Battle and Fettle of Chronically Middle-Aged Adults: Basis for Eclectic Therapy

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***Abstract** – This study sought to examine the chronically middle-aged adults' quality of life in terms of physical, psychological, level of independence, social relationship, environment and spirituality, religion and personal beliefs. It also explored on their feelings and experiences toward the illness. This study used a concurrent triangulation type of mixed method to thoroughly explore the perceptions, difficulties and coping of chronically middle aged adults. WHO Quality of Life was used in quantitative data and interview and observation was utilized for the qualitative part. Percentage, weighted mean and ranking was used to analyse the data. Results show that chronically ill middle-aged need physical assistance, psychological support, and they have ambivalent feelings towards level of independence. On the contrary, they have a satisfying social relationship, secure environment to live, and an enhanced level of spirituality. Experiences of chronically ill middle aged adults arise into different meaning as to loss of control over the body, deprived healthy identity, devalued self, cyclic sadness, period of hopelessness and struggles, impact of uncertainty, support that enhance positivity, spiritual intensification and moving toward self sufficiency. An eclectic therapy is devised to address the specific needs of chronically ill middle-aged adults. Thus, a LIFE therapy as an eclecticism approach is devised based on the result of the study.*

***Keywords** –Battle, Chronic Illness, Eclectic Therapy, Fettle, Middle Aged-Adults*

INTRODUCTION

It is indeed emotionally and physically devastating when at the crest of life, one will experience a painful disease that may lead to inefficiency, ineffectiveness and even disability. It is hard to show that one can continue life as it is before but deep inside struggles strike in.

Having a chronic illness could lead to one's battle over life. Battle in the sense that it will certainly affects one's decision, aspiration and future plans. A chronic illness is a medical condition that is slow in its progress and long in its continuance [1].

Performing activities of daily living and continuing to live even in the constraint of their illness is one of the priorities of these individuals. Thus, enhancing daily functioning and well-being is an utmost concern of the health care providers and their support system.

On the other hand, fettle of chronically ill describes health within illness. This encompasses experience of feeling healthy of people living with a chronic illness or disability by which they will be able to realize the importance of valuing self and life, keep on connecting with others, and enhancing spirituality.

Chronic illness affects the patient's quality of life as to physical aspect in a way that there are changes on the things one would like to do, as well as the things that they need to do and activities of daily living. Psychological effect of the illness determines the positive feelings such as happiness or contentment while the negative involves anxiety, anger or even depression. While, the level of independence, environment and social relationship entails the energy the person have and feeling of safety which maybe be influence by the support of family or friends. Lastly, spirituality, religion and personal beliefs can be also affected by the illness process in which chronically ill may believe that there is something more powerful exists beyond the physical world.

It is also noted that the probability of dying from chronic illness in the Philippines specifically cardiovascular, chronic respiratory diseases, cancer and diabetes is 28%, and 67% are estimated to account for total deaths of the said diseases based on

2014 World Health Organization [2] – Non communicable Diseases (NCD) Country Profiles.

This study is primarily focused on middle aged adults because these individuals are those in their prime of their life and when an illness strikes them this could significantly affect their well-being. Illness during middle age can interfere with further occupational development and may even result in early retirement. It is during this period that they are providing support and guidance to their children and at the same time assuming a greater responsibility to their own aging parents that when illness hit them it significantly brought changes financially, physically and most importantly psychologically.

Several studies noted that chronic illness had the greatest effect on psychological, physical and social functioning like: the study of Goudge, Gilson, Russell, Gumede and Mills [3], emphasis was on the interaction of chronically ill to the public sector and how health care providers strengthens the therapeutic alliance among clients; Gallacher, May, Montori and Mair [4] studied treatment burden as distinct from illness burden; Dezutter, Casalin, Wachholtz, Luyckx, Hekking and Vandewiele [5], focused on the how meaning in life may be related to the well-being of chronically ill patients and the acceptance of their condition; Houtum, Rijken and Groenewegen [6] examined the extent problems in everyday life interfere with the self-management behavior of people with chronic illness; and Engevold and Heggdal [7] explored on patients' experiences while engaging in a new health promotion program in their community, but never developed a psychological program/therapy nor revised the thrust about the health protocol of these clients with chronic illnesses.

Therefore, psychological intervention is thereby needed to enable clients and their families to optimize health care and manage the psychological, behavioral and social aspects of illness and its consequences so as to promote better health, thus it entails the use of eclectic therapy. Eclectic therapy helps the person to change their unreasonable and flawed thoughts thorough educating the client and developing their capabilities to cope up with their condition [8].

This study is deemed significant to policy makers in reviewing the program on chronic diseases like Promotion of healthy lifestyle and Pilipinas Go4Health vs. non communicable diseases. It may aid in restructuring the thrust of the Department of Health pertaining to irreversible diseases which will give focus on the psychological domain of care. Moreover, the result of the study will be the basis of creating an eclectic therapy that will address specific needs of individuals with chronic illness.

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OBJECTIVES OF THE STUDY

This study sought to determine the battle and fettle of chronically ill middle-aged adults. Specifically, it examined the respondents' quality of life in terms of physical, psychological, level of independence, social relationship, environment and spirituality, religion and personal beliefs. It also explored on the difficulties and coping of the informants toward the illness. Thus, the result of the study is the basis of devised eclectic therapy among middle aged adults with chronic illness.

METHODS

This study used a mixed method design as it sought to determine the battle and fettle of chronically middle-aged adults. Mixed method was considered to thoroughly explore perceptions, feelings and experiences of the respondents as this provides a better understanding of research problems than either single approach alone [9].

Similarly, a concurrent triangulation type of mixed method was utilized to analyze the data separately and then compared and/or combined.

Participants

A total of one hundred eighty-eight chronically ill middle aged adults (36 to 55 years old) of both sexes. Majority of them are female which is equivalent 63.8% while male are 36.2% of the total respondents with an average age of 48-49 years old. Most of the respondents finished secondary education with 38.8%, and least of them earned a post graduate course with 7.4%.

Sixty-seven percent of them are married while there is one respondent who is separated. Roman Catholic respondents correspond to 67.6%, and least is Baptist with 1.1% from the total respondents.

The most common chronic diseases that the respondents have are Diabetes mellitus being the highest (22.8%), which was followed by Chronic high blood pressure (17.3%), Chronic kidney disease (14.9%), Stroke or Cerebrovascular Disease (10.9%) and Cancer (9.9%).

Whereas, least among the chronic diseases that respondents have are Mitral Valve Prolapse (.5%), Gouty Arthritis (1.5%) Emphysema or Chronic Bronchitis (3%) and Chronic Obstructive Pulmonary

Diseases (3.5%), Heart Attack or Myocardial Infarction (4%) and lastly is Congestive Heart Failure (5.9%).

Non-proportional stratified sampling or disproportionate stratification was used in getting the sample size of the study from the different municipalities of Batangas province, Philippines.

Simultaneously, eighteen informants from the same group were selected purposively to participate in the said study. Inclusion criteria was set for the purpose of delimitation which includes; chronically ill middle-aged adults with a diagnosis of diabetes mellitus, cardiovascular diseases, musculoskeletal disorders, cancer in any forms, and kidney diseases who are presently undergoing treatment, residents of Batangas, Philippines and willing to participate in the study.

Instrument

The instrument utilized was adapted from World Health Organization (WHO) Quality of Life instrument which underwent a local validation with the results as follows; physical (α=.725), psychological (α=.946), level of independence (α=.893), social relationship (α=.875), environment (α=.710), and spirituality, religion, and personal beliefs (α=.956).

Likewise, a semi-structure interview guide was formulated by the researcher to elicit difficulties and coping of middle-aged adults with chronic illness which was validated by the experts in the field of psychology. At the same time observation was made during the interview with the participants.

Procedure

The researchers read thoroughly and formulated a research topic which had been noted by the research adviser. Upon approval of the topic, the researcher started to find related literatures that support the objectives. Likewise, the purpose and the content of the instrument were explained to the respondents prior to answering it. Questionnaires were retrieved, tallied and analyzed.

On the part of the qualitative data, the researcher interpreted data using Collaizi's procedure (1978) as cited by Shosha [10].

Data Analysis

For the quantitative part, the data were analyzed using descriptive statistics. In order to describe a set of data, the researcher used percentage and ranking for frequency distribution to determine the highest and the lowest value. Likewise, weighted mean was used to determine the quality of life of the participants in terms of physical, psychological, level of independence, social relationship, environment and spirituality, religion and personal beliefs.

An interview was also conducted using the devised interview guide to explore the feelings and experiences of chronically ill middle aged adults. The data obtained were group analyzed and validated. Significant statements were identified and themes were extracted. Significant statements and themes were underwent validation by the experts.

Ethical Considerations

In conducting the interview through face to face, permission was sought from the interviewees.

Then, the interviews were set at the convenient time of the chronically ill middle-aged adults who before their interview were first enjoined by the researcher to accomplish the Robotfolio form and then requested to answer the interview questions with accuracy and utmost objectivity. But if they responded short of this expectation, they were respected no less.

The interviews were recorded by the researcher only upon permission by the interviewees.

The questions asked during the interviews were confined to the research topic and did not intrude into the privacy and sensibilities of the participants. This made the researcher play by feel what the interviewees would most likely not want to be asked them, and with due respect, not ask these.

The interviewees were assured that the data shared by them would be treated with strict confidentiality and other conditions set by them would be respected.

RESULTS AND DISCUSSION

Table 1. Summary of the domains of Quality of Life of Chronically Ill Middle-Aged Adults

Indicators	CM	VI	Rank
1. Physical Aspect	2.90	Moderate Amount	6
2. Psychological Aspect	3.18	Moderately	5
3. Level of Independence	3.46	Neither Satisfied nor Dissatisfied	4
4. Social Relationship	3.72	Very Often	2
5. Environment	3.57	Very Much	3
6. Spirituality, Religion and Personal Beliefs	3.95	Very Much	1

The quality of life of chronically middle-aged adults reveals that the spirituality, religion and personal belief ranked first among the variables which mean that the tendency of the ill individual is enhance their spiritual being when they are in the period of distress. This proves that the ultimate source of hope and guidance during the time of trials is high level of spirituality, support of religious groups/institution and our own personal beliefs. During the times of difficulty, the person's last resort is their faith in whomever or whatever they believe in. This is further supported by the extracted theme from the qualitative data as to *spiritual intensification.* This finding is congruent to what Bruce Campbell wrote in his article where he mentioned that it can be difficult to feel in control when struck unexpectedly by a serious and debilitating illness. Spiritual and religious well-being can help decrease anxiety and feelings of isolation and can increase positive feelings such as hope and optimism. More to the point, that the impact of spirituality for the chronically ill may be evident in its capacity to supply the coping resources that can be valuable tools in promoting hope and managing depression, thereby, the ability to cope with illness is an important factor in improving one's physical and mental health status [11].

It is followed by social relationship, which indicates that the respondents feel very often the support and motivation from their family, relatives, friends and significant others. It can be assimilated that they have strong family support and gratifying relationship with others. Family and other support system are their strength against this battle. It can be understood that they are confident with their social relationship as the qualitative data come up with a theme of *support that enhance positivity.* Correspondingly, Falvo [12] accentuates that the social identity can influence how individuals think, act and feel based on their perception of group inclusion and exclusion. If an individual views a group positively, his or her perception of inclusion in the group can boost self-esteem. Perception of exclusion from the group can however have the opposite effect. Likewise, if an individual perceives a group negatively but identifies a part of the group, the person's self esteem can be negatively affected.

Respondents are very much contented to their environment. The place in where they are living at present makes them feel comfortable and secure. Enjoying the nature is one of the diversion activities for chronically ill. Respondents notice those little things that surround them just like the sound of running water from the spring, chirps of birds in the sky, falling of dried leaves from the trees. All of these things makes the chronically feel relaxed and contented. It is attested by the theme extracted as *moving toward self-sufficiency,* which mean that the respondents' surroundings permit them to boost their well-being. The environment of the individual influences his or her coping. More than ever, it is important to surround yourself with positive environment. Looking for small things that one can enjoy every day, and setting realistic short-term goals for oneself even small goals such as a visit to a park or museum, or a phone call with a close friend, can help one make the most of each day [13].

Respondents are neither satisfied nor dissatisfied with their level of independence as supported by the theme *impact of uncertainty* which was extracted from significant statements. Disabling diseases like chronic one will eventuality lead to ambiguity of what will lies ahead of the future which is the present feeling the respondents' are having at the moment. . It shows that they are ambivalent of whether they need support or they can still execute the activities of daily living without needing the help and assistance of others. Megari [13] e4phasizes that the quality of life of individual who are in the confined in an illness is focus on their ability to perform activities of daily living and mobility and social role obligations. The present study relates that there are instances wherein it is not anticipated that individuals may return to previous functioning, especially with a chronic, progressive condition.

Psychological aspect of quality of life of the respondents is in moderation which is confirm by the themes extracted as to *devalued self, cyclic sadness, period of hopelessness and struggles*, and that are all congruence with the participants' grimace during the interview. These findings are the evidences of everyday challenges they are experiencing. This signifies that the respondents are having some difficulties in coping with the disease process. Having chronic illness predisposes the individual to experience negative feelings which could affect one's perspective in life. On the contrary, though the respondents are confined in the horizon of disease process, they are still positive with their life. For them, it is their will to go on that keeps them combat the battle against chronic illness. This finding is also parallel to what Conversano, Rotondo, Lensi, Della Vista, Arpone and Reda [15] claim that in the presence of severe pathological conditions, optimistic patients adapt better to stressful situations compared to pessimists, with positive repercussions on their quality of life. They also note that clients are more optimistic towards their future because they are able to manage difficulties more efficiently as well as to identify new aims in life.

Their physical aspect is in moderate amount of functioning as they experience *loss of control over their body* prior having the disease that ends into *deprived health identity* which can be observed in their physique being the lowest among the indicators of quality of life of chronically ill clients. The physiologic functioning declines as a result of the body's disequilibrium brought about by the disease itself. It implies that the physical condition of the respondents is within the constraint of recurring manifestation of the disease or even the complications of it. The quality of life of chronically ill is in moderation since their physical aspect is compromised as they are being afflicted by the disease. This hinders their ability to function normally. This finding supports Lubkin and Larsen [16] proposition that regardless of the origin, physically distressing symptoms affects health and function and ultimately one's quality of life. Moreover, the symptoms and distress caused by chronic illness results in varying reports about health and function as perceived by clients. Additionally, people with chronic illness are subjected to symptoms from the iatrogenic effects of their treatments.

Difficulties and Coping of Chronically Ill Middle-Aged Adults

As can be gleaned from the responses of the participants to the questions propounded to them regarding their illness, the researcher was able to draw significant statements.

Thus, based on the significant themes identified from the data collected from the informants, the following compacted themes were drawn; *1) loss of control over the body, 2) deprived healthy identity, 3) devalued self, 4) cyclic sadness, 5) period of hopelessness and struggles, 6) impact of uncertainty, 7) support that enhance positivity, 8) spiritual intensification, and 9) moving toward self- sufficiency.*

1. Loss of control over the body

One's life must be valued. Every individual has the choice whether to engage or not into activities that is detrimental to one's health in a form of diet, exercises, sleep, stress, and vices. There is a direct link between body size, health and longevity. Overweight will increase the risk for heart disease, diabetes and even cancer. Based on the experiences of the participants, they express regrets on what they have done before. A theme of *loss of control over the body* was then extracted as this was further affirmed by the following significant statements; *"First, I did not watch my diet…I ate what I want…I did not take care of my health...I don't think before that I will be experiencing this kind of condition now… I felt sorry for myself."* which was followed by the statement of other participant *"I don't take care of my health... I don't value what I have before… my vigor and energy…I choose to hang out and don't mind drinking and smoking till the break of dawn….I don't think of the possibility that this might happen to me…I became selfish.. I did not listen to my parents advise…, maybe this is the prize I have to take…"* The unhealthy lifestyle they are practicing prior an illness predisposes them to the development of the present miseries brought about by the disease condition. The teary eyes of the participants during the interview show regrets on what they have done before.

Becoming ill and being ill are causes of uncertainty for clients and those close to them. This uncertainty affects various activities or even the person's whole existence. Clients work out strategies for coping with this upheaval and use various resources to reorganize their lives. Becoming ill is the result of a long process through which patients seek help, in particular medical help, identifying the trouble. As a consequence of being ill, everyday activities are threatened, and the person is at risk of being stigmatized Pierret [17].

2. Deprived healthy identity

Studies show that people who are born with disabilities tend to be more well adjusted than people in which the disabilities came later in life. It is physically distressing to be in the contained of chronic illness. One participant narrates *"I observe that my physical appearance grows old quickly... I have difficulty moving the left part of my body."* The other relates *"I have difficulty moving around, unlike before... I still undergoing therapy with my speech…"* It is evident that the participants have difficulty in their physical functioning which is further supported by the presence of sighs during the conversation. Difficulty speaking and slurring of speech was also noted to a post stroke participants. The effect of illness is gradual in nature which could lead to complications that may inhibit one's functioning. In the end it eventually leads to dismay, frustrations, guilt, shame and even depression. The onset of chronic illness is gradual but the signs and symptoms persist for a longer period of time. One respondent tells "*I felt useless. Because until now I'm still recovering and doing therapy sessions with my physical therapist... I still can't walk like before that makes me feel useless in a way that I can take care of my children the way I used to."* , while another respondents relates that *"I am not that capable of doing things I am doing before…I easily got tired… I noticed that I lost weight... My skin texture and color changed a bit.. It became dry and quite dark..."* The skin of one participant looks dry and a little bit darker this is because of the effect of chronic kidney disease to body's physiologic functioning. Moreover, the participants converse their agonies and concerns, it is noted that they are clasping their hands together which may indicates agony and dismay.

These significant findings are similar to the study of Charmaz (1983) as cited by Larsen & Lubkin [16] which believed that the clients who are living with chronic illness experienced living a restricted life, experiencing social isolation, being discredited and burdening other. Slowly the individuals with chronic illness feels that his or her self-image disappear, there is loss of self and without the development of equally valued new one.

3. Devalued self

Chronic illness undermines the unity between the body and self that could change the identity of the individual. These changes alter one's life to accommodate limits on the functions of bodily processes which resulted in devaluing one self. It is not primarily because of the manifestations of the disease but the experiences it brought to the individual alters the normal way of living. It can be noted to the significant statement of the participant *"I observe that my wound don't easily get heal or take time to heal and I feel embarrassed when someone saw it"* Aside from the fact that the presence of wound that does not heal easily, diabetic foot has bad smell and is usually draining with pus surrounded by dead tissues in and around the ulcer/wound.

This sight makes the diabetic person feel shame and pity of themselves. Having the disease can stigmatize the previously energetic and physically fit individual. Stigmatized individuals respond to the reaction of others in a variety of ways. Falvo [12] point out that the sudden, unexpected, or life threatening chronic illness or disability engenders a variety of reactions. How individual view their condition, its causes and its consequences greatly affects what they do in the face of it. They may view their condition as a challenge, an enemy to be fought, a punishment, a sign of weakness and could lead to isolation of oneself.

4. Cyclic sadness

The present of chronic illness can cause tremendous life changes to the individual's mobility, autonomy and freedom. Chronic illness hinders the things and activities that an individual previously enjoyed. It can loss one's self-confidence and a sense of hope specifically when the disease causes disability. Despair and sadness are commonly experienced by the participants. One participant stated *"I feel sad because my condition worsens, I don't want to think that my case is hopeless... but when pain strikes...it makes me feel weak."* The presence of pain makes the chronically ill client feel distress and think that their condition is unbearable anymore. Facial grimace is noted and uneasiness shows with their constant tapping of fingers on their lap. Furthermore, the effect of chemotherapy to client undergoing treatment is evident as they have scarce hair and pale skin and lips.

The uncertainty and life-threatening nature of chronic critical illness elicit states of crisis for patients and their family systems. The family system, inclusive of the critically ill patient, indirectly experiences the impact of the patient's physical condition. A family of a critically ill patient can be vulnerable to the effects of psychological stress associated with patient's severity of illness and concurrent stressors [18].

5. Period of hopelessness and struggles

During the period of difficulties, an individual may experience hopelessness. An individual may feel powerlessness due to the depredation of the chronicity of an illness. There is a tremendous impact on the psychological well-being of the individual. The emotion of individual with persistent illness is overwhelming. One participant narrates *"I can't tell what I'm feeling right now...It's too serious...I feel depressed..."* Some chronic illness is a result of the complication of the present one, that even worsens the health condition of the afflicted individual. This is true to one of the participant as he is depressed as he is undergoing dialysis because of the complication of his diabetes.

According to Deborah Lain [21], abandoning a sense of prior independence takes a toll on one's self-esteem, self-worth and self-image; a real identity crisis ensues. It may lead to disrupted self-regulation in which there are emotions around the loss of status, power and control that overwhelm a once healthy, capable and functioning individual. The chronically ill becomes affected by feelings of abandonment, rejection and loneliness. Considering the effect of all of these to the individual, possible reactions is the blame and self-punishment imposed on the self for having their condition. Moreover, when an individual is trying to manage the effects of the illness emotional consequences can be experienced which may eventually lead to helplessness and hopelessness.

6. Impact of uncertainty

The impact of chronic illness is dependent on the nature of the chronic illness itself. The persistence of the symptoms and the effect of the treatment however are difficult to ignore. An illness that requires prolong treatment definitely needs compliance with the management accompanied by long time social, psychological and of course financial support. The participants are uncertain whether they will be able to perform their role being previously active members of their families. One participant open up *"Every morning when I wake up, I always think of when will I recover, when will I able to walk properly again. I feel that I'm just a burden to my family."* Participants are somewhat unsure of what lies ahead with them. They see themselves as torment with their family daily living. Another participant speaks about *"I believe that I will become better and go over with this trial."* On the other hand, despite the sufferings that they are experiencing, some participants are still positive that they will surpass all these problems.

This finding coincides with the study of Leventhal and colleagues (2001) as cited by Lubkin and Larsen [16] in which it has the same assertions that chronic illness has either entered one's life or affected someone in the family, beliefs and perception about life can change overnight and in turn attitudes and behavior do so as well.

7. Support that enhance positivity

The presence of family's support enhances the individual's willpower to face the battle against the disease. The love and motivation that family provided for the chronically ill helps them boost their self-esteem. This serves as their inspiration that despite the presence of an illness, they still hope for the betterment of their condition and the future ahead of them. Similarly, the participant claim that they get their strength from their family, especially during times that they feel they will not to bear anymore their condition. One participant declares *"I feel lonely and sad, but that's not the point.. I am thankful that I am still alive and still with my family..."* Despite the fact that the participants feel gloomy about their situation they are still grateful even they confined in the limitation brought about by an illness. Another told that *"My family and, friends help me to improve myself and become a better person. They usually told me that everything will gonna be ok through faith with God and don't be hopeless".* The presence of the family who are always there for them enables the participants make every effort to fight against their battle with chronic diseases. Accompanying the participants during the treatment signifies their untiring support and care with them. It can be also noted that their family members are enthusiastic with the management regimen. The study of Miller and DiMatteo [19] emphasize the importance of support from family and friends among clients. It promotes adherence by encouraging optimism, enhancing self-esteem, and reducing clients' depression. Social support can also influence the ability to adjust and live with illness, thus can benefit patients' health by buffering stress, changing affective states, increasing self-efficacy, and influencing change the negative health behaviors into a positive one

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8. Spiritual intensification

A person experiencing distressing condition often asks God why did it happened to them or in some way boost their spirituality. Having a chronic condition often resulted to feelings of ambiguity that is some ways prompted the individual to seek for an enhanced relationship with Supreme Being. . This is evident as the participant asserts *"I always have faith and trust in God that all of my sacrifices will have a better result. I didn't give up of what I have for now because God knows what is better for me."* The person's faith strengthens as he experience trial and give them hope that everything will turn out right. One of the participants also states "*Gaining spiritual faith was important to me... I feel that I have someone higher above to hold on to during difficult times..."* On the other hand, one participant who had left sided paralysis claims *"I don't want to lose hope. One day I'll be able to walk again. I just need to have faith."* Participant holds on with their belief that keeping one's faith in God will enable them to be stronger amidst difficulty and feeling the presence of God helps them combat the battle they are facing. Spirituality may have an important impact on the well-being of the chronically ill as well as the support system.

The impact of spirituality for the chronically ill may be evident in its capacity to supply the coping resources that can be valuable tools in promoting hope and managing depression, thereby, the ability to cope with illness is an important factor in improving one's physical and mental health status [12]. Moreover, prayer and religious ceremonies such as going to church and praying for one another are important activities of Filipinos to achieve overall health and to avoid an illness. Prayer is the most common religious practice among Filipinos, followed by prayers by others and spiritual support from the church to which they belong [20].

9. **Moving toward self-sufficiency**

Complications of chronic illness can be prevented but the disease itself is not usually cure, they go on and go on. With this, social interventions are necessary to support living with chronic illness and disability. The responsibility of the client for self-care has to be recognized, nurtured and facilitated. The client itself learned to value what they have to enhance their well-being as affirmed by one of the participant who relates "*Starting to have healthy lifestyle, eating more healthy food, do some exercise and getting away from stress."* The respondents believe that they must priority their lifestyle at this moment. They are preoccupied about their health condition and do not mind much of other things as they considered things and activities that will make them feel good and well. Although a chronic illness may produce stress if the individuals feel that their life has no meaning or that they have already fulfilled their purpose in life, the stress experienced maybe quite different from that experienced by the individuals who believe that they still have significant purpose to fulfill [12].

LIFE therapy as an Eclecticism Approach for Chronically Ill Middle-Aged Adults

The quality of life of chronically ill middle-aged adults reveal challenges towards physical ailments, psychological distress and compromised level independence which are all conclusive with the difficulties they are experiencing as to loss of control over the body, deprived healthy identity, devalued self, cyclic sadness, impact of uncertainty, and period of hopelessness and struggles. It is therefore necessary to devise an eclecticism approach that will address these specific needs of clients.

This eclecticism approach is entitled LIFE therapy which is a combination of cognitive behavioral and rational emotive behavior therapy. These therapies were considered because it will help chronically ill enhance their quality of life and optimize their well-being. The acronym LIFE means: L – live fully, I – improve well-being, F – feeling better, E – enhance self worth.

CONCLUSION AND RECOMMENDATION

Chronically ill middle-aged adults have difficulties with physiological functioning, need psychological support, and they have ambivalent feelings towards level of independence. On the contrary, they have a satisfying social relationship, secure environment to live, and an enhanced level of spirituality. Experiences of chronically ill middle aged adults arise into different meanings as to loss of control over the body, deprived healthy identity, devalued self, cyclic sadness, period of hopelessness and struggles, impact of uncertainty, support that enhance positivity, spiritual intensification and moving toward self sufficiency.

A LIFE therapy as an eclecticism approach is devised to help chronically ill middle-aged adults enhance physiological functioning through healthy lifestyle, improve psychological well-being, boost self-worth and enhance the level of independence. The psychological aspect of care may be incorporated in the Department of Health thrust/programs like in the Promotion of healthy lifestyle and Pilipinas Go4Health vs. non communicable diseases. There is a need for continuous advertisements on health with emphasis on psychological care. The devised LIFE therapy for middle-aged adults may be utilized to address the specific needs of the clients. Future researchers may delve on the experiences of younger age group with chronic illness.

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APPENDIX

Table 2. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Physical Aspect

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. How difficult is it for you to handle any pain or discomfort?	2.44	A Little	13
2. To what extent do you feel that (physical) pain prevents you from doing what we need to do?	2.61	Moderate Amount	11
3. How easily do you get tired?	2.87	Moderate Amount	9
4. How much are you bothered by fatigue?	2.94	Moderate Amount	6.5
5. Do you have any difficulties with sleeping?	2.41	A Little	14
6. How much do any sleep problems worry you?	2.29	A Little	15
7. Is there any part of your appearance which makes you feel uncomfortable?	4.04	Very Much	1
8. Do you have enough energy for everyday life?	3.42	Moderate Amount	2
9. To what extent are you able to carry out daily activities?	3.35	Moderate Amount	3
10. How much are you bothered by any limitations in performing everyday living activities?	2.93	Moderate Amount	8
11. How much do you need any medication to function in your daily life?	2.56	Moderate Amount	12
12. How much do you need any medical treatment to function in your daily life?	2.74	Moderate Amount	10
13. How often do you suffer (physical) pain?	3.07	Moderate Amount	4
14. To what extent does your quality of life depend on the use of medical substances or medical aids?	2.94	Moderate Amount	6.5
15. To what extent do you have difficulty in performing you routine activities?	3.00	Moderate Amount	5
Composite Mean	**2.90**	**Moderate Amount**	

Legend: 4.50 – 5.00 = An Extreme Amount; 3.50 – 4.49 = Very Much; 2.50 – 3.49 = Moderate Amount; 1.50 – 2.49 = A Little; 1.00 – 1.49 = Not at All

Table 3. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Psychological Aspect

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Do you worry about your pain or discomfort?	2.43	A Little	17
2. Are you able to accept your bodily appearance?	3.87	Mostly	2
3. How dependent are you on medications?	2.79	Moderately	14
4. Have you enough money to meet your needs?	3.40	Moderately	6
5. To what extent do you have the opportunity for leisure activities?	3.14	Moderately	12
6. How much are you able to relax and enjoy yourself?	3.29	Moderately	9
7. How much do you experience positive feelings in your life?	3.70	Mostly	4
8. How positive do you feel about the future?	3.82	Mostly	3
9. How well are you able to concentrate?	3.34	Moderately	7
10. How do you feel inhibited by your looks?	2.03	A Little	18
11. How worried do you feel?	2.91	Moderately	13
12. How much do any feelings of sadness or depression interfere with your everyday functioning?	3.22	Moderately	11
13. How much do you enjoy life?	3.67	Mostly	5
14. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	3.24	Mostly	10
15. How much do you worry about money?	2.69	Moderately	15
16. How much confidence do you have in yourself?	4.05	Mostly	1
17. How much do you worry about your safety and security	2.57	Moderately	16
18. How much do any feelings of depression bother you?	3.32	Moderately	8
Composite Mean	**3.18**	**Moderately**	

Legend: 4.50 – 5.00 = Completely; 3.50 – 4.49 = Mostly; 2.50 – 3.49 = Moderately; 1.50 – 2.49 = A Little; 1.00 – 1.49 = Not at All

Table 4. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Level of Independence

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. How satisfied are you with your health?	2.98	NSD	13
2. How satisfied are you with the energy that you have?	3.24	NSD	11
3. How satisfied are you with your ability to learn new information?	3.62	S	4.5
4. How satisfied are you with your ability to make decisions?	3.70	S	2
5. How satisfied are you with yourself?	3.65	S	3
6. How satisfied are you with your abilities?	3.61	S	6
7. How satisfied are you with the ability to perform daily living activities?	3.37	NSD	9
8. How satisfied are you with your financial situation?	3.28	NSD	10
9. How satisfied are you with your opportunities for acquiring new skills?	3.49	NSD	7
10. How satisfied are you with the way you spend your spare time?	3.62	S	4.5
11. How would you rate your quality of life?	3.73	S	1
12. How would you rate your memory?	3.48	NSD	8
13. How satisfied are you with your capacity for work?	3.23	NSD	12
Composite Mean	**3.46**	**NSD**	

Legend: 4.50 – 5.00 = Very Satisfied (VS); 3.50 – 4.49 = Satisfied (S); 2.50 – 3.49 = Neither Satisfied nor Dissatisfied (NSD); 1.50 – 2.49 = Dissatisfied(D); 1.00 – 1.49 = Very Dissatisfied (VD)

Table 5. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Social Relationship

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. How alone do you feel in your life?	2.49	Quite Often	7
2. How well are your sexual needs fulfilled?	2.46	Quite Often	8
3. Are you bothered by any difficulties in your sex life?	3.93	Very Often	5
4. Do you get the kind of support from others that you need?	3.57	Very Often	6
5. Are you satisfied with your personal relationships?	4.01	Very Often	2
6. Are you satisfied with the support you get from your family?	3.96	Very Often	4
7. Are you satisfied with the support you get from your friends?	3.97	Very Often	3
8. Do you feel happy about your relationship with your family members?	4.24	Very Often	1
Composite Mean	**3.72**	**Very Often**	

Legend: 4.50 – 5.00 = Always; 3.50 – 4.49 = Very Often; 2.50 – 3.49 = Quite Often; 1.50 – 2.49 = Seldom; 1.00 – 1.49 = Never

Table 6. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Environment

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Do you feel you are living in a safe and secure environment?	3.71	Mostly	5
2. How comfortable is the place where you live?	3.90	Mostly	2
3. How much do you like it where you live?	3.86	Mostly	3
4. How healthy is your physical environment?	3.57	Mostly	9
5. How concerned are you with the noise in the area you live in?	2.89	Moderate Amount	14
6. To what extent do you have problems with transport?	3.36	Moderate Amount	12
7. To what extent the quality of your home meet your needs?	3.61	Mostly	6
8. To what extent do you have opportunities for acquiring the information that you feel you need?	3.31	Moderate Amount	13
9. To what extent are you grateful for the things in nature that you can enjoy?	4.05	Mostly	1
10. To what extent are you able to experience awe from your surroundings? (e.g. nature, art, music)	3.75	Mostly	4
11. How satisfied are you with the conditions of your living place?	3.59	Mostly	7.5
12. How satisfied are you with your access to the health services?	3.43	Mostly	10

13. How satisfied are you with your physical environment (e.g. pollution, climate, noise, attractiveness)?	3.41	Moderate Amount	11
14. How satisfied are you with the climate of the place where you live?	3.59	Mostly	7.5
Composite Mean	**3.57**	**Mostly**	

Legend: 4.50 – 5.00 = Completely; 3.50 – 4.49 = Mostly; 2.50 – 3.49 = Moderate Amount; 1.50 – 2.49 = A Little; 1.00 – 1.49 = Not at All

Table 7. Quality of Life of Chronically Ill Middle-Aged Adults in terms of Spirituality, Religion and Personal Beliefs

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. To what extent does any connection to a spiritual being help you to get through hard times?	4.07	Very Much	7.5
2. To what extent does any connection to a spiritual being help you to tolerate stress?	3.97	Very Much	13
3. To what extent does any connection to a spiritual being help you to understand others?	3.75	Very Much	26
4. To what extent does any connection to a spiritual being provide you with comfort/reassurance?	4.12	Very Much	5
5. To what extent do you find meaning in life?	4.11	Very Much	6
6. To what extent do you feel your life has a purpose?	4.04	Very Much	10
7. To what extent do you feel you are here for a reason?	3.91	Very Much	18
8. To what extent do you feel inner spiritual strength?	3.95	Very Much	17
9. To what extent do you feel inner spiritual strength in difficult times?	4.07	Very Much	7.5
10. To what extent does faith contribute to your well-being?	4.18	Very Much	3
11. To what extent does faith give you comfort in daily life?	4.22	Very Much	2
12. To what extent does faith give you strength in daily life?	4.44	Very Much	1
13. To what extent do you feel spiritually touched by beauty?	4.02	Very Much	11.5
14. To what extent do you have feelings of inspiration/excitement in your life?	3.82	Very Much	22
15. How hopeful do you feel?	3.96	Very Much	15.5
16. To what extent are you hopeful about your life?	3.96	Very Much	15.5
17. To what extent do you feel any connection between you mind, body and soul?	3.79	Very Much	23
18. To what extent do you feel the way you live is consistent with what you feel and think?	3.51	Very Much	29
19. How much do your beliefs help you create coherence between what you do, think and feel?	3.71	Very Much	27
20. How much does spiritual strength help you to live better?	4.05	Very Much	9
21. To what extent does your spiritual strength help you feel happy in life?	4.16	Very Much	4
22. To what extent do you feel peaceful within yourself?	3.76	Very Much	25
23. To what extent do you have inner peace?	3.78	Very Much	24
24. How much are you able to feel peaceful when you need to?	3.65	Very Much	28
25. To what extent do you feel a sense of harmony in your life?	3.85	Very Much	21
26. To what extent does being optimistic improve your quality of life?	4.02	Very Much	11.5
27. How able are you to remain optimistic in times of uncertainly?	3.87	Very Much	19
28. To what extent does faith help you to enjoy life?	4.01	Very Much	13
29. How satisfied are you that you have a balance between mind, body and soul?	3.86	Very Much	20
Composite Mean	**3.95**	**Very Much**	

Legend: 4.50 – 5.00 = An Extreme Amount; 3.50 – 4.49 = Very Much/ So Much; 2.50 – 3.49 = Moderate Amount; 1.50 – 2.49 = A Little Amount; 1.00 – 1.49 = Not at All