

Research Article

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"Masked": The Lives of Adolescents Undergoing Chemotherapy

Abstract

Worldwide, cancer still ranks as the second leading cause of death among children. In Asia alone, it continues to be a leading cause of childhood mortality (<http://www.who.int/cancer/en/>). Though treatments, such as chemotherapy have played a major role in combating cancer, local researches that dwell to understand their lives

as they undergo the therapy are sparse. To further understand the lives of adolescents undergoing chemotherapy, this paper was conceptualized to present a glimpse of the adolescent's life and answer the question "What it is like to be an adolescent undergoing chemotherapy". Further, this paper is part of a larger study exploring the journey and the experience of adolescents during the course of their chemotherapy. Following the philosophical underpinning of phenomenology, five adolescents were selected as participants of the study based on preset criteria. The experiences of the participant were gathered and validated via the following methods: 1) Interview, 2) Storytelling, 3) Participant Observation, 4) Art, and 5) Group Discussion. Subsequently, three levels of reflective analysis were done on the narratives of the participants following the process specifically developed by the researcher grounded in the philosophy of interpretive phenomenology. Through the process of reflective analysis, three (3) themes surfaced: (1) Behind the Mask: Who am I Now?, (2) Forbidden but not Forgotten, and (3) New Me: Metamorphosis of Self. These themes reflected their affirmation that their lives have been "masked" by their disease and its treatment. "Masked" with its many layers of meaning represented the essence and the core description of their experience. Revelations and insights from these research findings suggested that to treat adolescents undergoing chemotherapy as "special" may sometimes be counterproductive as they feel it is opposed to their desire to be seen as normal as possible, which enhances their sense of control and autonomy.



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Introduction

Cancer in its simplest definition is a group of diseases that involves the uncontrolled growth and spread of certain abnormal cell in the body creating disequilibrium in the normal functioning of an individual. Childhood cancer, then, is a general term used to describe ranges of cancer types found in children between the ages of 0-19 years. It is the second leading cause of death among children worldwide, majority of which afflicts those below fourteen (14) years of age. It also continues to be the major cause of childhood death in Asia as 60% of Asian children afflicted with cancer die (King et al, 2007; <http://www.cancer.gov/cancertopics/types/childhoodcancers>; <http://www.who.int/cancer/en/>).

One of the advancements with regard to treatment of cancer is the development of chemotherapy and is currently the mainstream treatment of choice for childhood cancer (King et al, 2007; Otto, 2007). This choice is 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).

There is an increasing number of researches done on childhood cancer considering its global impact and the rapid utilization of chemotherapy as its main treatment of choice. Some researches explored the experiences of a varied age group of children with cancer (Rechner 1990; Hockenberry-Eaton, 1994; Yeh, 2002; Larouche & Chin-Peuckert, 2006) as well as the cancer experience in terms of the psychoemotional aspect like experience of uncertainty (Stewart, 2003), of depression (Woodgate, 2006a) and that of hope (Danielsen, 1996 & Turner, 2005). Other researchers explored children's experiences with cancer in terms of its effects on their sense of self (Woodgate, 2005), their coping mechanisms during their ordeal (Till, 2004), during treatment (Weekes & Kagan, 1994) or their coping mechanism in terms of their social support (Woodgate, 2006b), and their parent's involvement (Griffith, 2009).

It can be noted however that most of the studies focus on the cancer per se and not on any treatment modalities such as chemotherapy. Though there are researches that explore chemotherapy's effect on the quality of life of pediatric patients, specifically the psychoemotional aspect (MacLeod, 2005; Kyung-ah, 2009), the symptomatology (Jalmsell et al, 2006), as well as the pain experience (Cleve et al, 2004), none was found

that specifically explored the experience of undergoing chemotherapy through the eyes of adolescents.

Thus, it is an imperative to understand the experiences of adolescents undergoing chemotherapy to fill this gap in the literature.

METHODOLOGY

The Research Approach: Phenomenology

This research study utilized the interpretive phenomenological approach to describe and explore the meaning and essence of unconsolidated phenomena as lived experiences (Finlay & Gough, 2003; Woodgate, 2006; Speziale & Carpenter, 2007; Taylor et al, 2007). 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, 2011). This is done by specifically using the 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). With this, it thus bridges the gap between what is familiar in our worlds and what is unfamiliar (Gadamer, 2006).

More than an approach, phenomenology is deeply rooted in philosophy (Dowling, 2007). 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 described 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" (Speziale, 2007:77).

Participant Selection

Five (5) adolescents were selected as participants of this study based on the following criteria: 1) They are willing to articulate, share, participate, and describe their 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 3) that they are adolescents between 12-18 years of age.

Following the appropriate institutional protocols and clearances, the study was conducted at a halfway house located in Metro Manila, which serves as a temporary shelter for children undergoing cancer treatment within the area. The institution was chosen since the researcher was a former volunteer in the area prior to this study and all of its children-residents are hemodynamically stable to undergo their treatment as OPD patients in different hospitals. Prior to the actual interview, verbal and written consent was obtained from the participants as well as their parents. Full disclosure as to the nature of the investigation was done with the adolescents together with their parents. These adolescents were also provided the right to withdraw at any given time. As participants of the study, they were further given the choice to consult a counselor. But throughout the conduct of the study, none of them requested for it. Also, the participants were made aware of being tape-recorded during the conversations. If a tape recorder was not available during some instances, the narratives written from the interaction were validated by the participants. Conversations with the participants were undertaken at the time they verbally agreed to do so, which includes but not limited to the halfway house, their respective hospitals, or at the playground. To maintain anonymity, the participants' identities were withheld and pseudo names were used instead. Immersion with the participants was done during the entire course of the study to fully grasp their world.

Gathering the Narratives

The narratives of the participants were gleaned from the following methods: 1) Interview (*Pakikipag-usap*), 2) Storytelling (*Pakikipagkwentuhan*), 3) Participants Observation (*Pakikipamuhay*), 4) Art (*Sining*), and 5) Group Discussion.

1. Interviews were done informally to avoid undue stress and anxiety of the participants. Furthermore, it utilized open-ended questions to serve as the way to gain an entrance to the participants' 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). Moreover, the interviews were unstructured in nature

to provide a flowing dialogue with the participants making it more meaningful and deep (Finlay & Gough, 2003; Henn et al, 2006).

To explore the participants' experience, the researcher asked them the grand tour question "Tell me your story about your life during chemotherapy?" Explorative and probing questions were also posed during the interviews. Most of the of the time however, it was the participants' spur of the moment sharing that facilitated the dialogue.

2. Storytelling was done by letting the participants narrate their stories without so much an interruption from the researcher since adolescents generally communicate their feelings and make sense of their world through stories (Thorne & Shapiro, 2011; Robertson & Good, 2006).
3. Participant observation, a technique to collect primary data, was utilized to further understand the participant's experiences. It is a purposeful and systematic way of observing the interaction of the participants 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 participant's day to day routine including their chemotherapy session as well as being a volunteer in the half-way house where they stay.
4. Drawing activities were utilized as another avenue where the participants put into form and visually represent those experiences they deemed important and significant. It serves as another way of understanding their world as art is a non-threatening way to visually communicate anything that is too painful to put into word (Camarse, 2007). This was done by giving each of the participants a piece of drawing booklet and coloring materials and was instructed to draw things that represent themselves while undergoing chemotherapy. It was emphasized to them that they may draw as they wish whenever they want to.
5. A group discussion was facilitated to discuss findings from the study and was utilized as a form of final validation and counter validation of the participants' experiences. During the group discussion, the participants were presented with the findings to know whether the resulting themes and essence were reflective of their experiences. It was noted that during the group discussion, all of my participants agreed and

Process of Reflective Analysis

Figure 1:

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

felt that the themes and essence reflected their experience as adolescent undergoing chemotherapy.

Conversations from the tape recorded interviews and validated accounts were then transcribed to form the individual participants' narratives. These narratives were then reflectively explicated or their meanings determined using a process specifically developed by the researcher (Figure 1), grounded on the philosophy of interpretive phenomenology.

The yellow shaded boxes showed the level of reflections that was utilized in this study, opposite of which, blue shaded boxes, being the essential steps in the reflective analysis to each level. In addition to that, the pink shaded boxes represent the ways on how the experiences were enriched, validated and counter-validated, by the participants' experiences. The green shaded boxes represent the outcomes of each essential step as well as each level of reflections.

The following are the essential steps in the reflective analysis of the participants' experiences

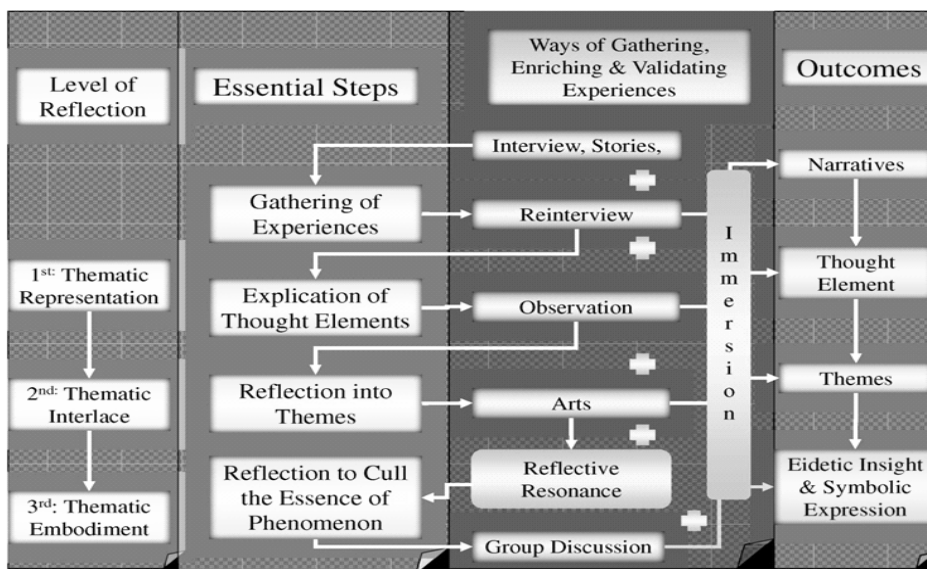
1. Narratives:

Interviews and stories of the participants served as the primary way of gathering the experiences. The transcriptions, considered as the raw data, were given back to the participants for validation.

2. 1st Level of Reflection: Thematic Representation

After the narratives were generated, each individual's narrative was analyzed by first reading it to get the overall "feel". A second reading was done to code or indicate "thought markers." Then, identification of the essential meanings was done.

3. 2nd Level of Reflection: Thematic Interlace



The thought elements from each individual narrative were then analyzed through the thematic interlace. Reflective analysis involved a dialogical process between the researcher and the participants' experience. This was done to make sense of the participants' lives by culling out the patterns of their experiences giving birth to the themes. These themes were further enriched by incorporating the meanings of significant artworks (drawing) of the participants that for them represented an aspect of their lives undergoing chemotherapy. The resulting themes were again validated by the participants.

4. Reflective Resonance

Reflective resonance was done by situating the resulting insights from what is available in the current literature. This process neither affirm nor negate the insights formed from the reflection, but merely added a lens by which the result could be appreciated.

5. 3rd Level of Reflection: Thematic Embodiment

Through the thematic embodiment, themes were analyzed to cull out the "core" or "essence" of the phenomenon and generate an exhaustive description of their life experience, otherwise known as eidetic insight. The participants validated the resulting eidetic insight through a group discussion. A visual representation of the eidetic insight was also generated and validated by the participants.

6. Validation

According to Wood & Haber (2003), the phenomenological method is a process of learning and constructing the human experience through intense dialogue with the person living the experience. Thus, validations were done through the process of reflective analysis to ensure that it reflects the lived experiences of the participants.

Results

1st Level of Reflection: Thematic Representation

The narratives of the participants were condensed into significant thought elements to facilitate reflective analysis. Thus, from the five (5) narratives, 707 thoughts elements were identified.

2nd Level of Reflection: Thematic Interlace

The second reflection followed from which three (3) themes emerged, namely: (1) Behind the Mask: Who am I Now?, (2) Forbidden but not Forgotten and (3) New Me: Metamorphosis of Self.

1) Behind the Mask: Who Am I Now? (*Sa Likod ng Maskara: Sino na Ako?*)

The mask worn during chemotherapy possessed varied meanings to the participants. The mask symbolized the disease they have, seen as a remnant of their hospital experience, and served as a cover to the real person they did not want others to see. These representations made them feel that they were different.

"Tapos siyempre titingnan ka ng iba pag nakamask ka. Ayun, alam na na nagchechemo ka agad" (When you are wearing a mask, then everyone would notice you and they would instantly know that you are undergoing chemotherapy) (Jophiel)

As Chamuel showed above (Figure 2), mask sends signals to other persons that you are not like them. Another participant then added that wearing a mask is a giveaway that you are undergoing chemotherapy.

Wearing mask gave them the impression that people were staring at them, that they were the center of interest/attraction; and that they did not really want in

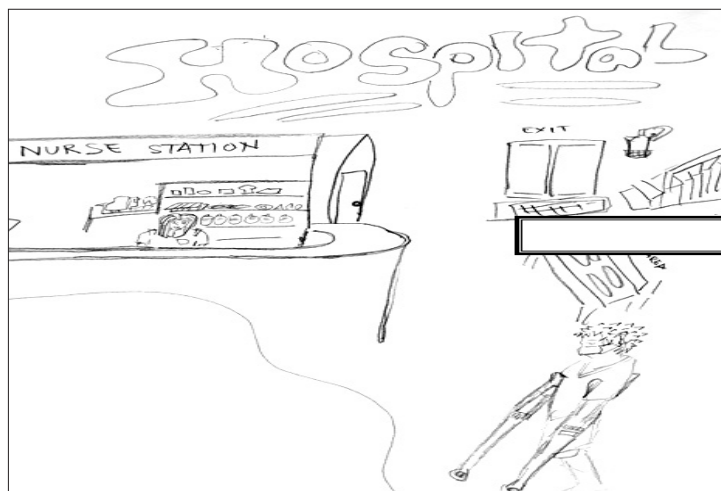


Figure 2: "Hospital"

places they would rather not be. The social stigma and the unwanted attention the mask brought that made it unpleasant to wear.

The mask also brought back the memory of the participants' hospital experience; and of the time they fought for their lives while combating 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 more sick, as they have a notion that in-patients are sicker compared to OPD chemotherapy patients.

As the mask covers almost half of their face, the participants felt that it hid the true person within, the person who still considers himself normal. Though they are sick, they wanted to be recognized and appreciated as normal as possible. Jophiel concurred:

"Sa mask mainit, kaso kahit meron mask na hindi mainit di ko pa rin isusuot. Nakakairita e, di makita yung mukha mo talaga. Nakatago parang pati kung sino ka nakatago na rin. (With the mask, it's hot, but even if the mask was not hot I still won't wear it. It's irritating; it covers your real face. It hides even your real identity as well.)"

It was not surprising therefore that out of the five (5) participants, four (4) of them did not wear any mask when they were outside the hospital. On the contrary, the researcher observed that children and adult patients undergoing chemotherapy were constantly wearing mask may they be inside or outside the hospital premises. Moreover, it is worth noting that the only participant who

does constantly wear mask is the only one who is currently undergoing chemotherapy as an in-patient whereas the other four (4) who are out-patient do not wear one.

The participants know that it is a must to wear mask when undergoing chemotherapy. They understand the rationale and benefits of wearing a mask but it seems that for them, its underlying connotations are enough to overshadow its benefits. Deep inside, they are in constant struggle trying the mediate things, hoping to make both ends meet. Thus, 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 (i.e. the hospital, which in a sense would fulfill both desires.

2) *Forbidden but not Forgotten* (*Pinagbawalan Pero di Kinalimutan*)

Restrictions in the world of the participants are tantamount to two things, change and control. They feel that obeying restrictions means changing the very things they are used to do, their routines, their ways and their habits. The participants see these things as part of their normal self before undergoing chemotherapy. It would be logical, therefore for them to keep this sense of selfhood alive after the treatment is over. To keep this sense of self alive means doing things beyond the restrictions.

Changing a habit that is already inculcated in an individual is tough, especially if it serves as a reminder of a distant past where everything is considered normal, a far cry from the present situations they are in. 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 or small ones (eating raw foods), 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 participants, living life at the moment is as essential as living for the future. 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 on the 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. According to Jophiel:

"Masarap ang bawal, kain lang ng kain, saka na isipin yung epekto." (What is forbidden is good, just eat and eat, think of the consequences later.)

For them, complying with a recommended restriction as part of the treatment regimen means letting the treatment takes 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 in the hospital for rules govern the daily activities of the participants. The researcher has observed that those people around and in constant interaction with the participants, their parents or the medical team, are more obsessed in reminding the participants 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 participants were not given a choice but an order.

Once outside, they would see the restrictions as the extension of the hospital itself. Thus, when given the chance 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 at pansamantala pag nasa loob na ulit, madami na namang bawal" (When outside the hospital, the forbidden is not temporarily gone but once inside again, there would be many restrictions over again.)"

It may seem that the participants disregard the rules but there are times when they have nothing to do but follow. The researcher observed that there were three prominent occasions when the participants were following these restrictions: when they were inside the hospital; when their OPD treatment is nearing and when they feel the effect of their non-observance of restrictions.

3) *New Me: Metamorphosis of Self* (*Bagong Anyo: Pagbabago ng Sarili*)

Physical appearance is a significant aspect of self for the participants. 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 the gate to the self. The hair, which serves as the “crowning glory” of the person has become important for the participants.

It is not surprising therefore that the participants agreed 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.

The news that their hair will eventually lose is faced with a mixed feeling of surprise, regret, fear and sadness. The importance the participants gave to their hair as well as their experience of losing it is also evident when Barbiel entitled her drawing (*Figure 3*) “Lagas Buhok, Tusok Buto” (Falling Hair and Drilling Bone)."

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 undergoing chemotherapy. Since this physical change is not a subject of preference, the participants are left with only one thing to do, adapt.

From seeing these changes as negative effect of chemotherapy, in their mind they have transformed 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 bring.

In the end, though they have adapted and redefined their experience to suit their needs, the permanent marks that these transition leave 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 nang 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,



Figure 3: “Lagas Buhok, Tusok Buto”

it's curly, like it sticks to the skin, see this, it's not like before, this is a mark, a remembrance for all eternity.) (Jophiel)

3rd Level of Reflection: Thematic Embodiment

Further reflection on the themes of the participants' experiences was conducted. The reflected essence of the phenomenon, the eidetic insight, revealed that the lives of adolescents undergoing chemotherapy are “masked” existence. For them, being “masked” is a representation of their being as they undergo chemotherapy. Symbolically, this mask signifies how society labels them as special people by virtue of their appearance which at times, let them feel that they are the center of attraction. 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. For them, because of this mask, they feel that people tend to see the disease, they have rather than the person they are. At the core of this insight is the desire of the participants to be treated as a normal adolescent even though they have a disease and are undergoing chemotherapy. For them, a “masked” existence is a constant struggle between meeting their desire of normalcy and letting oneself succumb to the dictum and demands of chemotherapy.

The painting (*Figure 4*) by Wanda, a chemotherapy survivor represents the eidetic insight of the phenomenon. In her painting, the tree represents the adolescent self as they succumbed to chemotherapy, metaphorically splitting their sense of self into two, the old normal self (which they desire to relive) and the new altered self (which they aim to relive). The rope and the weather, symbolized the overwhelming intricacies of the



Figure 4: "Bound": A painting done by Wanda, a chemotherapy and cancer survivor,
(Printed with permission)

chemotherapy experience, controlling their lives vis-à-vis their autonomy.

Discussion

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 are considered sources of challenge and stress for the adolescents (Helms, 2007). It aggravates the crisis that is already inherent in the adolescent period and possesses a number of threats to individual's identity. The formation of an adolescent identity could be greatly affected by an illness and the course of its treatment (Fitzsimmons & Middleton, 2006).

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. This gap warrants further investigation to fully understand this phenomenon.

Another interesting aspect of the participants' lives that was gleaned upon was the symbolic meaning attached to the mask. Though the mask for the participants serves to cover their true selves and 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 participants, coupled with their belief that it is a remnant of the hospital, it serves as the reasons

why they avoid wearing one. This fear of social stigmatization was evident in the writing of Helms (2007) regarding the lives of adolescents with chronic illness.

Furthermore, the meaning they ascribed to following restrictions is interesting. For them, it is tantamount to changing their old self, which they considered as "normal." For them, following restrictions is synonymous with losing their control and autonomy with their lives. This feeling of losing control over one's life is also evident in the research done by Anjos & Zago (2006) regarding the life of someone who has breast cancer. Though the participant in their study is an adult, the result of their study echoed what the participants feel regarding the restrictions imposed upon them. Their view of the restrictions plus the risk-taking behavior inherent in the adolescent (Helms, 2007) make them prone not to abide by them especially when they are outside the four walls of the hospital. According to the study of Fitzsimmons & Middleton (2006) about adolescent with chronic illness, the participants "try to normalize the experience within their daily lives" by doing the things they used to do, the 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 participants as well. As Helms (2007) would put it, "Adolescents focus on their physical appearance and attractiveness". The significance of their body image was further seen by the research done by Elkateb (2002) which show that it is one of the major concerns of those who have cancer. For the participants, their physical appearance serves as the "gate" of their soul. They believed that people look at them most of the times, especially when their physical appearance is altered. This was also seen in the study done by Larouche & Chin-Peuckert in 2006 describing the experience of those adolescents who have cancer. Furthermore, this view was also reflected by the research done by Yeh (2002) and Elkateb (2002) exploring the lives of adolescents with cancer. It is not surprising that the physical changes chemotherapy brings, i.e., hair loss, is for them the most distressful effect of chemotherapy. This was also seen by Hicks et al (2003) and Balabagno et al (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 was also seen by the research done by Larouche & Chin-Peuckert (2006) concerning the view of adolescent cancer patient with themselves. Moreover the social isolation due to the physical changes was also evident in the studies done by Rademacher (2005) and that of Larouche & Chin-Peuckert (2006). It must be noted however that though the researches mentioned above employed 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. The complexity of the physical effects of cancer and its treatment is evident in the studies previously done on this subject.

Implications

From the insights gathered from the subsequent reflections of the participants' narratives, several implications can be 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 emphasized that adolescents are unique in their own ways 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 establish trust and rapport making their transition to the treatment smoother. Trust is of uttermost importance to adolescents as it serves as the basis for them whether or not they will follow the restrictions set upon by the treatment. With that, health care providers must also project themselves more of a friend to establish trust and rapport which will subsequently increase their adherence to the treatment regimen. 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 lost and that they do not have a choice which will inevitably make them defy the very rules chemotherapy entails.

Considering that chemotherapy entails a lot of discomfort, nurses have a significant role to manage them to bring positive experience to the patients. This management must be an on-going process. It should not only focus on the physical aspect like pain but should also include the psycho-emotional and social aspects. Since the presence of the nurse alleviates 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. Moreover, because

chemotherapy brings psycho-emotional discomforts, nurses could also provide counseling to the adolescents to alleviate the discomfort or if not refer them to the hospital counselor if there is any. Nurses have also a key role to play in minimizing cancer patient's social isolation by encouraging family members and friends to visit their cancer patient loved ones during hospital treatment. Nurses may 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.

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