# LIVED EXPERIENCES OF RESILIENCE AMONG BREAST CANCER PATIENTS: A PHOTOVOICE STUDY

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In Partial Fulfillment of the
Requirements for the Degree
Bachelor of Science in Nursing

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## CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, this research output entitled **"Lived Experiences of Resilience Among Breast Cancer Patients: A Photovoice Study"** is hereby recommended for acceptance and approval.

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## ABSTRACT

Breast cancer poses not only physical challenges but also significant emotional, psychological, and social burdens. Building resilience plays a crucial role in coping with breast cancer, enabling patients to recover from difficulties and adapt positively to their circumstances. This study explored and described the experiences of resilience among patients diagnosed with breast cancer in Misamis Occidental, Philippines. A qualitative approach was utilized, specifically Photovoice, a participatory method that combines photography and narrative reflection. The participants of the study were four women diagnosed with breast cancer selected through purposive and snowball sampling. Participants used photography to capture images representing their personal experiences of resilience, and in-depth interviews were conducted using the SHOWeD technique. The "SHOWeD" questions were used to gain deeper insight into how social, cultural, and contextual factors intersect with the phenomenon of interest. Data was analyzed using thematic analysis. The study revealed four main themes: social, self-directive, adaptive, spiritual, and celebratory resilience. These findings suggest that resilience is not merely the absence of struggle, but a dynamic and evolving process shaped by cultural beliefs, social support, faith, and inner strength. Moments such as enduring treatment, praying, or completing therapy marked their journey toward healing and self-redefinition. By capturing the essence of resilience through visual and narrative expressions, the study offers insights that can inform future psychosocial support programs for breast cancer patients. A holistic approach addressing psychological, emotional, and social dimensions is essential for promoting positive outcomes.



**Keywords:** *breast cancer, lived experiences, photovoice, resilience, thematic analysis*

## DEDICATION

This work is dedicated, first of all, in utmost respect, admiration, and gratitude to the breast cancer participants – the courageous people who have made it possible for us to even begin thinking about this study. Sharing your stories, experiences, and time has given this study meaning that extends far beyond any data or analysis. You have opened your hearts to us during some of the worst moments of life, thus adding to the body of knowledge that might help others who are caring and understanding and offer hope in the same battle.

The strength with which you have endured adversity and stuck with it through pain and suffering is one of the most beautiful testaments of human resilience, grace, and hope. This work pays tribute to your lives, journeys, and voices; it is our sincere wish to honor your experiences in this study and contribute to research that may someday lead to kinder care, better results, and ultimately – a cure.

Also, this work is dedicated to our very esteemed research adviser, Dr. Sammy B. Taghoy, for whose mentorship, wisdom, and support in research this work has benefited from conception to completion. Your insightful comments, patience, and encouragement shaped not only the quality of this study but also our development as researchers and scholars. Your commitment to academic rigor and human-centered research is deeply appreciated.

***The Researchers***

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The researchers owe it all to the Almighty God, without whose blessing, strength, perseverance, and wisdom, this study could never have been completed.

The researchers are grateful to the very courageous and inspiring breast cancer patients for their participation in this study. The courage and willingness to share their intimate experiences through photographs and narratives have tremendously enriched this study. The stories of resilience are compelling testaments to the human spirit, and it has been an honor and a privilege to listen to and learn from their journeys. This study becomes a tribute to their strength and offers a voice to their experiences.

To the dedicated and respected research adviser, Dr. Sammy B. Taghoy, the researchers are profoundly thankful for his continuous support, insightful guidance, and encouragement throughout this journey. His expertise, patience, and critical feedback challenged the researchers to think deeply, work diligently, and remain committed to the highest standards of academic integrity. Indeed, mentorship shaped this research as much as it did their growth as scholars.

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***The Researchers***

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# INTRODUCTION

## Rationale of the Study

Breast cancer is a common and complex disease that affects millions of women worldwide, with severe physical, psychological, and social consequences. Breast cancer is one of the most prevalent diseases in women. Prevention and treatments have reduced mortality; nevertheless, the diagnosis and treatment continue to affect all aspects of patients' lives – physical, emotional, cognitive, social, and spiritual (Suarez et al., 2021). According to Kugbey et al. (2019a), breast cancer diagnosis and treatment among women present significant burdens that are likely to influence their quality of life. These challenges include physical, psychosocial, and spiritual distortions that negatively impact the health and well-being of women living with breast cancer.

Resilience plays a crucial role in coping with cancer, enabling patients to recover from difficulties and adapt positively to their circumstances. Resilience is a concept that has gained increasing attention in the healthcare field (Fernandez et al., 2023). Resilience is the ability to overcome a harmful or painful experience and turn it into a source of learning and growth (Cerezo, Olmo, and Rueda, 2022). Resilience plays an essential role in changing psychological well-being.

The DABDA model – Denial, Anger, Bargaining, Depression, and Acceptance- provides a foundational framework for understanding the emotional journey of individuals facing life-altering diagnoses such as breast cancer. Developed by psychiatrist Elisabeth Kübler-Ross in her seminal work "On Death and Dying," the model describes the emotional stages of terminally ill patients but has since been applied more broadly to various forms of loss, including chronic and life-threatening illnesses such as cancer (Kübler-Ross, 1969). Initially, a patient may first experience denial, struggling to accept the reality of their condition, followed by anger, a natural emotional response to perceived unfairness. In bargaining, the individuals may engage in internal negotiations or hope for a different outcome. As the diagnosis becomes more real, depression may emerge, marked by profound sadness, fear, and emotional exhaustion. But in time, many

patients reach acceptance, a quiet strength, and a resilient understanding of their condition.

According to Baeda and Nurwahyuni (2022), the higher the resilience, the greater the likelihood of experiencing positive psychological well-being. The higher the resilience, the more likely it is to experience positive psychological well-being. Cancer patients who have low levels of resilience will show negative psychological well-being, and vice versa. By enhancing resilience, women with breast cancer can alleviate the negative impact of physical, psychological, and social changes experienced during the course of the illness, as well as establish health-promoting behaviors that enable them to positively integrate those changes in their lives (Perez & Tejada, 2020).

Resilience can be viewed as an individual's ability to maintain or restore relatively stable psychological and physical functioning in the face of stressful life events and adversity. Resilience was a significant mediator between coping styles, perceived social support, and health-related quality of life (Zhou et al., 2022). In the context of cancer, resilience refers to an individual's protective attributes and/or personal characteristics, which are thought to be modifiable and to promote successful adaptation to cancer, including among others, meaning and purpose in life, sense of coherence, optimism, positive emotions, self-esteem, self-efficacy, cognitive flexibility, coping, social support, and spirituality (Seiler and Jenewein, 2019).

Understanding how patients experience and express resilience can highlight the strategies and support systems that contribute to positive outcomes, informing interventions aimed at strengthening resilience among breast cancer patients, which are vital for improving their overall well-being and quality of life. Resilience is essential for women with breast cancer to adjust to the life-threatening disease and to return to a more normal life. Given that resilience could be an essential protective factor for these women in improving their quality of life, it is important to examine potential factors that enhance resilience in this population (Chiu et al., 2023). Psychological resilience is an essential psychological mechanism that enables a person to successfully handle significant adversities, e.g., a cancer diagnosis.

Assessment of psychological resilience in breast cancer care may help identify patients who need intensified rehabilitation to improve their health-related quality of life

(Mohlin et al., 2021). Patient-centered care is an essential component of quality care that seeks to improve responsiveness to patients' needs, values, and predilections and to enhance psychosocial outcomes, such as anxiety, depression, unmet support needs, and quality of life (Fisher et al., 2020).

According to Mohlin et al. (2021), resilience is a dynamic mechanism that changes over time and can be affected by life circumstances, one's environment, and situational factors. Aversive and/or stressful experiences may cause transient anxiety, even in resilient individuals. However, in cancer patients, there are multiple, sometimes unexpected, pathways to resilience. Although marked variation exists in how cancer patients cope with cancer as a disease, there is growing recognition that resilience to life-threatening situations, like cancer, is far more common than often believed. Resilience is an essential factor for cancer patients as they navigate the challenges of their diagnosis and treatment, such as chemotherapy, radiotherapy, or even surgery. Resilience can help patients maintain a positive outlook and cope with the emotional and physical stress of their illness (Janitra, Aini, and Wicaksana, 2023).

Wider dimensions of resilience include physical, emotional, and social adaptation throughout the treatment process. Such factors explain how patients can cope during critical transition phases, such as moving from active treatment to recovery, which helps ensure holistic patient care (Shapiro et al., 2022). Hessari and Montazeri (2020) postulated that to achieve effective care, clinicians are required to be aware of the impact of the disease and its treatment on physical and psychosocial domains of quality of life, for effective patient-centered care, they need to know about these effects on social relationships; finally, clinicians should be aware that women use religion and spirituality to cope with breast cancer treatment and to improve their own quality of life.

Patients with breast cancer who used approach-focused coping strategies, for example, fatalism, social support, future perspective, and fighting spirit, reported fewer feelings of depression and anxiety and reported better quality of life. Positive psychological attributes (such as optimism) and adaptive coping strategies, such as seeking solutions to problems, seeing the positive aspects of cancer, and sharing feelings related to cancer, all help improve psychological adjustment and quality of life (Omari et

al., 2022). Despite improved prognosis, breast cancer is associated with emotional distress across the trajectory of the disease.

A qualitative study by Williams and Jeanetta (2016) identified three major themes that describe the lived experiences of resilience among patients with breast cancer: (1) factors related to diagnosis and treatment management that impact survivorship, (2) relationships and support systems and their implications for survivorship, and (3) coping with the diagnosis and treatment, which participants described as a stressful journey requiring significant adjustments and changes. In relation to the theme of "relationships and support systems," Kim and Lee (2023) emphasize the importance of positive relationships with both family and non-familial support systems. They suggest that nursing interventions can play a key role in strengthening these relationships to help prevent social isolation among breast cancer patients.

This study addresses a knowledge gap in existing literature. While a lot of research work has been done on cancer treatment modalities, from surgery to chemotherapy and other more recent forms of treatment, not much has been done on the effects of the treatment on resilience – the capacity of the patient to bounce back, adapt to adversity, and recover. Some patients demonstrated resilience, while others did not. Therefore, the concept of resilience in breast cancer patients requires further clarification (Janitra, Aini, and Wicaksana, 2023). Most studies have been keen on the clinical outcomes and side effects of the treatment process, not on the resiliency of breast cancer patients.

Furthermore, the existing literature does not address the assessment of resilience in time-sensitive fixes, nor does it address time-sensitive evolution. For example, research highlights the importance of resilience in addressing the emotional and physical hardships associated with cancer treatment, but this is more psychological than a holistic approach to resilience (Carver et al., 2019). Also, factors influencing treatment experience are not thoroughly explored in relation to resilience. Such issues relate to adaptation strategies and the overall maintenance of patients' well-being throughout the treatment period (Foster et al., 2022). Factors contributing to general resilience at the time of treatment should be identified to inform effective support strategies for cancer patients and ensure a higher quality of life. Thus, this study explored resilience

experiences among patients with breast cancer through photovoice. In particular, photovoice provides participants with opportunities to communicate their life experiences through the visual images they present.

**Theoretical Framework**

This study was anchored on the Systems Model by Betty Neuman (1972). Betty Neuman's System Model is a nursing theory based on the individual's relationship to stress, the reaction to it, and reconstitution factors, all of which are dynamic, viewing individuals as open systems interacting with internal and external environments. This model emphasizes the importance of maintaining stability in the face of stressors, aligning with the concept of resilience. Resilience, as defined by Connor and Davidson (2003), is an individual's capacity to adapt positively in the face of adversity, making Neuman's model well-suited to understanding the lived experiences of resilience among breast cancer patients.

According to Fortsch (2023), Betty Neuman's Systems Model (NSM) is a comprehensive nursing theory that focuses on the individual's interactions with stress, response, and reconstitution variables. It sees the individual as an open system that interacts with both internal and external settings, with a focus on maintaining system stability through various nursing interventions.

Reconstitution is closely linked to resilience because it refers to the system's ability to recover and adapt to stressors. In this context, resilience is strengthened by the system's ability to conserve energy while remaining stable in the face of adversity. Individual variables, including age, life experience, education, and spirituality, all affect resilience, according to the Neuman Systems Model (Hannoodee and Dhamoon, 2023).

The key aspects of reconstitution from Betty Neuman's System Model theory accentuated by Gonzalo (2023) were: 1) Recovery Process: Reconstitution entails restoring the usual defensive line, which may occur at, below, or above its prior level, depending on available energy and the effectiveness of interventions; 2) Energy Conservation: The process of reconstitution is linked to negentropy, an energy conservation process that enhances order and complexity, causing the system to stabilize or achieve a higher level of well-being; and 3) Nursing Interventions: Nurses play an

essential role in facilitating reconstitution through primary, secondary, and tertiary preventative measures. These therapies attempt to lessen stressors, boost defenses, and improve system stability.

Neuman's model sees the patient as an open system, constantly interacting with various stressors. For breast cancer patients, stressors might include physical challenges from treatment, emotional distress, or social and financial burdens (Dunn et al., 2011).

Each stressor can disrupt the patient's homeostasis, necessitating resilience to restore balance. The open system comprises physiological, psychological, sociocultural, developmental, and spiritual components, all of which can influence how patients experience and cope with breast cancer (Neuman & Fawcett, 2011).

Neuman categorizes stressors into intrapersonal, interpersonal, and extrapersonal stressors (Neuman, 1995). Research by Deshields et al. (2016) suggests that breast cancer patients face a multitude of stressors, such as fear of recurrence, physical discomfort, and social isolation. These stressors challenge their well-being and require strong resilience. Studies have shown that interpersonal support networks and personal coping mechanisms help mitigate the impact of these stressors (Hoekstra et al., 2017).

Resilience can be understood as a component of Neuman's flexible line of defense, which acts as a protective buffer against stressors. According to Molina et al. (2014), breast cancer patients often draw on emotional support and spiritual beliefs as part of their defense mechanisms. When the flexible line of defense is breached, the lines of resistance activate, including internal coping strategies such as optimism, spirituality, and self-efficacy (Zeng et al., 2019). These lines of resistance help patients recover from stress and maintain psychological and physical stability.

Recent studies have shown that resilience in cancer patients is closely tied to their ability to adapt emotionally and psychologically, with factors such as social support, coping strategies, and self-efficacy playing key roles (Vasilenko et al., 2023; Tashi et al., 2022). The model's holistic approach underscores the importance of addressing not just the physical challenges of cancer but also the emotional and psychological dimensions, promoting interventions that foster resilience through emotional well-being, social connections, and adaptive coping (Sun et al., 2021). By integrating the Systems Model into research and clinical practice, healthcare providers can better support breast cancer

patients by considering their multidimensional needs, ultimately improving their quality of life and enhancing their capacity to overcome adversity (Robinson et al., 2022).

Betty Neuman's System Model is well-suited to this study, as it views resilience as a dynamic, flexible response rather than a fixed characteristic. In Neuman's framework, patients are seen as systems continuously influenced by stressors. Be it physical or emotional, in nature. For individuals dealing with breast cancer diagnosis and treatment, resilience serves as a shield that aids in navigating the trials of their condition. This study explored the concept of resilience by using Neuman's framework to examine how individuals reestablish a sense of consistency and resilience in the face of life's upheavals. The comprehensive approach of the model towards stress and adjustment resonates to explore and understand resilience as an expedition influenced by the encounters and coping strategies of each patient with breast cancer.

**Objective of the Study**

The study's primary focus was to explore and describe resilience experiences among breast cancer patients through photovoice.

**Significance of the Study**

The significance of this study on the experiences of resilience among breast cancer patients extends across various domains:

*Breast Cancer Patients*: This study provides breast cancer patients with an opportunity to voice and visually document their resilience, offering a sense of empowerment and validation of their journeys. Insights into the sources of strength and coping strategies used by fellow patients may inspire and support others facing similar challenges, fostering a sense of community and shared resilience.

*Nursing Education*: Understanding resilience from the patient's perspective can enrich nursing curricula by integrating real-world insights into psychosocial care. Nursing students can develop a deeper appreciation for the personal and emotional aspects of cancer care, learning to provide holistic support that addresses patients' physical and emotional needs.

*Nursing Practice*: The study's findings can guide nurses in designing and delivering patient-centered care tailored to the resilience-building needs of breast cancer patients. By understanding the factors that contribute to resilience, nurses can incorporate more compassionate communication, empathy, and targeted support strategies in their practice, improving patient outcomes and overall well-being.

*Policymakers*: This study highlights the importance of resilience-focused healthcare policies and support systems that go beyond physical treatment. Insights from patients' experiences can inform the development of programs and resources that enhance mental health services, community support networks, and resilience-building interventions for breast cancer patients.

*Future Researchers*: Further studies may explore resilience in other cancer types and chronic illnesses, as well as studies that use photovoice as a method for understanding patient experiences. Future researchers can build on these findings to explore resilience across diverse patient populations, potentially leading to broader applications and improved healthcare support for patients with serious illnesses.

## RESEARCH METHODOLOGY

### Design

The study utilized a photovoice method. Photovoice, initially developed by Wang and Burris (1997), is a method used in community-based participatory research (CBPR) that focuses on individual and community assets, the co-creation of knowledge, community building, and individual and community empowerment, and that combines research with action. Participants participate in either group discussion or interviews and use photography to document their experiences. The stories they tell about the photographs identify and represent issues of importance to them. Findings are usually disseminated through a photo exhibition to promote community discussions, policy, and social change (Wang et al., 1998).

The use of photovoice in this study was to provide participants with a powerful medium through which they could visually capture and communicate their personal journeys of resilience. Photovoice allows breast cancer patients to document meaningful moments, coping strategies, and sources of strength, offering insights into how they navigate the physical, emotional, and social challenges of their condition.

### Environment

The study was conducted in Misamis Occidental, Philippines. Misamis Occidental is a province in the northwestern part of Mindanao, Philippines. Bordered by the provinces of Zamboanga del Norte, Zamboanga del Sur, and Lanao del Norte.

The province is known for its peaceful communities, rich cultural heritage, and strong sense of family and faith – elements that profoundly influence how individuals cope with illness and adversity.

As a predominantly rural province with both coastal and upland communities, access to specialized cancer care and support systems remains limited, which often requires patients to travel long distances for treatment. Despite these challenges, many residents demonstrate remarkable strength, closely tied to their faith, family support, and community solidarity. Misamis Occidental thus provides a meaningful and contextually rich setting for exploring the experiences of resilience among breast cancer patients,

offering insights into how cultural, geographic, and socioeconomic factors shape their coping strategies and narratives of survivorship.

**Participants and Sampling Procedure**

The participants in this study were four individuals diagnosed with breast cancer, as data saturation was reached. They were selected through purposive and snowball sampling methods. The inclusion criteria were as follows: 1) has been diagnosed with breast cancer and underwent chemotherapy and/or surgery; 2) has been diagnosed for at least six months to allow for reflection on their experiences; 3) must be adults aged 18 years and older; 4) must have their own device for picture-taking; 5)must be willing to use a camera and take pictures that capture their experiences of resilience; 6) able to attend and participate in interviews and photo-sharing sessions; and 7) able to speak, hear, and understand English, Tagalog or Cebuano;

The participants with any recurrence of breast cancer and with significant cognitive impairments that would hinder their ability to engage in discussions or understand the photovoice process were excluded.

**Data Gathering Instrument**

The researchers utilized an interview guide based on the "SHOWeD" questions (Wang, 1999) to gain deeper insight into how social, cultural, and contextual factors intersect with the phenomenon of interest. The SHOWeD questions include: What do you see here? What's really happening here? How does this relate to our lives? *W*hy does this problem, concern, or this strength *e*xist? What can we do about this? (Wang, 1999). These questions, both the data-collection and analysis approaches within photovoice (Wang et al., 1998), promote reflection and dialogue about the experiences of resilience among breast cancer patients and serve as a guide for eliciting data from particular photos.

**Validity and Reliability of the Instrumen*t***

To ensure the validity, reliability, and credibility of the research instrument, the researchers carefully examined truth value, applicability, consistency, and impartiality in

accordance with the assessment standards for stringency in qualitative research proposed by Guba (1989).

The researchers secured truth value by reidentifying an ambiguous definition through one-on-one interviews with research participants and by conducting a thematic analysis among researchers to determine whether the first photovoice analysis accurately reflects the meanings and perspectives intended by the participants. In addition, the researchers ensured that the participants were appropriate for the study, followed a thematic analysis process to arrive at a clear conclusion, and worked to ensure that the audit process contributed to the consistency of the research results. A nursing professor with several years of experience in qualitative research oversaw the audit process. Ultimately, the researchers aimed to achieve neutrality by accepting participants' experiences without purposeful manipulation or influence, and to strengthen objectivity by satisfying standards for truth value, application, and consistency.

**Data Gathering Procedure**

Before data collection, the researchers obtained permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology to conduct the study. Once approval was obtained, potential participants were identified, and informed consent was obtained from them. The researchers personally handed each participant an informed consent form before conducting the study. The informed consent document outlined the study's purpose and procedures. The participants were given adequate time to consider their participation.

An initial session was conducted with each participant to introduce the study's purpose, the use of photography, and the ethical considerations involved. Participants were asked to take five photos (Burles, 2010) that they believed would describe their experiences of resilience and the potential solutions to any problems they identified. To limit the researcher's influence over subject matter for participants' photos, the photography task was kept very general. The participants were free to take any object/person/place that described their experiences of resilience and the potential solutions to any problems they identified. Participants took photos over 1 week (Ronzi, 2016).

After a week, all photos were collected, and a semi-structured interview, approximately fifteen to forty-five minutes, was conducted with each participant. During the interview, photos were presented, and each participant was asked to select the most meaningful to discuss in a photo-sharing session using the SHOWeD technique. After exploring the photos taken and the participants' stories, the researchers asked whether there was any photo the participant wanted to take but did not, for various reasons. This prompted discussion of aspects that were not photographed. Further, the researchers asked participants how they experienced the photovoice process and the overall study.

After a photo-sharing session, a summary was written based on participants' original descriptions of the photos (from interview and photo-sharing transcripts) to accompany each photo. To ensure these stories reflected the participants' intentions, the researchers showed each participant all photos and their associated summaries, who then reviewed and edited the final summary and title before they were printed and displayed in the photo exhibition. With this, the researchers asked the participants to review and agree on (1) the choice of the photos and accompanying captions to display in the photo-exhibition, and (2) the different sub-headings used to group photos and accompanying captions in the photo-exhibition. Thereafter, a photo exhibit of the participants' photos was conducted. The photo exhibit aimed to provide a forum for disseminating study findings and influencing policy-making for patients with breast cancer.

All interviews and photo-sharing sessions were tape-recorded, with notes taken during the data-gathering process. Interviews and photo-sharing sessions were transcribed verbatim. Once transcribed, the audio recordings were deleted, and all identifying information was removed during transcription.

**Data Analysis**

Content analysis of the photos and thematic analysis of the transcripts were conducted in parallel, withiterative cross-referencing of emerging themes. Initially, transcripts were reviewed one by one, and provisional codes were applied based on the phenomenon of resilience; these codes were iteratively refined and categorized. Subsequently, transcripts were analyzed in greater depth, and categories were collated into themes and sub-themes emerging from the text. Themes and sub-themes were

refined and agreed upon by the researchers and the adviser. The researchers read, coded, and analyzed the transcripts. The codes were compared, and any discrepancies were discussed. The researchers then triangulated concepts emerging from the transcripts and photos in tables, analyzing each photo in relation to the meanings that the participant attached to it. Each photo was then assigned themes and sub-themes identified through the thematic analysis, with supporting quotes referencing the photo.

**Ethical Considerations**

This study was conducted in accordance with fundamental ethical principles to safeguard participants' welfare. These include informed consent, confidentiality, anonymity, and voluntary participation. Informed consent was obtained to ensure that participants were fully aware of the study's purpose, methodology, and potential impact on their lives. Participants were given discretion over how their photos and narratives were shared, allowing them to choose which aspects of their experiences to disclose.

Data security protocols were maintained to prevent the compromise of participants' personal information. The interviews and photo-sharing sessions were used strictly for research and educational purposes. Any written documents or publications stemming from this study did not identify participants by name or include identifiable details.

Moreover, if any risk of physical or emotional distress had occurred, the researchers were prepared to take steps to minimize such risks, terminate the interview or photo-sharing session, and refer participants to professional psychological support if needed. This commitment to participant welfare aligned with the ethical obligation to protect their well-being while generating meaningful insights from their experiences.

The use of photovoice required careful consideration of ethical implications related to the photographs, including photo ownership and the appearance of individuals in the images. These considerations were clearly explained to participants. They were instructed to obtain consent from individuals who appeared in their photos and were advised not to take photographs of minors (individuals under 18 years old). Participants were also informed that the photos would be used solely for undergraduate research

purposes. Both the photos and the participants' identities were kept confidential. All data were stored on a password-protected device accessible only to the researchers.

## RESULTS AND DISCUSSION

This section presents the participant descriptions, as well as the findings and discussion on the experiences of resilience among breast cancer patients using the photovoice method.

### Description of the Study Participants

*Aiah*. This 55-year-old woman brought a refreshing energy to the interview and photo-sharing sessions. Her unwavering positivity and calm presence were infectious. She was known for her jolly and optimistic personality. Throughout the interview, she remained cheerful, engaged, and enthusiastic about participating. Her light-hearted jokes and warm demeanor uplifted the researchers. Notably, she did not exhibit any signs of anxiety, worry, or discomfort during the session.

*Gwen*. This 49-year-old female participant, a soft-spoken community health nurse assigned to the dental department, initially appeared shy and uneasy, though not unapproachable. She remained calm throughout the interview but candidly mentioned that she tends to have an attitude toward certain people. Despite this, she demonstrated a soft heart, as evidenced by her tears during some of the questions. Nevertheless, she remained cooperative and even showed moments of cheerfulness as the interview progressed.

*Jhoanna*. This 51-year-old female participant brought a strong personality to the interview, bringing energy and laughter. From the beginning, she cracked jokes that lightened the mood and made it easy to connect with her. Despite the hardships she faced, particularly as a single mother raising five children, she spoke with pride and resilience. She firmly believed that herbal medicine played a significant role in her healing journey. She shared how she relied on natural remedies and faith, both of which gave her strength during the most challenging times. She faced life head-on – with humor, grit, and a fierce love for her family.

*Mika*. This 60-year-old female participant was soft-spoken yet very open during the interview. She carried herself with warmth and generosity, especially when speaking about her family. Her outgoing nature made the interview feel more like a conversation

between friends. She offered thoughtful reflections on her journey with breast cancer and expressed a strong desire to convey a message of hope and awareness to other women. Despite the emotional weight of her experiences, she remained composed and gentle, exemplifying the quiet strength that characterized her story.

**Principal Findings and Discussion of the Study**

This section presents the descriptions of resilience as experienced by breast cancer patients, based on transcripts from the interviews and the photovoice component of the study. The four participants shared profound insights into their experiences of resilience as they navigated the physical, emotional, and spiritual challenges brought about by their diagnosis and treatment. From their narratives, four key themes emerged that characterize these experiences: **Social**, **Self-Directive**, **Adaptive**, **Spiritual,** and **Celebratory Resilience.**

**Theme 1: Social Resilience**

Social Resilience refers to the participants' ability to draw strength, emotional support, and practical assistance from family, friends, healthcare providers, and peer networks, enabling them to cope with the challenges of diagnosis, treatment, and survivorship. Social resilience is especially crucial for breast cancer patients, as social support from family, friends, and support networks has been shown to buffer psychological distress and foster adaptive coping strategies, ultimately improving patients' quality of life and facilitating psychological adjustment during and after treatment.

Recent research underscores the importance of strong social connections. Zhou et al. (2022) found that perceived social support positively influences resilience, which mediates better health-related quality of life among cancer patients. Similarly, Kim and Lee (2023) highlight that interventions aimed at strengthening familial and non-familial support networks can prevent social isolation and reinforce resilience among breast cancer survivors. Moreover, Vasilenko et al. (2023) revealed that social support and adaptive coping interact dynamically, underpinning resilience by enabling patients to manage emotional and social challenges throughout the cancer journey. Collectively,

these studies indicate that fostering social resilience through supportive environments and interventions is essential for the holistic well-being of breast cancer patients.

***Family Support and Compassion***

Family Support and Compassion emerged as a sub-theme of Social Resilience. This study reflects participants' experiences of receiving emotional care, understanding, presence, and practical support from immediate and extended family members, which enabled them to endure, adapt, and remain resilient throughout their illness and treatment.

For the participants, family was experienced as a constant and grounding presence – serving as their primary source of strength, comfort, and inspiration as they navigated the challenges of breast cancer.

Participant Jhoanna shared that the experience taught her how vital it is to have people who care about her, especially when she was facing something as challenging as cancer. The encouragement and compassion from those around her helped her to keep going. Their presence gave her strength and reminded her she was not alone in her fight.

Jhoanna: *"Valentine's Day gyud to siya and nalipay pd kaayo ko kay na kauban nako akong mga anak ug apo."* (It was truly Valentine's Day, and I was thrilled because I was able to spend it with my children and grandchildren.)

*Figure 1a. Family Support and Compassion*

Participant Aiah highlighted the importance of her family's presence, primarily when she could not interact with friends or the broader community due to health risks. This underscores how family became her primary source of comfort and connection.

Aiah: *"Nanghangyo jd ko sa akong mga friends na dili lang ko bisitahon tungod sa akong chemotherapy treatment. Lahi biya kay mo down biya tanan imong immune system…Ako lang mga igsoon og akong mga anak ang naa."* (I sincerely asked my friends not to visit me because of my chemotherapy treatment. It's different because your immune system becomes very weak. Only my siblings and my children were there.)

Participants Mika and Gwen shared how their deep sense of responsibility toward their children fueled their determination to undergo rigorous treatments and maintain a hopeful outlook, despite the physical toll and emotional stress of the cancer journey.

Mika: *"You know, when someone you love is in that situation, you should be supportive – really supportive. Support from the people you love is very important because without family support, it's tough. During chemotherapy, you can become depressed."*

Gwen: *"Sayo ko nanganak, sayo ko nagka apo, naa nakoy apo tas sayo pd ko na diagnosed og in-ani nga cancer. So siguro si God iyaha jd kong gi ready, kay naa nakoy anak. Naka bana kog sakto, buotan og musabot, then akong mga anak, tulo raman akong anak, isa nalang nag eskwela."* (I gave birth early, I became a grandparent early, and I was diagnosed early with this kind of cancer. So maybe God really prepared me, because I already have children. I married the right partner, who is kind and understanding. As for my children, I only have three, and only one is still studying.

*Figure 1b. Family Support and Compassion*

According to Park, Kim, and Lee (2022), perceived social support, including compassionate care from families, is directly associated with higher resilience and better psychological outcomes. In the study, participants described how compassionate care and emotional support from their families were vital sources of resilience and psychological strength. Sharing love, understanding, and supportive communication within the family helped reduce feelings of isolation, fostered adaptive coping, and strengthened social resilience (Sani et al., 2024). These networks of care became indispensable resources, providing comfort during moments of vulnerability and reinforcing the social dimension of the participants' resilience. Emotional openness was more acceptable when participants were surrounded by empathetic family members, which allowed honest dialogue about struggles and instilled hope.

Strong motivation derived from family responsibilities often transformed fear into courage and a renewed sense of purpose, guiding adherence to treatment and sustaining determination (Kim et al., 2022; Tavares, Satake, and Ferreira, 2023). Robust support and explicit compassion from family members buffered emotional distress and further strengthened participants' capacity to endure the challenges of breast cancer (Lin et al., 2023). Overall, family support and compassionate relationships emerged as a central pillar of social resilience, empowering participants to navigate their cancer journey with hope, strength, and purpose.

**Theme 2: Self-Directive Resilience**

Self-Directive Resilience refers to an individual's ability to actively take charge of their own coping and recovery process during challenging or traumatic situations, such as illness, loss, or adversity. In the context of this study, the participants' self-directive resilience likely includes taking proactive steps to manage their condition, treatment, or emotional well-being.

Some participants expressed deep trust and reliance on their doctor's guidance throughout their breast cancer journey. They emphasized strict adherence to medical advice, including attending regular 3-month check-ups for monitoring and laboratory tests. This routine reflects more than just compliance - it illustrates a proactive attitude toward health and a strong commitment to prevent complications or recurrence. By

prioritizing their well-being and consistently following medical recommendations, they demonstrated responsibility, discipline, and a strong will to recover and maintain health. This approach offered them reassurance and a sense of control amidst the uncertainties of breast cancer, highlighting the vital role of healthcare professionals in fostering ongoing motivation and resilience.

***Trust in Medical Professionals***

Trust in Medical Professionals emerged as the first sub-theme of Self-Directive Resilience. This study reflects participants' confidence in their healthcare providers' competence, guidance, and care, which enabled them to make informed decisions, adhere to treatment, and maintain a sense of control as they navigated their illness.

Participant Gwen described how she deliberately chose to trust doctors, nurses, and other healthcare providers, who provided her with guidance and reassurance throughout the confusing and emotionally taxing journey of cancer treatment.

Gwen: *"Mao na sa akoa, og unsay sulti ni doc, every 3 months muduaw jd ko didto, mag pa monitor, pa laboratory, follow jd ko."* (That is why, for me, whatever the doctor says, I really follow it. Every three months, I go for check-ups, monitoring, and laboratory tests. I really follow the doctor's advice.)

Participants described how consistently attending follow-up appointments and adhering to medication regimens enabled them to take charge of their well-being, grounded in their trust in their healthcare team's expertise and compassion for recovery.

Trust in medical professionals strengthened their engagement in care and supported emotional resilience throughout treatment (Sulistiowati et al., 2023). A strong sense of confidence in oncology providers was associated with better adherence, reduced psychological distress, and improved adaptation to the challenges of breast cancer (Luo et al., 2022; Kim, Park, and Kim, 2021). In this study, trust in the medical team emerged as a cornerstone of self-directed resilience, reflecting how participants actively participated in their care, advocated for themselves, and approached treatment with determination and hope.

***Belief in Herbal Medicine***

Belief in Herbal Medicine emerged as the second sub-theme of Self-Directive Resilience. This was reflected in participants' trust in herbal remedies, particularly malunggay (moringa), as well as in other traditional practices. The sub-theme highlights participants' desire to actively contribute to their own healing, supplementing mainstream medical protocols with culturally rooted approaches.

Participant Jhoanna described how learning about the healing benefits of malunggay from a trusted source instilled in her a renewed sense of hope and personal agency over her illness. By incorporating malunggay into her recovery, she actively participated in managing her own health, demonstrating self-directive resilience. She spoke of the herbal remedy as a meaningful part of her healing journey and expressed a desire to share its benefits with others facing similar challenges. This illustrates how practical knowledge, personal testimonies, and natural remedies can become powerful sources of hope, motivating patients to persevere and inspiring them to support others in their community.

Jhoanna: *"Mao ra jd paglaum nako nga maulian ko sa kamunggay kay ang nagtudlo nako ana na information is si Balinet na artista, didto ko sa Cebu nagkita mis airport then natingala siya nganong upaw ko then ana ko na naa koy breast cancer Sir, then ana siya 'pag gamit og kamunggay kay akong close friend is naulian jd sa kamunggay pati iyang lung cancer naulian pd. Gusto ko na mahibaw-an pd sa uban tawo na sama nako (with breast cancer) na makatabang ang kamunngay para maulian. Kay para sa akoa naulian ko."* (My only hope for recovery was malunggay (moringa), because the information was given to me by Balinet, the actress. I met her at the Cebu airport, and she was surprised to see that I was bald. I told her I had breast cancer, and she said, 'Use malunggay, because my close friend was healed using it, even her lung cancer was cured.' I also want other people like me (with breast cancer) to know that malunggay can help in recovery. For me, it worked. I was healed.)

Participant Jhoanna captured a photograph of pounded malunggay leaves, narrating how she discovered and used them as part of her recovery process.

*Figure 2. Belief in Herbal Medicine*

Participants described how the use of herbal medicine and other self-directed health practices allowed them to regain a sense of control and psychological comfort during their cancer journey. Belief in herbal remedies reflected their desire for autonomy and active participation in managing their health, providing a sense of resilience in the face of medicalization and dependency (Alsubaie et al., 2022; Paul et al., 2023; Suleiman et al., 2021). Self-healing strategies, such as mindfulness, exercise, nutrition, and stress regulation, were described as proactive approaches that bridged the gap between treatment and ongoing wellness, reinforcing participants' sense of control and self-management (Chu et al., 2022). Resilience, in this context, was experienced not as an automatic trait but as an active, self-directed process, allowing participants to cope with crises while remaining aligned with their personal values and goals (Giles-Mathis, 2023).

Overall, these self-directed practices highlight how participants actively shaped their recovery, fostering resilience, hope, and a sense of empowerment in navigating their breast cancer journey.

**Theme 3: Adaptive Resilience**

Adaptive resilience refers to a person's ability to adjust positively to significant stress, adversity, or change – bending without breaking and finding ways to continue functioning and even growing through difficult experiences. In this study, adaptive resilience refers to participants' capacity to adjust to the physical, emotional, and social changes brought about by their illness, including modifying routines, accepting new realities, and maintaining a positive outlook. Participants took photos and narrated their

experiences of adaptive resilience as they navigated the uncertainties brought about by breast cancer.

According to Maunder et al. (2023), adaptive traits are highly effective in enabling people to survive illness, long-term stress, and psychological distress, and to reduce burnout and posttraumatic symptoms over time. But whereas adaptability is consistent with surviving an illness, it is less strongly correlated with recovering or "bouncing back" quickly following adversity, which seems to be more a function of environmental than individual factors.

### *Confidence and Hope*

Confidence and Hope emerged as the first sub-theme of Adaptive Resilience. This sub-theme was reflected in participants' experiences of self-belief and future-oriented optimism, which enabled breast cancer patients to endure treatment-related challenges, find meaning, and continue adapting to life with the illness. Confidence and hope were pivotal to adaptive resilience, as these qualities helped participants reframe their realities and approach each challenge with optimism. The journey through diagnosis, surgery, chemotherapy, and recovery brought profound changes; however, as participants navigated hardships and achieved small victories, their confidence gradually strengthened. For some participants, confidence was symbolized through positive self-portraits or the selection of uplifting imagery – serving as reminders that, despite the changes cancer had wrought, they remained strong and beautiful. Hope was continually rekindled through visible signs of healing and the anticipation of life milestones beyond cancer.

Participant Mika expressed her experiences of confidence and hope through a photograph.

Mika: *"This picture shows me as a stronger person. At the time, I felt a little scared, but now, when I look back at it, it fills me with confidence and hope."*

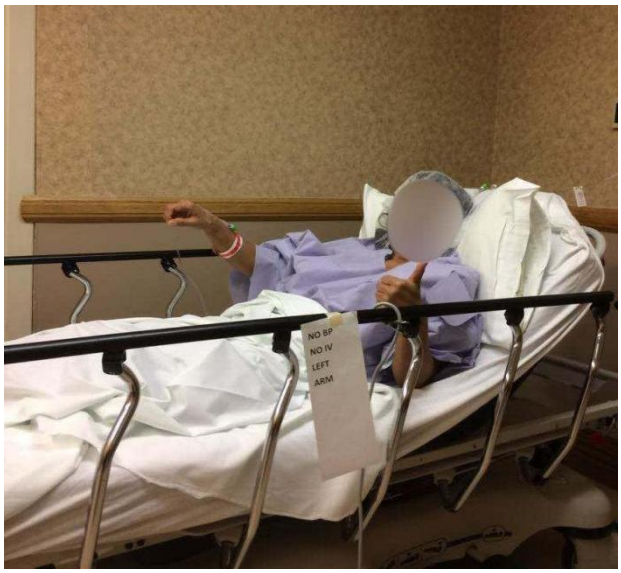


*Figure 3a. Confidence and Hope*

According to Jassim et al. (2022), hope and confidence are significant predictors of adaptive resilience and quality of life. This is supported by Lechner et al. (2021), who found that high levels of hope and self-confidence directly contribute to better emotional adaptability during treatment. This growing confidence helps shift patients' mindsets from fear to fortitude. As participants observed tangible results from treatment or received encouraging news from health professionals, they allowed themselves to envision a future not dominated by illness. Hope served as a psychological anchor in moments of doubt or despair, making treatment's difficulties more bearable and less overwhelming. Moreover, Heidari et al. (2021) emphasized the central role of hope and confidence in fostering resilience. By nurturing hope, patients were able to find the emotional reserves to keep moving forward, adapt, and endure uncertainty.

### *Acceptance and Coping*

Acceptance and Coping emerged as the second sub-theme of Adaptive Resilience. This sub-theme was reflected in participants' experiences of acknowledging their illness and actively employing emotional, cognitive, and behavioral strategies to manage stress and adapt to treatment demands. Participants described the moment of diagnosis as a profound shock, but over time and through exposure to treatment, they learned to accept

their new norms. Acceptance involved recognizing physical changes, such as mastectomy scars or hair loss, and acknowledging emotional responses like fear and sadness. As participants embraced their situation, they became better equipped to cope – developing strategies to manage exhaustion, maintain dignity, and balance hope with realism.

Participant Jhoanna shared her experiences and captured an image of her daily routines, illustrating how she managed stress and maintained a sense of control.

Jhoanna: *"Naay time nga pag ma insert na gani ang dagom, okay na. Murag ma relieved nako, tas akoa na nadawat na mao jd na siya akong feeling after. Pero permiro sakit jd, suka-suka ko whole night, tibuok gabii ko walay tulog kay ang reaction sa tambal, pag 2nd time chemo na nako naka adjust na ko kay gitagaan naman pd kog tambal para suka, dayon nakahibalo nako na mag fluid kanunay kay aron ma excrete rapud ang iyaang tambal sa akong lawas."* (There was a time when, once the needle was inserted, I felt okay. I felt relieved, and that's exactly how I felt afterward. But at first, it really hurt – I was vomiting the whole night and could not sleep because of the reaction to the medication. By the second time I had chemotherapy, I had already adjusted because they gave me medicine for vomiting, and I also learned to drink fluids regularly so that the medication could be excreted from my body.)

*Figure 3b. Acceptance and Coping*

According to Ching et al. (2021), acceptance-focused coping mechanisms are associated with improved mental health and higher resilience. Participants described how acceptance-focused coping helped them navigate the emotional and practical challenges of their breast cancer journey. Strategies such as maintaining daily routines, engaging in small, enjoyable activities, and drawing support from family and friends provided structure, comfort, and a sense of stability. Emotional coping was also nurtured through sharing experiences with fellow survivors and expressing feelings openly, allowing participants to process their emotions in meaningful ways. Such strategies are crucial for sustaining long-term psychological adjustment and well-being post-diagnosis (Lages et al., 2023). Acceptance, they explained, was not surrender; rather, it enabled them to move from resistance or denial toward proactive adaptation, transforming hardship into personal growth and equanimity.

***Positivity and Strong Determination***

Positivity and Strong Determination emerged as the third sub-theme of Adaptive Resilience. This sub-theme was reflected in participants' experiences of maintaining an optimistic mindset and demonstrating unwavering resolve, even amidst the physical, emotional, and social challenges of breast cancer. Participants described using positivity as a lens to focus on small achievements, celebrate treatment milestones, and find meaning in daily life. Strong determination was expressed through persistence in adhering to treatment plans, actively engaging in self-care, and setting personal goals despite setbacks.

Participant Gwen shared her experiences and captured a photograph of a daisy flower, using it as a metaphor for her life and character. She related to the flower's resilience – its ability to grow and survive in diverse, even harsh, conditions. The daisy's capacity to thrive with just its roots, even without leaves, symbolized her inner strength and adaptability in the face of adversity. This metaphor highlights her adaptive resilience, demonstrating how she copes with and adjusts to life's challenges with a positive outlook and a strong determination to continue growing and living meaningfully, regardless of circumstances.

Gwen: *"Ang daisy man gd kay dili siya isa ra ka color, daghan kaayo siyag color. Mao sad na akong life, kay ako man gd jolly ko, bugay. Sa daisy... pwede siya sa init kaayo na lugar, mutubo ra siya, bisan pag init kaayo na climate mutubo siya, naa mana siya sa mga bukid makita nato, pero bisan asa pd na siya, eh care jd nimo, kailangan bubuan. Ang daisy diba bisan wala siyay dahon, kung naa lang siyay ugat mutubo jd, resilient jd siya."* (The daisy is not just one color; it has many colors. That is like my life. I'm cheerful and lively. A daisy can grow even in very hot places; it thrives even in extreme climates. You can see it growing in the mountains, but wherever it is, you must take care of it. Even if a daisy has no leaves, as long as it has roots, it will still grow – it's truly resilient.)

*Figure 3c. Positivity and Strong Determination*

According to Menezes et al. (2022), positive thinking and determination are directly linked to greater resilience after breast cancer. Sustaining a positive outlook and demonstrating strong determination were key adaptive strategies. Furthermore, positivity and goal focus enhance psychological adaptation and coping (Alzoubi et al., 2023). This tenacity was reinforced by encouragement from loved ones and by a personal desire to be seen as fighters and survivors rather than as victims of circumstances. Lyons et al. (2021) further support that intense determination and deliberate positive thinking buffer the emotional impact of cancer. In the study, positivity and strong determination were

evident in participants' daily commitment to endure treatments, recover from side effects, and look forward with resolve.

**Theme 4: Spiritual Resilience**

Spiritual resilience refers to the inner strength that individuals draw from their faith, spiritual beliefs, or sense of meaning and purpose to cope with adversity, uncertainty, or suffering. In this study, spiritual resilience refers to participants' capacity to maintain inner strength and meaning through spiritual or religious beliefs, particularly during life's most trying times. This type of resilience helps people cope with adversity by tapping into faith, hope, and a sense of belonging to something greater than themselves.

Participants recounted moments when prayer eased their fears before medical procedures, or when faith-based activities with family gave them courage and comfort. This spiritual empowerment was closely tied to their self-image and provided meaning even during the most challenging phases of their illness. They also described how scripture and prayer offered immediate psychological relief in moments of pain, uncertainty, or overwhelming physical fatigue.

Park et al. (2021) assert that spiritual resilience offers an effective coping tool that increases emotional stability and allows for positive reinterpretation of adversity. Their work with chronically ill patients demonstrated that more spiritually resilient individuals experienced improved psychological well-being and greater life satisfaction, highlighting its value in integrated healing. In a systematic review conducted by Caldeira et al. (2023), the researchers found strong evidence linking spiritual practices. They enhanced mental health, especially in individuals undergoing trauma, bereavement, or severe illness. The review highlighted that spiritual resilience not only facilitates recovery but also enhances personal growth, identity reconstruction, and the re-establishment of purpose. These findings highlight the need for healthcare providers, counselors, and support systems to consider spiritual dimensions when addressing resilience in care and recovery frameworks.

### *Faith as a Source of Personal Empowerment*

Faith as a Source of Personal Empowerment emerged as the first sub-theme of Spiritual Resilience. This sub-theme was reflected in participants' experiences of gaining a sense of control, confidence, and motivation from their spiritual beliefs and practices, enabling them to actively engage in their recovery and cope with the challenges of breast cancer.

Faith was not merely a source of solace but a profound force of personal empowerment, fueling spiritual resilience. Participants' spiritual faith enabled them to cope with the physical and emotional challenges of their illness, strengthening their resilience and sense of control.

Participant Gwen demonstrated spiritual resilience through her positive mindset and enduring hope, which empowered her to face the challenges of illness with optimism, strength, and determination.

Gwen: *"Bisan pa man sa akong sakit, nagpadayon ko sa pagtuo nga maayo ra ko."* (Even despite my illness, I continued to believe that I would be okay.)

Spirituality and faith were found to be significant sources of empowerment, resilience, and emotional well-being (Villani et al., 2021). For participants, faith reframed their cancer journey as part of a meaningful plan, helping to reduce the psychological burden of uncertainty and perceived injustice. Similarly, Mseleku et al. (2023) noted that faith provides inner strength and supports adjustment during illness. In the study, participants described how their spiritual beliefs lifted their perspective beyond present suffering, offering the emotional and existential stamina to face each day. Alvarado-Esquivel (2022) further emphasized that spiritual empowerment strengthens adaptive and resilient behaviors, highlighting how faith can actively shape patients' coping and recovery experiences.

### *Strength Through Faith*

Strength Through Faith emerged as the second sub-theme of Spiritual Resilience. This sub-theme was reflected in participants' experiences of drawing courage, perseverance, and emotional fortitude from their spiritual beliefs and practices, enabling

them to endure treatment challenges and maintain hope throughout their breast cancer journey.

This enduring strength helped participants reframe adversity as temporary and survivable. Rather than internalizing negative emotions or succumbing to despair, they drew on their beliefs to sustain optimism and resilience. They perceived their capacity to endure as a gift from God, often expressing gratitude for this strength, which further reinforced their resolve to overcome. Through the Photovoice method, participants captured images that symbolized their faith-fueled strength, illustrating how spirituality acted both as a shield against suffering and a springboard, propelling them through the challenges of cancer treatment and recovery.

Participants Mika and Jhoanna shared that spiritual support was a vital source of strength, helping them navigate the emotional and physical challenges of their cancer journey.

Mika: *"Even though I am sick, I believe that I will get better. Prayer and faith in God give me strength. I want to inspire others to see that no matter what challenges we face, we can overcome them as long as we hold on to hope."*

Jhoanna: *"Ang pag-ampo ug pagtuo sa Ginoo mao'y nakahatag og kusog nako."* (Prayer and faith in God gave me strength.)

Participant Aiah emphasized that her faith in Jesus Christ and the Bible was her primary source of strength during her illness. She captured a photo of her Bible, illustrating how scripture provided comfort, hope, and meaning, sustaining her emotionally and reinforcing her determination to endure and heal.

Aiah: *"Ang Bible mao na siyay number 1 makahatag natog kusog tungod sa atong Ginoong Hesu Kristo, siya man ang atong Amahan unya asa man diay ta dangop og mag kasakit ta? Saiya jud, diba kung magsakit ta didto man ta paingin sa atong Ginoo."* (The Bible is my number one source of strength because of our Lord Jesus Christ. He is our Father, and when we are in pain, where else would we turn? To Him, of course. When we are suffering, we go to our God for comfort and guidance.)

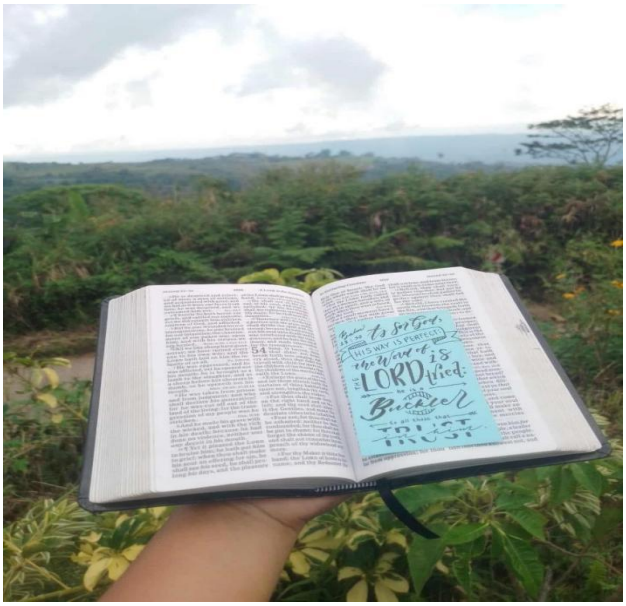


*Figure 4. Strength Through Faith*

According to Klassen et al. (2023), spiritual strength is a major contributor to resilient coping. In this study, drawing strength through faith emerged as a vital aspect of spiritual resilience, particularly during the most challenging moments of treatment. Participants described how their beliefs, supported by faith communities, directly fostered inner strength and perseverance in facing the physical and emotional demands of cancer (Yusuf et al., 2021). Faith-based strength was not only an inward resource but was often actively expressed and reinforced through rituals, prayers, blessings, or the sharing of personal testimonies. Spirituality and religious faith have consistently been cited as key sources of psychological strength and adaptive capacity among patients with serious illness (Freitas et al., 2023). Overall, strength through faith enabled participants to navigate the rigors of cancer treatment with hope, resilience, and a renewed sense of purpose, highlighting the central role of spirituality in sustaining their well-being.

**Theme 5: Celebratory Resilience**

Celebratory resilience is demonstrated as each participant marked key milestones in their healing journey – such as completing surgery, finishing chemotherapy or radiation, or overcoming a major setback. These moments were celebrated in meaningful

ways, like ringing a bell, taking photos, or sharing personal stories. Such acts of celebration became expressions of gratitude, hope, and renewed strength. For all participants, recognizing these victories, no matter how small, served as powerful affirmations of their resilience. These celebrations not only reinforced their will to keep fighting but also inspired others who are facing similar battles with breast cancer.

In Capewell et al.'s (2020) study, women recently diagnosed with breast cancer used Photovoice to capture moments of gratitude, care, and self-advocacy, illustrating that resilience is not only about enduring hardship but also about celebrating restored purpose and human connection. Through their images, participants conveyed emotions and experiences that words alone could not fully express, transforming everyday moments into powerful narratives of life, meaning, and hope. Similarly, Erden et al. (2025) found that post-mastectomy women expressed resilience by affirming their body image, nurturing religious faith, and restoring emotional well-being, using visual and verbal narratives to reframe scars as symbols of strength, growth, and rebirth.

### *Completion of Therapy*

Completion of Therapy emerged as a sub-theme of Celebratory Resilience. This sub-theme was reflected in participants' experiences of finishing their cancer treatments, symbolizing perseverance, achievement, and renewed hope, and marking a significant milestone in their journey toward recovery.

Completion of chemotherapy was one of the most profound expressions of celebratory resilience captured in the study. For participants, finishing the rigorous cycles of chemotherapy was often marked by meaningful rituals, such as ringing a bell or hosting small gatherings. These celebrations also served as acts of reclaiming identity and self-esteem. Participants frequently described feeling "reborn" or "renewed" as they closed the chapter on chemotherapy.

Participant Mika marked the completion of her chemotherapy as a significant milestone, celebrating the moment by ringing the bell and taking a photo. This symbolic act represented her triumph over a challenging phase, expressed gratitude and renewed hope, and reinforced her resilience while inspiring others facing similar struggles.

Mika: *"I took that photo because it was the day I graduated from chemo. When you finish your chemotherapy, you ring the bell. I wanted to share this photo to tell people that I'm finished – I'm done with my chemo. It's important to me because I'm thankful that I survived and that I was able to ring the bell. I see myself as a survivor. I am a strong person, and God helped me survive. I also helped myself, and here I am, ringing the bell."*

*Figure 5a. Completion of Chemotherapy*

Participant Jhoanna celebrated the completion of her chemotherapy with her family, embracing the moment with gratitude. She described this milestone as a shared victory and a source of renewed hope, reflecting the collective strength and support that sustained her throughout her healing journey.

Jhoanna: *"Pagkahuman sa akong last chemo, nagselebrar mi sa balay, nagkaon-kaon ug nagpasalamat sa Ginoo ug sa akong pamilya. Nakahuman ko, ug dako kaayo akong pasalamat."* (After my last chemotherapy, we celebrated at home. We shared a meal and gave thanks to God and to my family. I was able to finish, and I felt deeply grateful.)

Completing radiation therapy was another occasion celebrated with deep gratitude and relief, marking the end of one of the most taxing phases of cancer care. Participants described commemorating this milestone through symbolic acts – lighting candles, offering prayers, or simply sharing meaningful moments with supportive family and friends. Their gratitude extended not only to their own bodies for enduring treatment but also to the medical team, caregivers, and their community of fellow survivors. Such acts of acknowledgment were essential for emotional closure and the restoration of hope.

Participant Aiah marked the completion of her radiation therapy as a significant milestone through prayer, expressions of gratitude, and sharing her joy with her community. This act reinforced her sense of personal achievement and highlighted the critical role of social support in sustaining her healing journey.

Aiah: *"Sa dihang nahuman nako ang radiation, nag-ampo ko ug nagpasalamat sa tanan nga nitabang. Gisulti nako sa akong mga silingan nga nakahuman ko, ug nagselebrar mi gamay."* (When I finished radiation, I prayed and gave thanks to everyone who helped me. I told my neighbors that I had completed it, and we celebrated a little.)

*Figure 5b. Completion of Radiation Therapy*

Completion of chemotherapy holds profound psychological significance, marking renewed hope and strengthened resilience among breast cancer survivors (Molina et al., 2022). Beyond signaling the end of treatment, this milestone represents the personal growth and inner strength developed throughout the arduous journey. Cai et al. (2021) noted that resilience often increases after chemotherapy completion, closely linked to feelings of accomplishment and relief. Reflecting on this achievement empowered survivors to face future uncertainties with greater confidence, grounded in the knowledge that they had already endured and overcome immense adversity. Ultimately, shared moments of celebration reinforced enduring hope, gratitude, and resilience, sustaining survivors as they moved forward in their healing journey.

# CONCLUSION AND RECOMMENDATIONS

## *Conclusion*

The study revealed that resilience among breast cancer patients is a holistic experience encompassing *social, self-directive, adaptive, spiritual, and celebratory* dimensions. Social resilience was reflected in family support and compassion, providing emotional stability and a sense of belonging. Self-directive resilience emerged through trust in medical professionals and belief in herbal medicine, enabling participants to actively engage in their care and assert control over their recovery. Adaptive resilience was expressed in confidence and hope, acceptance and coping, and positivity and strong determination, allowing patients to navigate challenges with optimism and perseverance. Spiritual resilience was reflected in faith as a source of personal empowerment and inner strength, sustaining hope and emotional fortitude. Celebratory resilience emerged as participants marked the completion of therapy(chemotherapy and radiation), symbolizing achievement, growth, and renewed hope. Collectively, these findings demonstrate that resilience is a dynamic process shaped by personal, relational, and spiritual resources, highlighting the importance of holistic support in fostering well-being among breast cancer patients.

## *Recommendations*

Based on the findings and conclusions, the following recommendations are proposed:

1. Breast Cancer Patients may continue to engage in proactive and empowered health-seeking behaviors by exploring safe, evidence-based remedies, adhering to medical advice, nurturing spiritual well-being, and celebrating treatment milestones. They may recognize personal strength and resilience as key factors in recovery and survivorship.
2. The community may foster a supportive and inclusive environment for individuals diagnosed with breast cancer by encouraging open dialogue, reducing stigma, and promoting awareness campaigns that celebrate resilience and healing journeys.
3. Nursing Education may incorporate patient-centered approaches to resilience and psychosocial care into the nursing curriculum, emphasize the importance of holistic

support, physical, emotional, and spiritual, in the care of cancer patients, and utilize visual methods like photovoice to enhance students' understanding of lived experiences.

4. Nursing Practice may integrate psychosocial assessments and resilience-building strategies into routine care. Nurses may advocate compassionate, individualized care that honors patients' coping styles, spiritual beliefs, and personal milestones throughout the cancer journey.
5. Policymakers may develop supportive health policies that promote accessible survivorship programs, community-based support systems, and integrative care models that address the holistic needs of cancer patients, especially in underserved areas.
6. Future Researchers may further explore resilience among diverse populations and across various stages of cancer to build a more comprehensive understanding. They may use participatory methods such as photovoice to capture more profound insights into patients' lived experiences and coping mechanisms, and to explore resilience among diverse populations and across various stages of cancer, thereby building a more comprehensive understanding. They may use participatory methods such as photovoice to gain deeper insights into patients' lived experiences and coping mechanisms.

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## Appendix A: Interview Protocol

**Introduction:**

Introduce self

Discuss the purpose

Provide informed consent

Provide the structure of the interview (gathered photo from participants and audio recording)

Ask if the participants have any prior questions

Test the audio recording equipment and ask for consent in using the captured photos

Ensure that the participants feel comfortable

**Opening Questions:**

Tell me why you took this photo.

Why do you want to share this photo?

Why is it important for you?

How, in what way does this photo describes your experience of resilience?

**Core Questions:**

***The SHOWeD technique (Wang et al., 1998; Wang & Burris, 1997)***

1. What do you See here?
2. What is really Happening here?
3. Howdoes this relate to Our lives?
4. Why does this problem (challenge), concern, or strength Exist?
5. What can we Do about it?

**Follow-up Questions:**

Can you elaborate further when you said…?

What do you mean by…?

Did I understand when you said…?

**Concluding Questions:**

Are there elements in the photo that might be overlooked?

Are there any photos that you might have wanted to take but you did not? If yes, can you tell me more about that?

**Closing Statement:**

Thank the participants

Ask if she would like to see a copy of the results

Document any observations, feelings, thoughts, reactions, and/or non-verbal cues during the interview

## Appendix B: Sample Transcription

**Tell me why you took this photo.**

Getting Ready for Surgery

**Why do you want to share this photo?**

Well i took that photo because I would like to uhm look back and look at my picture how I felt at that time preparing for my surgery

**Why is it important for you?**

It's because I was so happy in that picture, uhm like i wanna share that because going into surgery ahh you know because it was a little bit scary but you can tell at the expression on my face i was so happy uhm i think because i know im gonna have a surgery and i know im gonna be ok

**How, in what way does this photo describe your experience of resilience?**

Ok its very important for me because uhm just to be honest uhm i have fear because of the unknown and when i look back and look at my picture like oh im ok you know i dont have to worry i have to face fear. Uhm i think this picture describes me as a stronger person, ah yes, like i said looking back, a little bit scared yes, but when looking back at it now it gives me confidence and hope, i know that im gonna be ok after the surgery

**Core Questions**

1. **What do you See here?**

   I see that picture like the I'd know that I am going to survive

2. **What is really Happening here?**

   Ok, that picture I was ready to have a surgery for a mastectomy, I think like a minute before I was given an anesthesia and the anesthesia, my doctor said that are you ready for me to discuss it with you and then she just never does it and roam in hahahaha

3. **How does this relate to Our lives?**

   How can I relate it? For me ahh I just have to trust God, and the doctor who's gonna be operating me

4. **Why does this problem (challenge), concern, or strength Exist?**

   Ok uhm, i know that i am already healed, so i just have to go to the protocol here for doctors in cancers specially in breast cancer so uhm my strength is I'm gonna get better because i know its gonna get done.

5. **What can we Do about it?**

   Have faith in the Lord to believe that I will survive

   **Follow Up**

6. **Can you elaborate further when you said trusting the doctors and God.**

   Yeah well the reason if i don't trust them that I'm never gonna do it and i believe that God put doctors to help people so if i don't trust them then i think I'm not gonna be able to do it. Trust in God is you have to have faith, if you don't have faith its not gonna happen, if you don't trust god its not gonna happen

7. **Are there any photos that you might have wanted to take but you did not? If yes, can you tell me more about that?**

   No elements, just get it in there, just get it done.

## Appendix C: Informed Consent Form

**Misamis University**
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**MISAMIS UNIVERSITY RESEARCH CENTER**
Phone: +6388 521 0367 | Fax: +6388 521 2917
Email: research@mu.edu.ph

| | |
|---|---|
| | Pahayag Sa Mananaliksik<br>Amo basahon ang Information Sheet sa partisipante nga posibleng moapil. Among paningkamotan nga masabtan sa partisipante ang sulod sa interbyu ug nga adunay posibilidad nga buhaton pa ang dugang nga interbyu kung kinahanglan.<br>Among kasiguruhan nga ang partisipante makapangutana kabahin sa pagtuon ug ang tanang pangutana tubagon sa tin-aw ug tukma nga paagi. Among masiguro nga walay pagpugos o pagpamugos sa partisipante sa paghatag sa ilang pagtugot—ang ilang pag-apil kinahanglan boluntaryo ug gawasnon.<br>Ihatag ang usa ka kopya sa Informed Consent Form ngadto sa partisipante |
| | |

**PART II. CERTIFICATE OF CONSENT**

Kini nga panukiduki nga giulohan og **"LIVED EXPERIENCES OF RESILIENCE AMONG BREAST CANCER PATIENTS: A PHOTOVOICE STUDY"** nga gihimo nila Zaira Joanna Roszarie Marie Abadia, Joshua Paul D. Agustin, Brobo K. Silvano II, ug Bea Gweneth S. Calibo, nagtumong sa pagkolekta og impormasyon ug datos kabahin sa tinuod nga kasinatian sa mga pasyente nga nakasinati sa breast cancer ug sa ilang paglahutay. Ang pagtuon gipatin-aw ug gi-explain kanako sa klaro nga paagi. Kay kini may kalabotan sa mga pasyente nga nakaagi og breast cancer, ako napili isip usa sa mga partisipante.
Nabasa nako kining Informed Consent Form, o kini gibasa sa akoa. Gihatagan ko og igong panahon sa pagpangutana ug ang tanang pangutana gitubag og tin-aw. Ako motugot nga boluntaryo nga moapil sa maong pagtuon isip usa sa mga partisipante.

**Print Name of Participant: ]** _____
**Signature of Participant: ]** _____
**Date: [MM/DD/YYYY]** _____

Kung ang partisipante dili kabalo mobasa o mosulat, adunay usa ka saksi nga kabalo mobasa ug mosulat nga pirmahan ang porma. Ang maong saksi pilion mismo sa partisipante ug dili dapat konektado sa mananaliksik o sa grupo nga nagdala sa panukiduki. Ang partisipante mopirma pinaagi sa pagbutang sa iyang thumb mark o tudlo nga marka aron ipakita ang iyang pagtugot

_____
Name and Signature of the Witness

**Thumb mark**

**Misamis University**
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Email: research@mu.edu.ph

**STATEMENT BY THE RESEARCHER**

We will read the Information sheet to the potential participant. With the best of our ability, we will make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken.

We can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. We can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary.

A copy of this Informed Consent Form will be provided to the respondent.

Print Name of Researchers: Zaira Joanna Roszarie Marie Abadia, Joshua Paul D Agustin, Brobo K. Silvano II, and Bea Gweneth S. Calibo

**PART II. CERTIFICATE OF CONSENT**

This research entitled "LIVED EXPERIENCES OF RESILIENCE AMONG BREAST CANCER PATIENTS: A PHOTOVOICE STUDY" by Zaira Joanna Roszarie Marie Abadia, Joshua Paul D Agustin, Brobo K. Silvano II, and Bea Gweneth S. Calibo, with the aim of gathering information and data pertaining to the lived experiences of resilience among breast cancer patients, has been presented and explained to me clearly.Since the study involves pertaining to the lived experiences of breast cancer patients, I am chosen as one of the participants.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

**Print Name of Participant:** [_____]
**Signature of Participant:** [_____]
**Date: [MM/DD/YYYY]** 04/19/25

If the participant is illiterate, a witness who is literate will sign. The participant will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The participant will affix his thumb print.

_____
Name and Signature of the Witness

**Thumb mark**

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**Signature of Participant: ]**_____
**Date: [MM/DD/YYYY]** 01/21/2025

If the participant is illiterate, a witness who is literate will sign. The participant will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The participant will affix his thumb print.

_____
Name and Signature of the Witness

Thumb mark

# Misamis University

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**Signature of Participant: ]** _____

**Date: [MM/DD/YYYY]** _____

Kung ang partisipante dili kabalo mobasa o mosulat, adunay usa ka saksi nga kabalo mobasa ug mosulat nga pirmahan ang porma. Ang maong saksi pilion mismo sa partisipante ug dili dapat konektado sa mananaliksik o sa grupo nga nagdala sa panukiduki. Ang partisipante mopirma pinaagi sa pagbutang sa iyang thumb mark o tudlo nga marka aron ipakita ang iyang pagtugot

_____

Name and Signature of the Witness

## Appendix D: Approved Letter of Request

**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 21001:2018 Educational Organizations Management System by DNV
**ACCREDITED:** Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
**GRANTED:** AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

February 17, 2025

**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 Bachelor of Science in Nursing and are currently working on research study titled "LIVED EXPERIENCES OF RESILIENCE AMONG BREAST CANCER PATIENTS: A PHOTOVOICE STUDY." This study aims to explore the experiences of resilience among breast cancer patients. With this, they would like to ask for an approval from your good office to allow them to conduct the study. It will be conducted at selected public and private hospitals and oncology clinics in Misamis Occidental, Philippines from February to March 2025.

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

Thank you very much and God bless.

Sincerely yours,

**JOSHUA PAUL D. AGUSTIN**

**SILVANO K. BROBO II**

**BEA GWENETH S. CALIBO**

**ZAIRA JOANNA ROSZARIE MARIE ABADIA**
Researchers

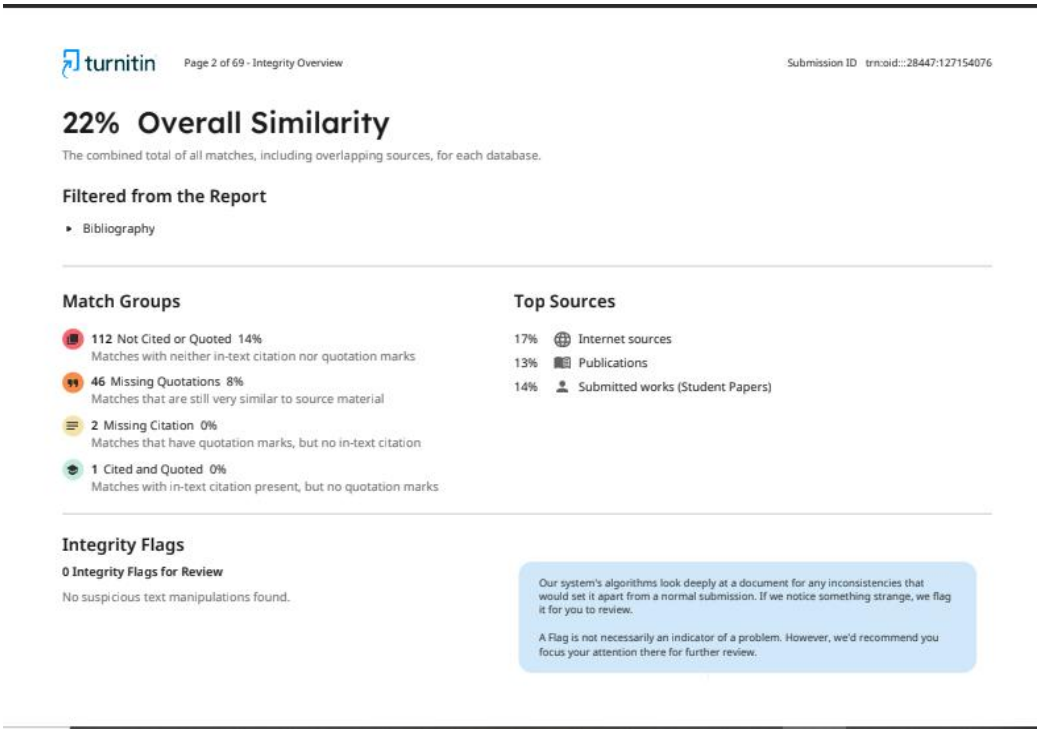
Approved by:

**DR. SAMMY B. TAGHOY**
College Dean

**Appendix E: Themes and Sub-themes**

| Emerging Themes | Main Themes |
|---|---|
| Family Support and Compassion | Social Resilience |
| Trust in Medical Professionals | Self-Directive Resilience |
| Belief in Herbal Medicine | Self-Directive Resilience |
| Confidence and Hope | Adaptive Resilience |
| Acceptance and Coping | Adaptive Resilience |
| Positivity and Strong Determination | Adaptive Resilience |
| Faith as Source of Personal Empowerment | Spiritual Resilience |
| Strength Through Faith | Spiritual Resilience |
| Completion of Therapy | Celebratory Resilience |

## Appendix F: Turnitin Results



turnitin Page 2 of 69 - Integrity Overview Submission ID trn:oid:::28447:127154076

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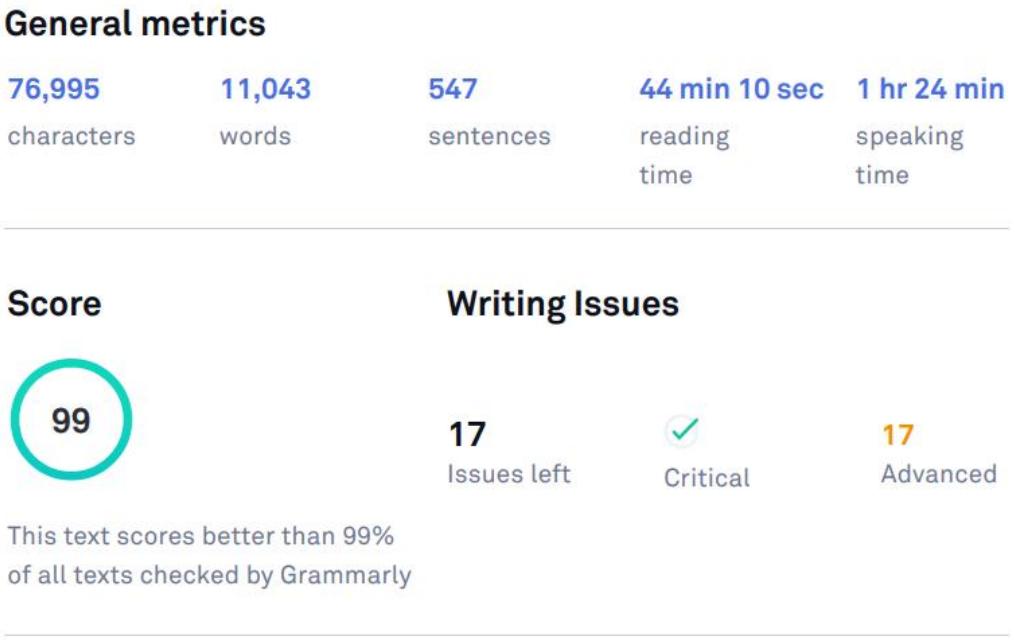
**Appendix G: Grammarly Results**



# CURRICULUM VITAE

**JOSHUA PAUL D. AGUSTIN**
Clarin, Misamis Occidental

**PERSONAL INFORMATION:**

Date of Birth: August 8, 2004
Place of Birth: Jose Fabella Memorial Hospital
Sex: Male
Civil Status: Single
Nationality: Filipino
Religion: Roman Catholic
Language/s Spoken: English/Filipino/Bisaya

**EDUCATIONAL BACKGROUND:**

Primary Education: San Roque Elementary School
Address: Clarin, Misamis Occidental
Secondary Education: Clarin National High School
Address: Clarin, Misamis Occidental
College: Misamis University
Address: H.T. Feliciano St., Ozamiz City

# CURRICULUM VITAE

**SILVANO K. BROBO II**

Malaubang, Ozamiz City

## PERSONAL INFORMATION:

Date of Birth: August 15, 1994

Place of Birth: Ozamiz City

Sex: Male

Civil Status: Single

Nationality: Filipino/American

Religion: Baptist

Language/s Spoken: English/Filipino/Bisaya

## EDUCATIONAL BACKGROUND:

Primary Education: Malaubang Elementary School

Address: Malaubang Ozamiz City

Secondary Education: Sam Houston High School

Address: Arlington, Texas, United States

College: Misamis University

Address: H.T. Feliciano St., Ozamiz City

# CURRICULUM VITAE

**BEA GWENETH S. CALIBO**

Bañadero, Ozamiz City

## PERSONAL INFORMATION:

Date of Birth: December 21, 2003

Place of Birth: Ozamiz City

Sex: Female

Civil Status: Single

Nationality: Filipino

Religion: Roman Catholic

Language/s Spoken: English/Filipino/Bisaya

## EDUCATIONAL BACKGROUND:

Primary Education: Lighthouse Christian Academy

Address: Purok 1, Bañadero, Ozamiz City

Secondary Education: Lighthouse Christian Academy

Address: Purok 1, Bañadero, Ozamiz City

College: Misamis University

Address: H.T. Feliciano St., Ozamiz City

# CURRICULUM VITAE

**ZAIRA JOANNA ROSZARIE MARIE ABADIA**
Aloran, Misamis Occidental

**PERSONAL INFORMATION:**

Date of Birth: November 1, 2003
Place of Birth: Jose Fabella Memorial Hospital
Sex: Female
Civil Status: Single
Nationality: Filipino
Religion: Assembly of God
Language/s Spoken: English/Filipino/Bisaya

**EDUCATIONAL BACKGROUND:**

Primary Education: Tuburan Elementary School
Address: Tuburan, Aloran, Misamis Occidental
Secondary Education: Aloran Trade High School
Address: Labo, Aloran, Misamis Occidental
College: Misamis University
Address: H.T. Feliciano St., Ozamiz City