

HOW THE CANCER EXPERIENCE AFFECTS THE USAGE OF SPEECH ACTS IN LEBANESE ADOLESCENTS

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ABSTRACT

The aim of this study is to investigate the type of speech acts that Lebanese adolescents mostly use when talking about their experience with cancer. Generally, it is hard for people who have cancer to talk about their painful experience. More importantly, the whole experience could influence one's choice of speech acts as well. Hence, the study attempts to identify speech acts in Lebanese adolescents' interview transcripts to further investigate how the illness experience could shape their choice of speech acts. The study uses a mixed model since it implements both the qualitative and quantitative method. Content analysis is implemented to identify speech acts in the interview transcripts based on Searle's (1969) and Yule's (1996) speech act theories. Quantitative analysis is implemented to account for the frequency of speech acts in the interview transcripts. The findings indicate that Lebanese adolescents mostly use expressive speech acts when talking about their experience with cancer. Expressive speech acts form 62% of the total percentage of speech acts in interview transcripts, followed by 38% of representative speech acts that are provided to convey facts or information. Regarding their attitude towards physicians, Lebanese adolescents tend to implement representative speech acts at 75% compared to 25% of speech act usage of expressives. The findings indicate the emotional involvement that Lebanese adolescents feel when depicting the hard moments they experience, the feelings of loss, and loneliness, as well the gratitude they express towards their supporting families. However, when expressing their attitude towards their physicians, emotional detachment prevails as adolescents use more representatives to provide information or facts about how physicians approach them. The present study could be further developed to investigate the attitudes of a larger sample of adolescents suffering from cancer as well as identifying the types of speech acts they use when talking about their experience with cancer. It could also lead to future suggestions and solutions that physicians could benefit from to enhance their relationship with their adolescent cancer patients and provide more support by implementing more expressive speech acts.

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INTRODUCTION

Siembida & Bellizzi (2015) state that adolescence between the age of 16 and 25 is a dynamic 'time of transition' across all domains of an individuals' experience. This has implications for those in this age group with cancer (pp. 108-117). In addition to noticeable physiological changes, adolescents have to face several social challenges as well such as seeking more independence from their family, and forming new friendships

and romantic relationships, including individuation from their parents and the family system, solidification of peer groups and formation of romantic relationships. However, any occurring health problem might affect adolescents physically and psychologically. The only plausible solution seems to be through self expression and communicating their experience to others while confiding in them. This is further confirmed by Zebrack and Isaacson (2012) who stress the impact of having cancer on adolescents especially that they are not yet equipped with enough experience to go through that painful journey on their own. Thus, while most attention is generally directed towards women who suffer from breast cancer in Lebanon as documented by Lakkis et al. (2018) who report that Lebanon has the sixth highest incidence rate for breast cancer in the world with 97.6 cases per 100 000 women, less attention is directed towards adolescents who suffer from cancer as well. Zebrack and Isaacson (2012) consider that cancer diagnosed during the adolescent years (sometimes defined as between the ages of 16 and 25) presents a series of challenges for that age range. Young people facing such a serious illness at this point in the life course will experience a series of unfamiliar changes, one after another. Two major transitions facing a person with cancer include shifting from childhood to adolescence, and from a healthy life to one where they are required to live with the impact of cancer through its different stages. The challenges involved require communication between adolescents and their physicians since families generally perform that role in Lebanon. Most importantly, adolescents have not yet developed sufficient experiential background or cognitive skills to face a serious illness such as cancer (1221-1226).

Therefore, based on Searle's (1969) classification of speech acts, and Yule's (1996) theory about the relation between sentence structure and type of speech acts, and based upon content analysis, the objective of this study is to identify, classify, and analyze speech acts in the interview transcripts of Lebanese adolescents who are ill with cancer in attempt to indicate how illness could affect their choice of speech acts. Another equally important objective is to suggest how physicians could benefit from the choice of those speech acts to provide more open communication, and subsequently more support for those adolescents. This study could suggest ways of enhancing communication between adolescent cancer patients and their physicians. Working on that level of communication using the accurate speech acts while approaching adolescent cancer patients would provide more support and motivation for those patients in their long journey.

Some insight into relevant literature marks the importance of approaching adolescents that are ill with cancer. O'Hara & Moran (2012) state that as well as having to negotiate the physical, cognitive, emotional, and behavioral changes that occur in adolescence, young people can suffer from the side effects of cancer treatment, a worse prognosis, and a particularly devastating sense of despair and isolation. There has been a global tendency to develop age-appropriate specialist care and to generate an evidence base addressing the specific needs of this patient group (p. 200-220). After all, according to Trevino & Prigerson (2014), adolescents want to understand their medical condition, be involved in the decision making, be treated respectfully, maintain hope, and feel supported in a trustful relationship (p. 158).

Brinkman et al. (2006) state that adolescents with cancer are no longer children, but not yet adults. They have specific needs when they communicate with professionals (1371-1379). This could be true since according to Freyer (2010), adolescents find communication with adults difficult. Ordinary communication problems are exacerbated for adolescents with cancer, who must confront a life-threatening disease, abide by strict treatment system, and deal with the consequences of therapy including changes to their physical appearance. Health care professionals who do not communicate well with adolescents during this transitional phase may aggravate the situation, especially when the patient is not well aware of the clinical competencies and processes (pp. 4810-4818). Siembida and Bellizzi (2015) add that adolescents want to understand their medical condition, be involved in the decision making, be treated respectfully, maintain hope, and feel supported in a trustful relationship (pp. 108-117). Thus, focusing on communication and the type of speech acts Lebanese adolescents use, seems to be efficient as it contributes to more strategies physicians could use to support their patients. Here, two major theories about speech acts are implemented to detect the types of speech acts Lebanese adolescents use when interviewed about their experience with cancer.

To analyze speech acts in Lebanese adolescents' interview transcripts, two theories were implemented in this study using content analysis. The first one is Searle's (1969) while the second is Austin's (1962). Searle (1969) is accredited for the proper nature of the rules that speakers follow in their performance of illocutionary acts. He also revises Austin's (1962) trilogy of locutionary, illocutionary, and perlocutionary speech acts. Hence, Searle (1969) suggests replacing Austin's (1962) locution/illocution distinction with utterance acts in which the speaker utters words, propositional acts in which the speaker refers to illocutionary acts, which have a particular force. He sets some more detailed rules concerning felicity condition for each illocutionary act. According to him, several conditions have to be fulfilled for a sentence to be felicitous. These rules mostly consider the psychological beliefs of the speaker or hearer, and each one of them has to be fulfilled in order to create a felicitous act. These rules are propositional content, preparatory condition, sincerity condition, and essential condition as explained in the following:

1. Propositional content: Propositional content condition explains the illocutionary forces and specifies the acceptable conditions regarding propositional content. In other words, it is the proposed condition of the speaker or hearer.
2. Preparatory condition: In attempt to conduct a felicitous illocutionary act, the speaker has to have certain beliefs about the speaker's act and conditions and also, the speaker is required to have the power of authority over the hearer.
3. Sincerity condition: In performing felicitous act, the performer must have a certain psychological attitude concerning the propositional content of the utterance. For example, when a person is making a promise, he/she must have an intention of keeping it.
4. Essential condition: Essential condition of an utterance has to do with its intention to get the hearer to perform the intended act.

According to Searle (1969), two different speech acts may have the same propositional content and different illocutionary forces. For example, the propositional content of "I

go to bed early” can be to make a promise or a statement. This implies that each kind of speech act obtains its fulfillment depending both on the propositional content and the illocutionary force. “If I make a promise, it is fulfilled if I keep it; but if I make a statement, it is fulfilled if it is true. To perform a speech act is thus to generate a propositional content linked to an illocutionary force. But to generate an illocutionary force, there must be felicity conditions” (pp. 35-38).

Searle’s (1969) speech acts comprise assertives that commit the speaker to something such as suggesting, putting forward, swearing, boasting, and concluding. Directives make the addressee perform something like asking, ordering, requesting, inviting, advising, and begging. Commissives commit the speaker to doing something in the future (promising, planning, vowing, betting, opposing). Expressives express how the speaker feels about a situation, such as thanking, apologizing, welcoming, deploring, and declarations change the state of the world in an immediate way. Since language is intentional behavior, it should be treated like a form of action. Being part of pragmatics, speech act analysis reveals the intentionality of messages conveyed within a context.

Yule (1996) also contributed to speech act theory by exploring issues that were not tackled in depth before. Following Searle (1969), Yule (1996) states in his book *Pragmatics* that representatives are these kinds of speech acts that state what the speaker believes to be the truth or not. Statements of facts, assertions, conclusions, and descriptions are examples of the speaker representing the world as he/she believes. According to Yule (1996), direct speech acts occur if there is direct relationship between the structure and the function of the utterance, while indirect speech acts happen if there is no relationship between the structure and the function of the utterance. Yule (1996) also proposes three types of direct and indirect speech acts: Declarative, imperative, and interrogative. For the functions, there are three functions:

Statement, question, and order/command.

Direct: You wear a seat belt; do you wear a seatbelt? Wear a seat belt!

Indirect: Do you have to stand before the TV command or request; you’re standing in front of the TV.

Hence, Yule (1996) defines directives saying: “They are kinds of speech acts that speakers use to get someone else to do something. They express what the person wants. They are commands, orders, requests, suggestions, and they can be positive or negative. For example: Don’t touch it/ Open the door, please” (p. 54). Yule’s (1996) innovation in speech act theory is his differentiation between implicit and explicit performatives within directive speech acts.

Uttering the explicit performative version of a command has more serious impact than uttering the implicit version. Explicit versions make clear the intention of the speaker; hence the impact is direct and more serious. Yule (1996) gives the following examples:

a. Trust me. I’ll help you (Implicit performative) (p. 170).

b. I shall offer the Goddess a hundred fowl in sacrifice (Explicit performative) (p. 221).

It is important to mention here that Yule’s (1996) theory would be of significant contribution to the current study as he highlights the relationship between the structure of a sentence and speech act type and function.

The hypothesis that this study tests is how the cancer experience induces change in the speech act types that Lebanese adolescents use in their conversations when talking about their experience with cancer as opposed to their speech act choice when expressing their attitude towards physicians.

1. The findings indicate that Lebanese adolescents mostly use expressive speech acts when talking about their experience with cancer. Expressive speech acts form 62% of the total percentage of speech acts in interview transcripts, followed by 38% of representative speech acts that are provided to convey facts or information. Regarding their attitude towards physicians, Lebanese adolescents tend to implement representative speech acts at 75% compared to 25% of speech act usage of expressives. The findings indicate the emotional involvement that Lebanese adolescents feel when depicting the hard moments they experience, the feelings of loss, and loneliness, as well the gratitude they express towards their supporting families. However, when expressing their attitude towards their physicians, emotional detachment prevails as adolescents use more representatives to provide information or facts about how physicians approach them. The present study could be further developed to investigate the attitudes of a larger sample of adolescents suffering from cancer as well as identifying the types of speech acts that they use when talking about their experience with cancer. It could also lead to future suggestions and solutions that physicians could benefit from to enhance their relationship with their adolescent cancer patients and provide more support by implementing more expressive speech acts.

METHOD

2.1 Design

The best method to adopt for this study is the mixed model research methodology. Johnson and Christensen (2004) state that mixed research is based on the philosophy of pragmatism or what works is the most important. Hence, as suggested by O'Cathain et al. (2010), it allows the integration of quantitative and qualitative data to gain a more complete picture. This, in return, can enhance the validity of the findings of the present study.

2.2 Materials

The material consists of 4 interview transcripts retrieved from the interviews that were conducted with 4 Lebanese adolescents ill with cancer.

2.3 Participants

The participants were one female and 3 Lebanese male adolescents aged 17 to 19. They were interviewed at a cancer center in Lebanon where they have been receiving chemotherapy for the last few months or even years. There wasn't an established relationship between the researchers and the participants before the interviews. The participants' first names were revealed based upon their request. Interview data was analyzed using content analysis.

2.4 Instruments

The first instrument used in this research was a semi-structured interview that consisted of 4 questions, and which was held with 4 Lebanese adolescents ill with cancer. The interview questions tackled the attitudes of Lebanese adolescents towards the cancer experience, the physical and social changes cancer inflicted upon them, and their attitudes towards their physicians. The second instrument used in this research consisted of a rubric specifically developed based on Searle's (1969) and Yule's (1996) speech act theories previously discussed in the review of literature. The rubric was used as instrument since based upon it, speech acts in the transcripts of the interview with Lebanese adolescents were identified, and classified to be later quantified depending on their frequency. Thus, the first rubric comprised sentence types, and types of speech acts. Speech acts were classified based on Searle's (1969) classification of speech acts into representatives (or assertives), directives, commissives, expressives, and declarations, whereas the type of sentences was determined based upon Yule's (1996) sentence types which can reflect types of speech acts.

3. Data Analysis Procedures

For the purpose of this research, which is investigating speech acts in the interview transcripts of Lebanese adolescents ill with cancer, qualitative data were collected via semi-structured interviews with 4 Lebanese adolescents at a cancer center in Lebanon. The center was contacted two days ahead to request permission for conducting the interview, and the purpose of the interview was made clear. Ethical approval for this study was obtained. A qualitative approach was used to undertake a series of semi-structured interviews, with data analyzed using content analysis.

Upon the cancer center's request, an agreement of keeping the name of the center anonymous was made while participants agreed to provide their first names only. Interviews were conducted face to face in a private room at the center. There was no need for interpretation as the interview was held in English, and the interviewees were English educated or used English as a second language. Participants were informed about the researcher's background and the aim of the study before the interview. The interview lasted 10-15 minutes with each participant to reduce the pressure on them. With the permission of the participants, audio recordings were made and transcribed. One of the interviews was not recorded as the participant did not want to be recorded, and notes were taken instead. The transcripts could not be returned to participants for feedback. The transcribed interview was analyzed using content analysis. The first step consisted of playing back the recorded interview held with each participant to extract the transcript. This was done manually, as notes of all main ideas that benefit the present study, were written down. This meant eliminating any irrelevant or secondary ideas that are not directly related to the questions being asked. Participants were marked as participant one, two, three, and four while mentioning only their first name. All interviews, consisting of four questions each, were played back, with focus being held on the essential ideas. When the notes were complete, the interviews were played back once again to make sure that nothing important was excluded.

The second step consisted of finalizing the transcripts to initiate the content analysis. After writing down the final version of the transcripts, transcripts were read separately many times to retrieve the main sentences. After all the main sentences were marked,

the type of sentence and type of speech acts were determined. This was achieved based on the rubric developed for speech act identification.

In order to account for the frequency of speech acts, quantitative analysis was implemented since it statistically allows the production of percentages of speech acts used in the transcripts.

FINDINGS

The following table reflects the types of speech acts that were retrieved from the content analysis of interview transcripts of the interviews with Lebanese adolescents who are being treated for cancer.

Table 1.

Content analysis of interview transcripts	Units of analysis	Sentence types	Speech act types
Sarah	a. I feel nervous b. It is hard to talk about my experience with cancer. c. I am already crying and feeling very emotional. d. It was hard for me to lose part of my beauty. e. It is growing back f. I reached the final stages of my treatment. g. I avoided appearing in public. h. It made me feel embarrassed. i. I have grown more confident. j. They just provide medical assistance. k. I feel I am just a number in a room.	a. Declarative. b. Declarative. c. Declarative. d. Declarative. e. Declarative. f. Declarative. g. Declarative. h. Declarative. i. Declarative. j. Declarative. k. Declarative.	a. Expressive. b. Expressive. c. Expressive. d. Expressive. e. Representative. f. Representative. g. Expressive. h. Expressive. i. Expressive. j. Representative k. Expressive.
Anthony	a. It is not easy to accept the fact that it targeted you.	a. Declarative. b. Declarative. c. Declarative. d. Declarative. e. Declarative. f. Declarative.	a. Expressive. b. Expressive. c. Representative. d. Expressive. e. Representative. f. Expressive.

Content analysis of interview transcripts	Units of analysis	Sentence types	Speech act types
	<ul style="list-style-type: none"> b. It can destroy you from inside c. It surely modified my looks. d. I felt ugly... e. Looked pale. f. I wish to recover. g. I feel sad and lonely. h. I feel too tired... i. As long as you pay them their fees, they can be nice. 	<ul style="list-style-type: none"> g. Declarative. h. Declarative. i. Declarative. 	<ul style="list-style-type: none"> g. Expressive. h. Expressive. i. Representative.
Ahmed	<ul style="list-style-type: none"> a. I feel sad. b. I feel annoyed. c. I no longer look healthy. d. Feel healthy. e. I felt insecure and terrified. f. Some of your friends just leave you. g. Few keep supporting you. h. I feel grateful. i. They just fulfill their duty. j. My family is the one who provides me with hope and encouragement all the time. 	<ul style="list-style-type: none"> a. Declarative. b. Declarative. c. Declarative. d. Declarative. e. Declarative. f. Declarative. g. Declarative. h. Declarative. i. Declarative. j. Declarative. 	<ul style="list-style-type: none"> a. Expressive. b. Expressive. c. Representative. d. Expressive. e. Expressive. f. Representative. g. Representative. h. Expressive. i. Representative. j. Representative.

Content analysis of interview transcripts	Units of analysis	Sentence types	Speech act types
Rami	a. I felt overwhelmed with anger, sadness... b. I grew thinner. c. I used to go daily to the gym. d. Those chemicals are just horrible. e. You feel burning from the inside. f. I wish I would look the same like before. g. You automatically withdraw from your surroundings. h. All you hope for is to feel healthy. i. They just check on us occasionally.	a. Declarative. b. Declarative. c. Declarative. d. Declarative. e. Declarative. f. Declarative. g. Declarative. h. Declarative. i. Declarative.	a. Expressive. b. Representative. c. Representative. d. Expressive. e. Expressive. f. Expressive. g. Representative. h. Expressive. i. Representative.

The speech act patterns retrieved from the content analysis facilitated the counting process of speech acts in interview transcripts. Types of speech act within each pattern were counted. **Figure 1** illustrates the types and frequency of speech acts used by Lebanese adolescents to express their attitude towards their experience with cancer.

- a. Directive speech acts: 0%
- b. Representative speech acts: 15 or 38%
- c. Question: 0%
- d. Commissives: 0 or 0%
- e. Expressives: 24 or 62%

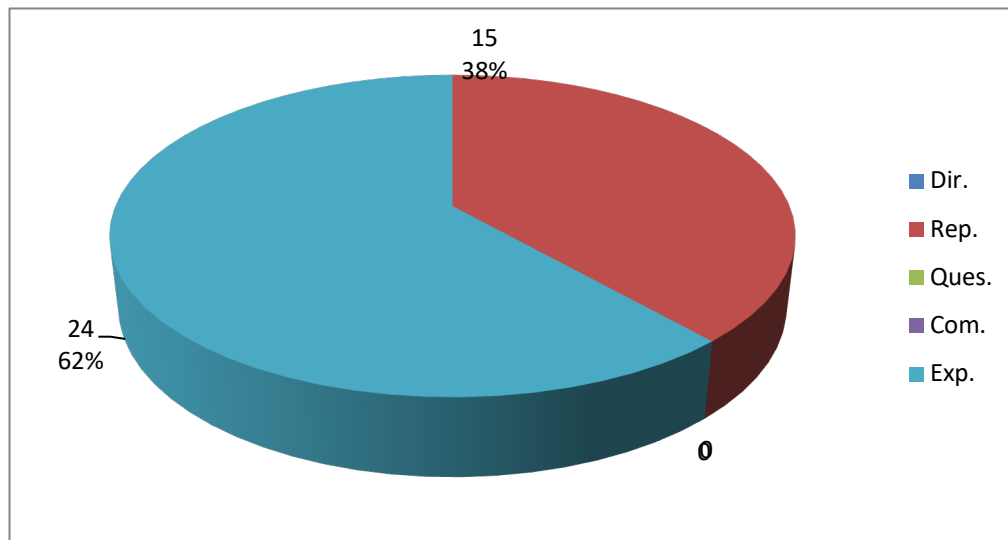
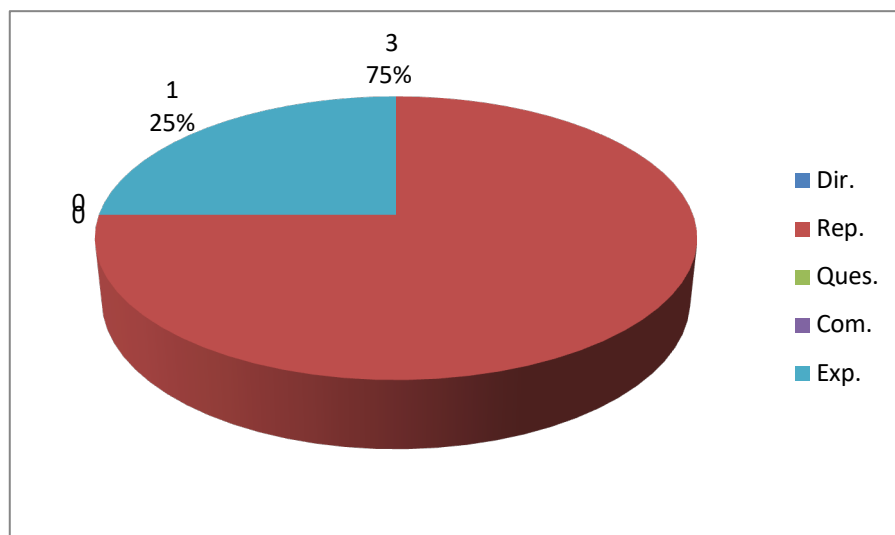


Figure 2 illustrates the types and frequency of speech acts used by Lebanese adolescents who are ill with cancer to express their attitudes towards their physicians.

- a. Directive speech acts: 0%
- b. Representative speech acts: 75%
- c. Question: 0%
- d. Commissives: 0 or 0%
- e. Expressives: 25%



DISCUSSION

The content analysis of interview transcripts revealed the types of speech acts that were mostly used by Lebanese adolescents who are ill with cancer. As illustrated in table 1, the most recurrent types of speech acts were expressives and representatives. To obtain

more accurate results, quantitative analysis was performed. As manifested in **figure 1**, representative speech acts constitute 15 or 38% and expressives 24 or 62%.

Directive speech acts, questions, and commissives formed 0% or were not simply used by Lebanese adolescents ill with cancer. In return, **Figure 2** illustrates the types and frequency of speech acts used by Lebanese adolescents who are ill with cancer to express their attitudes towards their physicians. As could be observed in the last answers produced by Lebanese adolescents in response to their attitude towards physicians, the prevalent types of speech acts were representative speech acts with 75% and expressives with only 25% of the total percentage of speech acts.

The results retrieved from the content analysis of interview transcripts denote as summarized in **figure 1** that there is prevalence for expressive speech acts over representatives especially when Lebanese adolescents talk about their painful experience with cancer. This is evident in the following examples: "I feel nervous because it is hard to talk about my experience with cancer. See I am already crying and feeling very emotional", "I feel sad and lonely sometimes", "I no longer feel healthy", "I wish I would look the same like before". Those expressive speech acts express feelings of sadness, and loneliness regarding one's health state, and expressing wishes of becoming healthy again.

Representative speech acts are mostly used by Lebanese adolescents when conveying information or facts related to their treatment, their looks... For example, "I reached the final stages of my treatment", "it modified my looks", "my family is the one who provides me with hope and encouragement all the time", "I grew thinner".

The results illustrated by **figure 2** denote the prevalence of representatives over expressives when Lebanese adolescents are asked about their attitude towards their physicians. This could be exemplified by the following statements: "They just provide medical assistance, "as long as you pay their fees, they can be nice", "they just check on us occasionally", "they just fulfill their duty", "my family is my real support in this painful journey". The only expressive is "I feel a number in a room". The predominance of representatives could denote a barrier between adolescents and their physicians since most statements made convey a point of view or truth about physicians that seems right to the interviewees. Emotional involvement is absent and this explains the lack of expressive speech acts whereas this emotional involvement emerges when Lebanese adolescents use expressives abundantly when expressing their feelings and attitudes towards their experience of cancer as a whole.

Hence, Lebanese adolescents mostly use expressive speech acts when talking about their experience with cancer. As previously discussed, expressive speech acts form 62% of the total percentage of speech acts in interview transcripts, followed by 38% of representative speech acts that are provided to convey facts or information. Regarding the second research question, Lebanese adolescents tend to implement representative speech acts at 75% compared to 25% of expressive speech act usage when talking about their attitude towards physicians.

CONCLUSION

The aim of this article was to investigate the type of speech acts produced by four Lebanese adolescents ill with cancer and treated at a cancer center in Lebanon. Hence, the study attempted to identify speech acts in Lebanese adolescents' interview transcripts to further investigate how the illness experience could shape their choice of speech acts. Content analysis was implemented to identify speech acts in the interview transcripts based on Searle's (1969) and Yule's (1996) speech act theories. Quantitative analysis was also implemented to account for the frequency of speech acts in the interview transcripts. The results indicate that Lebanese adolescents mostly use expressive speech acts when talking about their experience with cancer. Expressive speech acts form 62% of the total percentage of speech acts in interview transcripts, followed by 38% of representative speech acts that are provided to convey facts or information. Regarding their attitude towards physicians, Lebanese adolescents tend to implement representative speech acts at 75% compared to 25% of speech act usage of expressives.

Hence, the results denote the emotional involvement that Lebanese adolescents feel when depicting the hard moments they experience, the feelings of loss, and loneliness, as well the gratitude they express towards their supporting families. However, when expressing their attitude towards their physicians, emotional detachment prevails as adolescents use more representatives to provide information or facts about how physicians approach them. The present study could be further developed to investigate the attitudes of a larger sample of adolescents suffering from cancer as well as identifying the types of speech acts they use when talking about their experience with cancer. It could also lead to future suggestions and solutions that physicians could benefit from to enhance their relationship with their adolescent cancer patients and provide more support by implementing more expressive speech acts.

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APPENDIX:

Interview Questions:

1. How do you view your experience with cancer?
2. How did this experience affect you physically?
3. How did this experience affect you socially?
4. How do physicians assist you in your journey?

The interview questions tackled the perceptions of Lebanese adolescents of the cancer experience, the physical changes, the social change, and the personal change it inflicted upon them.

Participant 1:

Sarah: I feel nervous because it is hard to talk about my experience with cancer. See I am already crying and feeling very emotional.

Sarah: My hair fell. It was hard for me to lose part of my beauty, but now it is growing back as I reached the final stages of my treatment.

Sarah: I avoided appearing in public as it made me feel embarrassed of myself having cancer. But now I have grown more confident.

Sarah: They just provide medical assistance. Sometimes, I feel I am just a number in a room.

Participant 2:

Anthony: It is not easy to accept the fact that it targeted you. It can destroy you from inside.

Anthony: It surely modified my looks. Hairfall... I felt ugly and looked pale, lifeless, exhausted. But I wish to recover.

Anthony: Tremendously. I feel sad and lonely sometimes and I feel too tired to take part in social events or go out with my friends like before.

Anthony: As long as you pay them their fees, they can be nice,

Participant 3:

Ahmed: I feel sad. Pretty sad. I feel annoyed when I talk about it.

Ahmed: Negatively. I no longer look healthy or feel healthy like before. I felt insecure and terrified of the idea of death.

Ahmed: Some of your friends just leave you while few keep supporting you. I feel grateful to still have some loyal and supportive friends.

Ahmed: They just fulfill their duty. My family is the one who provides me with hope and encouragement all the time.

Participant 4:

Rami: overwhelming... that is the word. I felt overwhelmed with anger, sadness...

Rami: I grew thinner... I used to go daily to the gym but those chemicals are horrible. You feel burning from the inside. I wish I would look the same like before.

Rami: When cancer attacks, you automatically withdraw from your surroundings, but then all you hope for is to feel healthy again.

Rami: No. They just check on us occasionally. My family is my real support in this painful journey.