# Coping Mechanisms of Filipino Parents with Children Diagnosed with Leukemia: A Case Study

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RESEARCH ARTICLE

## Abstract

**Background and Objectives:** Leukemia, though proven to be curable, still poses a serious problem for the country as the number of patients steadily increases every year. To address this concern, a number of studies were conducted to analyze not just the physical but also the psychological effects of diagnosis on patients. However, data are still lacking on the effects of this illness on parents of the patients, especially on how parents cope with the imminent distress brought about by the situation. The study aimed to explore the coping behaviors of parents of leukemia patients towards their children's illness and to determine the factors that affect the distress of these parents.
**Methodology:** The coping mechanisms of Filipino parents of leukemia patients and the factors that contribute further to their distress were investigated. A case study was conducted involving six parents from the Leukemia Indigent Fund Endowment at the Lung Center of the Philippines who qualified under the inclusion criteria set in the study. Participants were interviewed using a semi-structured interview guide. Their responses were recorded, transcribed, and assessed through thematic analysis.
**Results and Conclusions:** The major coping mechanisms gathered were: Denial, Acquiring Social Support, and Faith. The nature of their coping mechanisms greatly depends on factors that induced their distress after diagnosis of their child. On one hand, for those whose distress was provoked by their knowledge that leukemia is fatal, their immediate coping mechanism was total denial followed by social support from other parents of leukemia patients. On the other hand, for those whose distress was prompted by the financial constraints that come along with the illness, while there is denial, the major coping mechanism was acquiring social support in terms of financial needs. Only after having these immediate actions that they become open to emotional and moral support, together with other coping mechanisms, such as having faith, repression of other activities, being optimistic or being passive.

**Keywords:** *Leukemia, Coping Mechanisms, Parents, Distress, Cancer*

## Introduction

Leukemia poses a serious threat not only to the Philippines but to the whole world. It is a common health problem in any country – be it first world or developing. Because of the unknown nature of the causes of leukemia, there has been no major medical advancement yet, and all countries are still prone to this type of cancer. The United States, which ranks 13th in the list of countries with the highest leukemia mortality rate [1], had more than 232,000 people with leukemia in 2012 alone, with an approximately 44,000 new cases every year [2]. Another statistics shows that about 30% of all childhood cancer cases in the US were leukemia affecting about 3,000 young Americans every year.

In the Philippines, in 2005, the Philippine Cancer Society held about 4,202 new cases. Of these cases, 2,243 were males, while 1,959 were females. In the same year, about 3,498 deaths were recorded [3]. Leukemia was ranked as one of the top eight common cancers in the country [4]. However, in 2012, according to the Philippine Council for Health Research and Development, its ranking climbed up to fourth place.

Since children are as prone as adults, it can be said that a percentage of the above statistics is of young age. These patients have families who are surely worried about their plight. Given that they are young, they need more support from others compared to adults who already have stronger emotional and mental capacity to cushion the shock brought by the diagnosis. These family members, though providing emotional support to these children, often experience emotional problems themselves as well, and these problems may have negative repercussions on the support they give to their children [5].

Thus, it is with utmost importance to discover more specific details regarding the coping mechanisms these parents have in face of the problems they are currently in, and other factors that help them against the distress. By studying the current coping mechanisms of parents of leukemia patients, the present study may be able to know the details of coping strategies that are useful to these parents and to determine the forces that affect the distress of the parents.

According to Eiser [6], there has been little knowledge regarding the responses of families, especially parents, to the diagnosis of a child with a life-threatening illness, particularly leukemia. It has always been common to study the effects of these illnesses on children, as those explored [7,8]. However, according to these researches, distress among parents is brought by different factors like poverty, marital conflict, absence of a partner, and other difficulties in life, such as children with illnesses. These factors, if not handled well, may not just bring distress but also depression [9]. If this gets worse, their depression tendencies, according to studies, will have a major impact on their children, especially on their children who are ill. It may result in negative parenting styles, indifference toward treatments of the disease, and depression of the children themselves [10].

Coping skills are defense mechanisms against distress in life such as having a child with an illness, disease, or disorder. Specifically, according to a study on parents of children with ADHD [11], the most common coping skill that parents use is the repression of other activities in order to avoid distractions from other life events and to pour all their attention to their children. In a study, parents with lower income tend to use avoidance as their coping strategy [12,13]. Additionally, the gender of the parent was also found to have an effect on the type of coping mechanism based on a research [14] about parents of children with cancer that showed that mothers perceive their experience differently from that of fathers; thus, resulting in different coping responses [13]. In a study conducted to parents of cancer patients in Iran, it was found that the most prevalent coping mechanisms are: spiritual support, social support, reframing of the problem, and passive appraisal [15].

Moreover, in a study, support systems, such as family members or friends play a significant role as part of the coping mechanisms [16,17]. As for the nature of the social support of parents, they tend to seek solace from friends, other families facing the same problem, and formal support agencies [18]. This was also true as per the results of the study conducted by Morrow *et al.* [19] as cited in [20] which revealed that friends and relatives do really help parents of children with cancer. Moreover, these members of the parent's social circle were found to be effective in shielding them against distress, as social support was inversely proportional with levels of anxiety and depression [20]. In a study conducted, it was said that disease or illness-specific communication helps these parents manage distress [22].

Given the above studies, though elaborate in giving details regarding different coping mechanisms of parents of children who are ill, they were not conducted to parents of patients with leukemia. With the severity of the phenomenon, surprisingly, there are no enough studies regarding the coping mechanisms of parents against distress brought by leukemia. In the hopes that this research on the coping mechanisms and support system of parents of leukemia patients will start the pursuit of more knowledge that will address the problem, policies, interventions, or support groups may be formed in order to help them develop effective coping strategies and utilize their support system well in the face of the imminent distress the illness may bring to them. Therefore, the present study aimed to explore the coping behaviors of parents of leukemia patients towards their children's illness and to determine the factors that affect the distress of these parents.

## Methodology

### *2.1 Research Design*

The design used for the study was Qualitative Research, specifically a multiple case study design, as it is proven to be efficient in studying phenomena through analysis of multiple cases. Moreover, evidence generated from multiple case studies are strong and reliable as well as they give a deeper exploration of the subject of the research [23,24].

### *Inclusion Criteria and Exclusion Criteria*

The inclusion criteria for the study were (1) should be parents of a current leukemia patient medically-diagnosed with leukemia, (1) should be currently living in the Philippines;

and (3) should not have psychological diagnosis of depression in the past in order to eliminate the probability that it may have an effect on the manifestations of their distress. The exclusion criteria for the study were (1) parents of past leukemia patients, (2) parents of children who died of leukemia, (3) living outside the country, and (3) have a past history of depression.

### *2.2 Study Setting and Sampling Scheme*

The study was conducted among members of the Leukemia Indigent Fund Endowment from the Lung Center of the Philippines, a foundation where a diverse background of parents and patients are evident in its members. The study gathered six participants whose characteristics meet the points set by the inclusion and exclusion criteria mentioned above. The said participants were selected through nonprobability-purposive sampling, and were selected through the guidelines of the research, as well as their availability or schedule during the data collection period.

### *2.3 Data Collection*

After the initial scan of the interview guide conducted by LIFE Foundation officers, the researcher was signaled to start the data collection process under their observation and surveillance. During the data collecting period, six participants were selected to participate in the in-depth interview as informants. After confirming their participation, they were debriefed regarding their rights as key informants and their anonymity. They were given the choice to refuse to participate. Moreover, they had the option to review the questions before the interview in order for them to have an overview of the whole session and to avoid surprising them with questions that may cause triggers. Additionally, they were always given the option to refuse to answer questions they deemed very sensitive.

After the debriefing, they were asked if they were comfortable having the interview on record. Next, they were individually interviewed using guide questions. The sessions were in Filipino or English, depending on the language where they can freely express themselves.

After the session, the responses were transcribed and notes from the interview and observation were reviewed prior to analysis of data.

### *2.4 Data Analysis*

After careful transcription of the interviews, cases were summarized along with the personal details. Moreover, it included their full experiences regarding the illness of their child, starting on the day of diagnosis of their child until the present. It also included their interaction with people and their perceived effects of the illness towards their life, such as in the aspects of their relationship with people or their view of themselves.

After careful analyses of the cases, the responses were subjected to thematic analysis where their coping mechanisms were extracted for each case of the study. After all responses from the participants were analyzed, common themes were assessed across all cases.

Moreover, factors that may help them against potential distress were also extracted from each case. Similar to the previous domain, common themes were studied among the cases. Lastly, the results of the above data analyses were integrated with the theoretical framework of the study as well as with previous related literature.

### *2.5 Ethical Consideration*

The research focused on the experiences of parents of leukemia patients. With this, the rights of the participants were always strictly observed. Consents, questionnaires, and guide questions for the interview were screened properly by LIFE Foundation officials in order to avoid conflict with the participants. After the screening, the consents were provided before the start of the tests and interviews. Within the consent, they had the choice whether to participate or not in the study. They also had the option to review the questionnaires and the guide questions for the interview to help them decide. If they decided to participate, and whenever they felt uncomfortable with the questions in the test and interviews, they could always refuse to answer or even withdraw from the test. They were also always reassured that their identities would be kept confidential and all information gathered from them would be confidential and would strictly be used for research purposes only. Moreover, the data collection of the research was done under the observation of the officials of the foundation. They also had the power to halt the data gathering sessions if they deemed it necessary according to their observations.

## Results and Discussion

Six cases of parents of leukemia patients were summarized after the interview. These parents were given aliases in order to protect their identity in accordance with the ethical considerations of the study and those that were agreed upon between the researcher and the parents. From the cases, it was seen that they had a common pattern with their narrations. The symptoms started as something negligible, but after persisting for a long time, it pushed them to consult with the doctor. This is where suspicion or diagnosis of leukemia started to happen. After that, different factors caused distress to these parents as coping behaviors started to emerge.

Table 1 below shows the demographic profile of the respondents. The average age is 37 years old with 67 % female respondents and 33% males. Only 67% finished high school and only 33% had a college degree. All six respondents were married. The income across respondents showed a remarkable discrepancy with 50% having no income as they were housewives, and one respondent with an income of ₱63,000.00.

### *3.1 Coping Mechanism*

After transcribing the interviews, the cases were reviewed and subjected to thematic analysis of the responses based on the objectives of the study. The first objective explored the different coping mechanisms of parents of leukemia patients. After highlighting passages from their responses, they were summarized into codes and the frequency was determined. The results of the analysis are shown in Table 2 below. Based on the results, it can be

**Table 1.** *Demographic profile of the respondents.*

| Respondent no | Name | Sex | Age | Marital Status | Education | Place of Residence | Income/economic activity | No. of children |
|---|---|---|---|---|---|---|---|---|
| 1 | "Mary" | f | 29 | Married | High school graduate | Munoz, Quezon City | None /unemployed | 2 |
| 2 | "Joseph" | m | 37 | Married | Second year college | Bacoor, Cavite | 30,000.00 per month/Water refilling business | 3 |
| 3 | "Michael" | m | 41 | Married | College graduate | Quezon City | 63,000.00 per month/School bus driver | 4 |
| 4 | "Andrea" | f | 37 | Married | High school graduate | Bulacan | None /unemployed | 1 |
| 5 | "Sunny" | f | 36 | Married | College graduate | Binangonan, Rizal | 1,500.00 per month/marketing professional | 2 |
| 6 | "Anna" | f | 44 | Married | High school graduate | Naga, Bicol | None /unemployed | 3 |

**Table 2.** *Frequency of Coping Mechanisms of Parents (Multiple Responses)*

| Coping Mechanisms | Frequency |
|---|---|
| "Di ko matanggap" (Denial/Acceptance) | 5 |
| "Nandiyan naman si Lord" (Faith) | 5 |
| "'Di ko na magawa" (Repression of activities) | 2 |
| "Alam kong gagaling siya" (Being Optimistic) | 2 |
| "May mas nahihirapan pang iba" (Being Passive) | 1 |
| "Kinakausap nila ako" (Acquiring Social Support) | 4 |

seen that there were three major coping mechanisms utilized by the parents.

The three most common coping mechanisms were: *"Di ko matanggap"* (Denial), *"Nandiyan naman si Lord"* (Spirtual Support), and *"Kinakausap nila ako"* (Social Support). These coping mechanisms can be reflected on some excerpts from the particpants' responses.

*"Di Ko Matanggap" (Denial/Acceptance)*

Denial/Acceptance can be seen in the following responses. According to Joseph:

*"Una, Denial talaga yung una eh. Bali, di mo talaga matanggap eh. 'Bakit siya pa?' Ganun. Ganun naman [ang] laging ano ng magulang diyan eh"* (At first, it was really denial. It was hard to accept. 'Why her?' Every parent would feel the same way).

For Mary:

*"Siyempre in-accept na namin. Kasi kung nandun ka pa rin sa denying stage, 'di mo mareresolba eh. Tinanggap namin. Tsaka sinunod namin yung payo ng doktor na magpa-chemo"* (Of course, we already accepted it. Because if you are still in the denying stage, you will not solve anything. We accepted it. Then we followed the doctor's advice to resort to chemotherapy.)

Michael, when asked what he felt after learning about the diagnosis of his child, shortly answered: *"Nagulat. 'Di makapaniwala* (Surprised. We can't believe it)."

As for Andrea:

*"Ginawa namin, ano, 'di talaga namin matanggap na may sakit siya. Yung sakit niya [ay] yung pambihirang sakit. Mahabang prosesong gamutan. Syempre po, ang sakit po sa loob namin. 'Yun po."* (What we did was...we really can't accept the fact that she's ill. Her illness is something extraordinary. It will really need a long-term treatment).

Anna said:

*"Ano lang, 'di ko matanggap, kasi bakit nagkaganun. Okay naman siya, kumpleto sa alaga. Syempre, ikaw na magulang, gagawin mo lahat para maisalba [ang] anak mo eh."* ( I really can't accept why it happened. He was okay. I gave him all the care he needs. As a parent you will do everything to save your son).

*"Nandiyan naman si Lord" (Faith)*

As for Spirtual Support, the following statements prove the prevalence of the theme.

Anna said:

*"Pero sabi ko 'yun, nandiyan naman si Lord lagi para sa kalakasan, kasi syempre kailangan naming maging matatag po."* (That's what I said. The Lord will always be there to give us strength, because we need to be strong).

On one hand, according to Andrea:

*"Syempre una, parang ipinagkakatiwala ko na kay Lord. Kasi Siya ang kikilos para sa buhay namin. 'Yun. Nakakaraos."* (Of course, at first, I trust the Lord. He will do everything for our lives. There, we are surviving).

As for Mary, she said:

*"Wala, nagdadasal lang. 'Yun nga. Kasi sabi nila hindi naman sa iyo ibibgay ng Diyos kung hindi mo kaya."* (I just prayed. Because they say that God will never give you obstacle you cannot overcome).

When Michael was asked what he does whenever he will see his daughter suffering, he answered, *"Wala, nagdadasal lang* (I just pray)."

Lastly, for Sunny, she said, "*Nagdasal, tapos iyak. Dasal. Iyak. Dasal. Iyak. 'Yun lang naman. 'Yun lang talaga mararamdaman mo eh.* (I pray, then cry. Pray. Cry. Pray. Cry. That's all. That's all you can feel)".

*"Kinakausap nila ako" (Acquiring Social Support)*

Lastly, the following responses show Social Support.

According to Joseph:

*"Kinakausap ako na ano, tibayan yung loob ko. Sinasabi nila na 'walang binigay yung Panginoon na di niyo kayang lampasan. Sila yung naging spiritual ano ko... Sila talaga yung nagtuturo."* (They told me that I should be strong. They're saying, 'the Lord does not give obstacles we cannot face.' They are my spiritual guides. They really teach me).

As for Sunny, she said the following:

*"Wala, sabi nila ang lakas ko. Kasi kung sila [ang] nasa sitwasyon ko, di na sila aalis sa tabi ng anak nila."* (They told me that I'm strong. Because if they are the ones on my shoes, they will never leave their son's side).

For Michael, he said:

*"Nagbibigay sakin ng ano... Pinapalakas nila yung loob ko. Kung may kailangan ako, puntahan ko lang sila. Magbibigay sila ng pera."* (They give me...they give me strength. If I need something, I go to them. They will give me money).

Lastly, according to Mary:

*"Si Mama ko, 'Kaya mo yan. Malalampasan mo yan.' Yung nangangaral ba. Laging ganun. Puro magagandang pangaral, paalala."* (My mom says, 'You can do it. You will overcome this.' They give words of wisdom all the time).

Aside from the three major coping mechanisms extracted, there are other coping strategies gathered from the parents' responses. The other themes are as follows:

*"'Di ko na magawa" (Repression of activities)*

There were only two parents who reported that because of their child's illness, they were forced to refrain from doing some activities like their hobbies.

Joseph said:

*"Di ko na mapuntahan yung mga 'yun kasi wala nang time. Pag magba-basketball sila, wala na."* (I can't go to them anymore because I don't have time. When they play basketball, I can't go as well).

On the other hand, according to Mary:

*"Imbis na, di tulad dati kung kaya ko pang mag-badminton, [ngayon] di ko na magawa. Lagi siyang kasama sa iisipin mo. Kung aalis ka, di ka pwede magtagal kasi may aalagaan ka."* (Unlike in the past when I can still play badminton, now I can't. You will always think of her. If you will go out, you can't stay out for too long because you need to take care of someone).

*"Alam kong gagaling siya" (Being Optimistic)*

Two parents showed signs that they resorted to seeing something positive out of the distressing situation.

Joseph said:

*"Alam kong gagaling siya. Malakas 'yan at matapang. Di kami nagdududa na di siya gagaling, kasi talagang ano...malakas talaga siya. Siguradong-sigurado."* (I know she will be cured. She's strong and brave. We have no doubt that she will be cured because she's strong. We are really sure of it.)

Lastly, Sunny, said:

*"Wala, iniisip ko na lang na swerte pa rin [ang] anak ko. Sa kabila ng pinagdadaan niya, buhay pa rin siya. Kais yung iba, nanghihina na. Yung anak ko, nakakatayo pa, so ayun...blessed pa rin [ang] anak ko."* (I just think that my son's still lucky. Despite all the things he is into, he is still alive. Others are already weak, but my son can still stand up. He's still blessed.)

*"May mas nahihirapan pang iba" (Being Passive)*

Only one respondent resorted to being passive as a coping mechanism. For Joseph, he believed that there are still others who are experiencing worse situations.

According to him:

*"Iniisip na lang namin na may iba pang mas nahihirapan. May mas matindi pang sakit. Iniisip na lang namin na may nahihirapan ding iba. Hindi lang kami."* (I just think that there are others who are suffering way worse than us. There are others with worse illness. We just think that there are others suffering as well. Not just us.)

### *3.3 Factors Affecting Distress*

After learning about the diagnosis of their child, these parents felt immediate distress. However, there were factors that affected or defined the distress they experienced. In order to determine the said different factors, a thematic analysis was also conducted. The results showed that there were only two recurring themes in their responses. The results are the following:

*"Nakakamatay ang leukemia" (Knowledge)*

After learning about the diagnosis of their child, three parents immediately thought about the severity of leukemia and how it may claim the life of their child. They thought that like other forms of cancer, it was hard to cure and there was a high chance of losing their child.

According to Mary:

*“Mamamatay na yung anak ko. Malungkot. Feeling ko dati [ay] mawawalan ako ng isang anak. Kasi, di ba, sabi nila [ang] cancer [ay] nakamamatay? 'Yun. 'Kala ko dati mamamatay si Claire. Kasi, di ba, 'pag pinag-uusapan yung cancer, nakakamatay?”* (My daughter will die. It's sad. I thought that I will lose my daughter, because they said that cancer is fatal. I thought Claire will die. Because whenever they talk about cancer, they always say that it is fatal).

For Michael, he said that:

*“Ay, mahirap. Masakit kasi di mo alam kung gagaling [siya]. Tsaka nahihirapan yung bata. Lahat ng dadanasin mo [ay] masakit.”* (It's hard. It's painful because you don't know if she can be cured. The child is suffering. All you will experience is pain).

Lastly, Sunny, said:

*“Di naman lahat ng nagkakasakit ng leukemia ay gumagaling. May kakilala ako, mabilis lang, pero wala na. Pero siya [si Myles], talagang nakikita mong lumalaban.”* (Not all diagnosed leukemia patients are cured. But Myles, I can really see him fighting).

*“Walang-wala kami” (Financial Constraints)*

Aside from thinking about the seriousness of leukemia itself, majority of the parents immediately thought about the financial constraints it may bring to their family. Worrying about where they would get funds for the treatments brought distress to these parents. This could be reflected on some of the excerpts from the interview.

According to Mary:

*“Dumadating sa puntong ganun. Naiinis ako. Una, financial. Kasi kung wala siyang sakit edi sana may ipon na kami.”* (We already reached the point where I become annoyed. First, with financial. If this did not happen to her, we would already have savings).

Joseph said:

*“Mahirap eh. Mahal ang gatusin eh. Yun una naming naisip eh. Paano yan? Kapos tayo sa pera. Dami eh. Ubos lahat ng pinundar namin eh. Pati yung mga negosyo namin dati.”* (It's hard. It's very expensive. That's the first thing we thought. 'Now what? We don't have enough money.' All of our savings were spent. Even our businesses in the past).

As for Andrea:

*“Anong pagkukunan namin ng pera? Tapos mahirap lang kami. Di namin alam saan kukuha ng pera.”* (Where will we get the money?..We are just poor. We do not know where should we get the appropriate funds).

Lastly, according to Anna:

*“Kasi walang wala talaga kami. Yung asawa ko ay magsasaka lang. Kaya sabi ko kay Dr. Yuson, 'Dok, di po talaga namin kaya.' Kasi pag sinabing leukemia, alam natin yung gastusin.”* (We really don't have anything. My husband is just a farmer. That's why).

I told Dr. Yuson, 'Doc, we really can't do it.' Because whenever we say leukemia, we know how big the expenses are).

## Discussion

All parents reported that their child experienced symptoms that are not thought to be associated with any serious illnesses, such as bruises and fevers. However, after persisting for weeks, these parents decided to consult medical professionals. After a series of tests, the results revealed that the symptoms led to leukemia.

After learning about the diagnosis of their child, these parents experienced distress that were affected by two factors shown in Table 3: their knowledge about leukemia's fatality and financial constraints brought by the illness. This is in line with the findings of the review of literature regarding psychosocial impact of pediatric cancer to parents [25].

**Table 3.** *Factors Affecting the Distress of the Parents (Multiple Responses)*

| Factors Affecting Distress | Frequency |
|---|---|
| *“Nakakamatay ang leukemia”* (Knowledge) | 3 |
| *“Walang-wala kami”* (Financial Constraints) | 4 |

On one hand, for those parents whose distress was magnified by their fear of the fatality of leukemia, their immediate response to the situation was total denial. However, this denial of the illness was immediately alleviated by the medical staff as they informed the parents of the curability of leukemia. This scenario is in line with the results of the study [22] which mentioned that illness-specific communication was positively correlated with good adjustment. Moreover, they are also the ones who introduced these parents to other parents experiencing the same situation. From this point, other coping mechanisms started to emerge. Some coping mechanisms were social support coming from other parents. They gave advice on how they managed to cope with the distress together with some tips regarding maintaining a proper lifestyle now that they have a child with leukemia. This eased the distress they experienced and they started to resort to other coping mechanisms, such as faith. In line with this, the results of the study [26], as cited in [27] which stated that support of the medical staff and camaraderie of other parents experiencing the same situation made it easier for parents of cancer patients.

On the other hand, for those parents whose distress was affected by the financial constraints brought by the illness, their immediate response was denial, together with another coping mechanism which is acquiring social support. Having simultaneous coping mechanisms such as this supports the findings of previous studies when it was found that parents may resort to multiple coping mechanisms [27]. For these parents, the first thing that comes into mind was where would they get the necessary funds for the treatment of their child. To address this, they immediately sought social support, specifically on financial terms, in order to acquire money for the procedures. In this way, they opened themselves to any external forces that may help them ease the distress. However, as a result of this openness, they tended to acquire more than merely financial support. Aside from the funds, they also received moral and emotional support from other people around them.

Their support system comprised of their immediate family members and friends who offered financial and moral support. This is similar to the findings of the study by Kumar [16] where family and friends played a significant role in facing the distress [20,21] which mentioned that communication with relatives and friends is inversely proportional to the levels of distress and anxiety. Moreover, parents of other patients also acted as part of the parent's support system to enhance coping and to diffuse stress [18]. Similar to those parents whose distress was affected by their immediate thought that leukemia is fatal, parents who were experiencing the same situation gave support as they provided them pointers on how they cope with the situation, but they came later along with their experiences. These parents exchanged ideas on how they face the distress by sharing their own stories. In this way, they also provided emotional and moral support to each other. Because of this factor, together with the coping mechanisms mentioned above, these parents managed to escape the distress brought by the illness of their child.

However, this phenomenon was not in line with the results of a previous study which showed that parents of lower income tended to use avoidance as their primary coping mechanism [13,21]. While the said research found that those who were experiencing more financial constraints tended to face the distress by themselves, the results of the current study showed that parents immediately sought social support. This may be explained by the fact that their immediate thought after the diagnosis was financial constraints that came along with the illness. As a result, financial needs became their primary agenda for seeking support from others, since it was their only option left to immediately acquire the necessary funds.

The study gathered other coping mechanisms aside from denial and seeking social support. These are faith, being optimistic about the situation, being passive about the situation, and repression of other activities. These coping mechanisms do not have a direct relationship with their immediate responses to the distress brought about by the situation. Rather, these come along the way with their experiences as they tried to shield or manage themselves from the possibility of resurfacing distress. These mechanisms were also manifestations of how they were being given pieces of advice by relatives and loved ones. This is in line with the past studies, such as those of Hashemi *et al.* [15], where spiritual support, social support, re-framing of the problem, and passive appraisal were extracted as the coping mechanism of parents of cancer patients. Additionally, having repression of other activities as one of the coping mechanisms of parents validates the findings [11].

Having an optimistic and positive outlook about the situation was also found by Han *et al.* [27] in his research [28]. These latter coping mechanisms were found by past researches as major strategies used by different parents studied. However, in the current research, these were not considered as major coping mechanisms during the thematic analysis as there were only one or two respondents that fell under these categories. Their existence in the research proved to be a sign that parents did resort to these coping mechanisms, and if a larger population would be gathered, there might be a possibility that a significant number of parents would use these coping strategies.

## Recommendations

To address the limitations of the study, it is recommended that for future investigators who would be interested in studying the same phenomena to seek all possible ways of ensuring that there would be a high possibility of variations of responses. Specific recommendations include: (1) widening the study area and not limiting to only one place to collect data by gathering respondents from multiple hospitals, (2) considering the education as well as the roles of the immediate family members within an extended family setting, (3) conducting studies on more respondents in the possibility that there might be more coping mechanisms that can be gathered (4) putting other factors (e.g., socioeconomic and demographic profile, and other household characteristics) in analyzing the coping mechanisms by putting the said domain in the analysis of the responses, and (4) collecting data from both parents of the child with leukemia in order to see variations in coping mechanisms and factors while existing within a homogenous environment.

Further, a comparative study maybe conducted to include respondents sampled from none membership in a foundation or support association. It would also be useful to examine geographical parameters or proximity to local hospitals to further ascertain the other coping mechanism of the respondents.

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