding to this is the fact that they could see other patient, like themselves, wasting right under their eyes. Barbiel would relate how two (2) of her roommates, both adolescent and undergoing chemotherapy, die while she herself was undergoing the same treatment.

“Dati nasubukan ko na yung 2 kong katabi na nagchechemo namatay... yung isa nakita ko pa kahit tinakpan ng nurse yung lugar nya ng pantakip sinilig ko, tinitignan ko kung ano ba yung nangyayari... natakot ng konti siyempre pareho lang kayong nagchechemo di ba baka mangyari din sakin... mas makakatakot e nung pati yung isa kong katabi namatay din... aba parang iniwan nila ako dun magisa... (I have once experienced that two of my ward mate who are undergoing chemotherapy died… the first one I saw even though the nurse places a cover on his bed, I peep, I was curious to see what was happening… I was of course frightened for we both are undergoing chemotherapy, it might happen to me as well… what’s more frightening is when the other patient beside me died as well… like they both left me alone there)” (Barbiel)

With all these, the co-researchers may at times feel a sense of melancholy as the effects of the treatment considerably consume their body, both physically and mentally. At these times, they feel that things are spiraling down. They feel
helpless as much as hopeless during these situations. It is not surprising therefore that most of the time, the co-researchers would simply resort to somnolent detachment, to sleep and just let fate takes its course. Chamuel would describe this situation in the hospital as:

“Maiisip mo minsan parang wala ng pagasa, para bang di gumagana yung gamot… wala ka namang magagawa, mahina na katawan mo, di ka na makalaban pa di ba, kaya matulog ka na lang… kaya lagi sigurong tulog mga tao sa hospital… isipin mo na lang na matatapos din yun, kung gagana pa di ok, pag hindi di ka na maghihirap…”(There are times when you think it’s hopeless, that it feels like the medication is not working… you can’t even do anything, your body is weak, you can’t fight anymore, it’s better to just sleep… that’s why maybe all the patient in the hospital are asleep… just think that it will be over soon… if the drugs will work, that’s alright, if it won’t you don’t need to suffer anymore)” (Chamuel)

Not only does chemotherapy affect the physical and psychoemotional well being of the co-researcher, it also affect the social aspect of their life. In the world of the co-researchers, to undergo chemotherapy is to reduce one’s of social contact. The vast demands of the treatment transform their lifestyle, schooling and work if there is any.
Chamuel was just a high school student when he had to undergo chemotherapy. When asked how chemotherapy has changed his schooling he related the incident below.

“Kinimo ako, tapos pag uwi ko pumasok ako, pagod na pagod, yun bumagsak ako, yun nahilo ako, nagsuka ako lahat lahat na nahilo ako tinakbo ako sa opis ni mam, pinunta ako kila mam...ah parang sayang ang absent 3 days yun,parang nanghinayang ako nun sa absent, ilang araw na kong di nagaabsent (I had undergone chemo then and right away I went to school that’s when I got very tried, that I collapsed, I was dizzy, I vomited and they rushed me to my teacher’s office… I had to absent myself from then on… ah, I regret that I have to skip school for three (3) days since I have faithfully attended my class the past days)” (Chamuel)

On the other hand, Jophiel who was working before the treatment speaks about how he has to stop working to undergo the treatment.

“Maloko na ako noon pa... tapos nung nagkasakit ako, tumigil na ko sa pagtratrabaho... walang kita tulad ng dati... (I was naughty back then, then I got sick, I have to stop working… I don’t earn now like I did before)” (Jophiel)
Being contained in the hospital during the early days of treatment and being constantly bombarded with the restrictions, rules and regulations to follow are ways by which chemotherapy place constraint on their social life. This changes their usual routine, the thing that brings them a feeling of relative calmness for the predictability of event.

The alteration of their routine and minimal social contact only magnifies whatever discomfort they may feel during the treatment as the connection with their friend is diminished. Uriel summarized the overall social effect of chemotherapy this by saying:

“Madami akong namiss nung nagchemo ako... nagaaral ako nun eh... naggagala... kung saan san ako napupunta nun eh... tapos chemo na, tanggal lahat (I miss a lot when I was undergoing chemotherapy… I was attending school then… used to go places… then chemo came and it was all gone)” (Uriel)

As they go through the treatment, it slowly becomes clear that chemotherapy was far more complicated than what they have pictured nor what the media have portrait. Micheal has the following to say:

“Hindi totoo yung nasa TV pag nagchechemo, mali yun, yung nagsusuka suka lang, di lang ganun yun... mas mahirap at komplikado pa... parang mas
totoo yung mga barilan ata... (The chemotherapy that was shown in the television is not real, it’s wrong, it’s not only vomiting… it’s harder and complicated than that… the gunfights is more believable for me)” (Micheal)

**Subtheme b.2) Needle Here, Needle There, Poke Me Everywhere [Tusok Dito, Tusok Doon, Tusok Panapanahon]**

“In chemotherapy what comes to mind is syringe, different versions of syringe, there’s IV, there’s IT, there’s push, there’s BMA, the variety is complete yet different… there are those that burn your veins, those that scrape the inside of your bone (BMA), and those that makes your hand swell)” (Uriel)

When asked what single thing represents chemotherapy for them, a resounding “needle” would definitely be the answer. By far, the needle serves as the tangible proof of their treatment, the very thing that touches and in a sense penetrated their whole being. For them, the full effect of chemotherapy, both positive and negative, can only be felt when it has successfully infiltrated their body and inescapably their lifes. In their minds, to undergo chemotherapy is
synonymous to accepting the needle as a constant intimate companion as what Chamuel has expressed below:

"Kung magchechemo ka, di ka makakatakas sa injection…(When you’re undergoing chemotherapy, you can’t escape the injection)” (Chamuel)

It is not surprising that the drawings done by the co-researchers is full of images of the different kinds of needle like that done by Chamuel (see Appendix C #1 and #2) and that of Barbiel (see Appendix C #5)

Akin to chemotherapy itself, the needle can be seen neither as a friend or a foe but the two sides can never be separated. It is a friend for it serves as the most efficient and effective way by which the drugs are introduced to the body. It is an indispensable part of the treatment. This importance of the needle was evident in the statement of Chamuel when he shares his insight of the needle.

“Yung injection, kailangan yun eh, di pedeng di ka magchemo ng walang injection, wala pa atang naimbentong ganun, kung walang injection di malalagay ang gamot mo, di parang di ka din nagchemo di ba… (The injections, it’s really needed, you can’t undergo chemotherapy without the injection, chemotherapy without injections have not yet been discovered, if not for the syringe they could
not introduce the medications, it’s like you have not undergone chemotherapy, isn’t it?)“ (Chamuel)

As it was with chemotherapy, the negative side of the needle can never be overlooked. It is a foe for it is the single thing for which all the discomfort and pain can be directly or indirectly associated upon. Its indispensability makes it more potent as the negative sides can’t be escaped but rather must be endured. The discomfort and pain that is linked with the needle is clearly evident in the following response of Micheal when asked to summarize his sentiments and views of the needle:

“Summary?! Injection equals sakit, yan ang summary… di mo kasi matakasan e… (Summary? Injection equals pain, that’s the summary… you can’t evade it)” (Micheal)

Besides the ill effects attributed to the needle is the reality that it is the source of most of the marks on the co-researchers’ body. These marks serves as a living testament that they have undergone chemotherapy as well as a constant reminder of their ordeal. The statement of Chamuel below echoes what all the co-researchers have in mind when talking about this marks, that it is permanently ingrained in them, physically and mentally.
“Pero yung kinikimo mahapdi oh, sunog sunog yung mga balat namin dyan oh, tatak na habang buhay... maaalala mo lahat pag nakikita mo yung mga tatak na yan... lahat ng nangyari sa ospital... yan, kaya ayaw na ayaw naming ng injection pero kailangan talaga yun eh... (Chemotherapy is really painful, our skin is burned because of that (medication and injection), it’s (scar) like a permanent mark… you’ll remember everything when you see that mark… every memory of your hospitalization… see, that’s why we hate those syringe but still… we need it” (Chamuel)

For the co-researchers, the needle denotes not only intrusion, and pain but change and the adjunct therapies. For them, the type of needle marks their progress through the treatment. In their view, the IV cannula both symbolizes the early phase of treatment (induction) and being an in-patient for during this period, majority of the chemotherapeutic drugs are given intravenously and all of them are being treated as in patients. Barbiel shares how the early part of her treatment was govern by the frequent and numerous IV injections.

“Nung mga umpisang chemo ko ayun nagsasabay sabay talaga, sobrang daming gamot, tusok dito tusok doon, mahapdi, makirot, minsan talagang masakit... sunog na ang ugat ko lipat nanaman, tapos masusunog ulit, ayan may peklat na... ang tagal na nito di na ata mawawala pa yung peklat na to... (During
the early phase of chemotherapy, the medications are numerous and given at the same time… puncture here, puncture there, it hurts, even painful at times… when my vein is burned they will puncture again for a new site then it too will be burned and will leave a scar… this scar have been here for a long time now and it seems it will not go away)” (Barbiel)

This view of the impotance and significance of the IV cannula is embodied in the drawings of Chamuel (See Appendix C #1) and Uriel (See Appendix C #8) which depicts the dextrose as an essential part of their treatment.

Given the negative connotations they have with both being inside the hospital and the experiences of the early phase of their treatment, it is not surprising that there are times that the mere sight of the IV cannula brings back this negative memories. Four of the co-researchers, all of which are being treated as out-patients, shares similar experience of the very first time they have to come back to the OPD for their treatment after some times of being free from the needles. They said that though they have been “conditioned” to being punctured during their hospital stay, the mere sight of the IV cannula again after weeks of needleless time brings a mix feeling of fear and anxiety as if they are reexperiencing their early treatment. Barbiel said the following when asked what it feels to go back to the hospital as an out-patient for the first time:
“Ako natatakot kapag babalik para magpapush... di tulad ng nasa ospital ka, sanay ka na magpatusok pero pag nasa labas ka na, pag nasanay ka ng nasa labas tapos babalik ka ulit para magpapush natatakot ka na... nakakakaba, parang pakiramdam mo baka maulit nung una kahit hindi naman... na baka kasi magkamali sila, masunog ang ugat mo ulit... (I am frightened when I have to go back for the push... it not like before in the hospital that you will be accustomed to being punctured, once you’re comfortable outside and you would have to return for the push again, it’s frightening... I get anxious as it feel like things might go back when I was hospitalized even though it won’t... that they might do the wrong things again and burn my veins...)” (Barbiel)

On the otherhand, the spinal needle signifies for them the later phase (consolidation and maintenance) of their treatment and that of being an out-patient as in this period, all of them are treated as an out-patient using the spinal needle to deliver the drugs intrathecally. Like in the IV cannula, their views on the spinal needle boarders more on the negative side. If the IV cannula is equated to the gnawing relative chronic pain and the evident marks it left behind, the spinal needle on the other hand represents excruciating acute pain and the hidden marks it left on the psyche of the co-researchers. Though the pain is acute, the repetitive cycle of torment and distress the co-researchers felt each time they come under the mercy of the spinal needle leaves more of a psychological imprint. Uriel
would share how he felt anxious every time he had to undergo treatment even though he has done it many times, albeit the fact that his body seems to be accustomed to the procedure.

“Nasa isip ko kinakabahan, pero sakin hindi... para ba siyang ano sa isip ko kinakabahan ako, pero parang katawan ko ba ano parang gustong gustong tusukin... parang nagtatalo ba isip ko, parang kinakabahan ako... sa isip ko hindi, kasi sanay na ko dyan... nung minsan nga, pag may nakikita ako nito tinuturok, nanginginig, kinakabahan baka mapaganun din ako eh... (In my mind I feel anxious, but by my body is not… it’s like my mind is afraid but my body is very much willing to be punctured… it’s like there’s a battle going on inside my mind, that I’m anxious... I would tell myself I’m accustomed to it… there are times when I see others being punctured, I feel goosebump, anxious that it will also happen to me…)” (Uriel)

As opposed to the pain the IV cannula gives which gradually build up through time eating away the being of the co-researchers, the spinal needle evoke an agonizing sharp pain which in their opinion is the worst pain they have to endure. Since the co-researchers seem to live by the moment, focusing more on what is present, acute pain present for them more harm than the relatively chronic pain they have endured before. Uriel seems to speak for all the co-researchers
when he shared his experiences and view on IT (Intrathecal) and BMA (Bone Marrow Aspiration), both of which uses the spinal needle.

“Madaming tusok (spinal needle)... madaming tusok, ilan na nakatusok walang nakuhang dugo... masakit, wala akong iniisip habang tinutusok... nararamdaman ko lang parang natutusok ugat ko, napapaganun ng konti... tapos ayan na yung sakit, na parang may hihiog ng dugo mo sa buto... sa lahat lahat ng sakit talaga, yang IT at BMA ang ayaw naming lahat...(I was punctured many times (spinal needle)... many have tried but they can’t get any blood… it’s painful, I can’t think of anything while they were doing that to me… I feel that my nerves are being penetrated, I jerk a little… then came the excruciating pain like the blood inside my bone is being sucked up… of all the pain, that IT and BMA are the things we hate the most)” (Uriel)

If the IV cannula serves as an essential article in the treatment, the spinal needle though vital to the treatment itself, relates more to the adjunct therapies, that of BMA (Bone Marrow Aspiration) and Spinal Tap. Though not a direct part of the chemotherapic treatment, these therapies are necessary and indispensable elements in the therapeutic regimen as they both serve as ways to measure the effectivity and efficiency of the treatment.
If the chemotherapeutic drugs are the things they dreaded during their hospital stay, it is the adjunct therapies they fear most during their OPD treatment. Barbiel says the following when asked about the thing she hates the most during her OPD treatment:

“Pinakamahirap sa nagchechemo yung BMA (The hardest part of undergoing chemotherapy is BMA)” (Barbiel)

This opinion is unanimously shared by those who experience BMA. In many occasions, when the researcher asked how it is like to undergo chemotherapy as an out-patient, the co-researchers would certainly relate their experiences of having BMA. The immense importance of the experience of BMA is clearly evident when Barbiel entitled her drawing (see Appendix C #5)”Lagas Buhok, Tusok Buto (Falling Hair and Drilling Bone)”. This experience has been the central event in their OPD treatment, even though it is not commonly done as compared to the other adjunct therapy or the delivery of chemotherapeutic drugs. It seems that the experience of BMA overshadows the other modalities when it comes to the pain and discomfort it induced, for in their view, it is not the quantity of the experience but the quality which makes it worth remembering.
They would describe the distress of undergoing BMA in many varied ways like having the feeling of being stab…

“Marami ng beses akong biBMA, minsan sabog ako di ko alam... isang beses natry kong walang Midas, masakit... masakit, parang sinaksak ka... IT nga masakit na, BMA pa kaya... (I had done BMA many times, there are times when I am not myself… once I tried it without Midazolam (sedative), it’s really painful… really painful, as if you’re being stab… If IT is painful, what more is BMA?)” (Jophiel)

Of having the content of your bone scraped away…

“BMA talaga, ayaw ko ng BMA... CBC ok lang yan buti na lang bihira kaming magBMA... Kukutkutin kasi... masakit talaga pero kailangang tiisin... walang magagawa kailangan eh... (I don’t really like BMA... CBC is ok… luckily it’s infrequent that we have BMA… it really feels as if the inside of your bone is being scraped away… it’s really painful but you have to endure it… you can’t do anything about it, it’s really needed)” (Barbiel)

Or of having a faucet placed in your bone so as to drain your blood…
“Kumbaga kasi sa BMA, kukunin yung dugo sa buto, ang hirap nga daw eh buti pa ko... BMA masakit... isang beses lang ako nun eh, parang kakayudin yung buto mo, pero may anesthesia na kaya lang mararamdaman at mararamdaman mo pa rin, meron yung parang sa gripo, gaganun nila yan oh, papalabasin nila yun e yung dugo, hinihigop nung gripo baga... (In BMA its like like the content of your bone is being sucked… its hard, I’m lucky I don’t undergo often… BMA is painful… I only tried it once, feels like your bone is being scraped off its content, though there is anesthesia, you will still feel it… feels like you have a faucet inside you, then they would turn it on so your blood would drain, like the faucet sucking it out)” (Chamuel)

Compounding the pain of undergoing BMA is knowing the fact that there is no anesthetic agent to minimize the pain and if one is unlucky enough to have leukemia, they have no choice but to endure the ordeal without sedation (Midozolam). Barbiel shares how she has to suffer the torment of BMA without any sedation at all.

“May BMA din... sa BMA naman masakit... di pa naman kami pedeng mag MIDAS kahit gusto namin, Leukemia kasi kami, bawal ang MIDAS, baka daw di na kami magising kaya titiisin mo talaga yung sakit... may nilalagay minsan na anesthesia para sa balat lang yun, pag pumasok na sa loob yung spinal needle
masakit na, kakayurin, parang hinihigop yung buto mo... ramdam na ramdam mo talaga... parang rokas baga yung umiikot sa loob... hindi ka naman pedeng umiyak o sumigaw kasi matanda ka na... pipikit ka na lang, kunwari natutulog kahit hindi para di masyadong masakit... tiis lang talaga... (Then theres BMA… BMA is painful… we can’t even have Midazolam (sedative) even if we want to, it’s because we have Leukemia, Midazolam is restricted, we might not wake up that’s why we really have to endure the pain… there’s sometimes anesthesia but it is only for the skin, when the spinal needle enters inside, you will feel the pain, like your inside being scraped, like the content of your bone is being sucked out… you will really feel it… like a screw twisting itself inside you… you can’t even cry nor scream coz you’re already an adult… you’ll just have to close your eyes pretending you’re asleep to decrease the pain… you’ll just really need to endure it)” (Barbiel)

Even if Midazolam is given at times, the pain felt during the routine is enough to awaken them amidst the procedure. Uriel would share how the potency of BMA’s pain conquered the sedative effect of Midazolam:

“Bakit ganun nung nagmidas ako, kausap ko yung doctor, yun lang natandaan ko, pagkagising ko aray ko, iyak na ko ng iyak BiniBMA, magigising ka talaga sa sobrang sakit kamo... Masakit talaga... Iisipin mo, nagmidas ka pa,
parang di naman din gumana di ba (Why is it that when I was given Midazolam, the last thing I remember was that the doctor was talking to me, then I woke up because of the agonizing pain, I really cried back then, you’ll really be awaken by the pain… it really is painful… then you’ll asked yourself do you really need Midazolam when it seems it not working?)” (Uriel)

Added to the seemingly ineffectiveness of Midazolam is its notorious side effect, confusion. The co-researchers experience of the OPD treatment if full of stories regarding patients, may it be children or adolescent, losing their will, being perplexed and doing things they would normally would not do without even having the slightest memory of the event. Jophiel was one of these patients.

“Yung BMA, yung nawala ako sa sarili ko... nung nagBMA ako di ako dun sa CI (Cancer Institute), sa ward 11, nabuang ako a, nawala ako sa sarili ko, 3 guard yung pumipigil di nila ako kaya mapigilan... di ako kaya... hindi ko natatandaan ginawa ko... yung huli kong natandaan, nandun ako sa CI, pinapahiga na ako, kinakalaban ko naman daw, pero yung naalala ko nahihiga na lang ako, ang kinakalaban ko naman kasi yung guard dun naman sa CI, yung guard sa CI kasi daw parang ayaw kaming papasukan... si mam guia yun (natulak at napatalak ko)... hinawakan daw ako dito ginanun ko (winasiwas)... di naman ako tumatakbo, naglalakad lang ako daw, naglakad lang ng ganyan, pero parang
lasing daw ako, wala daw ako sa sarili... sinabihan ko pa daw yung mga tao, sabi daw ni mama nakakahiya ka Jophiel tumigil ka na nga... sabi ko daw anong pakealam nila gusto nila pagsasampalin ko pa sila... nakakawala ng sarili talaga... (When I had BMA one time, I lose control of myself... I had my BMA on ward 11 not in the Cancer Institute, there I went like crazy, I lose myself that even three (3) guards could not calm me down... they can’t control me... I can’t remember the things I did... the last thing I remember was that I was in the Cancer Institute resisting their attempt to lie me down, but I also remember that I was already lying in my bed and I was arguing with the guard in the Cancer Institute because he won’t let us enter... Mam Guia was trying to calm me when I unintentionally pushed her and she was flown to the floor... I did not run, I was just walking like a drunken man, not myself... I would even tell people things that my mother told me to stop because it’s becoming embarrassing... but I even retorted back that it’s not the other people’s business and that I could slap their faces if I want to... you really would lose control of yourself)” (Jophiel)

In the end, it is up to the co-researchers to choose whether to endure the ordeal conscious and in pain or use Midazolam and risk losing their self in the hope of evading the feeling of discomfort.
Subtheme b.3) Chemo Condo: Are You In or Out
[Parang Nasa Condo Pagnagchechemo]

“Parang nanghihina ka pag nasa ospital ka nagchemo... mas maganda na yung nasa labas ka, ganito... kesa dun ka sa ospital kinikemo para kang tinatamlay... mabuti nandito ka o kinikimo ka, nandyan ka ganado... tinitignan mo may mga dadaandaan... pag nandun ka sa ospital yung parang pag gising mo yun ang makikita mo... yun pa rin, paglingon mo yun pa rin makikita mo hindi kagaya nito paglingon mong ganun iba... pag lingon mo naman iba naman dyan tapos iba ibang tao makikita mo dyan... sa ospital parang mamememorize mo sila... iba ang feeling pag nakahiga ka lang dyan... para kang tamad, walang gana, lalo kang magkakasakit... masasanay ka din sa tusok (You will feel weak when you’re inside the hospital doing your chemo… it’s much better when you’re outside, like this one… much better than undergoing chemotherapy in the hospital where you don’t have the energy… it’s better that you’re outside, you’ll have more vitality… when you’re outside you see many people passing by unlike inside the hospital it’s the same thing you see every time you wake up… it’s always the same unlike this one there’s variety of things to see… here you would meet other people, dirrefent kind of people unlike in the hospital, you’ll memorize them all… it’s a different feeling when you just lie there… you feel lazy, no vigor, and you tend to get sicker… you’ll also get use to being injected)” (Jophiel)
For the co-researchers, the context where the treatment occurs is given as much importance as the treatment itself. For them, this context does not only include the physical aspect of the place but also those who are interacting with them during the treatment, especially the health care providers. This context can be divided into two phases, the in-patient and the out-patient. Like the yin and yang, these two elements are unique, opposite but remain to be interconnected.

For them, the attributes of being an in-patient, of having received chemotherapy inside the hospital is comparable to the yin, cold and negative. They view the hospital environment as a cold place, both literally and figuratively for as compared to the outside world, the hospital environment seems to lack energy, the vital force to life. The co-researchers further believed that this lack of vitality within the four walls of the hospital extend itself to those inside it such that they feel that their own spirit and stamina are slowly being sucked out from them like a consuming vortex. It is during their hospital stay that both the effects of the chemotherapeutic drugs and their disease manifest themselves the most. This seems to be the reasons why the hospital in itself evokes in them a feeling of misery and loneliness. Barbiel shares how it generally feels like to be treated inside the hospital.
“Pag nasa ospital ka parang nakatamad... lilingon ka may sakit makikita mo, kahit saan ka may mga malalang sakit nakapaligid sayo, siyempre manghihina ka din nun... tapos sabayan pa ng pagkalagas ng buhok mo diba... tulog ka na lang dun... nakakatamad kasi... nagtutulog tulungan na nga ako pag may kukuha ng dugo e, sanay na pag tagal... parang ayan na kamay ko kayo na bahala parang ganun... (When you’re inside the hospital you will feel lazy… anywhere you turn you’ll see sick people, they are everywhere around you, that’s why you feel weaker… then it’s coupled with your hair falling off… you’ll just sleep it off… it’s getting annoying at times… I would sometimes pretend to be asleep when someone drew my blood, after sometimes you would be used to it… like here is my hand, do whatever you please, just like that)” (Barbiel)

Because they sometimes feel an overwhelming anergia both as an effect of the treatment and the disease as well as the meanings they attribute to the hospital, they tend to do only one thing inside the hospital, sleep. Micheal and Chamuel’s account tells of this sole activity inside the hospital.

“Dun sa PGH madami dun nagchechemo pero hindi kami naguusap... natutulog lang sila, wala namang ginagawa dun, natutulog lang... (Many undergo chemotherapy at PGH but they don’t talk with each other… they just sleep, since there’s nothing to do there but sleep)” (Micheal)
“Maiisip mo minsan parang wala ng pagasa, para bang di gumagana yung gamot… wala ka namang magagawa, mahina na katawan mo, di ka na makalaban pa di ba, kaya matulog ka na lang… kaya lagi sigurong tulog mga tao sa hospital (There are times when you think it’s hopeless, that it feels like the medication is not working… you can’t even do anything, your body is weak, you can’t fight anymore, it better to just sleep… that’s why maybe all the patient in the hospital are asleep…” (Chamuel)

It is reasonable for them to conserve the remaining drive they have by minimizing both their physical activities and social interactions. It is not surprising to know therefore that though they have roommates of their own age, the intimacy of their friendship is only at the superficial level. They know that the other person exists, know their names but nothing beyond that for they don’t have enough initiative to form relationship with others as their communication is at its minimum.

“Wala naman akong kaibigan dun sa ospital nung naadmit ako, mga nurses at doktor makakabisado mo na sila kasi sila sila din yun e, yung mga kasama mong pasyente tulog... kami lahat tulog kaya walang naguusap, di mo kilala yung katabi mo ganun... kilala mo sa pangalan pero dun lang yun... (I don’t
have any friends in the hospital when I was admitted there, except that I’m familiar with the nurses and doctors since you see them almost everyday, while those other patients are asleep… all of us are asleep that’s why we don’t talk with each other, it’s like you don’t even know the patient beside you, you know them by name but that’s all that you know)“ (Barbiel)

Besides the feeling of absences of vigor is the fact that the hospital does not provide any constructive past time for them. The researchers observation is congruent with what the co-researchers have reitterated more than once, that the sole past time provided to them was watching the television during rare occasions.

“Pastime lang dun manood ng TV (The only past time there is watching television)” (Micheal)

Because of these feelings and the lack of constructive activities, they tend more to ruminate, to reflect and focus their attention to themselves even to their sufferings making them more prone to negative thoughts. In addition to this, ruminating distorts their sense of time, making them feel as if everything is at a slow motion even prolonging the agony they feel during their stay.
For them, the everyday activities inside the hospital are monotonous, repetitive and predictable. Micheal’s experience is a reflection of the days during the hospitalization of the co-researchers.

“Pag kinikimo, nakahiga ka lang, walang magawa, tititig ka lang sa pader, paulit ulit nakikita mo, sila sila... paulit ulit ginagawa, parang nagiiba ang araw pero yung ginagawa naming parepareho lang...(When you’re undergoing chemotherapy you just lie there, you have nothing to do but stare at the walls, and those that you see are but the same, the same people… the activities are repetitive, it’s like the day had gone by and changed but the activities stays the same)” (Micheal)

As a result of this overfamiliarity with the same people around them doing the same routines and activities everyday, anounimously, they would argue that within a couple of days they would have memorize both the people and their routines with ease. Uriel would share that he even knew the name and routine of the peanut vendor.

“Madami kaming matatandaan dito, kahit yung nagtitinda ng mani, mga doctor, nurse... makakabisado mo sila pati yung ginagawa nila kasi nga paulit ulit (You will remember many things here, even the peanut vendor, the doctors,
nurses… you will remember them all even their daily activities because it’s always the same thing)” (Uriel)

And so, opposed to the natural tendency of adolescents to seek and appreciate new and varied activities, for them the hospital life is nothing but dull and lifeless. It is for these reasons that their notion regarding the hospital is purely negative.

For them it is a place where people die miserably or if not suffer in silence. For the co-researchers, death always looms around inside the hospital, snatching those who can’t cope anymore. This notion maybe attributed to their close involvement with death while being treated in the hospital like knowing or seeing someone they knew die in the very same place. In a worst case like that of Barbiel, death was literally on her side, both of her side:

“Dati nasubukan ko na yung 2 kong katabi na nagchechemo namatay... yung isa nakita ko pa kahit tinakpan ng nurse yung lugar nya ng pantakip sinilip ko, tinitignan ko kung ano ba yung nangyayari... natakot ng konti siyempre pareho lang kayong nagchechemo di ba baka mangyari din sakin... mas makakatakot e nung pati yung isa kong katabi namatay din... aba parang iniwan nila ako dun magisa... (I have once experienced that two of my wardmate who are undergoing chemotherapy died… the first one I saw even though the nurse places
a cover on his bed, I peep, I was curious to see what was happening… I was of course frightened for we both are undergoing chemotherapy, it might happen to me as well… what’s more frightening is when the other patient beside me died as well… like they both left me alone there)” (Barbiel)

The view that inside the hospital people suffer is evident in the drawing done by Chamuel (see Appendix C #2) depicting the hospital environment with a prominent figure of a patient. When asked to explain what it meant, he told the group that it represents those who “suffer” inside the hospital.

As every corner of the hospital is teeming and is runned by strict regulations, within its premises, the co-researcher’s autonomy seems to be at a lost. Hospital rules control and govern their life, while the disease and its treatment dictate their day to day activities. Their world inside the hospital is dominated by the “don’ts” of every rule, which at time may seem overwhelming for them. Micheal would often describe the hospital as a prison with the dextrose serving as the handcuff, limiting their every action.

“The only past time there is watching television, it’s because of the dextrose…
when you have dextrose you can’t move, it’s like a handcuff, you can’t move once you have it… it’s like being a prisoner inside the hospital)” (Micheal)

If they conceived the hospital as a prison with them being the prisoner, they would see the medical and nursing staff as the wardens, constantly reminding them of the things they were not supposed to do. Additionally, the co-researchers would tend to permanently ascribe the goodness or badness of a hospital staff based on two things, their skills and attitude toward them.

A consistent preconceived notion among the co-researchers is that seniority plays an important role in determining the skills of the staffs. For them, the more senior the nurse or doctor is, the more they are skilled in the mechanical aspect of care, that of performing the procedures. Like Micheal, they tend to compare the skills of the senior to that of the new doctors/nurses.

“Yang ugat ko pumutok, yan parang naglobo, nagswero nagputok hindi napasok yung ugat... yung iba kasing nurse hindi na lalagay maigi, hindi naaano, di katulad ng mga doktor na regular na kuhang kuha nya... dito nga o kuhang kuha yan, matagal bago nasira... dito yan oh...parang mas magaling yung senior maglagay ng IV kasi sanay na... kaya kapag bago yung alam ko nab ago yung maglagay, ayan, kinakabahan na ko... baka mamali kasi...(My vein burst, it swell then burst because the cannula was not inserted well… coz some nurses can’t
place it correctly, not like the regular doctors, they can do it properly… here, he got the vein right that’s why it took a while before it was changed… I think that the senior do better in placing my IV since they have more experience I guess… if I know that a new one will place my IV I feel anxious at times, he might not do it properly…)” (Micheal)

This view is summarized when Jophiel said the following:

“Mga bago pa yun, di pa senior... Senior magaling at mabait... (They are neophytes, not yet seniors… the seniors are better and kinder)” (Jophiel)

Beside the skills, another aspect for which the co-researchers gauge the staffs godness or badness is their attitude when dealing with them. Through numerous conversations with the co-researcher and personal observation during the treatment, it became evident that for them, those staff who treat them as if they are machine and not people are branded as bad while those who shows genuine emphaty are those they labeled good. They think that once a person treats them as if they are machines, it removes their humanity and dignity as a person. Chamuel’s experience of being treated more of a machine than a human being mirror this notion:
“Tinimimpla pa lang ginagawa ko matutulog na ko, pagtulog na ko aantayin ko na lang, bahala na siya, pag tulog na ko bahala na siyang magkalikot sa kin... kaya lang pag ano nararamdaman ko pa... parang robot ganun... makina, ka na... di ka man lang kausapin parang di ka tao... pero kahit papaano may tiwala naman ako sa kanila... kaya siguro kabado kami kasi di naming alam kung anong gagawin... parang alam namin na IT kami o dextrose yan... ganun pero yun lang... parang nasa kawalan ka ganun... parang ganun pakiramdam... (While they are preparing the medication I try to sleep and when I’m asleep... I just wait for them to do whatever they want... but even if I’m asleep I still feel it (discomfort)... I feel as if I’m a robot, like I’m a machine... they won’t even talk to me like I’m not a person at all... but still I have confidence in them somehow... and maybe that’s why we are more anxious... like we don’t even know what’s happening, yes we know that we’re having IT or dextrose but we don’t know anything beside that... stuck in the nothingness, that’s how it feels I guess...)” (Chamuel)

In addition to that, Micheal shares how it feels like when staffs ask the same question every time focusing on his disease and not on how he is coping.

“Paulit ulit ang interview, inaaalam kasi nila papaano ang nangyari ganun, paulit ulit lang eh, iba ibang doctor kaya paulit ulit lang... kahit si mama
paulit ulit lang din(sinasabi)...minsna naaasar, di ko na pinapansin, pati si mama naaasar din... kunwari tinutulugan lang... tinatanong paaano daw nangyri, bakit daw naputulan, ano daw gamot na binigay ganun... bakit di na lang nila basahin yung nasa ano ba yun, chart ba yun... kasi pag nakaadmit ka parang ayaw mo ng magsalita e, ayaw mo makipagusap sa iba ganun kaya nakakaasar yung mga nagtatanong... parang ano ba kami, recorder? (The interviews are redundant, they would ask how things came upon, it’s always the same, different doctors asked the same questions… even my mother tells the same story every time… at times it’s getting annoying, I just ignore them, even my mom, she is annoyed by that… we just pretend we are asleep… they would ask how things happen, why my foot was removed, the medications I take… why can’t they just read the chart?... its just that when you’re admitted, you don’t have the desire to talk, you don’t want to interact with anyone that’s why I get annoyed when they ask things… it’s like what are we, some sort of a recorder?)” (Micheal)

For the co-researchers, little things such as being present at the bedside during a procedure or a simple warm smile may very well ease their suffering and provide comfort helping them to adjust and adapt to their treatment. The co-researchers very well appreciate the fact that treating their disease is different from healing their whole being.
“Oo nga magaling silang gumamot pero manggamot, minsan hindi (Yes they are well adept to cure but to heal, sometimes they aren’t)” (Chamuel)

If the overall view of the hospital is cold and negative, the opposite was ascribed to the out-patient phase of the treatment for the co-researchers view the outpatient treatment as hot and a relatively positive experience. In their minds, the OPD treatment in itself is made up of two components, the hospital OPD department, where the treatment occurs and the outside environment, where they reside and live. These two components of the OPD treatment are what make it different from the in-patient, for during the hospital stay they both live and are being treated at the same place.

As they have attributed negative connotations to the hospital, the OPD department for them is but an extension of this view. For them, the OPD department is a cold, boring and monotonous place. As observed by the researcher during the numerous OPD treatments, the place was dull and time seems to be distorted so that it feels as if it is running very slowly. This can be attributed to the fact that there is nothing to do during the waiting period, which in itself is a very long process (almost 7 or more hours of waiting for the individual turn). Barbiel’s view on the experience of the OPD department echoes all the co-researchers opinion for their respective hospitals.
“Ayun matagal pag check up, maghihintay ka talaga, tapos wala pang magawa dito kasi nga wala namang TV di ba, nakatunganga ka lang, text text lang para mapatay yung oras e pano kung di ka unli, wala kang katext, mabubugnot ka talaga... (It takes too long to have your check-up, you have to really wait, what’s worse is that you don’t have anything to do except watch television or you’ll just stare at nothingness... texting would kill time but when your load in not unlimited or you don’t have anyone to text, you’ll really get bored)” (Barbiel)

Uriel would further add that even his mother view the waiting process both as an ardous and time-consuming one.

“Minsan hinahayaan na lang ako ni mama pumunta, kaso kailangan ng consent kaya sumusunod si mama, ako lang nauuna kasi matagal pa ang hintayan... sobrang tagal... tignan mo lugar dito wala pang magawa, nakakatamad, kaya tinatamad si mama kaya ako pinapauna... (There are times my mom just let me go alone to the hospital but still we need the consent from her that’s why she follows, I just come there early because of the long waiting time... really long waiting time... look at this place, there’s nothing to do, you’ll feel lazy, that’s why my mom feels lazy and just let me go first)” (Uriel)
Beside the time consuming process of staying in line having nothing to do but stare within the barren walls of the rooms, patiently waiting for their name to be called is the fact that hours after the treatment, they will have to go home and at times late at night. It is common for the co-researchers to arrive at the department around 7-8 am for their blood examination prior to the treatment per se after which, they would have to wait hours till afternoon for the doctors’ arrival. And if there are many patients during that day, they would have to wait more before their turn arrives. This tedious process along with the day to day voyage from their home to the hospital would be at times physically taxing for the co-researchers that Chamuel would lament:

“Araw araw yan byahe ng byahe nahihilo na ko...nakakapagod ng sobra pabalik balik (Day after the other we would travel, it’s making me dizzy… you’ll get very tired of the travel)” (Chamuel)

Because of the negative views and memories the co-researchers have with the hospital, it is not uncommon to find that most of them feels anxious again the very first time they would have to come back even as an out-patient. Barbiel would related how they would feel during the first time they have to again be inside the hospital premises.
"Ako natatakot kapag babalik para magpapush... di tulad ng nasa ospital ka, sanay ka na magpatusok pero pag nasa labas ka na, pag nasanay ka ng nasa labas tapos babalik ka ulit para magpapush natatakot ka na... nakakakaba, parang pakiramdam mo baka maulit nung una kahit hindi naman... na baka kasi magkamali sila, masunog ang ugat mo ulit.. (I am frightened when I have to go back for the push... it’s not like before in the hospital that you will be accustomed to being punctured, once you’re comfortable outside and you would have to return for the push again, it’s frightening... I get anxious as it feel like things might go back when I was hospitalized even though it won’t... that they might do the wrong things again and burn my veins...)” (Barbiel)

As they become familiar with the monotonous routine of the OPD department, little by little they would see the importance of the “calculator” in their treatment. The calculator, though not a direct necessity in the treatment process, serves as the way by which the ANC (Actual Neutrophil Count) will be determined. As observed by the researcher, it is the device used by the doctors to show the co-researchers if they could pursue with the treatment or postponed it for another week. For Uriel, the calculator is the judge that would make the final verdict if they could undergo the treatment or not. It is also the central figure of his drawing (see Appendix C #7) which for him represents his OPD treatment.
“Ilan lahat lahat ma? naka3000 ma? palugit ko dun 1000 pataas, pag
1000 pataas, pag 1000 pababa pahinga ulit isang linggo… kasi di pedeng lagyan
ng gamot, lalong baba yung WBC mo… nakita mo yung ginagamit ng doktor na
calculator? yun yung judge kung matutuloy ka… kung mababa, maghihintay ka
ulit kasi di pede… (How much mom? Did I reach 3000? My cut-off is 1000 and
above, higher than 1000, when it’s below 1000 I’ll need to rest for a week… they
can’t give the medication for it the WBC will further go down… did you see the
calculator the doctor is using? That’s the judge if you would go with the
treatment… if the result is low, you’ll have to wait again because it’s forbidden)”
(Uriel)

If they see the wards of the hospital as prison cell where they are the
prisoners, they would compare the OPD to a factory where they are the raw
materials undergoing the process. They would feel that the OPD lack the personal
touch and that some medical staff treats them as if they are mere bodies without
emotions or feeling. Like inside the hospital, they would ascribe the goodness or
badness of the medical staff by their skills and attitude towards them.

For them, the “good” doctor/nurse would be those who would minimize
their discomfort during the treatment, those people who would make them feel as
if they are human beings. On the other hand, those who would treat them
mechanically would be labeled as the “bad” one. Surprisingly, almost all of the
co-researchers would tell that inside the OPD, there are only a handful of “good” doctors while the “bad” doctors are numerous. Because of this, most of their stories would be full of the “bad” doctors and their way of treatment. One of such is told by Uriel:

“\textit{Ayun na yung isang doctor, di marunong e... natawa ako nun e, nilagyan na ko dito nun ng syte yung iinject na gamot di pa nakahanda, tumulo lang yung dugo pati yung tubig, yung pangano ng dugo di pa nakahanda, sakin pa pinahawak sakin pa pinapigil yung dugo... tapos yung ano binibigay lang sa kanya check-up lang tuloy... sa kanya check-up lang ata... di marunong ata magIT yun...}” (Uriel)

He would further add of another incident when the only comfort measure, if it can be labeled as one, done by the doctor to supposedly alleviate his anxiety during the IT treatment is to say sorry. This is how he feels during those times.
“Tinatanong ko doctor pag tinutusok na yung gamot... wala silang ginagawa para matanggal yung kaba... sabi lang tutusok lang daw ayun lang... kunwari ahhh, sorry ayun lang... sa isip ko ginagawa mo na nga sorry ka pa ng sorry... ayaw ko dun yung BMA talaga... Sory sila ng sori pero paulit ulit pa ding ginagawa (I ask the doctor when he will inject the medication… they don’t do anything to reduce my anxiety… they will only say that they will inject, that’s it… like ouch then they say sorry… in my mind I keep on thinking, you already have done it, why do you say sorry?... I really hate BMA… they always say sorry yet they repeatedly do it)” (Uriel)

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Opposed to the negative aspect ascribed to the OPD component of the out-patient treatment is the positive associations given to its other part, the home environment. For the co-researchers, the fact that they would go home after the OPD treatment is in itself good news as compared to their in-patient life, wherein they would have to sleep, eat, and do their activities in the same place where they are being painfully treated. It is this component that makes the OPD treatment a relatively positive and “hot” experience.

The co-researchers positive view of their OPD treatment can be associated to the fact that the outside world brings back a sense of normalcy to them. In their minds being outside the hospital means being away from all the negative connotations they have ascribed to it. It seems that the outside world brings a
feeling of freedom as the rules and regulations inside the hospital for them remains only within its premises. For them, simple things like the seemingly limitless television viewing time bring forth a feeling of relative freedom.

“(Sa Ospital) Kung ako masusunod, bubuksan ko lagi yung TV... pag wala ng TV wala na, lalo na pag gabi... di mo na matatapos yung teleserye, pinapatay kasi yun eh, may oras lang... di gaya dito, walang oras dito, maski akong oras ka dyan... pagkagsing mo bukas na yan... ako minsan alas 7 ng umaga gising na bukas na yang TV... (In the hospital, if I were in charged, I would always let the TV on... when the TV is off, you have nothing to do, especially at night... you won’t be able to finish your series, they would turn it off, there is only a specific time for watching... unlike here, you don’t have a limit, anytime you can just turn it on... when you wake up early in the morning even at 7 am, the television is already open)” (Micheal)

However, it is this same feeling of normalcy and freedom that makes restrictions lose its potency for outside the walls of the hospital, the otherwise unbreakable rules turns into mere flexible advices. If inside the hospital they need to obey the orders, outside they have a choice either to follow or not for it is during these times that they feel their autonomy to decide have been earned back. It is not uncommon therefore to see the co-researchers doing the forbidden things
when they are outside while obediently abiding them while inside the hospital. Uriel’s statement would fairly summarize this view.

“Pag nasa labas ng hospital nawawala ang bawal pansamantala... pag nasa loob na ulit, madami nanamang bawal...(When you’re outside the hospital those that are forbidden temporarily goes away... when you’re inside once more, there are many restrictions again)” (Uriel)

Besides seeing the OPD treatment as relatively positive, the co-researchers also see it as a “hot” experience, both literally and figuratively, as opposed to the hospital’s “cold” environment. It is during the OPD treatment phase of their regimen that the overall feeling of “hotness” was appreciated by the co-researchers. This sensation is attributed to the side effects of the IT (Intrathecal) drugs used during the treatment like methotraxate and vincristine, which is also a central figure in the drawing done by Mrlyn (see Appendix C #5) representing her OPD experience.

Beside the physical warmness they felt, for them the OPD treatment is “hot” in terms of the energy surrounding them. Unlike in the hospital environment which for them lacks energy and vitality, the OPD treatment was seen as the opposite, that it is filled with energy and vigor. Additionaly, they came to understand and see that the OPD treatment is full of colors as opposed to the dull
environment of the hospital. Jophiel would vividly compare the difference of the OPD to the hospital environment by saying:

“Parang nanghihina ka pag nasa ospital ka nagchemo... mas maganda na yung nasa labas ka, ganito... kesa dun ka sa ospital kinikemo para kang tinatamlay... mabuti nandito ka o kinikimo ka, nandyan ka ganado... tinitignan mo may mga dadaandaan... pag nandun ka sa ospital yung parang pag gising mo yun ang makikita mo... yun pa rin, paglingon mo yun pa rin makikita mo hindi kagaya nito paglingon mong ganun iba... pag lingon mo naman iba naman dyan tapos iba ibang tao makikita mo dyan... sa ospital parang mamememorize mo sila... iba ang feeling pag nakahiga ka lang dyan... para kang tamad, walang gana, lalo kang magkakasakit... masasanay ka din sa tusok (You will feel weak when you’re inside the hospital doing your chemo… it’s much better when you’re outside, like this one… much better than undergoing chemotherapy in the hospital where you don’t have the energy… it’s better that you’re outside, you’ll have more vitality… when you’re outside you see many people passing by unlike inside the hospital it’s the same thing you see every time you wake up… it’s always the same unlike this one there’s variety of things to see… here you would meet other people, different kind of people unlike in the hospital, you’ll memorize them all… it’s a different feeling when you just lie there… you feel lazy, no vigor, and you tend to get sicker… you’ll also get used to being injected)” (Jophiel)
It is this elevated feeling of spirit and stamina that would enable them to bring back their social interaction and in the process makes friends. Through numenorous interaction and conversations, it has been observed that it is only during the OPD phase of their treatment that they were able to form meaningful friendship especially to those who shares the same experience as them. It is this friendship that would alleviate their anxiety for they now know they are not alone, that there are people like them undergoing the same ordeal as they are. Barbiel’s story would be a reflection of the co-researchers experience.

“Dito lang (Child Haus) ako nagkakaibigan na mga may sakit din, di ka kasi makakakausap ng mga nasa hospital na admit, mga malala sila kasi... dito hindi, pedeng gumala siyempre OPD na kami... masaya siyempre pag may mga kabarkada ka, mga kaedad mo siyempre alangan sumama ka sa mga bata e di ka na bata, di din naman pede sa matatanda kasi parang di ka bagay dun... (Its only here (CHILD Haus) that I had friends like me who are sick, coz you can’t talk with those who are admitted inside the hospital, they are way sicker… not in here, here you can roam around since where already an OPD patient… you feel happy when you have friends, especially those your age, you can’t join with the children, you’re not a child anymore nor with the adults, it feel that you don’t belong with them)” (Barbiel)
Theme e) (Family, Faith, Friend, & Future) F4: Maintains My Core
[Familya, Paniniwala, Kaibigan at Kinabukasan: Tagapangalaga ng Katinuan]

“Di mabubuo ang buhay mo pag wala siyempre ang pamilya mo... yang mga kaibigan na yan... saka yung paniniwala mo na gagaling ka na may bukas pa ganun baga... kaya nga kunwari mamaging titser ako, sasabihin kong mahirap ang chemo, sasabihin kong mahirap pero kinaya ko dahil gusto kong gumaling, yan din sinasabi ko kay mama pag nakikita ko siyang malungkot ganun... (Your life wouldn’t be complete without your family… your friends… your believes that you will be cured, like there is still a brighter tomorrow… that’s why given the chance that I will be a teacher, I will tell (my student) that chemotherapy is hard, I will tell them that though its hard, I did surpassed it because I want to, it’s the same thing I tell my mother everytime I would see her sad)” (Chamuel)

The last theme tackles about how the co-researchers deal with the process of undergoing chemotherapy. This theme does not focus its attention to the coping mechanism the co-researchers used to adapt to the treatment but rather the things from which these coping strategies came from, their ultimate sources. Coping mechanisms are highly individualistic and are dynamic. They differ from one individual to another and changes from time to time but the sources from which they came from are relatively absolute, that they are present all throughout the
ordeal. These things which serve as both the sources of their coping strategies and motivation to move on with their lives are essentially shared by all the co-researchers.

Chamuel’s drawing (See Appendix C #4) artistically illucidate this theme when he draws himself under the tree, which to him represent those who loved and protected him through his treatment. Further inscribed in the drawing are the words:

“Ang sarap ng piling ng may taong nagmamahal sa akin (It feels wonderful to know that someone loves me)”

Through the interactions, conversations and personal observation of the researcher, it has been reflected upon that the four main things which became the sources of their coping, which in turn maintains their individual self, in no particular order of importance are the following: Family, Faith, Friend & Future.

“Naalala ko nung sinabi sakin na magchechemo, ok lang... tanggap agad pero si mama hindi... umiiyak nga siya, naiiyak din tuloy ako... kasi sabi nya baka daw di kaya ng katawan ko, baka daw bumigay yung katawan ko sa chemo... sakin ok lang yun chemo pero mahirap pag nakikita mong nahihrapan yung nanay mo siymepre siya kasama ko dito buong panahon eh... lagi mong kasama
yan siyempre di maganda pag nalulungkot nanay mo… (I remember when they told me that I was to undergo chemotherapy, I said it was ok… I accepted it immediately but my mom didn’t… she cried and I almost did the same… she told me that she’s afraid my body won’t be able to withstand the treatment… for me, chemotherapy is ok but it’s heart breaking to see your mother suffer since she is with you the whole time… she is your constant companion, that’s why I’m sad to see that she is sad)” (Barbiel)

For the co-researchers, their family, especially the mother, is of great importance as their source of strength. From the initial diagnosis of their disease till the entire process of their treatment, the family served as their constant companion and source of hope. All of the co-researcher would agree that if not for the encouragement of their family, they would have succumbed to the effects of their treatment.

Also for them, the physical presences of their family served as a proof that they have not been deserted inspite of the hardship they are undergoing, that they are not alone in there personal fight against their disease. They feel that when their family is around, they can very well adapt to their new lives as the family also tries to adjust to the changes the treatment brings. Deep inside them, they know that they are not alone in trying to rearranges their lives around the treatment process.
Another co-researcher pointed out that being around your family even if you’re inside the hospital brings in a feeling of normalcy for you see the faces of your loved ones, those people whom you very well know. It seems that the presence of the family members brings familiarity to the otherwise new and foreign environment of the hospital. Even if they see the hospital as an energy consuming vortex, the vitality that their family brings as they stay with them during the hospitalization is just enough to let them get through with the ordeal.

“Basta malala ata ang 3-b parang ganun pero nabuhay pa din ako... kasi gusto kong mabuhay at siguro di ko pa panahon... basta maniwala kalang na mabubuhay ka... yun ang ginagwa ko e, tingnan mo buhay pa ko hanggang ngayon... (All I know is that 3-B (cancer) is worst but I did still survived… it’s because I still want to live and maybe it’s still not my time… just believe that you’ll live… that’s what I do, look at me now, I’m still am breathing)” (Chamuel)

Faith, for the co-researchers, extends beyond the conventional definition of believing and submitting oneself to God, for them, it includes their complete confidence and trust both with the treatment and those treating them. It is this confidence and trust that enables them to submit themselves without hesitation to chemotherapy and their health care provider. During times when they feel down or begin to doubt the effectiveness of chemotherapy, by merely reinstilling the
faith they have with it is often enough to alley their anxiety. One co-researcher would tell that only when his doubt about the medication was removed would be the time that he could sleeps soundly at night.

“Para bang, wag mo ng alalahanin yun, bawal magduda baga, kasi pag isip ka ng isip, duda ng duda, di ka makakatulog... magtiwala ganun (It’s like, don’t think about it, don’t even doubt for if you ruminante too much, doubt to much, you simply can’t sleep... just trust)” (Uriel)

Having faith with their health care provider enables them to somehow free their minds of the burden of undergoing chemotherapy especially during those times when the treatment seems to overwhelm their being. It seems that those times when they would let others decide for them, or the times when they would be just passive receiver of care and not an active part of the treatment, may not only mean that they have abandon their hopes but rather that they have completely place their lives on the hand of other people. Evident with this view is the story of Chamuel when he relates of how he would just let the doctors do their job while he conserved his remaining energy to adapt.

“Tinimimpla pa lang ginagawa ko matutulog na ko, pagtulog na ko... aantayin ko na lang, bahala na siya, pag tulog na ko bahala na siyang magkalikut
sa kin... kaya lang pag ano nararamdaman ko pa... parang robot ganun... makina, ka na... di ka man lang kausapin parang di ka tao... kahit papaano, may tiwala naman ako sa kanila (While they are preparing the medication I try to sleep and when I’m asleep… I just wait for them to do whatever they want… but even if I’m asleep I still feel it (discomfort)... I feel as if I’m a robot, like I’m a machine… they won’t even talk to me like I’m not a person at all… but still I have confidence in them)” (Chamuel)

“Pag nanghihina ako dun lang ako sa tabi may mga kaibigan naman akong tumutulong... (When I feel weak, I just stay at a corner since I have friends that will help me” (Chamuel)

Besides their family, the next group of people that seems to be of great importance for the co-researchers during the course of their treatment is their friends. Though the treatment in itself limits their social interaction and their connection with their previous acquaintances, it also serves as the way by which they have formed new friends, new companions as they go through with their regimen. For them, their friends make the burden of their treatment bearable as they feel that they are not alone amidst the chaos they are in. As Uriel would put it:
“Parang maluwag sa isip pag alam mong di ka nagiisa, na may katulad ka parang ganun... (It feels comforting to know that you are not alone, that there are others like you)” (Uriel)

This importance was also evident in the story as was told by Chamuel when he felt sad after his close companion died.

“Nung namatay siya, nalungkot ako siyempre, lahat kami nalungkot, kasi parang ang tagal ng chemo nya, lumabas siya kasi maintenance na dapat pero anong nangyari? parang wala lang, dumami yung bukol din kasi nga Non siya tapos yun nawala na siya... kahit nagchemo siya parang lalong dumami...parang magisa ka na ulit... di ka talaga sure kung gagana ang chemo mo, sana gumana pero kapag panahon mo na, panahon mo na talaga... panapanahon lang, walang takas... (When he died, I was felt sad, all of us was sad, that even though he’s been undergoing chemotherapy for a long time, though he was discharged and was being treated as an out-patient, still what happened?! It’s like nothing happened at all! his tumors just multiplied and he died... even though he is undergoing chemotherapy it seems it only got worse... it feels like I was alone again… I guess we’re never sure if chemotherapy will work or not, we hope it will work but sometimes when it’s your time, it will be your time, there’s no escaping it...)” (Chamuel)
As was noted by the researcher, it is only after their hospitalization, when they are being treated as an out-patient, where they were able to interact with other patients who shares the same experience as they do. This was clearly evident during the OPD treatment for all of the co-researchers have this significant person that they looked up to. This person is more often than not is a survivor both of the treatment and the disease. In effect, this person inculcates hope in the co-researchers for he/she serves as a living testament that the disease and its treatment can be overcomed.

Within the co-researchers themselves, Chamuel was seen as the “survivor” of the treatment and was consequently idolized by the others. Even though he is not the oldest in the group, it seems that for them, he possesses this significant insight about the treatment since he has already “survived” it. There are times however that the co-researchers themselves serve as the “big brother” for other patients telling them what to expect in their treatment. This was evident in Uriel’s story as he would relate that…

“Pag may nakikita akong katulad kong nagchechemo sinasabi ko kung anong gagawin sa kanya... pag mas nauna siya, tinatanong ko lang kunwari anong ginagawa sayo, kung anong ginagawa sa kanya tinitignan ko rin kung ginagawa din sakin... si Chamuel di ba tapos na siya survivor na siguro kako pag natapos ganyan na lang din gagawin ko, tinanong ko ano bang ginagawa sayo
CT scan, bone scan x-ray...mas madali kesa sa akin ngayon (When I see someone like me whose undergoing chemotherapy I tell them the things that will be done to them... if he goes in first, I asked what was done to him, for I compare those things to what will be done to me... Chamuel has already finished chemotherapy, doesn’t he? He is already a survivor and I told myself that if I was already like him, I would just only go for things like CT scan, bone scan and x-ray... way easier than what I’m going through right now)” (Uriel)

It is through the intimacy of friendship that they would again develop hope, aspiration and confidence in themselves.

“Nung nagchechemo ako nagpapasaya sakin yung uuwi na... cyempre pagkatapos ng chemo naboboring ka talaga kaya uuwi na kami, kaya yun ang nagpapasaya sakin papasok na ko, makikita ko ng mga classmate ko... (When I was having my chemotherapy the thing that would make me happy is the knowledge that I will be going home... since after chemotherapy you will get bored here that’s why we go home, that’s the thing that makes me happy, that I will again have classes, see my classmates...)” (Chamuel)

Maintaining and focusing on a brighter future serves as another way by which the co-researchers adapt to chemotherapy. It is through this process of
reframing the focus of their mind from the present situation to the future that enables them to escape reality temporarily. As was earlier noted, during times when they would feel down, or be in great pain, most of them would resort to imagining a comfortable future to lessen their agony.

They would say that if they would focus on their present situations, it will only increase their suffering since they already know that they cannot escape it. It seems that what the co-researchers physically can’t depart from, they psychologically can do so.

This was also evident in the drawings done by Barbiel (See Appendix C #7) and Chamuel (See Appendix C #5) depicting landscapes which for them represent an optimistic future. When asked about the significant of this with regards to their treatment, they unanimously say that it is the thing that gives them a reason to hold on despite all the troubles they are having. As Micheal beautifully wrapped this theme up by saying:

“Hay, kahit mahirap siyempre matatapos din naman to... kahit naglalalagas na buhok mo at nasusunog na ang ugat mo... matatapos din yan, gagaling ka din sa huli...(Hay, even if its hard, it still would end... even if my hair is falling off and my veins are being burned... it will eventually end, you’ll be cured at last)” (Micheal)
The interconnectedness and relationship of the three (3) themes discussed above can also be seen in the painting done by Wanda, a cancer and chemotherapy survivor. In her painting, the tree represents the adolescents self as they succumb under the mercy of chemotherapy, metaphorically splitting their sense of self into two, the old normal self and the new altered self. The weather on the other hand denotes the overwhelming intricated chemotherapeutic experience, controlling the life of the tree (adolescents) while rope and the soil holding the trees down maintaining their ground symbolizes the last theme representing the things which serve as the source of their strength and hope throughout the experience.

*Figure 3: “Bound”: A painting done by Wanda, a chemotherapy and cancer survivor, depicting the relationship of the three (3) themes, the adolescent’s self (tree), the chemotherapy experience (weather), and their source of strength, (rope and soil) (Printed with permission)*
Thematic Resonance with Related Literature Reviewed

Theme a) I am Normal More than Special

This study shows that indeed the adolescence is a unique period of development and presents itself with its own set of problems. Most authors agree that the period of adolescent is a period laden with confusion as the adolescents try to define themselves. It is because of this that illness and the effects of its treatment is considered a great source of challenge and stress for the adolescents as it aggravates the crisis already is inherent in the adolescence period and posses a number of threat to individual’s identity. It can be said therefore, that the formation of an adolescent identity is greatly affected by an illness and the course of its treatment (Woodgate 1998, Yeh 2002, Pillitteri 2003, Carandang 2004 Kozier et al 2004, Hockenberry-Eaton 2005, Wong et al 2006, Helms 2007, Fitzsimmons & Middleton 2006, Sanstrock 2008, Anonat 2009).

Though the result of this research shows that the co-researchers is indeed in the time of crisis during the treatment, it cannot pin point if this crisis is considered the “normal” crisis for the adolescents or if it is the direct effect of the stresses of the treatment per se. Additionally, the period of confusion and the inherent crisis within the phase of adolescence is highly individualized and no studies have been done to qualitatively nor quantitatively compare the level of
confusion of those who are “normal” adolescents to those who are undergoing treatment.

Even though the mask for the co-researchers serves to covers their true self as well as symbolizes the disease and its treatment, they still view themselves as a normal individual. This was also evident in researches done by Rechner (1990) and Woodgate (2005) which shows that those adolescents who have a disease and are undergoing treatment still considered themselves normal and believed that they are “pretty much the same person”. As the mask draws attention and brings about social stigmatization to the co-researchers, coupled with their believe that it is a remnant of the hospital, serves as the reasons why they avoid wearing one. This indispensable fear of social stigmatization was evident in the writing of Helms (2007) regarding the lives of adolescents with chronic illness.

Following a restriction in the world of the co-researchers is tantamount to changing their old self, which they considered as the normal one and ardously try to preserved and lossing their control and autonomy with their lives. This feeling of lossing control over ones live is also evident in the research done by Anjos & Zago (2006) regarding the live of someone who has breast cancer. Though the participant in their study is an adult, the result of their study echoes what the co-researcher feel regarding the restrictions imposed upon them. Their view of regarding the restrictions plus the risk-taking behavior inherent in the adolescent
(Helms, 2007) makes them prone not to abide by them especially when they are outside the four walls of the hospital. Parallel to what Fitzsimmons & Middleton (2006) found out about adolescent with chronic illness, the co-researchers “try to normalize the experience within their daily lives” by doing the things they used to do, those same things which they are forbidden to do.

The importance of the physical appearance that is naturally present in an adolescent is shared by the co-researchers as well. As Helms (2007) would put it, “Adolescents focus on their physical appearance and attractiveness”. The significance of their body image is further seen by the research done by Elkateb (2002) which shows that it is one of the major concerns of those who have cancer. For the co-researchers, since it is the first thing that other person tend to look at, it serves as the “gate” to their soul. This belief that people look at them most of the times especially when their physical appearance is altered was also seen in the study done by Larouche in 2006 describing the experience of those adolescents who have cancer. Furthermore, this view of the prime importance of the physical appearance is also reflected by the research done by Yeh (2002) and Elkateb (2002) exploring the live of adolescent with cancer. It is not surprising that the physical changes chemotherapy brings represent for them as the most distressfull side effect of chemotherapy, one of such is hair loss, a finding similarly seen by Hicks et al (2003) and Balabagno (2006). Because of these changes, they may feel that they don’t look normal and may deliberately isolate themselves from social
gatherings. This feeling of not looking normal is also seen by the research done by Larouche (2006) concerning the view of adolescent cancer patient with themselves. Moreover the social isolation that roots from these physical changes was also evident in the studies done by Rademacher (2005) and that of Larouche (2006). It must be noted however that though the researches mentioned above employ adolescents as their participants, they tend to focus more on the effect of cancer in the body image of the adolescents not as the direct effect of its treatment. Even so, the complexity and the multitude of the effects of these physical changes in the lives of the adolescents, may it be attributed directly from disease itself or from the treatment, is still a universal phenomenon among those who have cancer and are undergoing its treatment.

Theme b) Complex Chemo: Welcome to my Reality

This study shows that as the co-researchers journey through the roads of their treatment, they begin to know that chemotherapy is indeed a multifacet, complex, time consuming and arduous treatment. This view of chemotherapy is shared by the Fitzsimmons & Middleton (2006) when they say that the cancer treatment cannot be viewed in such a simplistic manner, that it is at times confusing and difficult.

Though chemotherapy is a multifarious regimen, the co-researchers have appreciated that it has two major opposing but interconnected sides, the good
(Yang) and the bad (Yin). They have learned to first focus on the good side of chemotherapy before transversing to the other side of it. It was evident that chemotherapy was seen as the only source of hope and permanent cure for the coresearchers during the time of their illness. For them before the start of the treatment, nothing can be worse than what they are going through because of their illness. Chemotherapy was seen as their means of survival since like what Rhiner et al (2004) has said, the diagnosis of cancer was tantamount to a death sentence.

It was only when the negative effects of cancer was felt that they have acknowledged the fact that though chemotherapy saved their lives, it would also drastically changed it. The experience of undergoing chemotherapy had affected their whole being, just as what Siqueira et al (2007) has found out in her study on how it is to have cancer. Moreover, the process of undergoing the treatment is seen by the co-researchers both as time and energy consuming, a finding similarly shared with Aranda et al (2005) study on women with breast cancer.

Chemotherapy brings forth a multitude of discomfort, not only physically but psychoemotionally and socially as well. The discomforts felt by the co-researchers echoes those that are found in the literatures reviewed, one of which is the symptom experience, which was simillary seen in the studies conducted by Woodgate et al (2003), Woodgate (2005), and Halldorsdottir & Hamrin (1996) regarding those that are found in children, adolescent and adult respectively. As with the experience of the co-researchers, the researchers of the above study show
that the symptoms greatly affect the totality of the patient’s being. Another physical discomfort shared by the co-researchers with the other cancer patient, is fatigue. This common experience of fatigue was shown by the studies done by Peter & Sellick (2006), Aranda et al (2005), Balabagno (2006), and Hicks et al (2003), all of which shows that fatigue is a common discomfort of cancer, may they be adult patient, breast cancer patient, Filipino cancer patient or childhood cancer patient respectively. It must be noted however that the respondents in this studies are generally cancer patients and does not solely focus on those undergoing treatment except those done by Balabagno (2006). Moreover, Balabagno (2006) have also found out that nausea was a common complain by the Filipino adult cancer patient undergoing treatment. It was however not specified what treatment triggered the nausea while in the case of the co-researchers, the nausea was but a direct effect of chemotherapy’s medication.

Pain was also a physical discomfort felt by the co-researchers and is shared by those who have cancer as well as was shown by the researches done by Balabagno (2006), Cleve et al (2004) and Chen et al (2000). Balabagno (2006) in his study on Filipino adult cancer undergoing treatment found out that chemotherapy cause pain while Cleve et al (2004) study shows that children with leukemia experience pain all throughout the 1st year of treatment. Both researches and the co-researchers experience echoes the statement of Rhiner et al (2000) when he pointed out that the treatment exacerbate the pain felt by the patient.
On the other hand, Chen et al (2000) found that Taiwanese adult cancer patients who are in pain tend to have more episodes of anxiety and depression. This effect of pain in the psychoemotional aspect of the individual is also apparent in the experiences of the co-researchers. Moreover, as the co-researchers journey throughout the chemotherapeutic experience, they also encounter the feelings of anxiety, fear, doubt, and depression as an effect of the treatment itself and not only that of pain. As Rhiner et al (2004) would say, anxiety was but a common psychoemotional response of cancer patient to their treatment. Moreover, Matsushita et al’s (2005) study show that anxiety and depression was more severe in those digestive cancer patients undergoing chemotherapy. It was also shown by the study done by Ryan et al (2005) that anxiety and depression can mimic physical symptoms of cancer patient or treatments.

The negative effects of chemotherapy do not only take its toll on the physical and psychoemotional well being of the co-researchers, as it also affects the social aspect of their lives. Chemotherapy directly decreases their social contact as the treatment both consumes their time and energy as well as impose restriction to their usual routine and activities. Helms (2007) would simply put that social isolation of young people with chronic disease is common and may have very little contact with their peers. Social isolation was also evident in the works of Siqueira et al (2007) which shows that the physical and psychical restrictions deriving from cancer imply significant changes, which may make the
person become dependent or withdraw from social companionship. Social Isolation was also a subtheme in the research done by Halldorsdottir & Hamrin (1996) concerning the life of a cancer patient. Though social isolation is a common theme in the life of a cancer patient, it must be taken into consideration that the above mentioned researches employ adult patient as their respondent and focus on the effect of cancer and not that of chemotherapy.

Another way by which the complexity and intricacies of chemotherapy can be seen is the fact that the co-researchers place as much emphasis on the context of the treatment as to the process of the treatment itself. For them, the place and those around them during the treatment affects very much their appreciation of the regimen. As Edvardsson et al (2006) found out in their study regarding the meaning of being in an oncology environment, the physical environment influence the experiences of care by four (4) distinct ways: by being a symbol expressing messages of death and dying, danger, shame and stigma, less social value and worth; by containing symbols of caring and uncaring, life and death; by influencing interaction and balance between being involved and finding privacy and by containing objects that could facilitate a shift of focus away from the self, that is being able to escape the world of cancer and finding light midst of darkness. Additionally the study conducted by Kelly et al (2004) regarding the insight into the adolescent cancer unit also resounds the above mention notion,
that the physical environment does greatly affect the treatment experience of patients.

For the co-researchers, the context of the chemotherapy treatment can be divided into two phases, the in-patient and the out-patient. For them, the in-patient generally presents itself as the negative side of the treatment while the out-patient serves as the relative positive aspect of the regimen. They view the in-patient experience as cold, monotonous, repetitive and predictable. Moreover, during the time of their hospitalization, they have equated the hospital with suffering and death as it sucks the life force, energy and autonomy of those inside like an ever-consuming vortex. It is for these reasons that they would compare the hospital to a prison cell where they themselves are the prisoners. This repetitive and monotonous ambiance of the hospital was also seen in the research done by Stewart et al (2003) on the life of children with cancer. It is because of this repetitiveness and monotony that allowed the children to easily get used to the treatment. Opposed to this was the view of the co-researchers because for them, the monotony and predictability of the events and activities inside the hospital bore them a lot for inherent in them are the desire to explore new things and try variations in their day to day activities. As was observed inside the hospital and was shared by the co-researchers, another notable thing that seem to aggravate boredom was the lack of leisure activity during hospitalization. As the studies done by Elkateb et al (2002) and Cleve et al (2004) on the experience of
childhood cancer shows that leisure activities serves as a way of coping to physical distress and is one of the management strategies for pain, the mere absence of this would only add to the distress of the patients during chemotherapy.

On the other hand, the co-researchers would appreciate the out-patient phase of their treatment as relatively a positive experience as opposed to their hospital experience. Essentially, the OPD treatment is composed of two parts, the OPD (Out-patient department) treatment per se and the home environment. As opposed to the in-patient experience where they live and are being treated inside the hospital, the out-patient phase would include the OPD as their treatment facility while they would continue to live in their natural environment, their home. Since the OPD is an extension of the hospital, the co-researchers would view it negatively as they had with the hospital per se. Like in the hospital, they view the OPD as a cold, boring and monotonous place. If they see the hospital as a prison cell, they would say that the OPD represents a factory where they are the raw materials being process, a view shared by the result of McIlfatrick et al’s (2007) research on the patient’s experience of having chemotherapy in a day hospital setting. It is not surprising therefore that they feel anxious and fears the very first time they would return back to the OPD for their check-up or treatment. This was also shown by Rhiner et al (2004) when he said that severe anxiety may be manifested even on routine diagnostic exams. Fitzsimmons & Middleton (2006)
further elucidate that the delay in the treatment, the long waiting time and the travel causes frustration to patients. This frustration is also felt by the co-researchers for the same reasons pointed out by Fitzsimmon & Middleton (2006) and may very well be the grounds why they sometimes view the OPD experience as a negative one. Meanwhile a study conducted by McIlfatrick et al (2007) on the patient’s experience of having chemotherapy in a day hospital shows that there are times when the OPD treatment is seen as a positive one. His results shows that during the OPD treatment, they were able to form friendship with other patient and makes them feels more “normal” for there is a relative absence of the sick role, a feeling that is shared by the co-researchers as well. Much of the positive aspect of the out-patient phase of the treatment can be attributed to its other part, the home environment. The home environment represents for the co-researchers normalcy and vitality a complete opposite view of the hospital environment. For them, being able to undergo the treatment at the hospital yet go home after brings into them the feeling of normalcy as they can perform again their usual activities such that their feeling of autonomy is eventually regained. As Peter & Sellick (2006) in their study on the quality of life of cancer patient receiving inpatient and home based palliative care have found out, patient receiving home based palliative care have statistically significant less symptom severity, lower depression scores, better physical health, quality of life, and more control over the effect of their illness, medical care, treatment received and the course of the
disease as compared to those receiving in patient care. It is for these reasons that they view the home environment as a positive experience and a “hot” environment, teeming with energy and vigor as well as full of colors opposed to the cold and dull ambiance of the hospital.

Beside the place where the treatment occur, the context for the co-researchers, also involves those who gives the treatment, the health care providers. Generally, they have learned to ascribed the goodness and badness of a health care provider based on two things, skills and attitude. For them those who possesses great procedural skills, mostly seniors, are seen as “good” while those who they see act like a neophyte and are not very well skilled as labeled “bad”. Additionally, those who treats thems as a holistic human being, focuses on their needs, minimizes discomforts, and shows genuine regards and empathy are appreciated as the “good” one while those who seems to reduce them to mere bodies, worst sees them as a mere machines, focuses more on the disease and does not communicate well with them are regarded as a “bad” practitioner. Clark et al’s (2003) study would echoes the view of the co-researchers for it shows that there exist a strong relationship between the degree to which staff addressed emotional/spiritual needs and overall patient satisfaction, further ilucidating that patients must be treats holistically. Meanwhile, McEwen et al (1998) in their review of related literature with the quality of life of patient with lung cancer shows the importance of communication with regards to the quality of life of patients as the
results show that communication problems with medical staff were strongly associated with anxiety and with anticipatory nausea and vomiting. Though this research focuses on the adult cancer patients, their result is comparable to those felt by the co-researchers for both of them have undergone hospitalization and have interacted with the staff.

Theme c) F4: Maintains My Core

Through subsequent reflection from the narrative of the co-researchers, it was reflected upon that for them, there exist four (4) things which serve as their source of coping and their motivation to move on with their lives, they are: Family, Faith, Friend, and Future. Though coping mechanism are highly individualized and are dynamic with time and situations, their sources remains relatively constant all throughout the chemotherapeutic treatment.

For the co-researchers, the family serves as their source of strength, hope and encouragement all throughout the experience. They are their constant companion as they journey though the ordeal letting them feel that they are not alone as well as giving them an ambiance of familiarity in the otherwise foreign and peculiar environment of the hospital. As was shown in the literatures and the co-researchers’ experience, cancer and its treatment is a family affair (Rhiner et al 2004, Clark 2005 & Helms 2007) such that the disease not only affect the individual but the whole family as well. The importance of the family was also
shown by the researches done by Torres (2006), Woodgate (2006) and Hockenberry-Eaton (1994) when they have found out that the family serves as the main support system of the chronically ill Filipino cancer patients (Torres, 2006), as a key element of the act of “being there” and maintaining “normalcy” as appreciated by adolescents with cancer (Woodgate, 2006) and the epitome of caring for children with cancer (Hockenberry-Eaton 1994).

Faith in the minds of the co-researchers, does not only imply the believe in God but extend itself to represent their complete confidence and trust with the treatment and their health care provider. These trust and confidence enables them to feel at ease and have a sense of inner peace at times when the disease overwhelms their being for they have place their lives at the hand and mercy of those who take care of them. Faith enables them to free their mind of the burden inherent in their disese and its treatment and focus their limited energy on coping with it. This positive effect of faith was also seen by Soothill et al (2002) when they have found out that patients with expressed faith identified fewer psychosocial needs than those without faith. Sutopo (2007) further elucidate that the nurse presence was as an important part of the provision of spiritual care. It must be noted however that the respondent in these researches are adult and that their definition of faith tends to draw more on the “expressed belief in God”, opposed to the view of the co-researchers which tend to focus on their faith with the treatment and the health care provider and not that of God.
Beside their family, their friends are also one of the most important groups of people for the co-researchers during their treatment regimen. Though the treatment in itself limits their social contact with their previous acquaintances, it also provides an avenue from which they could form new friendship especially with those who are like them undergoing chemotherapy. This new friends serves as their companion through their journey as they share the same experience letting them feel that they are not the only one who is undergoing treatment. Through this friendship, they learned to redevelop hope, define their aspirations and bring back their confidence with themselves. Studies done by Larouche (2006), Woodgate (2006) & Woodgate (2005) resonates the co-researchers’ appreciation of their friends, for they have shown that adolescents with cancer that have develop friendship tends to adopt coping strategies better (Larouche 2006), possesses a more supportive relationships, felt less alone (Woodgate, 2006) and feels more “normal” (Woodgate, 2005). Though they focus on those with cancer, the universally of the importance of friendship still remains the same with those who undergoes chemotherapy.

For the co-researchers, focusing on the future let them temporarily escape their present suffering, as it enables them to psychologically depart from the discomfort, pain and agony, those things that they can’t physically avoid. The future, which houses their dream of a normal life, also serves as the their motivation to hold on despite all the troubles the treatment brings, for in their
minds everything will eventually fall into places and that the future which they dreams of, will in time be their present reality. Because of the things that the future holds and represent for them, focusing on it would make their suffering and agony bearable. As Helms (2007) pointed out, hope and aspiration of adolescents with chronic illness or disability are no different from their able bodied peers, that they all hope for a better future. Results from the studies done by Weekes and Kagan (1994), Danielsen (1995), Kelly (2004), & McIlfatrick et al (2007) have shown the importance of the future in the lifes of those with cancer for it serves as a coping mechanism for the adolescents completing cancer therapy (Weekes & Kagan, 1994) and those inside an adolescent cancer unit (Kelly et al, 2004), inculcate hope in children with cancer (Danielsen, 1995), and enables the adult cancer patient to “work around” the treatment and instill positive thoughts in them (McIlfatrick et al, 2007). These researches only strengthen the importance of focusing on the future during the treatment process.

D. Thematic Embodiment

This section contains the exposition of the essence of the adolescent’s experience of undergoing chemotherapy. It includes the discussion on the eidetic insight gathered through the process of reflective analysis and embodied in its symbolic representation.
After the 2\textsuperscript{nd} reflective analysis was done and the themes and subthemes are consequently gathered and validated by the co-researchers themselves, the 3\textsuperscript{rd} process of reflective analysis then ensures. This essential step brings about the essence of the phenomenon under investigation which is reflected through the eidetic insight and symbolic representation subsequently validated and counter-validated by the co-researchers.

\textit{i. Eidetic Insight}

Undergoing chemotherapy in the eyes of an adolescent is analogous to a tree journeying through the four seasons of change, eternally struggling to adjust, adapt, abide and assimilate the alterations brought about by the seasons, chemotherapy, while trying to maintain a normal sense of self. It is a phenomenon of conflict, of constant struggle between meeting the desire of normalcy and autonomy of the adolescents to letting oneself succumb to the dictum and demands of chemotherapy.

\textit{Autumn (Lagas Buhok/ Falling Hair)}

For the adolescents, the realization that they are indeed undergoing chemotherapy starts when the inevitable hair fall occurs. Like the tree shedding its leaves during autumn, it signals the start of their journey through the season, through chemotherapy. During this time, physical changes little by little surmount
the adolescents’ life as the effects of both chemotherapy and the disease takes its toll on their body. The autumn also epitomizes the beginning of metamorphosis for the adolescents’ self, an image that dominates their inner being during this time. As the night begins to noticeably get longer than the day and the horizon starts to chill as the sky turns grey, the feeling of melancholy starts to sink into the adolescent’s psyche as the hospital environment begins to slowly take control of their life and gradually consume their being. It is in this season that they start to turn themselves inward for the possibilities of the summer is gone and the reality of a harsh weather to come is imminent. They start to feel that things will never be the same again, that their old normal live will be like the summer in a distant past. Deep inside, they know that in order to survive this phase they must be able adjust as quickly as they can or lose their sense of self and be early overwhelmed by the treatment

*Winter (Higa Hintay/ Lie & Wait)*

As time moves and their journey continue, the intensification phase of their in-patient chemotherapy then ensures, symbolically marking the start of the season of winter. As the canopy of trees is cloaked in the cold snow, the adolescents then gives the mask its representation, that of hiding their true self behind its façade. And like the trees shrouded with snow, limiting the very movement of its leafless branches, the adolescents’ view of the hospital takes its
form of a prison cell where they themselves are the prisoners. Because of the changes brought about by the season, the appearance of the trees is drastically altered, like the adolescents undergoing the process of change because of chemotherapy. Like the tree, the adolescents know that one only the outside appearance is transformed but deep inside they are still the same person. Just as the snow totally covers the now leafless trees and have its life within its mercy, chemotherapy then took full control over the life of the adolescents. It is in this period that the compounding discomforts, agony and suffering from both the drugs and the disease reach its peak letting the adolescents to move a passive state, whereby he completely turn himself inwards, and detaches from social interaction. As the night becomes longest and the surroundings is filled with dullness and coldness, lacking the vitality and vigor of summer, the melancholy of autumn turns into depression. It is in this period that the adolescents may at times feel alone, lose hope and just let others decide for them as they know that the negative effects of chemotherapy cannot be avoided but must be endured. Choice and autonomy during this time seems to be at a lost. As the things during winter conserved their remaining energy to surpass the season, the adolescents then symbolically hibernates, letting time pass, tolerating all that must be endured, dreaming that things will come to an end. Through the winter, the adolescents must learn to adapt or otherwise be overcome by the frostiness of time and sleep without the hope of ever waking up again.
Spring (Tusok Tubo/ Prick and Sprout)

As the adolescents, surpass the critical moment of their chemotherapy and shift from being an in-patient to an out-patient, their journey through the spring is then embarked upon. Through the again lengthening of the day, the spring begins to melt the snow that seals the trees, the adolescents during this period start to regain themselves, reclaim their lives and recover from the devastation of winter. The spring symbolizes growth as it creates a kaleidoscope of colors, of different flowers blooming, and brings back the vitally and life that seems to dessert the winter period. In a way, the spring revitalizes their river of energy as it liquefies the ice of winter, indicating the start of a better time. Spring is also the time when rain starts to fall, which for the adolescents signifies the multitude of injections that they have to endure during their out-patient treatment. Since the growth of the seedlings of spring necessitate a forceful penetration from the ground below to the surface soil, it in a way represent the essentiality of their experience of being pierce (BMA, intrathecal injection, push) so that their lives will be renewed as they recover from their disease. As the adolescents move away from the hospital and back into the outside world, their sense autonomy is recoup and their feeling of being in control is redeemed letting them feel that somehow they are normal again. This feeling of autonomy, of being in control and relative normalcy may sometimes be overwhelming that the adolescents may forget that they are still undergoing chemotherapy and turns the otherwise unbreakable restrictions of the
treatment into a mere meek advises, which at times they would disregards. Through the season of spring, the adolescents must learn to abide by the restrictions of their regimen so they would be on the road to full recovery or overindulge themselves in their relative feeling of freedom and autonomy and subsequently drown in their own river of energy.

*Summer (Takot at Tuwa/ Dread and Delight)*

As the adolescents geared toward full recovery, and well into their maintenance phase, their journey to the summer is initiated. It is during the summer that the day starts to fully lengthen and the outdoors are flooded with the sun’s ray of life. It is this phase that the adolescents aspire to attain as it represents the road to full recovery. It is a state of overflowing warmness, of vitality, of hope, of aspirations the very things that the adolescents dream of. As much as the summer represents the future for the adolescents, this future is but a recreation of their old life which they have always seen as the normal one. It seems that the road toward recovery and the future is but a way back into their past normal life. Though the summer is filled with delight, deep inside the adolescents are beads of dread, for they always fear that anytime their disease might return and again they must have to undertake the journey through the season. Like a tree that has now formed a new bark as the journey nears its end, the adolescents themselves have become a better individual, stronger than they used to be. As they progress toward
the peak of summer, they must learn to *assimilate* into their life their experiences they had overcome so as to acquire a meaningful life changing insight from their ordeal or just let the warmness of the sun burn away the memory of the treatment into a meaningless events of their past life.

### i. Symbolic Representation

“Normalcy Amidst the Seasons of Change” (Figure 4) is the symbolic representation drawn from the subsequent reflections from this study. At the center of the figure is the tree, personifying the adolescents who are at the heart of the experience, the receiver of chemotherapy. The tree embodies the adolescents’ internal desire to be normal as during the season, only the outside appearance of the tree is change but inside remains to be essentially the same. Surrounding the adolescents is the symbol of the yin and yang representing the overall complexity, intricacies, and elaborateness of chemotherapy. As the yin and yang represents the interconnectedness and interdependence of the opposite sides of things (yin = negative, yang = positive), it also embodies the interconnected of the opposite sides of chemotherapy. They epitomize the relative badness and goodness of chemotherapy, the essential drugs and the adjunct therapies delivered by the needle, as well as the context of the hospital in-patient treatment and that of the out-patient regimen. Additionally, it also signifies the bad and good health care provider surround the adolescents during their ordeal. The yin and yang exemplify
the interdependency of the opposites mentioned above such that the other would fail to exist if the not without its counterpart, that there will be no adjunct therapies without the essential drugs and no bad person without the existence of a good person. It also demonstrate the intertransformation and mutual consumption of the opposite such that the yin would fail to develop without the destruction and transformation of the yang and vice versa, that the out-patient regimen would only start after the hospital in-patient treatment have been finished, that the essential drugs would always precedes the adjunct therapies.

Moreover, the experience of undergoing chemotherapy represented by the yin and yang is further elaborated by the seasons around the symbol. These seasons correspond to the unique phases of their journey through their treatment while the essential task as one travels from one season to another is place in between those seasons. The seasons are strategically place to show the relative amount of energy inherent in these phases. The summer, found at the peak of the symbol denotes the fullness of the yang, a state full of energy, of hope signifying both the future and the past life of the adolescents without the treatment. As they journey from summer to autumn, the task of adjustment from their normal life to the one with chemotherapy, must be accomplished in order for the adolescent to move on. Autumn on the other hand is place at the left side of the symbol demonstrating the yin rising, a state of changes, wherein the negative side effects of chemotherapy is starting to be felt and their hospital treatment is at its start. As
they continue to move on to winter, they must carry out the task of adaptation to the overwhelming demands and effect of chemotherapy for them to surpass the process. Meanwhile, winter is placed at the bottom part of the symbol corresponding to the fullness of the yin, a state that relatively lacks vitality, vigor and life force, a time when the full effect of the disease and its treatment is at its peak and the hospital takes total control over the life of the adolescents. Moving from the winter to the spring, the adolescents must consummate the task of abidance to enable them to successfully reach the season of spring. Lastly, spring is placed at the right side of the symbol portraying the yang rising, a state growth and renewal of life, a phase wherein the adolescents move from being an in-patient to that of being an out-patient, reclaiming their lost autonomy, freedom and sense of control. It is also a time wherein the adjunct therapies slowly begin to make itself felt. From this point going back to the summer, the adolescent must complete the task of assimilation, of putting together the meanings of the experience they have gone through, only then could they reach the summit of summer again.

Inside the yin and yang surrounding the tree representing the adolescents are the four (4) things which serves as their source of hope and motivation to move on during the entire ordeal. They are there to maintain the individuals’ core so as not to be overcome by the treatment itself. “Future” is at the level of summer since it is the main source of their hope and dream while “Family” is at
the level of autumn since they are the constant companion of the adolescents from the beginning. “Faith” on the other hand is at the level of winter for serves as the main source of the individuals coping during the coldest phase of their treatment while “Friends” is at the level of spring since their formation and importance peaks during the out-patient treatment.
Figure 4: “Normalcy Amidst the Seasons of Change”: The Symbolic Representation of the Adolescents’ Experience of Undergoing Chemotherapy
E. Implication to Nursing Profession

From the insights gathered from the subsequent reflections of the co-researchers’ narratives, the following are the implications drawn from the results of this study.

As this research shows that adolescence is indeed a unique stage comparatively different from that of childhood and adulthood, it thus emphasize that adolescents are unique in their own way and must be treated as they are. It was also shown that adolescents desire to feel normal all throughout the treatment process so treating them as normal as possible can inevitably establish trust and rapport as well as make their transition to the treatment smoother. Since the adolescents feels that the goodness of a medical practitioner is based upon their skills and attitude, nurses must therefore find ways and means to improve their clinical skills so that clients will not feel that they are not “knowledgeable” of what they are doing as it was shown that this notion increases the adolescent’s anxiety. Moreover, nurses must see to it that they genuinely empathize with the adolescents, appreciating and treating them holistically as a person for it was shown that those who treats mechanically, focuses on the disease and reduce the adolescents to mere parts are seen as a “bad” practitioner.

As it was shown that chemotherapy produces discomfort in all aspect of the adolescents’ lives, managing this will subsequently improve the adolescents’ experience of chemotherapy. Managing discomforts should be an on-going
process and must not only focus on the physical aspect like pain but should also include the psycho-emotional and social aspects as well. Since the presence of the nurse alleys discomforts, nurses should therefore provide meaningful interaction with the adolescents as much as possible and be present with them especially during painful procedures such as bone marrow aspiration. Additionally, because chemotherapy brings psycho-emotional discomforts, nurses could also provide counseling to the adolescents to alleviate this discomfort or if not refer them to the hospital counselor if there is any. As social isolation is an effect of chemotherapy, nurses can reduce this by encouraging the family members and friends of the adolescents to visit them during their hospital treatment. If possible, nurses can also encourage group meetings with other adolescents to let them feel that they are not alone or a visit with a cancer survivor to show that there is hope and that cancer and its treatment can be overcome.

Other than that, health teachings should focus on the things that the adolescent can do while undergoing the treatment for focusing on the restrictions seems to instill in them the feeling that their autonomy is loss and that they don’t have a choice. Also, health teaching should be done even before the treatment starts as the adolescents desire to know what to expect and how the treatment will go about making them an active partner in their care. Inclusion of the family members in the health teachings can be beneficial since undergoing chemotherapy
is not an individual but a family affair and this will also make them a part of the treatment process.

As students will be in time the future nurses, it is a must that the above mentioned concepts regarding the care of an adolescent undergoing chemotherapy be included in their lessons. Moreover, exposing the students to half way houses which caters to the needs of an adolescent undergoing chemotherapy will in a way strengthen their knowledge of continuity of care of this special population as care does not only ends inside the hospital premises. Also, reinforcing the student’s knowledge on the management of discomforts, especially physical pain, and efficiency in procedures (e.g. IV insertion) will be of benefit to both the student and their future adolescent patient undergoing chemotherapy as knowledge and skills are especially developed during the student years. Non-pharmacological methods of pain control (like music, touch, distraction, etc) should also be given importance as much as the pharmacological control of pain.

As the result of this study show that adolescents undergoing chemotherapy view the hospital environment as a dull, lifeless and boring place for it does not provide any leisure activities, hospital administrators and policy makers could present leisure activities within their institution like providing TV on OPD department or inside the hospital wards. Also, they could develop programs wherein adolescents’ undergoing chemotherapy can meet as a group and share their stories with each other both to provide meaningful leisure time and make
their transition to the treatment easier. Since chemotherapy affects the psycho-emotional aspect of the adolescents, providing a hospital counselor would be of help to cater to the patient’s psycho-emotional needs. Providing trainings for the hospital staff should also be continuous so their knowledge and skills will at par with the international standards, especially in pain management, counseling and skills in procedures (IV insertion, BMA). Lastly, as this research shows that the adolescent’s overall view of the hospital is negative whereas their opinion on the home environment is quite the opposite, home care program could be another avenue for future development in the treatment of the adolescents wherein the patient are taken care of and treated at a home environment and not the hospital.

Finally, for the families of adolescents undergoing chemotherapy, as this research shows that their presence all throughout the treatment, especially during painful procedures, decrease the anxiety and make the transition smoother, it is then a must that they be present at bedside as much as possible. Furthermore, treating them as normal as possible would be more appreciated than pointing that they are different from other children. Also, reinforcement of the adolescents when they are abiding by the restrictions would be better appreciated than constantly reminding them of the wrong deeds they have done. Allowing the adolescent to be an active part in their care, like having them decides on simple things, would be beneficial to both the patient and their families.
As a summary, may it for those taking care of adolescents undergoing chemotherapy (health care providers, family), educators or policy makers (hospital administrators, government body), the acronym “CHEMO DRUGS” can serve as a basis for the improvement of care rendered to this special population. This acronym (CHEMO DRUGS) is the synthesis of the implications of the result of this study to the nursing profession.

Caring with genuine empathy directed on the whole person not on the disease

Health teaching focusing on what to expect on chemotherapy and what the adolescents can do while undergoing the treatment

Encouraging the adolescent and their family to be an active member of the health care team

Management of all kind of discomforts throughout the treatment process

Ongoing counseling services and providing meaningful interactions to improve the adolescents’ adjustment and adaptation to chemotherapy

Doing follow up care at home to ascertain the compliance of the adolescents outside the hospital

Respecting and treating the adolescents as normal as possible

Uplifting the adolescent’s sense of well being by providing meaningful leisure time specifically tailored to the need of clients while inside the hospital
Group meetings and interaction with other adolescents undergoing chemotherapy
to form a sense of camaraderie and evade feeling of being alone

Staying and being there with the adolescent as much as possible especially during
painful procedures
CHAPTER V
CREATIVE SYNTHESIS AND FUTURE DIRECTION

This chapter includes the discourse of the summary and future directions this research endeavor may take.

Creative Synthesis

This study, employing the interpretative phenomenological approach, explored the adolescents’ experience of undergoing chemotherapy. Five (5) co-researchers were carefully chosen based on a present criteria set upon by the researcher and are as follows: 1) They are willing to articulate, share, participate, and describe their lived experiences, 2) They have undergone at least the second chemotherapy sessions, either as an in-patient or out patient, as one of their treatment modality for their cancer regardless of its type and severity. And 3) that they are adolescents between 12-18 years of age. Moreover, the co-researchers were carefully chosen to ensure that the three (3) main phases of chemotherapy (Induction, Consolidation & Maintenance) is equally represented such that one (1) is undergoing the induction phase, another is on the consolidation phase, two (2) are in the maintenance phase while one (1) had just recently finished the treatment. Additionally, two (2) of them was diagnosed with leukemia, another two (2) with lymphoma and one (1) with bone cancer, the only one that undergo
chemotherapy as an in-patient while the rest as an out-patient. Furthermore, of the five (5) co-researchers, four (4) were male while one was (female).

The experiences of the co-researchers were subsequently gathered and enriched via the following methods: 1) Interview (Pakikipaghusap), 2) Storytelling (Pakikipagkwentuhan), 3) Participant Observation (Pakikipamuhay), 4) Art (Sining) and 5) Group Discussion. Subsequently, three (3) levels of reflective analysis was done on the narratives of the co-researchers following the process specifically developed by the researcher, inspired by the phenomenological methods of Max van Manen and Colaizzi. Through the process of reflective analysis, three (3) themes and seven (7) subthemes were drawn and are as follows:

a) I am Normal More than Special (Normal na Bata, Hindi Kakaiba) with three (3) subthemes namely: (a.1) Behind the Mask: Who am I Now? (Sa Likod ng Takip, Sino na Ako?) (a.2) Forbidden but not Forgotten (Pinagbawalan pero di Kinalimutan) and (a.3) New Me: Metamorphosis of Self (Bagong Anyo: Sarili’y Pabago-bago);

B) Complex Chemo: Welcome to My Reality (Chemo Komplikado, Yan ang Totoo) with three (3) subthemes which are: (b.1) Good News and Bad News: The Amazing Twins, (Mabuti at Masamang Balita: Laging Magkasama), (b.2) Needle Here, Needle There, Poke Me Everywhere (Tusok Dito, Tusok Doon, Tusok Panapanahon) and (b.3) Chemo Condo: Are You In or Out (Parang Nasa Condo Pagnagchechemo)

C) F4 (family, faith, friends and future): Maintains My Core. (Pamilya, Paniniwala, Kaibigan at Kinabukasan:
These themes represent the constant and dynamic interaction of the co-researchers self as it maintains a feeling of normality (a) while undergoing the intricacies and complexity of the chemotherapy experience (b) and the things that serve as their source of the coping and motivation to move on (c).

Further reflective analysis of the themes and subthemes reveals the essence of the phenomenon under investigation and is epitomized in the eidetic insight that: undergoing chemotherapy in the eyes of an adolescent is analogous to a tree journeying through the four seasons of change, eternally struggling to adjust, adapt, abide and assimilate the alterations brought about by the seasons, chemotherapy, while trying to maintain a normal sense of self. It is a phenomenon of conflict, of constant struggle between meeting the desire of normalcy and autonomy of the adolescents to letting oneself succumb to the dictum and demands of chemotherapy. This essence is further embodied in the Symbolic Representation entitled “Normalcy Amidst the Seasons of Change”.

**Future Directions**

It is in the nature of every study that in the process of discovering new ideas and concepts, it also unravels other avenues for future researches. This endeavor is one of those studies. From the eidetic insights, symbolic representation, themes and subthemes derived from this research, the following
topics are recommended for future research endeavors employing either quantitative approach, qualitative methods or both.

- Studies exploring in more depth, the following areas of adolescents chemotherapeutic experience:
  - Realities of undergoing chemotherapy
  - Induction phase
  - Consolidation phase
  - Maintenance phase
  - In patient chemotherapy experience
  - OPD chemotherapy experience
  - Experiences of Bone Marrow Aspiration
  - Coping mechanism during chemotherapy
  - Meaning of restrictions
  - Compliance during OPD treatment

- Studies exploring the experience of chemotherapy in the eyes of a/an
  - Children
  - Adolescents from other institutions
  - Adult
  - Critically ill patients
  - Survivors
Someone with specific cancer type such as

- leukemia,
- lymphoma
- bone cancer
- others

Primary care giver

- Physician/ Nurses
- Family Member
  - Mother
  - Father
  - Siblings

Studies exploring in more depth the effect of cancer treatment in terms of the patient’s

- Quality of life
- Physical Discomforts
- Pain experience
- Psychoemotional aspect
- Social Isolation
- Friendship
- Faith
- Hope and Aspiration
Family and its member
  - Family per se
  - Father
  - Mother
  - Siblings

Primary Health Care Provider

Studies exploring the different treatment modalities for cancer such as
  - Radiotherapy
  - Immunotherapy
  - Bone Marrow Transplant
  - Oncologic Surgery
  - Complementary and Alternative Modalities
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