EXPERIENCE OF FEAR AMONG RECOVERED COVID-19 SECULAR INDIVIDUALS: HERMENEUTIC PHENOMENOLOGICAL STUDY

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Bachelor of Science in Nursing

TRIXIE T. ABIABI
KYLAH B. ABING
MARIANNE THEA O. ALBISO
MARGE BERNADETTE C. BANAWAN

June 2023

We hereby declare that this research output is our original work, and it has been written by us in its entirety. We have duly acknowledged all the sources of information which has been used in this output.

TRIXIE T. ABIABI

KYLAH B. ABING

MARGE BERNADETTE C. BANAWAN

MARIANNE THEA O. ALBISO

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TRIXIE T. ABIABI

KYLAH B. ABING

MARGE BERNADETTE C. BANAWAN

MARIANNE THEA O. ALBISO

APPROVAL SHEET

This research study entitled **"EXPERIENCE OF FEAR AMONG RECOVERED COVID-19 SECULAR INDIVIDUALS: A HERMENEUTIC PHENOMENOLOGICAL STUDY",** prepared and submitted by **Abiabi, Trixie T., Abing, Kylah B., Albiso, Marianne Thea O.** and **Banawan, Marge Bernadette C.,** in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing has been examined and is recommended for acceptance and approval for oral examination.

JESUS G. OCAPAN JR., PhD, RN, JD
Research Adviser

Approved by the committee on Oral Examination with the grade of _____

MERASOL O. DUYAG, PhD, MAN
Chairman

AMIE G. TOJINO, MAN
Member

MARICAR M. MUTIA, MAN
Member

Accepted and approved in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

JESUS G. OCAPAN JR., PhD, RN, JD
Dean, College of Nursing, Midwifery, & Radiologic Technology

Abstract

Fear results from an impression of risk to an individual's safety or a perceived threat. It has also been identified as one of the psychological sequelae due to the COVID-19 pandemic. Excessive fear negatively impacts an individual's mental health and social interaction. However, limited studies have explored the feeling of fear among those who have been infected with COVID-19. This qualitative research study sought to understand and explore the experience of fear among recovered COVID-19 secular individuals. Eight (8) secular individuals from Ozamiz City participated in this study and were selected using predetermined criteria through the snowball sampling method. Data were gathered through interviews and analyzed through the hermeneutic phenomenology design of Max van Manen, specifically, the five (5) existential lifeworlds, which refer to the lived relations (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality), and lived things (materiality). The meaning of the phenomenon was then revealed after seeing the interconnected essences of statements from the participants. Overreaching themes that correlated to the (5) Existential Lifeworlds by van Manen were identified, namely, (1) Stigma, (2) Wariness, (3) Hypervigilance, (4) Changing times, and (5) Unsettled. These themes reflect the different experiences and unique perspectives of fear among participants. It shows that despite the fact that they recovered from the disease, they still suffer from physical and psychological sequelae. Specifically, they share the same fear, which is the fear of reinfection. The results of this study add nuance to understanding those who have recovered from COVID-19 and provide knowledge that greatly contributes to the nursing profession, nursing education, and nursing research.

Keywords: *fear, hermeneutic phenomenology, psychological sequelae, reopening of schools, secular individuals*

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The Researchers

DEDICATION

We would like to dedicate this study to recovered COVID-19 secular individuals. Our gratitude and appreciation go to the participants who gladly contributed with their full involvement to this study. Their willingness to share their experience has been insightful to our research and has helped to make this study a success.

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INTRODUCTION

Rationale of the Study

The COVID-19 pandemic is considered to be one of the most indelible public health crises that humans all across the globe are experiencing. WHO Coronavirus (COVID-19) Dashboard (2023) revealed that more than 700 million cumulative cases have been reported worldwide, with more than 4 million confirmed cases in the Philippines. Two thousand forty-two (2,042) of those cases have been confirmed in Ozamiz City, with one thousand eight hundred fifty-two (1,852) recovered cases as reported by the Department of Health (2023). At the peak of the pandemic, due to the scale and vast spread of the disease, the initiative of healthcare together with the government was to control the further spread of the disease and strengthen the response to patients in need of medical attention. The priority was improving physical health, whereas mental health was mostly put aside.

The World Health Organization (2020) implied that psychological concerns for the general public should be taken into account during the COVID-19 pandemic. Certain mental problems such as fears and phobias, depression, and post-traumatic stress disorder have all been linked to pandemics in general (Wang et al., 2020). Woodward et al. (2022) suggest that COVID-19 and its pandemic have also been linked to psychological problems; however, most studies focused on the COVID-19-free population or those with an unidentified history of infection. Ahorsu et al. (2022) identified COVID-19 effects, such as specified fears, perceived risks, phobias, and anxieties around infection and the

associated morbidity and death. In this sense, the emergence of fear can lead to psychosomatic disorders and psychosocial problems. (Arpaci et al., 2020).

Generally, the most affected population in this pandemic, both in physiological and psychological aspects, are those who suffer from this disease (Akat & Karataş, 2020). Andreescu and Lee (2020) added that psychological symptoms associated with the fear spectrum, in particular, have been observed in the most vulnerable and susceptible people. Prolonged distress may challenge a person's resources for coping. While a portion of people fully recover within weeks after the illness, a significant number of recovered individuals still endure a variety of symptoms that continue for several months (Kachaner et al., 2022). Groenveld et al. (2022) posited that long-term limitations in everyday activities and a decrease in social involvement affect a significant number of recovered COVID-19 patients.

Patients who have been infected with the disease and have manifested its symptoms have been experiencing physical effects such as cardiac insufficiencies, abnormalities in lung function, fatigue, dyspnea, and joint pain (Calvo-Paniagua et al., 2022; Sheehy, 2020; Zhao et al., 2020). Studies examining psychological sequelae suggest that most patients face conditions such as post-traumatic stress disorder, depression, anxiety, distress, loneliness, and fear. (Bo et al., 2020; Khademi et al., 2021). In addition, Han et al. (2021) asserted that people who have recovered from this disease had to deal with difficulties such as isolation, illness, separation from loved ones, and a lack of awareness of what was going on, which resulted in psychological reactions to the pandemic and one of which is fear.

Yang et al. (2018) defined fear as a feeling that results from the impression of risk to one's safety or a perceived threat. For Perdixi et al. (2022), fear refers to a biological and

psychological construct resulting from a series of environmental and behavioral stimuli; it is a condition of the organism in response to a potentially harmful stimulus. Porcelli (2020) further expounded by positing that fear is not merely the evaluation of a dangerous circumstance but a feeling we experience as we sense helplessness in the presence of a threat. Fear can be maladaptive if it fails to adapt to the threat. Mertens et al. (2020) illustrates that excessive fear can have negative impacts on both an individual's mental health precipitating phobias, social anxiety and society as a whole.

Fear is part of an emotional spectrum along with worry, anxiety, and panic and is often interchanged with these terms (Gawda, 2020). Hamm (2020) described unique attributes of fear, which include surges in autonomic arousal, fight-or-flight response, perceptions of imminent danger, focus on the source of the threat, and evasion behaviors. On a neurobiological basis, the involvement of the amygdala and thalamic pathways are vital in fear acknowledgment and response. It allows a more detailed visual appraisal and sensory information which in turn influences thinking, perceiving, paying attention, and explicit memory (Dąbrowska, 2023). Kiel and Buss (2020) added that the amygdala, which interprets sensory data as having affective significance, connects with the neuroendocrine, motor, and autonomic nervous systems, resulting in increased responsiveness or readiness for flight or fight response.

Fear can affect an individual's mental, physical, and psychosocial well-being. Bryanton et al. (2022) suggest that along with fear comes physical symptoms, nightmares, anxiety, eating problems, depression, interference with work and school performance, as well as household and social activities and relationships. Bledsoe et al. (2018) further expounded by saying that fear may impair people's capacity for successfully carrying out

cognitive academic tasks such as studying, taking tests, memory retention, as well as processing information.

Gawda (2020) cited that among the possible causes of fear are perceived threats, physical threats, interpersonal relationship violations seen as dangerous, as well as more complex forms of insecurities like illness or heightened risks of a certain disease. Burleigh et al. (2022) suggest that such emotion is affected by mental imagery. Symptoms triggered by mental imagery are linked to anxiety and post-traumatic stress disorder, such as flashbacks and intrusive memories. Accordingly, fear can be directly associated with trauma and can be manifested by one who underwent tragic circumstances. Survivors of the COVID-19 disease perceived the illness as a threat to their survival. Muslu et al. (2022) affirm in their study that it is worth noting that COVID-19 is a disorder that threatens an individual's existence.

A quantitative study analyzing fear in the reopening of schools post-COVID has concluded that university students did not express fear or concern about potential infection (Cantero-Garlito et al., 2021). However, another study among students reveals fear of contagion and the fear of infecting their families upon reopening of schools in contrast to the previous study mentioned (Alcala-Albert et al., 2022). This shows that factors such as age, the presence of chronic pathology, and trauma may have an effect on the perceived fear of an individual (Santamaria et al., 2021).

Though fear is a well-researched phenomenon in the current literature, there is limited literature specifically focused on the experience of fear on recovered COVID-19 secular individuals in the reopening of schools in the Philippines from a phenomenological

perspective. Thus, the contradictory findings and lack of in-depth information regarding the phenomenon of fear fueled the proponents' aspiration to conduct the study.

The core of addressing fear and fear-related disorders is fear learning and response (Ferrara et al., 2021). Acknowledging and learning about the experiences of secular individuals will contribute to the knowledge that will help address the root cause of COVID-19-related fear. Seculars refer to individuals who may or may not be religiously affiliated (Demmrich & Huber, 2019). Secular individuals, taken in the context of the study, are individuals seen as one, deviating from religious attachments, who are directly affected by the reopening of schools such as students and teaching and non-teaching personnel. In this study, religious affiliations were disregarded. Therefore, this research study was carried out to reveal and deeply understand the meaning of the experience of fear among recovered COVID-19 secular individuals.

Furthermore, the findings of this research study may contribute to the benefit of nursing education because it contributes to the body of knowledge in nursing. This study will help educators and students adjust and update effective ways of managing and providing interventions to individuals experiencing fear. It can serve as a foundation for students to become proficient and effective healthcare providers. This research study will also be advantageous for the field of nursing research as it can contribute to future research advancements by serving as baseline information for future undertakings on this topic, which leads to significant discoveries and improvement in interventions for fear-related disorders in health care.

Theoretical Framework

In this phenomenological study, Ekman's Basic Emotions (1999), together with Lazarus' Cognitive Theory (Lazarus et al., 1980), set the foundation by which Parse's Human Becoming Theory (1981) was anchored on.

Basic Emotions Theory. Ekman and Cordaro (2011) theorized that basic emotions are distinct physiological responses to fundamental life situations that have been useful in our environment. These responses are universally shared and have prewired responses to a set of stimuli. Basic Emotions Theory (Ekman, 1999) cited six basic emotions, one of which is fear. Fear is the response to the threat of harm, either physical or psychological (Ekman & Cordaro, 2011). Thus, the phenomenon of fear is normally experienced by a human being in response to a specific life situation.

Lazarus Cognitive Appraisal Theory. The cognitive appraisal theory supposed that emotion results from how a person interprets the real or anticipated outcome of a transaction. (Lazarus et al., 1980). Transaction was further defined as the relationship between the person and the environment. (Lazarus, 1980). Lazarus (1966) posits that a person makes a primary appraisal of the situation to assess its potential threats to oneself. Simultaneously, reappraisal happens to assess whether the situation poses an imminent threat to basic functions in life or whether there is a potential for bodily harm. The incidence of fear can be related to the Lazarus Cognitive Appraisal Theory (1980) as it posits that each emotion's quality and quantity is formed and driven by its own particular pattern of appraisal and that this pattern was a result of the cognitive activity of a person. This theory is the prerogative of the participants to perceive whatever is fearful for them, considering that they are recovered COVID-19 secular individuals.

Human Becoming Theory. Parse's Human Becoming Theory (1981) was the foundation of this research study in the field of nursing as it focuses on the lived experiences of an individual. To be able to grasp this theory fully, it is essential for the understanding of the concepts put forth by Parse. Co-constitution is the notion that describes the interdependence of human and environmental components of a specific situation (Parse, 1981). This means that any moment or situation is linked with factors or elements that contribute to the situation or moment. On one hand, human, as espoused by Parse (1981) is "coexistent while co-constituting rhythmical patterns with the environment and is an open being, freely choosing meaning in situations, and bearing responsibilities for decisions". These rhythmical patterns of the interrelationship of humans and the environment are known through the person's lived experiences (Parse, 1981). Therefore, to be human is to coexist with others and to take part in the creation of what is real; likewise, to be human is to be able to freely designate meaning to lived experiences in the context of their lives and be accountable for every decision made (Parse, 1999). On the other hand, becoming is defined as the human's emergence and is the process of transcending with possibilities (Parse, 1981).

The theory of Human Becoming embodied three main themes: meaning, rhythmicity, and transcendence. First, meaning involves choosing one's own personal implication of situations. This theme explicates that a person's reality is given meaning through their lived experiences as they continuously interact with the environment. Fear can be developed whenever one is faced with a situation that poses a threat to their safety (Ekman,1999). It involves physical and physiological changes in the body. For Parse (1994), the meaning of reality continues to change for a person as they grow to be more

diverse each and every day. Thus, the experience of fear in a person can be viewed as the actual experience of a threat in a specific situation while another circumstance could remind a person of a previous dreadful experience thus implicating the feeling of fear.

Second, rhythmicity describes how human and the environment co-create in rhythmical patterns through paradox (Parse, 1991) Paradox refers to opposites, but in the context of this theory, it is viewed as two sides of the rhythm with both sides of the rhythm present at once (Smith, 1990). Having both of these sides may lead to contradiction. However, such contradiction in opposites opens unlimited choices (Parse, 1981). Choices arise through the process of imagining alternatives and imply an infinite number of possibilities (Parse, 1992). One concept of rhythmicity is the paradox of revealing-concealing. This entails that when a person shares their thoughts, feelings, and concerns with another, there are other feelings and ideas not being shared. In the context of fear, a person who shares their experiences in fear reveals their thoughts and feelings about the experience; however, for some reason, there are other ideas that are suppressed. Circumstances faced by humans in day-to-day living vary, and as humans, we are capable of giving meaning to however we perceive such situations. In the face of fear, one's body initiates the fight or flight response. In this sense, the individual chooses what path to take in response to fear, but at the same time, the individual moves away from the possibilities that the other option has to offer, thus living another paradoxical rhythmic pattern which is enabling- limiting.

Finally, transcendence explains that human becoming is co-transcending multidimensionally with possibilities (Parse, 1981). It implies going beyond personal boundaries as an individual continuously transforms. For Parse (1981, 1987), the purpose

of nursing is to illuminate meaning and mobilize transcendence with humans in making health choices from the many possibilities open to them. Fear is not a desirable feeling, but it is felt inevitably, especially for people with certain triggers related to their COVID-19 history of infection. Experiencing such emotion affects a human in different ways because humans are capable of designating their own meaning of a specific moment while at the same time setting the limit of oneself**.** However, with the help of the nursing profession, these individuals may be able to go beyond their set limits as the nurse illuminates the possibilities for them.

In this study, three theoretical underpinnings explicated the lived experiences of fear among recovered COVID-19 secular individuals. Specifically, these theories are the Basic Emotions Theory (Ekman & Cordaro, 2011), Lazarus Cognitive Appraisal Theory (1966), and Human Becoming Theory (Parse, 1990). Adapting Lazarus' Cognitive Theory (Lazarus et al., 1980), the proponents believed that the occurrence of fear results from the constant interaction of a person and the environment. With this, the proponents focus on fear, which as pointed out by Ekman (1999), is a fundamental emotion and is a distinct physiological response to life situations. Having established the dynamics of fear by utilizing the Human Becoming Theory (Parse, 1981), the proponents take this understanding to illustrate that a person's internalization of fear is related to their lived experiences, which results in people's distinct perception and reaction towards one phenomenon.

Conceptual Framework

The COVID-19 pandemic has affected the lives of people all around the world. Generally, the most affected population in the pandemic are those who have experienced

the disease first-hand. Despite recovering from COVID-19, individuals continue to suffer from physical and psychological sequelae, among which is fear. Fear is a basic emotion that a human is bound to feel, and it occurs when an event threatens one's safety (Ekman, 1999). It has advantages, and it relates to basic biological processes that contribute to survival preparation (Albikawi et al., 2023). Their main source of fear is the fear of reinfection, which is deeply rooted in their appalling history of COVID-19 infection. Specifically, the lived experience of fear among these recovered COVID-19 secular individuals was revealed through the following five themes: stigma, wariness, hypervigilance, changing times, and unsettled.

Stigma. The necessity for people to live in mutual connection has dramatically changed in favor of a drive to stigmatize others who are different, attributed in large part to the COVID-19 pandemic. Stigmatization is a social process designed to exclude those who are thought to be potential disease carriers and a threat to healthy social interaction in society, and othering is a result of this (Bhanot et al., 2020). Human civilizations have a long history of singling out, shunning, or avoiding groups of individuals or individuals with a particular quality or characteristic that is considered undesirable or threatening to others. It can be stigmatizing disease symptoms or someone who may be a carrier of a serious illness or even those who have been exposed to them (Fischer et al., 2019). Acquired immunodeficiency syndrome (AIDS) and Human immunodeficiency virus (HIV) infection, tuberculosis (TB), Severe Acute Respiratory Syndrome (SARS), Ebola virus illness, and Zika virus are recent examples of outbreaks with disease-related stigma (Yuan et al., 2022).

Infectious disease pandemics have societal repercussions and stigma that are remarkably consistent across a range of health conditions, healthcare systems, and cultural contexts. In addition to acting as a roadblock to timely diagnoses and proper care, stigma also plays a significant role in the rise of mental health conditions, including anxiety and depression (Saeed et al., 2020). The influence of the pandemic and the crisis circumstances on prejudice and stigmatization of individuals was investigated in one study. According to the data, 25.11% of participants reported experiencing various forms of discrimination. Women, young persons, and those with less education are more likely to face discrimination, social exclusion, and even violent overreactions, but permanent residents are less likely to disclose such incidents (He et al., 2020). Many people have stopped engaging in social activities out of fear of catching the COVID-19 virus (Nicomedes & Avila, 2020).

An identified source of COVID-19 fear comprises defending oneself from infection as well as protecting the members of one's household (Alcala-Albert et al., 2022). This is likely the cause for an individual to develop feelings of social isolation, fear, and panic (Yip & Chau, 2020). Thus, this results in taking protective measures like withdrawing, isolating, or distancing oneself (Albikawi et al., 2023). On a similar note, internalized stigma or self-stigma is also experienced. People who have just been diagnosed with COVID-19 may face social discrimination, as well as absorb and apply these views to themselves (for example, believing that the disease is their fault or that they are dangerous and rejected as a result of it). This can result in self-prejudiced emotions such as guilt, humiliation, or despair, which can end up conditioning their conduct (Ugidos et al., 2022).

Wariness. One of the most common feelings linked to the pandemic has been identified as fear of COVID-19. Fear of this illness is significantly predicted by worry, health-related anxiety, media exposure, and the hazards for loved ones, among other factors. Additionally, irrational and perplexing thinking could result from the extreme fear of COVID-19 (Ahorsu, 2020). An individual who experiences uncertainties tends to doubt and overthink because this person fears the worst in encountered events. As a matter of fact, an individual tends to envision unpleasant situations, which makes them more likely to be inclined toward unpleasant emotional reactions (Brinkman, 2020).

Younger people, including college students or adolescents, were especially vulnerable to problems with their mental health during the pandemic because of the epidemic's direct or indirect effects. Students who worry about getting COVID-19, have family or friends who have contracted it, and have experienced the infection first-hand are more likely to experience anxiety or despair (Ren et al., 2021). Individuals who recovered from the disease have displayed post-traumatic disorder (PTSD) symptoms such as anxiety and hyperarousal marked by increased levels of alertness and elevated heart rate and respiration (Craparo et al., 2022).

Hypervigilance. Hypervigilance is a cognitive, physiological, and behavioral pattern that results from an individual's response to neutral stimuli as if they were threatening. It refers to a person's hyper-awareness or an increase in their capacity to recognize and react to threatening or threat-related stimuli (American Psychiatric Association, 2022). Hypervigilance conveys an unrelenting sense of threat and has a direct effect on how people interpret, process, and relate to their surroundings, which potentially increases anxiety (Kimble et al., 2023). This may be advantageous when faced with an

actual threat, but excessive and unnecessary hypervigilance may result in undue stress and harm.

There is no doubt that the COVID-19 pandemic has had a detrimental influence on mental health outcomes all over the world, and its effects on interpersonal relationships and social interactions are evident. It has been recognized as one of the factors responsible for PTSD and social anxiety (O'Sullivan et al., 2023; Arad et al., 2021). In fact, hypervigilance is most commonly associated with people diagnosed with the above-mentioned mental health conditions (American Psychiatric Association, 2022; Kindred & Bates, 2023).

Changing times. Time perspective pertains to how individuals experience and assess the course of time. It is a broad concept that tackles one's feelings about the past, present, and future and the amount of time one spends thinking about the past, present, or future (Loose et al., 2021). Similarly, an individual's perception of the speed of time depends on the circumstance (Rutrecht et al., 2021; Witowska et al., 2020).

The pandemic has brought about unprecedented changes in people's lives, resulting in a great deal of worry about the future (Lee-Won et al., 2022). Statistics show that the majority (60%) of students have reported that they have shifted their focus on what their future holds since the onset of COVID-19 (Loose et al., 2021). Uncertainties regarding COVID-19 can generate fear, particularly in vulnerable populations such as those with a history of the disease (Fofana et al., 2020; Mahmoudi et al., 2021). Furthermore, the pandemic raised concerns regarding loss of income and the ability to resume to work in the future (Sher, 2021).

Unsettled. Although the majority of COVID-19 patients recover totally, the most recent data indicate that 10–20% of patients may continue to have a range of short- and long-term symptoms even after they have recovered. The post-COVID-19 state or "long COVID-19" refers to these short- and long-term effects combined (Ahmad et al., 2021). Numerous research has shown that COVID-19-recovered individuals exhibit symptoms of common psychological issues such as depression, anxiety, sleep disorders, and obsessive behaviors (Lee et al., 2019; Şavkın et al., 2021).

Recovered COVID patients, in particular, have felt fear after being infected with the disease. Thus, they take precautions in order to maintain a healthy life. This includes meticulously following personal hygiene rituals, including donning face masks, washing their hands, and using hand sanitizer (Son, 2021). A study on COVID-19 reported that obsessions with dirt, microorganisms, or viruses and compulsions to repeatedly wash one's hands were found to be 60.3% and 53.8% of cases, respectively (Abba-Aji et al., 2020). In addition, germ aversion and pathogen disgust were both linked to increased concern for COVID-19. Furthermore, greater germ aversion was associated with increased participation in all preventative health behaviors, such as wearing a facemask. On the other hand, greater pathogen disgust sensitivity was associated with increased social distancing, handwashing, and cleaning/disinfecting (Shook et al., 2020).

Research Question

The research study sought to answer the question, "What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?"

Schematic Diagram

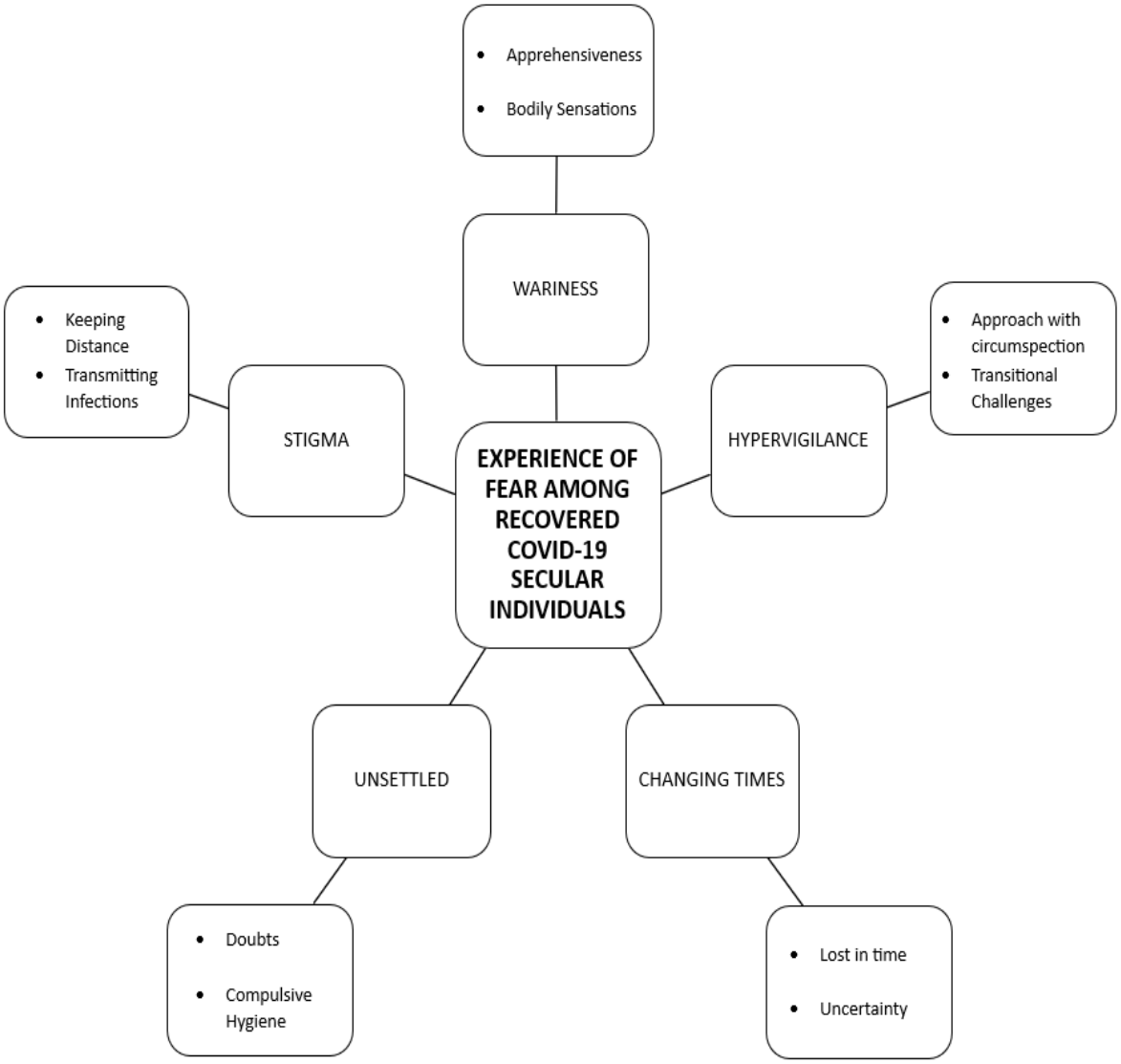

Figure 1. A Schematic Diagram of the Formulated Themes

Chapter 2

RESEARCH METHODOLOGY

This study aimed to explore and understand the meaning of fear as experienced by recovered COVID-19 secular individuals utilizing a hermeneutic phenomenological research method. This section presents the research design, setting, participants, instruments, data gathering procedure, ethical considerations, and data analysis utilized for this research study.

Design

This research study utilized the hermeneutic phenomenological research design. Phenomenology is the study of a phenomenon perceived by humans at a deeper level of understanding in a specific setting. Furthermore, it is a detailed description and interpretation of lived experiences (Gearing, 2004, as cited by Qutoshi, 2018). Bliss (2016) stated that phenomenological study entails a researcher to focus on a person's experiences of a phenomenon in order to gather thorough details that serve as a foundation for reflective structural analysis, which eventually uncovered the substance of the experience. This type of research allowed researchers to assist individuals in developing a deeper understanding of the significance of these phenomena – these components of lived experiences.

Specifically, this study employed a hermeneutical phenomenological design in exploring the experience of fear among recovered COVID-19 secular individuals. Hermeneutic phenomenological research is a qualitative research method that facilitates the portrayal of an individual's lived experiences (Nair, 2021). The method of hermeneutic phenomenology was an appropriate technique as it focused on the analysis of essential

elements of human existence. It was utilized as a method of exploring fear as experienced among secular individuals. Max Van Manen's (2014) five existential lifeworld themes were applied for reflection in the research study: lived relations (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality), and lived things (materiality). (See pages 23-24 for further discussion).

Setting

The study was conducted in a Higher Educational Institution at Ozamiz City, Misamis Occidental, in the Northern region of Mindanao, Philippines. Participants were secular individuals who were directly affected by the reopening of the schools.

Participants

Eight (8) participants were recruited through the use of a snowball sampling method, and recruitment concluded after data saturation was met. Snowball sampling method or chain-referral sampling is a non-probability sampling technique in which existing subjects provide referrals to recruit samples required for a research study. The sample size was determined along with the data gathering and was also considered sufficient when concepts and information continually reappeared in the data. The participants were chosen according to predetermined criteria in order to guarantee that those chosen would be able to supply pertinent and necessary information appropriate for the study. The eligibility criteria for participation included a student at least 18 years old by the time of the interview, with consent to participate in the study, symptomatic upon infection, was directly affected by the reopening of schools, and was able to understand and converse in Tagalog, Cebuano, or English.

Instruments

In this study, the researchers gathered data through an interview in accordance with the participants' preferences. The conducted interviews were significant in uncovering the story behind a participant's experiences, and they enabled the proponents to acquire in-depth information about the topic to elicit data. Thereby, tasks were divided equally among the researchers: one (1) was assigned to interview while the rest of the members transcribed after every interview.

The researchers asked open-ended questions related to the study. Initially, the participants were asked, "What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?" All participants were allowed to talk freely about their experiences. Then, it was followed by researcher-made guide questions formulated commensurate with the five (5) Lifeworld Existentials of Max van Manen (2014): (a) lived relations (relationality), (b) lived body (corporeality), (c) lived space (spatiality), (d) lived time (temporality), and (e) lived things (materiality) to acquire necessary information needed for the study.

Data Gathering Procedure

Following the approval of the college dean to conduct the study, the recruitment of participants was commenced through the utilization of the snowball sampling technique. To uphold confidentiality, the identity of a possible participant was not revealed to the proponents until consent was given. The proponent requested the participant to communicate with the individual to whom they referred and asked for permission to reveal their identity. Once permission was given, only then did the proponents know the identity and reach out to the probable participant.

The proponents started with a known and eligible participant. The eligible participant was approached through social media such as Facebook and Messenger and was given a brief background of the study to obtain informed consent. They were informed of their rights as a participant in the study, including the right to refuse and withdraw participation, the right to confidentiality, and anonymity. The interview took place at the participants' chosen place and time, given the researchers' availability. It lasted for an average of 15-25 minutes. However, the interviewer was open to compromise according to the participants' preferences to avoid discomfort. If participants deprecated the interview timespan, they were given the option to continue the interview in accordance with their preferred schedule.

Prior to the interview, extensive journaling was carried out by the interviewer among the proponents to set aside personal feelings and biases during the interview process. Upon the interview, demographic data, such as age, sex, course, year level, and COVID disease symptoms, was acquired from the participants. It was then followed by an unstructured interview, which involved asking open-ended questions to the research participants in order to discover their perceptions and experiences of fear. The participants were asked the core question, which is, "What is it like to experience fear among secular individuals in the reopening of schools?"

The participants were then encouraged to share as many experiences as they could recall. After this, follow-up questions were given by the interviewer to supplement insufficient data from each lifeworld. An audio recording was done during the interview. The researchers made certain that participants were aware and had agreed to have the interview recorded before commencing the said interview. This recording helped to ensure

that everything shared was first-hand information. In addition to that, this helped to keep accurate records of the interview and assisted the researchers in analyzing the gathered data. Interviews for the data gathering lasted for seven (7) weeks, from April 13 until May 31, 2023. Data were then transcribed verbatim. Hereafter, statements were identified and clustered accordingly for analysis.

Ethical Considerations

The study dealt with the personal experiences of the participants; thus, ethical principles were observed throughout the research. The participants of this study were assured of non-maleficence and beneficence. In observance of these principles, the participants were encouraged to voice out any discomfort throughout the interview process. The researchers ensured that the participants would make the best use of the benefits of the study and minimize the risk of potential harm to the participants of the research. Awareness of potential risk and harm was taken into careful consideration.

In addition, prior to the data gathering, the proponents of the research sought informed consent from the target participants. Hence, a letter stipulating the overview of the research study was sent to the target participants, and with the letter was an informed consent to be filled out by the target participant. Utmost respect was observed regardless of the final decisions of the target participants. Each prospect recovered COVID-19 secular individual have agreed to participate in this research study, none declined. If, by chance, a target participant has declined, the principle of autonomy would have been observed.

Data collected from the participants was kept in full confidentiality and anonymity. The data collected in the form of recording or writing was stored in electronic devices such

as mobile phones, laptops, and iPads. Data will be permanently deleted upon the completion of the study.

Data Analysis

The hermeneutic approach developed by Max van Manen was utilized as a method of understanding because it provided researchers a way to investigate and comprehend the complexity of fear by sympathetically capturing and transmitting the sense and feeling of living through various experiences. The six methodological activities proposed by van Manen (1990) were utilized as a methodological structure of this phenomenological research.

Step 1: *Turning to the nature of lived experience*. The proponents have had a shared interest in exploring the lived experience of recovered COVID-19 individuals in the reopening of schools. This curiosity was drawn from personal experiences of the transition from the peak pandemic with online learning to the return of face-to-face classes. This step also involved formulating a research question. The goal was to understand the experience of fear among recovered COVID-19 secular individuals anchored to van Manen's (2014) approach, which aimed to understand and analyze the meaning of human experience.

Step 2: *Investigating experience as we live it*. The phenomenon of fear was captured through a hermeneutic interview as a method of investigation. This study was approached as "a project of someone: a real person, who in the particular context of individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence" (Van Manen, 2016). Following the approval of the dean of the College of Nursing, Midwifery, and Radiologic Technology to conduct the study, data gathering commenced. The proponents used a snowball sampling strategy to recruit the

participants of the study within the context of experiencing fear upon the reopening of schools. The approach for the collection of data from the snowball sample of participants was in the form of an in-depth interview eliciting description and meaning in a conversational manner. As such, the proponents employed a non-structured interview. The participants were asked the core question, "What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?" to gather data about the experiences of the participants.

Step 3: *Reflecting on essential themes*. The overall meaning of the participants' experience was sought when reflecting on the themes. Thematic analysis was utilized, which involved the process of retrieving meaning structures that were embodied and dramatized in human experience and portrayed in a text. Van Manen's (2014) three approaches to thematic discovery were then followed in the data analysis: holistic, selective, and detailed. First, the holistic approach was intended to view the text as a whole. Interviews were transcribed verbatim and were analyzed generally. Discussions within the research teams were commenced in the pursuit of a richer analysis and understanding of the phenomenon. Categories such as "fear of reinfection, anxiety, social isolation, uncertainty, and hygienic acts" were drawn from the transcript when looking at it as a whole in the first stage of discovering and identifying themes. For the second approach, which was selective reading, similar statements and phrases about the phenomenon of fear that were recounted as significant or revealing were captured. New emerging themes such as "bodily sensations, lost in time, keeping distance, doubt" were taken from similar verbatims of the participant's statements. Such phrases were saved for the development of themes. Finally, in the detailed approach, line-by-line reading and analysis of the transcript

were made by asking the question, "What does this sentence say about the experience of fear from a recovered COVID-19 secular individual?" A table was created, and verbatim quotes were aligned with each theme through the layering of raw data, initial codes, new categories, and existing themes.

Emerging themes were correlated to van Manen's (2014) five (5) lifeworld existentials, which had been identified to have permeated the lived experiences of individuals regardless of their history, culture, and social backgrounds. In data analysis, we pondered with the question, "How can the existentials of relation, body, space, time, and thing guide us in exploring the meaning of the experience of fear?"

Lived self-other (relationality). This existential theme guided the reflection of how the self and others are experienced with respect to fear (van Manen, 2014). This is speaking of the interpersonal space people shared and the lived relationships they maintained there. One's perception and acknowledgment of one another in human vulnerability were fundamental in human lives. Data were explored according to the existentialism of lived human relations. This involved identifying and exploring the experiences of secular individuals and their relationships with others in the presence of fear.

Lived body (corporeality). This tackled the phenomenological fact that people are physically present in the world. It involved everything that has been felt, revealed, concealed, and shared through the physical body. Experiences were made by the body, and the body remembered it. In corporeality, we dug into how the body experiences fear and how the body was experienced in these stories. The data was explored with regard to how fear affected the impression and sensations of the body.

Lived space (spatiality). The reflection of the theme of spatiality was to ask how space is experienced in the presence of fear (van Manen, 2014). This refers to an individual's subjective view or experience of the spaces they find themselves in. This sought to understand how the space an individual found himself in affected emotions and, conversely, how emotions of a certain space affected the experience of that environment (Rich et al., 2013). In this study, information was perceived on how the participants act in a space or place, specifically at school, in the presence of fear and how fear affected their experience while carrying out activities and fulfilling responsibilities in school, such as face-to-face classes.

Lived time (temporality). This referred to a subjective perception of time as opposed to the factual or chronological time. It was the temporal way of being to the world. It was believed that the temporal dimensions of the past, present, and future constitute the horizons of a person's temporal landscape. This was intended to tackle how the participants perceived time in the presence of fear.

Lived things (materiality). Inquiry into how objects are experienced in relation to the phenomena of fear may be guided by the existential concept of materiality. Reflection on the materialist worldview questions how things are experienced. However, things do not only refer to objects and items. It can also be immaterial things such as thoughts, deeds, experiences, events, and discoveries (van Manen, 2014). In this theme, we enquired as to how things are experienced and how the experiences of things and the world affect the essential meaning of the phenomenon—fear (van Manen, 2014). The participants' perceptions and experiences of things were explored in the presence of fear

Step 4: *The art of writing and rewriting*. The goal was to make clear the participants' emotions, thoughts, and attitudes through the writing process. Van Manen (2014) asserted that radical qualitative research is a linguistic project, and its main objective is to make our lived experience intelligible and perspicuous. Moreover, writing phenomenological research compelled proponents to develop sensitive interpretive skills. In execution, the writing process involved reflexive journaling and writing and rewriting interpretative narratives that helped lead to a deeper understanding and better analysis of the data that were gathered.

Step 5: *Maintaining a strong and oriented relation to the phenomenon*. All academic work carries with it a risk known as the propensity toward abstraction (van Manen, 1990). Abstraction may lead the proponents away from the actual essence of the experience of the participant. To prevent this potentiality, original transcripts of the interviews were reviewed and reconsidered, and cross-referencing participant text with our formulated theme titles was initiated. The goal of the proponents was to remain focused on the research question.

Step 6: *Balancing the research context by considering the parts and whole*. The proponents continually measured the overall study design and made certain that each component must have significance to the overall textual structure. Van Manen (1990) posits that to do research is to take into account the text and the notion of dialogic textuality. In organizing the material into themes and sub-themes, a thematic approach was used to methodically place the various components in the context of how they relate to one another, individually and as a whole. The final themes served as the basis for the findings, and in this stage, a comparison of the final analysis to our research question was made.

Chapter 3

RESULTS AND DISCUSSIONS

The purpose of the qualitative phenomenological study was to explore the experience of fear among recovered COVID-19 secular individuals. The findings describe the experience of these secular individuals in the reopening of schools in the Philippines. The research question utilized in the inquiry was "What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?" The themes that emerged from the data are discussed in this chapter in light of the research question.

Results

The findings of the hermeneutic phenomenological inquiry are organized according to (a) Description of the Participants; (b) Formulated Initial Codes as Meanings, Sub-themes, and Main Themes of the Phenomenon; and (c) The Thematic Meanings of the Phenomenon.

Description of the Participants

The study was participated by eight (8) participants of Ozamiz City. All of them were recruited through referrals and were chosen according to the eligibility requirements of the study. To protect participant anonymity and maintain the confidentiality of their responses, pseudonyms were employed, provided as follows:

Crista, a 21-year-old woman that expressed her hardships by the time she tested positive for COVID-19 in order to fulfill her academic responsibilities. She shared that she took her exams at a quarantine facility with very poor connection that she barely

managed to pass on time. However, she remained optimistic and despite everything, she was still grateful for the unending support she received from her family and friends.

Jane, an 18-year-old woman who was emotional as she recalls her dreadful COVID-19 experience. She felt as if that would have been her end, and she worried a lot about her mom and siblings. She was frightened of the uncertainties that lie ahead of her, which has affected her physical and mental health badly.

Joan, a 22-year-old woman that considered her COVID-19 experience as frightening, worrisome and blessing in disguise all at once. She tested positive just in time for her limited face-to-face exposure and she expressed that it was for the best because her situation has provided her ample time to prepare before going to school. However, she was also frightened by the fact that she has to stay in a facility alone and away from her family which worries her a lot since this is her first time being away for a long period of time.

Philip, a 19-year-old man that never believed the existence of the COVID-19 virus at first, not until all of his family experienced the symptoms one week after they went on a short vacation. His COVID-19 experience taught him to be more cautious and conscious of his surroundings and to prioritize the health and safety of his parents.

Lara, a 23-year-old woman who has experienced almost every symptom related to COVID-19. Prior to getting infected with COVID-19, she finds comfort in hugs from her friends and family. However, her unfortunate experience has brought a lot of changes in the way she interacts with the people around her.

Belle, a 23-year-old woman that has strengthened her family bond through their COVID-19 experience. She sees the event as something that she would not have been able

to overcome if it weren't for her family. They tested positive altogether, which increases her anxiety twofold as she thinks of herself and the safety of her family as well.

Rachel, a 19-year-old woman who had two symptoms (loss of smell and taste), was confirmed positive for COVID-19 after validating symptoms and assumptions. She expressed some unexpected changes at school.

Rhea, a 21-year-old woman who never believed that COVID-19 was real until she experienced it herself. Throughout the peak time of COVID in the country, she only stayed at home, and her only way to interact with the outside world was through television news. She considered the reported COVID cases as something behind a government propaganda movement. She disregarded these statistics, but not until she experienced a loss of her smelling and tasting senses, which progressed with fever and body malaise days later. The experience was life-changing to her and taught significant lessons in life.

Formulated Initial Codes, Sub-themes, and Main Themes of the Phenomenon

Initial codes were formulated from the researcher's understanding of the significant statements from the participants, which were gathered during the interview. Each statement was reconsidered with a question asked, "What does this sentence say about the experience of fear from a recovered COVID-19 secular individual?" The significant data chosen were those that enriched the phenomenon of fear from the recovered COVID-19 secular individuals. There were twenty-nine (29) initial codes formulated from the transcripts of the interview. Sub-themes were formed by integrating the initial codes with similar meanings. Ten (10) sub-themes were formulated, which were then grouped to form the five (5) main themes of the phenomenon of fear.

Table 1. Initial Codes, Sub-themes, and Main Themes of the Phenomenon

Initial Codes	Sub-themes	Main Themes
Self-distancing	Keeping distance	Stigma
Self-isolation		
Reduced interaction with others		
Uncomfortable with physical touch		
Fear of infecting family	Transmitting infections	
Fear of infecting others		
Fear of discrimination from others		
Fear of death	Apprehensiveness	Wariness
Overthinking		
Self-doubt		
Altered focus		
Chest tightness	Bodily sensations	
Trembling		
Hard to breathe		
Chary of the environment	Approach with circumspection	Hypervigilance
Feeling of constriction		
Change in the school environment	Transitional challenges	

Affected school performance		
Delay in time	Lost in time	Changing Times
Losing track of time		
Desire to accelerate time		
Changes in perspective of the future	Uncertainty	
Illness Anxiety		
Worried of the surroundings	Doubts	Unsettled
Perceiving things as filthy		
Wearing of mask	Compulsive hygiene	
Hand hygiene		
Frequent bathing		
Proper disinfection		

The Thematic Meanings of the Phenomenon

The investigation of the phenomena using van Manen's phenomenological method yielded the following theme interpretations after numerous iterations. These thematic concepts revealed the meaning of the experience of fear among recovered COVID-19 secular individuals. These include 1) stigma; (2) wariness; (3) hypervigilance; (4) changing times; and (5) unsettled.

Stigma. It is a theme depicting the preconceived notions the participants have of others and others of them as a recovered COVID-19 individual. It reveals how they faced

the struggles of stigma and how at a certain point it is affecting their lives. Keeping distance and transmitting infections describes the fear experienced by the participants.

Keeping distance. A strong sub-theme that emerged from participants was keeping distance, wherein their relationship with peers and other people were affected. Several participants have shared how they found themselves putting a gap towards others resulting to reduced interaction with classmates and peers because of the fear of the possibly contracting the infection from them.

> **Jane:** "*Sa una na klase kay nagpalayo jud ko sa ayo sa uban kay ang COVID.*" [At first, during class I distanced myself from others because of COVID.]
> **Joan**: "*Di ko ganahan naay tawo na muduol bitaw dapat distance*." (I don't like it when someone is close to me, there should be a distance.)
> **Crista:** "*Nahadlok pud ko makig interact sa mga classmates kay wa ka kabalo aha sila ga laag-laag.*" [I'm afraid to interact with my classmates because we don't know the places they've been to.]
> **Rhea:** "*Aside sa awkward mo sa imo classmates, makaingon jud ka nga need jud layo-layo gamay kay naa jud times mo ubo imo classmates niya mauncomfortable jud ko.*" [Aside from being awkward with my classmates, I can say that there is really a need for distance because at times when they cough, it makes me uncomfortable.]
> **Philip:** "*I tend to isolate myself kanang pag-agdahon ko ug laag sa akong mga barkada, kasagara akong balibaran.*" [I tend to isolate myself and I usually decline whenever my friends invite me to hangout.]
> **Lara:** "*Di nako ganahan ug touch touch sa akong friends, sauna hilig kaayo ko mo hug ug laing tawo. Basin sila or ako pud makatakod ko sa ila*." [I used to like hugging my friends before, but when COVID happened, I don't want to be touched by my friends because they might carry the infection or vice versa.]

Furthermore, two participants stated that they had become more selective in who they spend time with, resulting in less social interaction due to the fear of possibly contracting the virus elsewhere.

> **Belle:** *"Until now mahadlok gihapon ko. Grabe jud ko ka-extrovert sauna before nagCOVID pero karon murag ginapili najud nako akong sabayan."* [Until now, I'm scared. I was an extrovert before COVID but now I became selective of the people I hang out with.]
> **Belle:** *"Gina remind lang jud nako pirme akong self nga mag amping gyud ug di pataka duol duol laing tawo kung mahimo dili mogawas ug balay kung dili importante ang lakaw."* [I would always remind myself to be more cautious and to not go near people. If the purpose of going out is not that important, I would just stay home.]

Lara: *"Dili kayko makig halobilo samot na if ang impression nako kay laagan. Dili man sa hate or unsa pero di lang ko comfortable kay basin nakakuha (ug COVID)ni siya sa iya gilaagan or unsa ba."* **[**I don't hang out with people most especially if in my impression, he/she is someone who goes out often. Not because I hate him/her but I just feel uncomfortable because they might have been infected from the places he/she has been to and what not.]

Transmitting infections. Participants have shared the fear of bringing the infection in their homes and possibly infecting their family members. Some participants have revealed of worrying on family members especially those that belong in high-risk populations such as elderly, children and people with co-morbidities.

Crista: *"Mahadlok jud pod ko makatakod sa ako family. Akong parents, mga manghud, dayun akong lola. Especially kay nakakuha kog COVID atong pag limited face-to-face raba jud. Fortunately, ato nga time nakaisolate rajud ko and wala ra sila natakdan. Pero kanang karon ba, mao na magworry ko"* [I'm afraid that I might infect my family, my parents, siblings, and my grandmother. I tested positive with COVID during our limited face-to-face classes. Fortunately, I was in isolation that time and nobody got infected. However, I'm worried it might happen now.]

Lara: *"Ang factor sa akong fear kay what if makatakod ko sa uban. Mabalaka gihapon ko if makatakod ko sa akong mama and lola nga naay comorbidities. Especially sa akong lola nga wala raba siya navaccinenan."* [A factor of my fear is what if I infect others. I still worry about infecting my mother and grandmother who are comorbid and especially since my grandmother is not vaccinated yet.]

Belle: "Nabalaka sad ko para sa akong parents kay maexpose nako sa gawas dayon di ko gusto bitaw nga ma at risk sila tungod nako. Given ang history sa akong papa nga severly affected jud sa COVID, dili ko gusto akoy makadala (sa infection) ug makabutang napod namo ato na traumatic situation" [I am also worried for my parents because I'll be exposed outside, and I don't want to put them at risk. Given the history of my father who was severely affected with COVID, I don't want to be the person to bring (the infection) and will put us in that traumatic situation again.]

Philip: "Naglikay ko ug laag para sa kaayohan nilang mommy ug daddy. Nakita nako nga sila amping kaayo sa kaugalingon mao tong dili nalang gyud ko (maglaag-laag). [I avoid going out for the sake of my mommy and daddy. I see that they take good take of themselves well, that is why I chose not to go out anymore.]

Rhea: "What if lang jud ba naCOVID ko, dayon natakdan nalang pod nako akong kauban? Mahadlok ko nga maka infect ko sa lain." [What if I have COVID and I end up infecting someone else? I'm scared of infecting others.]

Discrimination and judgement from others created a significant concern on exposure and potentially transmitting the infection to others. Some participants shared how

they have experienced discrimination due to COVID-19 first-hand, which led to them experiencing fear of going through the same situation again.

> **Joan:** *"Sa mga silingan kay tan.aw nila nako kay hadlok jud kay lage naay COVID, dayon molikay jud ang mga tawo ato nako. Di ko ganahan mabalik to."* [My neighbors fear me because I was infected with COVID and they avoided me. I do not want that to happen happen again.]
> **Crista:** *"Atong time nga nakahibaw ko nga naa koy COVID, niana among teacher nga kailangan jud ipatest akong mga classmates nga nakakuyog nako. Mao tung nakulbaan ko unsa kaha ilang gihuna-huna."* [When I tested positive for COVID, my teacher said that my classmates who were in contact with me should also be tested. I was nervous of what they'll think.]
> **Lara:** "*Isa jud sa major factor sa akong kahadlok kay kanang judgement sa uban, example kung mahibaw-an nga na COVID (ang usa ka tao) pareha sauna ba nga irelease dayon ang ngalan unya ibash dayon sa social media."* [One major factor of my fear is other people's judgment. Before, if a person tests positive with COVID they will immediately release the list of names, then those people will be bashed on social media.]
> **Lara:** *"Adtong naCOVID mi, home quarantine raman mi ato unya although para sa safety to sa lain, kana bitawng butangan ang gawas sa inyo house ug caution, lain lang sa feeling"* [When we had COVID, we were only quarantined at home and although it is also for the safety of others, having a caution placed outside your house did not feel good.]
> **Jane:** *"Kanang mahadlok bitaw ko nga mabully ka or maingnan ka nga "hala tungod man ani niya oh wala mi kaskwela, natakdan mi" kanang mga in ana ba."* [I have a fear of being bullied or they might blame and say "because of her we got infected and weren't able to go to school."]

Wariness. Participants expressed feelings of cautiousness about perceived dangers and threats and described the effects of fear on their physical and mental state. Wariness is encompassed with apprehensiveness and bodily sensations.

Apprehensiveness. Some participants shared that it is unavoidable to have numerous negative thoughts and doubts especially when exposed to potentially risky situations. Some participants expressed a fear of death after being infected with COVID. Contributing factors included trauma from the experience and uncertainty.

> **Jane:** *"Dili ko makatulog kay basin mamatay nako, naanxious ko."* [I couldn't sleep because I am afraid that I'll die. I felt anxious.]
> **Lara:** *"Unpredictable biya kaayo ang COVID. Ang uban, mild lang. Tas sa uban pod kay severe jud na mahospital or uban mamatay. What if maparihas ko nila, mamatay?"* [COVID was so unpredictable. Some were mildly affected. Some were severely affected that led to hospitalization and death. What if just like them,

I'd also die?]
Lara: *"Nahadlok ko kay basin matakdan ko (ug COVID), matakdan mi (sa akong pamilya) tanan dayun mangamatay mi like nagsakit jud kaayo ko adto"* [I have a fear that I we might get infected (with COVID), (my family) might get infected, then we'll die. I was very sick that time.]

Participants describe the effects of fear on their mental state. Some participants shared that it is unavoidable to have numerous negative thoughts and doubts especially when exposed to potentially risky situations.

Rhea: *"Di lang malikayan mag overthink pirme ba kay daghan pa biya jud ang (COVID) cases ato na time unya bisag karon gali, naa gihapon."* [I cannot help but overthink since there were still a lot of (COVID) cases that time and even at present.]
Joan: *"Ma paranoid lang ko basta naay mag sneeze or mag ubo nga di kaayo kaila."*[I would get paranoid whenever someone I am not familiar with coughs and sneezes.]
Philip:*"Naa toy kas-a nga nag klase mi unya naa koy classmate nga ga binuang ug ubo-ubo ba, na kuyaw-kuyawan gyud ko unya duol ra biya mig bangko, basig matakdan unya ko niya."* [There was this one time in class and I had a classmate who jokingly coughed. I was really frightened because I was sitting close to him. He/she might transmit his cough to me.]
Philip: *"Kanang makahuna hunaa ka nga isa or duha ani akong mga kauban nga what if positive (sa COVID) diay."* [I would sometimes just think that what if one or two of these people I am with are (COVID) positive.]
Belle: *"Makahuna huna sad ka nga what if mahago nasad ko, ma low napud akong immune system, dali na sad ko mataptan ug sakit, macovid napud, samot na run nga nitaas nasad ang COVID cases diri sa Pilipinas."* [I always think that what if I overexert myself, my immune system will weaken, then I'll get higher chances getting sick, getting infected with COVID again, especially now

In addition, participants also shared fear and its effect on their ability to focus which ultimately adversely affects their daily living.

Jane: *"Maapektohan jud akong paghuna huna if matrigger akong kahadlok, ang akong focus kay naa rajud sa kahadlok"* [My way of thinking is disrupted whenever my fear gets triggered, my focus is diverted on the fear that I feel.]
Lara: *"Pagmahadlok kay mao to maglisod kog ginhawa. Pag in-ana kay dili na ko kafocus sa klase, dili ko kahuna huna ug tarong."* [If I feel scared, I experience difficulty in breathing and when that happens, I can't focus in class and can't think straight.]

Bodily sensations. Fear can take numerous forms on various individuals. Participants shared physical manifestations when experiencing fear. Common manifestations experienced by the participants included trembling, difficulty breathing, tightness of chest, and cold sweats.

> **Crista:** *"Mangurog ko unya feel nako kahilakon kaayo ko. Hadlok kaayo akong feeling"* [I tremble, and I feel like crying. I feel so scared.]
> **Jane:** *"Mangurog jud ko like akong tiil ug akong kamot, dayon akog dughan kusog kaayong buto dayon muhuot."* [My hands and feet tremble, my heart beats fast and my chest tightens.]
> **Philip:** *"Kung makaexperience kog fear, makulbaan ko, mamugnaw."* [When I experience fear, I feel nervous and I would feel cold.]
> **Belle:** *"Naa jud siyay epekto sa akoa physically like maglisod kog ginhawa, mangulba, dayun mangluspad ko"* [It really has an effect on me physically such as difficulty breathing, feeling uneasy, and I would turn pale.]
> **Rachel:** *"Murag mamugnaw akong singot, ug kanang kamot pod."* [I would have cold sweats; my hands would also feel cold.]
> **Lara:** *"Like kuba kuba (akong dughan) feel nako guot kaayo akong dughan nga di ko kaginhawa mura kog gi piit guot ako sinina,"* [My heart would beat fast, my chest would so feel tight that I can't breathe and it's like my shirt is suffocating me.]

Hypervigilance. This is an act wherein an individual displays excessive vigilance. It is manifested by being watchful of their environment for any impending harm. Hypervigilance is a strong theme that emerges among participants which reflects their interaction within their present environment. The two formulated emergent sub-themes strengthened the main themes and is described further below.

Approach with circumspection. The act of being a circumspect can be referred to as being careful and watchful of every circumstance and its possible consequences. The same thoughts were expressed by participants expressed find themselves within the presence of a group of people or a crowd. Some of them conveyed that they have been afraid of the crowd to the point where they even hesitate to go near another person and would rather prefer to stay at home.

Crista: *"Wary ko sa ako environment, magduha- duha kog doul sa mga tawo."* [I became wary about my environment, I am hesitant to go near other people.]
Philip: *"Kung naa kos lugar na daghan tawo mahadlok gyud ko. Maconscious nako sa akong palibot."* [If I am in a place where there are many people, I would get scared. I became more conscious of my surroundings.]
Belle: *"Mahadlok nako moadtog crowded places, uncomfortable kaayo bitaw. Mas pilion nalang nako mag pundo nalang ug balay."* [I fear going to crowded places, I feel uncomfortable. I'd rather stay at home.]

Moreover, aside from the fear they get of being within a crowd, the participants also get the feeling of being constricted and find themselves confined in a small place. However, places with proper ventilation have been cited to be one way to prevent triggering their fear.

Lara: *"Basta daghan ug tawo example events or bisag klase usahay feel nako guot kaayo akong pamati sa palibot bahala gud ug unsa na kadako ang classroom, guot jud."* [Whenever there's a lot of people such as on events or even in school, I feel cramped up and the surroundings become small despite the fact that classrooms are spacious, I still find it cramped up.]
Belle: *"If naa ko sa crowded places, dili lang gyud motipo sa kung asay daghan kaayog tawo kay feel nako guot kaayo ang lugar. Mangita jud ko ug lugar nga naay enough space and ventilation para di ra ma trigger akong kahadlok"* [When in crowded places, I avoid going near groups of people because I feel like the place is too congested. Instead, I look for an open space with enough ventilation to prevent triggering my fear.]

Transitional Challenges. Having been asked of their thoughts about the shift of the mode of instruction from online classes to face-to-face, the participants expressed a sense of change in their school environment. On top of this, they fear the fact that they get to interact and be with strangers again after a long period of isolation.

Jane: *"Naa jud kabag-ohan, dili parehas sauna na mas okay kay lingaw-lingaw. Karon kay naa koy mga kahadlok sa akong palibot"* [There really is a change, it's not like in the past where it's fun and better. Now, I have fear with my surroundings.]
Rhea: "*Nindot nga nagsugod na ug face to face pero lahi man siya nga feeling kaysa sauna kay aside sa naa natay gisunod nga protocol parihas sa pagmask, hadlok sad siya (face-to-face classes) sa part nga dugay kaayo nga walay contact sa strangers pero karon lain-lain nga classmates imong kauban. Wala ka kahibaw aha sila gikan or basig gi-COVID na sila.*" [It's nice that face-to-face classes has started but it feels different now because we have to follow safety protocols like wearing a mask. Not being able to mingle with others for a long

time then having to spend hours with different classmates makes face-to-face classes scary. You really have no idea where they came from and if whether or not they have COVID.]

These changes and fear that they have felt brought about disruption to their daily normal lives that it has affected their academic performance which includes their interests in school activities and focus during lectures.

> **Lara:** *"Randomly like example naa sa klase kay muhuot akong dughan or like maglisod kog ginhawa mao to mawala na dayon akong focus sa discussion"* [Randomly during class, my chest suddenly feels tight or I have difficulty breathing and because of that I lose focus during discussions.]
> **Belle:** *"Sauna halos tanang extracurricular activities sa school apilan nako. Pero sukad atong napositive ko, nawala gyud tanan nakong pagkainteresado sa mga in.ana maski usa wala nakoy giapilan."* [Before, I used to join almost all of the extracurricular activities in school. But ever since I got positive, I lost interest on those things that I do not join any of those anymore.]

Changing times. This strong theme reflects the shift of time perception that the participants have felt upon facing fear. Changing times comprise of being lost in time and uncertainty.

Lost in time. The feeling of inconsistency of one's perception of their present time. In the face of fear, the participants have shared that their perception of time differs from when they are not in fear. One of these changes include a slow pacing of time.

> **Crista:** "*In times nga in.ana (nahadlok ko), feel nako hinay kayng oras murag dugay kaayo siya mudagan. Ang day dugay kaayo mahuman."* [In times like that (when I'm scared), it felt like the time was moving too slow. It takes long before the day ends.]
> **Belle:** *"Anang time nga makafeel kog kahadlok, feel nako ang oras dugay kaayo mahuman like gusto nako mouli na kay aron mahuman dayon tanan"* [The time that I felt the fear, time moved so slow and I just want to go home so it would all be over.]
> **Rhea:** *"Feel nako kay dugay ang adlaw then kaulion na kaayo ka, sige rakag lantaw sa imong oras, (maghunahuna) kanus-a ni mahuman."* [It felt like the day was too long and I really want to go home. I am always checking on my watch for the time and when this will be over.]
> **Lara:** *"Feel nako nga ang 8 hours nga klase kay mura nag 24 hours nako diri. Feel nako taas na kaayo akong oras diri sa syudad."* [The 8-hour class felt like 24 hours. I feel like the time I am out in the city has been really long.]

Aside from delay in time, the participants have also shared they seem to lose track of time that sometimes it feels like time seems to pass by too fast.

> **Jane:** *"Pagmahadlok ko feeling nako paspas kaayong oras, dili nako kabantay."* [When I am scared, the time felt like it was so fast that I can't even notice.]
> **Crista:** *"Di ko maka track sa time."* [I can't track the time.]

The participants have also expressed their desire to accelerate the time when in fear because it makes them feel uncomfortable.

> **Philip:** *"Kung makafeel kog kahadlok kay gusto nako mahuman ang adlaw lain kaayo sa pamati."* [Whenever I feel scared, I want the day to be over, it did not feel good.]

Uncertainty. The dreadful exposure of the participants to COVID-19 not only affected the their perception of time but it has also impacted their daily lives as well. Recalling their memory from that moment in time made them anxious and fearful.

> **Jane:** *"Mahadlok man gud ko kay basin maunsa napod ko. Paranoid nako kay basin mabalik tong sauna nga pila ka adlaw hilanat ug mga symptoms, dayon magpahospital"* [I am afraid something is going to happen to me. I get paranoid that what happened in the past will happen again, the fever and the symptoms that lasted for days then getting admitted to the hospital.]
> **Lara:** *"Bisan pag muingon sila na maimmune, mahadlok najud ko matakdan balik kay for me, traumatic jud kaayo tong pagkaCOVID nako, tungod sa kagrabe sa akong symptoms"* [Despite them saying that we will be immune, I fear being reinfected because for me, having COVID really was a traumatic experience due to the severity of my symptoms.]
> **Crista:** *"Naa jud koy kahadlok. Usa pa kabalo kong okay nako pero nahadlok jud ko atong pag-announce sa face-to-face. Ang reason na nahadlok ko kay nakakuha kog COVID atong pag limited face-to-face so basin makakuha nasad ko (ug COVID)"* [I really have fear. I know I'm okay but I was afraid when I heard about the face-to-face classes announcement. The reason behind my fear is that I got infected with COVID during our initial limited face-to-face class so I might get it again (COVID).]

The participants also expressed a shift of perspective in terms of their future in which their past plays a role in. Having been infected of COVID caused some of the participants to question what the future has in store for them.

Lara: *"Kay kato (pandemic) unexpected man jud kaayo to no, makahuna-huna jud ko naa napoy in.ana nga mahitabo in the future. Sugod ato kay naafeel or narealize nako nga wala jud diay kasigurohan ang tanan."* [It was really unexpected (the pandemic). I would sometimes think that what if this will happen again in the future. From then on, I realized that nothing is certain.]
Jane: "*Feeling nako ato di ko ma nursing and sige huna huna na makaya kaha ni nako?*"[That time, I felt like I can't succeed in nursing and I always think to myself "Can I really do this?"]
Joan: "*Partly nalipay ko kay face to face najud pero hadlok jud gihapon kay basin makaduhaan ko (maCOVID)*" [Partly, I was happy because finally we will have face-to-face classes, but I am still afraid that I might get it twice (the COVID).]
Philip: *"Although excited ko sa fact nga magka face-to-face na gyud, imong mga classmates online makita najud nimo pero murag mulabaw jud ang kahadlok kay lage basin mautrohan nasad ka positive."* [Although I feel excited about the fact that we will finally have face-to-face classes and meet my classmates in person, fear still overshadows the excitement because of the possibility of getting reinfected.]

Unsettled. Some of the participants have experienced perceived unsettling moments due to fear. The theme unsettled evolved as a result of participants' various experiences of doubts resulting to them performing compulsive actions out of fear.

Doubts. Participants expressed on worrying and having doubts the safety and cleanliness of their surroundings. Multiple participants have shared having constant thoughts of things being contaminated with the virus causing them to be skeptical of the things around them.

Rachel: "*Ang virus dili man gud makita maong hadlok kay basin bisan asa na namilit."* [You cannot see the virus, that's why it's scary because it can be anywhere.]
Crista: "*Wary ko sa akong environment.*" (I become wary of my environment.)
Joan: "*Mura nakog naay trust issues sa mga butang. Sa akong hunahuna kay naay COVID ani.*" [It seems like I developed trust issues on things. In my mind, this might be contaminated with COVID.]
Rhea: "*Dili lang jud patakag hawid ug bisan unsa kay feel nako hugaw or infected (sa COVID)."* [I am just mindful of what I touch because I feel like it's dirty or infected (with COVID).]
Lara: "*Atong bag-o nagface-to-face, dili ko ganahan manakayan kay feel nako hugaw kaayo ang motor. Di ko ganahan muhawid ug kwarta kay feel nako hugaw. Ang palibot murag naay daghang virus nga pwede mupilit sa akoa anytime."*
[During the first few days of face-to-face classes, I don't want to commute because I feel like the motorcycle is so dirty. I also don't like holding money because I feel like it is dirty. I feel like the virus is everywhere which has the posibility of sticking on me anytime.]

Crista: "*Trapohan jud nako ang mga butang like bangko before ko mulingkod kay mupilit palang sa akong clothes ang virus."* [I always wipe things like chairs before sitting down because virus might stick to my clothes.]

Compulsive hygiene. A subtheme that has emerged throughout the participants' interviews described ways and measures they have taken out of fear from the virus. Such measures included wearing masks, hand hygiene, frequent bathing, and proper disinfection.

Lara. *"Di ko ganahan mohawid sa mga kwarta kay huwag maong sige kog alcohol. Ang akong bag taman ra sa gawas. Naa gani mi atong UV light para pang disinfect."* [I don't like holding money because it's dirty which is why I always disinfect with alcohol. The bag I used is placed outside only. We even have the UV light for disinfection.]
Lara: *"Sige kog pang-alcohol dayon kanang maghugas ug kamot, mga things nga gitake advantage lang nato or nako sauna ba. Murag usa siguro ni sa positive things (nga gi dala sa COVID)."* [I always apply alcohol and wash my hands. These were the things I or we took for granted before, however this might also be one of the positive things (of COVID).]
Belle: *"Mang-alcohol permi dayon kung mahimo manghugas jud ug kamot. Magface mask always, dili lang jud magkompyansa."* [I always apply alcohol and, as much as possible, wash my hands. I always wear facemask, it's better to be safe.]
Jane: *"Sige kog mask dayon kasaban nalang ko sa ako mama kay nganong sige lage daw ug mask. Hadlok ko man gud kay basin maunsa na pud ko."* [I always wear a mask to the point where my mother would scold for always it. It is because I am scared of what might happen if I dont wear one.]
Jane: *"Sige kog panghinaw, alcohol dayon mga tissue dayon. Karon nag buy na jud mi ug utensils kaugalingon. Karon conscious na kaayo ko gali anang mag share ug baso."* [I always do hand washing, apply alcohol and then dry with tissue. Now my family and I bought our own utensils. Right now, I am even very conscious with sharing drinking glass.]
Joan: *"Maligo dayon ko oy pero sa gawas ra. Iprepare na ako suoton sa gawas. Dayon akong mga sinuotan kay idiritsog laba."* [I immediately take a bath outside before going in. My clean clothes and stuff were already prepared outside and the soiled ones are being washed right away.]
Rachel: *Naa koy urge na kailangan sige ra kog ligo. Everyday na, kay sauna di ko taga adlaw maligo kay naa ra sa balay pero karon sige na.* [I have this urge to always take a bath every day. Before COVID, I don't take a bath every day because I only stay at home but at present I always do.]
Belle: *"ayaw sa jud sulod sa balay ibilin tanan nimong gamit ug sanina sa gawas sprayhan dayun nag lysol ug alcohol, pagsulti ug mo uli naka kay aron initan ka ug tubig para mao ang imong ikaligo. Then before ka mosulod sa gawas naa panay tumbanan nga trapo gi humol ug zonrox para panigurado gyud nga way kagaw."* [Not going inside the house right away, clothes and things should be left outside to be disinfected by lysol and alcohol. Tell us if you are coming home so we can heat water for you to use in taking bath. And at the entrance of the house there is a rag to step on which was soaked with zonrox for disinfection.]

Discussion

This section presents the discussion of the findings for the research question, "What is it like to experience fear among recovered COVID-19 secular individuals?" The experience of fear among recovered COVID-19 secular individuals were uncovered in the depiction of general essences expressed in the five (5) lifeworlds of van Manen (2014). The meaning of the phenomenon was revealed after seeing interconnected essences of statements from the participants.

The overreaching themes identified by the participants on the experiences of fear of recovered COVID-19 secular individuals were the following: (1) Stigma; (2) Wariness; (3) Watchful vigilance; (4) Changing times; and (5) Unsettled. The themes correlate to the five (5) Existential Lifeworlds by Max van Manen, which sought to explain and understand human experiences.

Lived self-other (relationality). Data were examined using the existentialism of lived human connections. This lifeworld helped the proponents reflect and understand experiences of secular individuals and their relational experiences with others in the presence of fear.

Lived body (corporeality). This lifeworld guided the proponents in exploring all bodily sensations that was felt, revealed, concealed and shared through physical body of the participants. The data was explored with regard to how fear had an effect on the impression and sensations of the body.

Lived space (spatiality). Data was geared towards the understanding of how the space an individual finds himself affects emotions and conversely how emotions of a certain space affect the experience of that environment. In this study, information was gathered on how the participants act in a space or place specifically at school in the

presence of fear and how fear affected their experience while carrying out activities and fulfilling responsibilities in the reopening of schools.

Lived time (temporality). Subjective perception of time as experienced by the participants were reflected through the lifeworld temporality. Temporal dimensions of the past, present, and future were explored with the intention to tackle how the participants perceived time in the presence of fear.

Lived things (materiality). The existential concept of materiality served as a guide on reflecting on how objects are experienced in relation to the phenomena of fear. Inquiry on how things were experience were reflected on the materialist worldview. The scope of things is varied as it can also be immaterial things such as thoughts, deeds, experiences, events, and discoveries (van Manen, 2014). The participants' thoughts and experiences will be explored on how things are perceived in the presence of fear.

Table 2. Thematic Categorization in the five (5) Lifeworlds of Van Manen (2014)

Van Manen's Existential Lifeworlds	Formulated themes
Lived self-other (relationality)	Stigma
Lived body (corporeality)	Wariness
Lived space (spatiality)	Hypervigilance
Lived time (temporality)	Changing times
Lived things (materiality)	Unsettled

Lived self-other (relationality)

Relationality recounts the thoughts and experiences of recovered COVID-19 secular individuals experiencing fear and how this phenomenon affected their perception

of themselves and their relationship with others. The widespread fear of COVID-19 is most likely owing to the disease's unclear nature and unpredictable course, the perceived danger of infection, the lack of FDA-approved therapy, and people's avoidance reaction (Yuan et al., 2021). As a result, people are more likely to be branded, stereotyped, and discriminated against, as well as treated differently, as a result of genuine or imagined ties with the condition.

Stigma. The reflection of relationality yielded an emergent theme— stigma. Stigma has a profound impact on the mental health of the victim, his or her family, related individuals such as peers, acquaintances, and society as a whole. It is characterized as a deeply discrediting attribute that transforms the human from a whole and ordinary person to a tainted, discounted one (Sahoo et al., 2021). Diseases are stigmatized when an individual is thought to be the source of the disease, the nature of the disease is terminal and degenerative, the sickness appears to be contagious and harmful to others, and the disease is physically visible (Islam et al., 2021). The Coronavirus disease, just like other infectious diseases, is no stranger to stigma. The theme of stigma was formulated from two sub-themes—keeping distance and transmitting infections.

Keeping distance. In most circumstances, fear serves a constructive purpose and is related to basic biological processes that aid in survival preparation (Albikawi et al., 2023). In Parse's (1981) theory, the theme of rhythmicity includes a paradox called enabling-limiting. In this paradox, when a person picks their course of action out of fear, they also turn away from the opportunities that the alternative path presents. One's body triggers the fight or flight reaction when they are in a state of fear. These mechanisms allow individuals to respond to potential risks by adopting defensive measures such as retreating, isolating,

or distancing themselves (Albikawi et al., 2023). In relation to Parse's concept of enabling-limiting, enabling is when the participants distance themselves from others to be protected. On the other hand, this act is also limiting their interactions with others. The participants have attested to this and explained that building a gap towards others results in decreased interaction, and affected peer formation, and peer relationships. The findings underscore participants feeling uncomfortable around others, awkwardness with classmates, detesting physical touch, and reduced interaction with friends due to fear of COVID-19 reinfection.

Participants also revealed that they fear close interaction with others because of the uncertainty of whether someone is infected or not. This stayed constant with a study by Bhanot et al. (2021) asserting that the cause of stigma in the current context is associated with the famous adage "better safe than sorry," which explicates how the fear of the uncertain accounts for the negative attitude and affected relations directed toward others.

Transmitting infections. COVID-19 patients who have witnessed and experienced negative reactions and undesirable attitudes from the public due to infectious diseases have manifested internalized stigma (Shabir et al., 2020). The absorbance of negative stereotypes and unfavorable preconceptions results in internalized stigma, leaving the person feeling a sense of worry, guilt, and worthlessness. People who have been subjected to stigma and subsequently internalized it are more likely to be reluctant to seek social communication and experience shame and self-doubt (Sahoo et al., 2020). Stigma and prejudice during the pandemic are likely the result of several socioecological factors, including fear of infection or quarantine and blame on oneself or others for getting the disease (Logie, 2020). The findings of this study affirm the previously mentioned literature,

as participants shared a fear of transmitting infections to others, such as family members and peers.

An identified factor precipitating fear is living with family members in high-risk populations such as those with comorbidities, unvaccinated, children, and those at older ages. These perceptions are consistent with a study showing that protecting family members and self-protection against infection were identified as major fears and sources of worry by the participants (Alcala-Albert et al., 2022). Another study has concluded that higher levels of fear were closely associated with households containing two or more people with a fear of infecting loved ones as one predictor of fear (Mertens et al., 2020).

Lived body (corporeality)

Corporeality was explored through the reflection of everything that was felt, revealed, concealed, and shared through the physical body. The body is essential because a person's consciousness records every experience, beginning with the physical body in which one exists; therefore, it is vital in how a person experiences space, time, human relations, and materiality (Basnet, 2022). Ekman (1999) posited that when someone is put in a scenario where their safety is in danger, fear can emerge. And it can involve physical and physiological changes in the body. The data were explored regarding how fear affects the impression and sensations of the body.

Wariness. An emergent theme for the lifeworld corporeality is wariness. Wariness refers to feeling or showing caution about potential dangers, threats, or concerns (Kiel & Buss, 2020). In the complex fear spectrum, fear is an important adaptive reaction to survival and is regarded as a significant component of anxiety (Alimoradi et al., 2022). An individual with increased levels of fear may be interpreted as an inadequate fear

presentation, and this shares a close relationship with how anxiety is presented (Soomägi et al., 2023). Anxiety might be exacerbated by the fear of contracting COVID-19 (Rodríguez-Hidalgo et al., 2020). In addition, an anxious and tense state may be manifested through physical means and the projection of psychological problems. Hence, the theme of wariness was induced from two subthemes—apprehensiveness and bodily sensations.

Apprehensiveness. COVID-19 survivors are among those at higher risk of psychological sequelae and distress from the pandemic due to stressors (Bonazza et al., 2022). There are a variety of long-lasting mental health problems among this population, making them vulnerable to fear and its concomitant psychological symptoms. The participants in this study felt that fear has resulted in feelings of apprehensiveness marked by overthinking, self-doubt, and altered focus. These findings support Gawda's (2020) suggestion that fear can result in compounded emotions of apprehension, worry, tension, and even misery.

Furthermore, a study regarded these psychological sequelae as "psychological scars that cannot be healed", which revealed participants losing confidence, becoming nervous around people, having doubts about safety, and developing a fear of death after being infected (Son et al., 2021). The findings support the aforementioned study as participants revealed having recurrent and uncontrollable negative thoughts, self-doubt, paranoia, and fear of death due to fear of uncertainty and the people in their surroundings.

Bodily sensations. Fear in its complex form can lead to anxiety, which exhibits tension-associated physical manifestations (Hamm, 2020). Participants have shared manifestations of spontaneous physical manifestations due to fear, such as trembling, difficulty breathing, tightness of the chest, and cold sweats. A commonly identified

stimulus of the participants' fear was exposure to social settings. This is similar to a study that revealed that recovered COVID-19 patients experience social fear manifested by increased heart rate and trembling (Son et al., 2021).

Lived space (spatiality)

The experience of fear subjectively differs from person to person, with different factors affecting it. One of which is the environment they find themselves in and the emotions they feel in this certain space, thus referring to the lived spatiality of an individual. Experiences differ from participant to participant, but in the account of spatiality, the main theme formulated was hypervigilance.

Hypervigilance. Vigilance itself is defined as alertly watchful, especially to avoid danger. That being said, hypervigilance refers to excessive vigilance. It is marked by hyper-arousal and being constantly on guard for possible danger, both real and presumed. Hyperarousal refers to an excessively heightened state of sensitivity and responsiveness (Wei et al., 2023). The COVID-19 pandemic was a widespread and distinctive global traumatic event that caused an individual to be hypervigilant (Sanchez-Gomez et al., 2021). These findings were coherent with Lazarus' Cognitive Appraisal theory (1966), which posits that the quality and quantity of an emotion are formed and driven by the cognitive activity of a person. In this sense, a predisposing circumstance lead the participants of this study to think of their dreadful COVID-19 experience, and this leads them to feel nervous and alarmed, having excessive vigilance (Yip & Chau, 2020). Hypervigilance is anchored by two emerging subthemes which are approach with circumspection and transitional challenges.

Approach with circumspection. The participants approached their environment with circumspection as they were careful and watchful of every circumstance and its possible consequences. According to research, COVID-19 survivors experienced more hyperarousal symptoms than non-infected people (Yuan et al., 2021). This means they experience heightened sensitivity and responsiveness. Hence, these individuals are bound to approach their environment with circumspection. This affirms the findings of the study wherein the participant is fearful of the crowd to the point where they even hesitate to go near another person and would rather prefer to stay at home. Some of them also get the feeling of being constricted and find themselves confined in a small place.

Transitional challenges. This refers to the challenges that the participants have experienced as they shift back to traditional face-to-face learning after nearly two years of online classes. Students reported that the downsides of online learning include stress, isolation, loneliness, lack of focus, and low motivation (Stoian et. al., 2022). In relation to this study, the participants expressed that the shift of the mode of instruction from online classes to face-to-face caused them a sense of change in their school environment, which is viewed as one of the challenges they have faced during that period of time since it necessitates adjustments for them to cope with their new learning environment.

On top of this, they fear the fact that they get to interact and be with strangers again after a long period of isolation to the point where it has affected their academic performance, which includes their interests in school activities and focus during lectures. This research finding is coherent with a study that concluded students who report fear of COVID-19 impose strict physical distancing as they perceive the threats that COVID

brings. Later on, they recognize their real values in life, such as balancing their personal lives and their academics (Duong, 2021).

Lived time (temporality)

The relevant past, present, and future events of a person's existence are defined by the interwoven relationship of time and an individual. The lifeworld of temporality reflects the participants' subjective experiences with time. It explores how the participants perceived time when experiencing fear, looking through their past, present, and future. In view of lived time, the formulated main theme is changing times. This was the common variable after analyzing the participants' various responses. It reflects how time does not feel the same as the participants live with fear, which emerges by the time a situation poses a threat to safety (Ekman, 1999).

Changing times. The strong emerging theme that best reflects the lived time of the participants is changing times. This finding is consistent with a study conducted by Loose et al. (2021), students report that time has slowed down; some report that it was faster, and several students have also reported that they experience time disorientation upon the onset of COVID-19. The same is true for the results of this study, wherein participants have expressed changes in their perception of time in the face of fear. In relation to the Human Becoming Theory (Parse, 1981), the different time perceptions felt by the participants are explained through Parse's (1981) theme, meaning, wherein an individual makes their own personal implication of situations. These different perceptions are explained further through the formulated subthemes which are lost in time and uncertainty.

Lost in time. Lost in time depicted the presently perceived time by the participants. Specifically, participants revealed the distortion of time when they were in fear; there was

a delay in time, the desire to accelerate time, and some lost track of time. This finding is congruent with the results of the study by Özgör et al. (2018), which states that a person's sense of time is influenced by mood and the length of the stimulus. Furthermore, exposure to terrifying events lengthens the time perception of a person. (Ogden et al., 2019). Thus, accounting for participants who have expressed a delay in the time when in fear.

Uncertainty. The COVID-19 pandemic has brought unrivaled disruptions to the lives of people for a long span of time, resulting in a great amount of uncertainty about the future (Lee-Won et al., 2022). The participants share the same sentiments, for they, too, consider their traumatic experience of COVID-19 not only affecting their present perception of time but also affecting their views on their future. Recalling their memory from that moment in time caused them to be anxious and fearful. The participants also expressed that their history of contracting the COVID-19 infection played a significant role in the shift of perspective regarding their future, and they cannot help but question what their future holds.

Lived things (materiality)

The existential concept of materiality guided the inquiry into how things and objects are perceived and experienced in relation to the phenomena of fear. Topics discussed by the participants in the interviews highlighted the impact of fear and how it changed their perceptions of objects and material things. Parse (1981) defines human as "coexistent while co-constituting rhythmical patterns with the environment and is an open being, freely choosing meaning in situations, bearing responsibilities for decisions". Furthermore, the effect of their perceptions on their actions towards things and their surroundings was also explored.

Unsettled. The main theme unsettled has emerged from the lifeworld materiality. It refers to something that is out of order or unstable in some way. An unsettled person is usually bothered by some form of perception or a decision they have made (Pickup, 2022). It is when one is anxious, worried, and unable to relax. This theme has been formulated from two emergent subthemes—doubts and compulsive hygiene.

Doubts. The fear of the participants was found to be compounded by the knowledge that the COVID-19 virus is an invisible enemy that could be spread asymptomatically (Dennis et al., 2021). Most of the participants expressed having doubts about the things within their surroundings due to them perceiving things as dirty or contaminated with germs and viruses. Results from a research study to support these findings revealed a large portion of undiagnosed obsessive-compulsive disorder was seen in recovered COVID-19 patients (Shafighi et al., 2023). In addition, findings concur with the study of Dar et al. (2021) that depicted COVID-19 survivors showing manifestations of obsessive-compulsive disorder, such as constantly worrying about dirt, germs, and viruses, as well as washing hands often.

Compulsive hygiene. Despite the variety of obsession and compulsion content, the most common involve contamination obsessions and washing/cleaning compulsions (Wheaton et al., 2021). In the context of the COVID-19 pandemic, these problems center on the fear of germs and getting infected. Because of these doubts and uncertainty, participants shared that they have been manifesting compulsive hygienic actions. However, a participant expressed a positive perception of this because observance of proper hygiene was often neglected by some people before the pandemic. After being infected, they now pay close attention to their personal hygiene, such as frequent hand washing and bathing,

which in turn can result in positive effects on their overall health. Other hygienic acts observed include constantly wearing a mask and properly and repeatedly cleaning and disinfecting belongings. A study that concurred with these findings revealed that they used personal plates when eating and scrupulously observed personal cleanliness routines such as wearing face masks, hand washing, and using hand sanitizers (Son, 2021). Although undiagnosed, manifestations can lead to the development of obsessive-compulsive disorder; hence, it needs to be acknowledged and managed.

Chapter 4

SUMMARY, CONCLUSION, RECOMMENDATIONS AND REFLEXIVITY

The research question used to explore the experience of fear among recovered COVID-19 secular individuals was "What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?" This study aimed to explore and understand the meaning of fear as experienced by secular individuals through a phenomenological method. The content of this chapter presents the summary of findings, an interpretative reflection on the emergent themes, and posits implications and recommendations for practice, future research directions, and to the recovered COVID-19 secular individuals experiencing fear.

Summary

The COVID-19 pandemic was a terrifying incident that jolted the whole world and profoundly affected the life of everyone. Thus, this study accentuates the lived experiences of fear among recovered COVID-19 secular individuals. It has provided a central understanding of the participant's fear upon the resumption of face-to-face classes, considering their history of COVID-19 infection. There were ten (10) emerging sub-themes that described the participant's lived experience of fear, which were further deduced into five (5) main themes, namely: (1) stigma, (2) wariness, (3) hypervigilance, (4) changing times, and (5) unsettled. The formulated sub-themes and themes can be utilized to develop policies and procedures that can be beneficial to other COVID-19 survivors.

The findings of this research revealed that participants experienced fear differently, which was manifested physically and psychologically. With that, various factors were

identified to be the root of the fear that the participants felt. In the face of fear, they manifest distressing bodily sensations, and their perception of time is affected to the point where they even question what their future holds. The common factor of fear identified among the participants was fear of reinfection, which was not limited to themselves but also to the people around them. In fact, they even fear being judged by surrounding people. The participants also find their school environment and school performance being influenced by the fear they feel. In turn, the participants observed preventive measures to keep themselves free from reinfection. They practiced proper personal hygiene and have been watchful of the things and even people they come in contact with. Despite the distressing fear that they felt, the participants were also able to reflect on the bright side of the resumption of face-to-face classes, such as observance of proper personal hygiene, the importance of vaccination, and a renewed perspective on social interaction.

Conclusion

Despite having recovered from the COVID-19 infection, many people are still suffering from the physical and psychological repercussions of the disease. With the reopening of schools in the Philippines, secular individuals have borne the burden of such sequelae, notably the phenomena of fear, as proven in this study. Furthermore, it has been revealed that there is one main source of fear among these people: the fear of reinfection. It has been found that this fear is rooted in their excruciating disease-infected experience. As a result, it influenced how these individuals lived with their bodies and viewed time, space, material objects, and human relationships. Recognizing and mitigating human fear is a key component and can be a focus of intervention.

In resolution, the participants have shared the importance of preventive measures and a positive mindset in addressing fear. Resorting to avoidance, vaccination, and adhering to the same protocols despite it being lifted are ways they have found efficacious for them. The findings may raise awareness on the significance of giving assistance and focused education during stressful periods like the COVID-19 pandemic. Oftentimes, the psychological well-being of an individual is not given as much importance as the physical aspect. In the care of a person, it is important to treat them holistically. Thus, looking beyond numbers and listening to the stories of lived experiences of fear among recovered COVID-19 secular individuals allows a deeper understanding of what it was like to experience fear among recovered COVID-19 secular individuals in the reopening of schools. Unmanaged fear may lead to a variety of mental difficulties; consequently, supportive programs for these individuals should be established to assist in reducing or preventing the development of fear-related problems.

Recommendations

The findings in this study may contribute to the body of knowledge on the experience of fear among recovered COVID-19 secular individuals. Based on the findings, the study provides the following recommendations to the nursing profession, nursing education, nursing research, and the recovered COVID-19 secular individuals:

1. For those in the nursing profession

    a) Encourage constant consideration of the mental state of patients, especially those who have recovered from COVID-19, by conveying an attitude of empathy and providing a comfortable and calm environment to aid an open conversation. Feelings are real, and it is helpful to bring them out in the open so

they can be discussed and dealt with. This allows the nurses to establish care plans and realistic choices about aspects of care for the patient and ways to overcome them.

b) The nursing professionals may conduct a management plan before and after the patient is discharged from the quarantine facility. The management plan may include encouraging the recovered individuals to participate in activities such as counseling, journaling of experiences, and other therapeutic home activities. This management plan is crucial for patients within their recovery stage.

2. For the nursing education

a) The nursing curriculum must emphasize the essentiality of providing holistic care and understand that mental health plays a vital role in one's well-being.

3. For the nursing research

a) This current study has concluded that there is fear among recovered COVID-19 individuals. Therefore, it is recommended that further in-depth studies on other lived experiences among the recovered COVID-19 population be conducted.

b) Conduct further studies focusing on specific triggering factors and manifestations among COVID-19-recovered individuals. A wider scope provides a wider range of analyses that contribute to the medical profession in delivering quality care.

4. For the recovered COVID-19 secular individuals

a) Build strong social support that will aid in the recovery from the psychological stress brought about by the COVID-19 infection and the pandemic.

b) Encouraged to seek help from a medical professional to help manage fear and other possible psychological problems that may arise.

c) Maintain a healthy lifestyle and find an effective coping mechanism for fear and anxiety.

Reflexivity

Upon the completion of the study, we have gained apprehension with reference to the experience of fear among recovered COVID-19 secular individuals. We have set forth towards understanding the experience of fear while utilizing Van Manen's hermeneutic approach, which served as a tool in grasping details. It was a frightening event. An inevitable change engulfed humanity. For some people, the fear experienced was the hardest to handle. Some were in an area where COVID-19 infection was getting severe, while others reinforced to see what may come next. Between the discussions of the participants, different experiences were discerned involving fear. Fear belongs to a spectrum of emotions. With this particularity, fear should be given attention as it may result in more problems that would influence one's way of life.

The moment when the participants shared their life stories as individuals who experienced the COVID-19 infection, we observed that everyone has their own way of dealing with fear. However, as the subject goes deeper, pain and emotions fill their voices while getting vivid flashbacks of the events that felt like a black void of space in a span of seconds, minutes, hours, or days. With their voices shaking, as if the words refused to leave their mouths, a subtle mist formed around their eyes. Finally, gathering enough composure to speak, they explained the matter that left them almost hopeless. Stuck alone for months

on end, it was inexorable, and that resulted in dire consequences on their morale, among other things. Dreams were shattered, and their future was constrained with uncertainty.

Certainly, living with fear is undoubtedly a verbal and non-verbal experience. There are various definitions for why fear exists. Whilst all of these definitions correspond on both physiological and psychological levels, each of the participants' meanings of fear are unique and elucidate their own circumstances.

Aesthetic Expression

Presented below is the poem that the proponents formulated, a reflection of the understanding of the experience of fear among recovered COVID-19 secular individuals. The poem itself includes perceptions of the life of each of the participants. This effort also offers a glimpse of time in the midst of recovery and reintegration into society upon their recovery while having different courses of action. It also highlights the lingering psychological and emotional effects of infection amongst individuals. It further elucidates the societal impact of infection, the lasting stigma present even upon recovery, and its effects on the morale of recovered individuals.

Symptomatic Obscurity

It's funny, the last time I sneezed,
I'd be offered a tissue, and a warm "Bless you."
Funny how what was once brushed off,
Is now looked upon with fear, disdain, terror even

I don't remember and I wouldn't be able to remember
What it is I touched

Who it is I talked to that got me sick

It could've been anything, could've been everything

Tell me then, how can I avoid what got me sick

Without avoiding all things all together

Funny, it's been a while since I was sick.

But everyone that used to come and say hello,

walked the other way.

Why is it that, when the school bell rang, we all used to run

together,

But now they wait for me to run first.

Then follow but keep their distance.

At lunch I hear conversations,

None of them with me

Laughter,

None of it with me

The clanking of spoons and forks,

are the only sounds that keep me company.

In this table for five,

where I alone sit, perhaps it is for the best

I was afraid of coming back here,

afraid of school, afraid of classes,

afraid of new people.

I never thought I'd panic if I coughed

tremble at gasping for breath

I never thought they'd be afraid of me.

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APPENDICES

Appendix A: Transmittal Letter

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 9001:2015 Quality Management System – DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

March 31, 2023

DR. SAMMY B. TAGHOY
Dean, College of Nursing, Midwifery and Radiologic Technology
Misamis University

Dear Dr. Taghoy:

Good day!

The undersigned are 3rd-year students of Misamis University, Ozamiz City taking up a Bachelor of Science in Nursing and are currently working on a research study entitled "EXPERIENCE OF FEAR AMONG RECOVERED COVID-19 SECULAR INDIVIDUALS" in partial fulfillment of the requirements for the degree aforementioned. This study aims to explore and understand the meaning of fear as experienced by recovered COVID-19 secular individuals. In this regard, we would like to ask for approval from your good office to conduct the study. It will be conducted in Misamis Occidental from April to June 2023.

Rest assured that all information derived herein will be treated with utmost confidentiality.

Thank you very much and God bless.

Sincerely yours,

TRIXIE T. ABIABI

KYLAH B. ABING

MARGE BERNADETTE C. BANAWAN

MARIANNE THEA O. ALBISO
Researchers

Noted by:

DR. JESUS G. OCAPAN JR.
Research Adviser

Approved by:

DR. SAMMY B. TAGHOY
College Dean

Appendix B: Informed Consent Form

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
College of Nursing, Midwifery and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph

CERTIFIED: ISO 9001:2015 Quality Management System – DNV
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MISAMIS UNIVERSITY
Ozamiz City
College of Nursing, Midwifery and Radiologic Technology

RESEARCH INFORMED CONSENT FORM

Title
This study is titled "Experience of Fear among Recovered COVID-19 Secular Individuals" in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

Researcher
This study is to be conducted by Trixie T. Abiabi, Kylah B. Abing, Marge Bernadette C. Banawan, and Marianne Thea O. Albiso, who is pursuing a Bachelor of Science in Nursing at Misamis University College of Nursing, Dr. Jesus G. Ocapan Jr. as the adviser. The researchers can be contacted through this mobile number +639300188540 or by email address abiabitrixie@gmail.com, kylahabing352@gmail.com, myng.thea10@gmail.com , margebernadettebanawan@gmail.com.

Purpose of the Research
This study aims to explore and understand the experience of fear in a phenomenological method among recovered COVID-19 secular individuals.

Description of the Research
This study is a phenomenological type of research, and the data will be gathered through an interview within 2 months.

Potential Benefits
The findings of this research study will contribute to the benefit of nursing education as this will help educators and students adjust and update effective ways of managing and providing interventions to individuals experiencing fear and it will serve as a foundation for students to become proficient and effective healthcare providers. Healthcare professionals will also be benefited for this study will serve as a reference in addressing and providing holistic and efficient care to patients experiencing fear after recovering from a symptomatic COVID-19 infection. Lastly, this research study will also be advantageous

for the field of nursing research as it will greatly contribute to the advancements of future research by serving as baseline information for future undertakings of this topic which can lead to significant discoveries and improvement in interventions for fear-related disorders in health care.

Confidentiality
In the conduct of the study, full confidentiality will be assured. No information that discloses your identity will be released or published without your specific consent to the disclosure and only imperatively necessary. The materials that contained the raw information derived from you will be destroyed after data processing within a given period.

Publication
The results of this study may be published in any form for public and scholarly consumption or used in classroom instruction to enrich learning and generate more knowledge for future research.

Participation
Your participation in this study must be voluntary and you have the right to withdraw if you feel uncomfortable in the process of gathering information from you.

Informed Consent
Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarification for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

Printed Name and Signature of the Research Participant	Date

Appendix C: Interview Protocol

Introduction

- Greet participant
- Introduce self to participant
- Express gratitude to participant
- Provide an overview and explain the purpose of the study to the participant
- Secure informed consent of the participant
- Encourage participant to make clarification
- Establish and ensure comfortable environment for the client

Opening Question

How are you feeling today?

Core Question

What is it like to experience fear among recovered COVID-19 secular individuals in the reopening of schools?

Guide Questions

A. Lived Self-Others (*relationality*)
    1. Could you describe to me the feeling of fear when you were with people?
    2. Can you share some instances where fear affected your relationship or interaction with others?
B. Lived Body (*corporeality)*
    1. In what way does experiencing fear affect your senses?
    2. What are your physical manifestations when experiencing fear?

3. What are your physiological manifestations when experiencing fear?

C. Lived Time (*temporality*)

1. How do you perceive time when experiencing fear?
2. How did fear change your perspective of the future?

D. Lived Space (*spatiality*)

1. Can you share your experience/s of fear at school?
2. Can you elaborate on the changes of your perspective with school before your experience of COVID-19 and at present?
3. Do you feel like fear has an effect on the way you perform and fulfill responsibilities at school? Can you elaborate why?

E. Lived Things (*materiality*)

1. How do you perceive the things around you in the presence of fear?
2. What are the things you have done out of fear?
3. Can you share with me a specific event that trigger your fear?

Concluding Questions

- Is there anything else you want to add about your experience?

Express gratitude towards participant

CURRICULUM VITAE

PERSONAL DATA

Name	: Trixie T. Abiabi
Age	: 21 years old
Birthdate	: November 03, 2001
Civil Status	: Single
Religion	: Roman Catholic
Home Address	: Bliss, Lapasan, Clarin, Misamis Occidental
Parents	: Jason L. Abiabi
	: Mildred T. Abiabi

EDUCATION

College	Bachelor of Science in Nursing
	Misamis University, Ozamiz City
	H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
	August 2020 - present
Secondary	Senior High School
	Science, Technology, Engineering, and Mathematics
	Lycee St. John Baptist De La Salle
	La Salle St. Barangay Aguada Ozamiz City, Misamis Occidental
	June 2020

	Junior High School
	Holy Child High School of Clarin, Incorporated
	Pob. 1, Clarin, Misamis Occidental
	March 2018
Elementary	Holy Child High School of Clarin, Incorporated
	Pob. 1, Clarin, Misamis Occidental
	March 2014

PERSONAL DATA

Name	: Kylah B. Abing
Age	: 21 years old
Birthdate	: March 05, 2002
Civil Status	: Single
Religion	: Roman Catholic
Home Address	: Purok 2, Barangay IV, Tangub City, Misamis Occidental
Parents	: Noel G. Abing
	: Lilibeth B. Abing

EDUCATION

College — Bachelor of Science in Nursing
Misamis University, Ozamiz City
H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
August 2020 – present

Secondary — Senior High School
Science, Technology, Engineering, and Mathematics
Lycee St. John Baptist De La Salle
La Salle St. Barangay Aguada Ozamiz City, Misamis Occidental
June 2020

Junior High School
Misamis Union High School
Circumferential Road, Lam-an, Ozamiz City

March 2018

Elementary	Montessori Center, Tangub City
	Barangay III, Tangub City, Misamis Occidental
	March 2014

PERSONAL DATA

Name	: Marianne Thea O. Albiso
Age	: 22 years old
Birthdate	: March 10, 2001
Civil Status	: Single
Religion	: Roman Catholic
Home Address	: Purok 2, Bañadero, Ozamiz City, Misamis Occidental
Parents	: Teodoro F. Albiso
	: Pelegrina O. Albiso

EDUCATION

College	Bachelor of Science in Nursing
	Misamis University, Ozamiz City
	H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
	August 2020 – present
Secondary	Senior High School
	Accountancy, Business, and Management
	Misamis University, Ozamiz City
	H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
	June 2020
	Junior High School
	Misamis University, Ozamiz City
	H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental

March 2018

Elementary	Misamis University
	H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
	March 2014

PERSONAL DATA

Name	: Marge Bernadette C. Banawan
Age	: 21 years old
Birthdate	: April 24,2002
Civil Status	: Single
Religion	: Born Again Christian
Home Address	: Kauswagan, Tangub City
Parents	: Nonito G. Banawan
	: Marylyn C. Banawan

EDUCATION

College — Bachelor of Science in Nursing
Misamis University, Ozamiz City
H.T Feliciano St., Aguada, Ozamiz City, Misamis Occidental
August 2020 - present

Secondary — Senior High School
Science, Technology, Engineering, and Mathematics
Lycee St. John Baptist De La Salle
La Salle St. Barangay Aguada Ozamiz City, Misamis Occidental
June 2020

Junior High School
Tangub City National High School
Mantic Tangub City

March 2018

Elementary	Tangub City Central School
	Mantic, Tangub City
	March 2014