“A Life in Paradox”: **Experiences of Young Adult Stroke Survivors**

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ABSTRACT

This study, rooted on phenomenological approach, explored the experiences of post-stroke young adults. Seven (7) participants were gathered as co-researchers and were selected thoroughly based on the following criteria: 1) They are Filipino who had stroke at the age of 15-35 and 2) They are able and willing to articulate, participate, and share their life experiences.

Further, the experiences of the participants were gathered and enhanced through the following methods: 1) Interview, and 2) Storytelling. Subsequently, three levels of analysis were done ensuing the process developed by Martinez (2013), grounded on interpretative phenomenology. Through the process of reflective analysis, three themes have emerged and are as follows:

- (a) *“Sometimes, what is forbidden is pleasurable”*: Dilemma of Needs and Wants
- (b) *“I accepted it... my family is still accepting it”*: Centrality and Ambiguity of the Family
- (c) *“I become feeble but stronger”*: Resilience in Vulnerability

The themes represent a recurring pattern among the lives of the co-researchers from having the desire to change their old ways and habits but acting otherwise. Further, these patterns are reflected in the positionality of their family as both a burden that reminds them that they have a disease yet serves as the main reason they continue to fight. This also mirrors how they view stroke as something that defeated them but in the process taught them resilience in life. The insight of a “life in paradox”, then serves as the central essence of the study.

Insights from the study suggest that the experience of the co-researchers is more than an individual experience of conflict resolution but a phenomenon of family’s contextualization. Studies that explore compliance among post stroke young adult as well as family involvement in rehabilitation is then suggested.

INTRODUCTION

The World Health Organization (WHO) define Cerebrovascular Accident (CVA), commonly known as stroke, as an interruption of blood supply to the brain, caused by either a blockage of clot in the circulation or rupture of the blood vessel. CVA is the second leading cause of mortality in the world. Globally, out of 15 million cases of stroke approximately six million of the clients die and the about another five million are left permanently disabled (WHF,

2017). In the Philippines, stroke is the second leading cause of mortality (WHO, 2012), contributing to 12.14% of death in 2014 as reported by the World Health Ranking. Although the usual age for CVA is 50 years old and above, there is now an emerging trend in the increasing incidence of stroke among the young (Mojica&Cortez, 2010).

Being the second leading cause of mortality worldwide coupled with the increase in incidence of stroke among the young people, several studies have been made regarding this phenomenon. Quantitative studies exploring the incidence of stroke in the young in Morocco (Chraa, Louhab, &Kissani, 2014), Taiwan (Lee, Hsu, Chen, & Chen, 2002), and in Western Countries (Marini, Russo, &Felzani, 2011) have already been pursued. Further, other notable studies include those done by Smajlović (2015) which explored the epidemiology and prevention of stroke in young adults, as well as those by Singhal et al. (2013) that explored the recognition and management of stroke in the young. Other researchers explore the etiology and different risk factors for stroke in the young such as Wang et al. (2016) studied about the Metabolic syndrome as a risk factor, Genetics as a risk (Kumar et al. 2016), Family history of stroke as a risk factor in young stroke (Øygarden et al. 2016), and different kinds of diseases as a risk for stroke (Tan et al. 2014). Others studied the impact of stroke in Asia (Suwanwela&Pounvarin, 2016) as well as in the Philippines in terms of the economic impact of stroke (Navarro et al., 2014) and the possible remedy for post stroke clients (Loo &Gan, 2012). Other studies explored the needs of a stroke client based on the point of view of an allied health provider (Cook, 2004), the rehabilitation process of young post stroke clients (Mojica& Cortez, 2010), and the possible therapy for post-ischemic stroke or post transient ischemic attack (Kernan et al., 2016).

On the other side of the spectrum, there are notable studies that explored the stroke phenomenon among the young thru the qualitative lens such as understanding the perception of stroke patients and caregivers regarding support services (Lilley, Lincoln, & Francis, 2003), identifying and understanding the motivation for rehabilitation of stroke patients (Maclean et al., 2000), and recognizing and developing delivery of services to people with stroke (McKevitt et al., 2004). Other studies tackled quality of life in terms of social relationships (Lynch et al., 2008), and the experiences of a person living with stroke (Salter et al., 2008). It must be noted, however, that locally, there is no study exploring the life of a young post stroke patient in the Philippines.

The literature reviewed presented above shows that a plethora of quantitative research

have already been done but none focuses on the lives of a young post stroke patient. Moreover, though there are qualitative studies done that explore the phenomenon of stroke, none was done to specifically explore the lives of young post stroke patients. Further, the global burden of stroke in general and the rising incidence of stroke among the young in particular presented a reality of a phenomenon yet unexplored. These two scenarios; the lack of research into the lives of young post stroke patient and the rising incidence of stroke among the young serves as the gap by which this study intends to fill. This study then aims to explore the lives of young post stroke patient in the Philippines and its implication to the nursing profession.

METHODOLOGY

Research Approach

This study aims to understand the phenomenon of stroke through the experiences of young post stroke patients. Qualitative paradigm, specifically interpretative phenomenology will serve as the philosophical underpinning of this study. Qualitative paradigm is used for researches that require an insight of a process, events, and relationships. This paradigm aims to produce a valid description of a phenomenon based on the perspective of an individual in their natural setting (Ebrahim & Sullivan, 1995).

One of the qualitative paradigms is phenomenology. Phenomenology is defined as the study of the nature and meaning of a phenomenon through a person's life experiences and consciousness (Finlay, 2008). It investigates the phenomenon through the conscious experience from a subjective or first person point of view (Smith, 2013). Specifically, interpretative phenomenology is the interpretation of narratives given by the participants (Lopez & Willis, 2004), whereby these narratives or dialogues create a shared meaning at one point (Sammel, 2003). As Sammel (2003) describes interpretative phenomenology "... (It) *seeks to explore opportunities for the production of new meaning generated in dialogue between the text/reader and speaker/listener...*" (p. 159). Moreover, interpretative phenomenology is utilized to examine the experiences of an individual by analyzing the contextual features of their narratives (Svedlund et al., 1994). Contextual features are characterized in three dimensions; behavior, the action and engagement of an individual in different activities; social, the reciprocity of support in an individual environment, and finally; psychological, that is, how an individual thinks, reflects,

and appreciate life (Wieslander et al., 2016).

Selection of Co-Researchers

This study will utilize non-probability sampling specifically criterion sampling. Non-probability sampling is the selection of sampling units from a population using non-random procedures while criterion sampling is a purposive sampling approach used by qualitative researchers that involves selecting cases that meet a pre-determined criterion of importance (Polit & Beck, 2014) since in a qualitative study, co-researchers are “hand-picked” based on their possible contributions to the goals of the study (Munhall, 2007).

For this study the following criteria was utilized; 1) Filipino who had stroke at the age of 15-35 year-old. 2) Willing to articulate, participate, and share their life experiences and willing to undergo to in-depth interview. As Mojica and Cortez (2009) proposes that stroke in the young happened between the ages of 15-45 years, and Polit and Beck (2014) post-it that phenomenologist typically work with a small sample of people often 10 or fewer who meet the criterion of having lived the experience under study.

Moreover, seven (7) participants were selected as co-researchers in this study. Some of the co-researchers were recommended through social media and some volunteered themselves to be in the study. The identities of the co-researchers were protected through the use of pseudo names to preserve their anonymity and uphold confidentiality.

Ethical Considerations

This study will uphold standards that are ethical throughout its process of inquiry. Human dignity will be given high regards and will be maintained with the highest standard all throughout the study. This said standards is to be reflected in this paper by the following methods.

1. Prior to the study, the researchers will obtain an ethics clearance from the Institutional Review Board to ensure that the study will be done within the parameters of an ethical study.
2. Verbal and written consent will also be obtained from the participants, indicating that they are fully aware of their involvement and its voluntary nature. The co-researchers will be given the right to refuse and/or withdraw from the study at any time if they deemed necessary without any form of penalty or repercussion.
3. Further, the co-researchers of this paper to be presented and/or published will be made known

to the participants. Strict compliance to the process of maintaining their anonymity will be adhered such that no traceable information leading to their identification will be leaked.

4. The co-researchers will likewise be given the study's goal and objective, associated risk, and benefits of participation. Coercion, in any form, will never be utilized in the process of participant recruitment.

5. During the course of this study, each co-researchers will be given pseudo names in order to provide anonymity and maintain confidentiality. The identities of the co-researchers will only be known within the research team.

5. All the gathered data from the co-researchers will be kept secured and accessible only to the members of the research group.

6. Post interview debriefing will be done for each co-researchers at the end of every interview session. In the event that the co-researchers felt a need for counseling, a registered guidance counselor will be provided to them free of charge.

7. Adhering to the principles of Gadamerian fusion of horizon and the primacy of the co-researcher's experience, continued validation and counter validation will be done at each significant step of the process. This will be done by going back to the co-researchers for the accuracy of the analytical process.

Gathering of Narratives

This study utilized two ways of gathering the narratives namely; 1) In-depth interview and 2) Storytelling.

1. In-depth interview is defined as a technique that engages in a comprehensive interview to the co-researchers' perspective of the phenomenon (Boyce & Neale, 2006). Moreover, it will utilize open-ended questions that will allow the co-researchers to have the opportunity to thoroughly describe their experiences in the phenomenon (Penner&McClement, 2008). Follow-up questions will be used for clarifications and follow-up questions, to reassure the co-researchers in sharing in-depth narratives of their experiences (Penner&McClement, 2008; Polit& Beck, 2014). Furthermore, interviews will serve as gateway in assisting the researchers in comprehending the experiences of the co-researchers (Allmark et al., 2009; LaRossa, 1989; Munhall, 2007; Polit& Beck, 2008; Speziale& Carpenter 2003). LaRossa (1989) presented in-depth interview as a technique that

“... it constantly strive to tie meanings to interaction - directly, by asking the people who are being interviewed how they see their attitudes tied to their behavior, and indirectly, by inferring attitude - behavior connections from the interview transcript...” (p. 228)

Moreover, the interviews and their subsequent narratives was recorded through a digital tape recorder, transcribe verbatimly and later interpret for their emerging themes and subsequent essence. The researchers also utilized a participants’ profile to ascertain that they met the inclusion criteria. Further, the interview was unstructured and free flowing in nature (Allmark et al., 2009), to facilitate expression and sharing of experiences as well as allow an uninterrupted thought flow from the participants.

2. Storytelling, as opposed from interview, was accomplished through allowing the co-researchers to describe and narrate their narratives without much disruption from the researchers. Braud (1998) suggest it is as a method of healing for the co-researchers and an opportunity of learning themselves and their experiences. Rosenthal (2003) proposed that by allowing the co-researchers to relive and reflect on their past experiences, they can alter their perception of the meaning of their life.

Process of Reflective Analysis

This paper will utilize the approach proposed by Martinez (2013) as the process of reflective analysis. The approach was grounded on Gadamerian Interpretive Phenomenology which aims to discover and uncover the daily lived experiences even without any prior information or personal insight about the lived experiences (Converse, 2012). Moreover, the Gadamerian philosophy places great emphasis on the primacy of language, understanding as a fusion of horizon and the hermeneutic circle. Primacy of Language, gives pointers to the truth hidden within word meaning and reveals that something exists in a hermeneutic circle of ontological (study of being) possibilities. Fusion of horizons- the hermeneutic circle, runs along like a rhythm, open to personal expectation, personal pre-generalization, prejudice and judgments (Sammel, 2003; Halroyd, 2007; Regan, 2012). These Gadamerian tenets were inculcated and reflected on the process developed by Martinez (2013) which placed great emphasis on the primacy of the co-researchers’ experience and at the same time appreciate that the process of understanding is co-created reality among researchers and co-researchers. Further,

the method ascertain the process of validation and of counter validation will be done at significant levels of the reflective analysis, mirroring the principle of the hermeneutic circle.

The following are the essential steps on the process of reflective analysis (lifted from Martinez, 2013)

1. Narratives:

One way in the gathering primary sources or their own experiences is by interviewing the co-researchers about their personal experiences. The written representation of their narrative is believed as the raw data and were returned to the co-researchers for further confirmation.

2. 1st Level of Reflection:

co-researcher's narratives were then generated, after which their narratives were analyzed by first reading so that the researchers will be able to get the overall "feel". Later, second reading was done to code or indicate "thought markers." Moreover, identification of the essential meanings was done.

3. 2nd Level of Reflection: Thematic Interlace

Individual's thought elements from their narratives were also analyzed through thematic interlace. Reflective analysis involved a dialogical process between the researcher and the co-researchers' experiences and also was done to make sense out of the co-researchers' lives by choosing out the patterns of their experiences attaining to the themes.

4. Reflective Resonance

Reflective resonance was done through insights being situated from what is available in the current literature. This process neither affirms nor negate insights formed from reflection, but merely added by a lens by which the result could be appreciated.

5. 3rd level of Reflection: Thematic Embodiment

Themes were then analyzed to cull out the "core" or "essence" of the phenomenon and generate an exhaustive description of their life experience, through the thematic embodiment, otherwise known as eidetic insight. The resulting eidetic insight was validated by the participants through a group discussion. a visual representation of the eidetic insight was also generated and validated by the participants.

6. Validation

According to Wood & Haber (2003), The phenomenological method is a process of learning and constructing the human experience through intense dialogue with the person living the experience. Thus, validations were done through the process of reflective analysis to ensure that it reflects the lived experiences of the participants.

Table 1

Maintaining Rigor

To increase the rigor and trustworthy of the study the following process were done 1) Briddling, 2) Audit Trail, 3) Validaton, and 4) External expert of bridling was done. Bridling as defined by Dalhberg et. al (2008) “*concerns restraining the researcher’s pre-understanding and thus facilitating openness*”, which prevents and sets aside personal beliefs, theories, and other assumptions of the researchers that would mislead understanding of the co-researchers’ experiences, or rather, is a way of explicitly showing data wholesomely as it is. Bridling is about “*paying attention to how phenomena and their meanings are made explicit*”. (Dahlberg et al., 2008). Therefore, bridling is suggested phenomenological attitude that incites efficient interpretation and analyzation of data. Furthermore, audit trail was also done as a transparent description of their research steps taken from the start of a research project to the development and reporting of findings. These are the records that were kept regarding what was done in an investigation. It gives way for a more unbiased and rigorous analyzation of data through documentating every step towards the result and findings of the study. As defined by Koch

(2006) Audit trail “a study’s trustworthiness may be established if a reader is able to audit the events influences and actions of the researcher” (page 15). And lastly researchers used a continuous process and counter-validation and external expert for this study to maintain rigor. As a process of validation it involves collecting and analyzing data to assess the accuracy of the narratives. While in external expert is someone with appropriate who under takes a quality or standards review of the study, such as, peer inspector or adviser.

RESULT AND RESONANCE

Results

Participants

Participant Bacon is a female. She is currently forty-two (42) years old and residing at Marilao, Bulacan. Participant Burger is a female. She is currently thirty-two (32) years old and residing at Riyadh, Saudi Arabia. Participant Soya is a male, he is currently thirty-two (32) years old and lives at Pasig City. Participant Hipon is a male. He is currently thirty (30) years old and lives at Navotas City. Participant Cupcake is a female. She is currently twenty-nine (29) years old and residing at Bacoor, Cavite. Participant Lechon is a male. He is currently thirty-one (31) years old and lives at Pasig City. Lastly, Participant Marshmallow is a male. He is currently eighteen years old and resides at New Caloocan.

Participant Bacon was the first participant that was interviewed by the researchers. She had a mild stroke for tree (3) times. The first one occurred when she was twenty-eight years old, the second one was when she was thirty-three years old, and the third was when she was thirty-eight years old. She is forty-two years old today and residing in Marilao, Bulacan.

Participant Burger is an Overseas Filipino Worker in Riyadh, Saudi Arabia. She was thirty years old when she was struck by the disease. The researchers found the participant through a recommendation of a friend in the social media. The Participant Burger is currently working as an OR nurse in Riyadh.

Participant Soya was thirty years old when stroke happened. the researchers also met him through social media. Hemorrhagic stroke was his diagnosis. He undergone craniotomy after he was struck by the disease. He is currently thirty-two years old and residing at Pasig city

Participant Hipon was the one that was early diagnosed for hypertension. He was diagnosed at sixteen years old. The researchers also met the participant through social media. He is currently residing at Navotas city.

Participant Cupcake was one of the youngest participant who had stroke. Participant Cupcake had stroke at seventeen years old. Her diagnosis was a hemorrhagic stroke, the left side of her brain was affected. She is currently twenty-nine years old, and currently residing at Bacoar, Cavite.

Participant Lechon is the cousin of Participant Soya. The researchers met Participant Lechon through the recommendation of Participant Soya. Unlike Participant Soya, Participant Lechon's diagnosis was Ischemic Stroke. He was diagnosed at twenty-seven years old. He is currently thirty-one years old, and residing at Pasig city.

Participant Marshmallow is the youngest of the participants. He was struck by stroke at fifteen years of age. His diagnosis was hemorrhagic stroke. He is suffering with Broca's aphasia, therefore most of the interview his mother is the one answering but there were times that he was able to give statement during the interview. His experience was still counted for the study. Participant Marshmallow is currently residing in New Caloocan.

Themes

After the second level of reflection the following themes have emerged and they are reflective of the post-stroke young adult lives. These themes were composed from the given lived experiences of the co-researchers.

The themes that had emerged from the process of reflection presents the different aspects of the lives of Post-Stroke Young Adult.

1. Unwanted Needs.

The theme describes the co-researchers indefinite struggle to stop and change their old habits, with their actions stating otherwise from what they say they want to happen. It involves the following concepts: 1) Difficulty of deviating from the old habits, 2) Unwanted habits die hard and 3.) The feeling of satisfaction over the need to change.

The co-researchers have a hard time swaying from their old habits because they have been used to this lifestyle, wherein they have nothing to do with their past time considering that

they are in a country where there are limited activities to be done. Moreover, the co-researchers are surrounded with a lot of fast food that tempts them to eat unhealthier.

"Minsan talaga hindi ko rin kasi maiwasan" – Burger (B. 56)

The co-researchers have trouble controlling their old habits since the people around them are doing the things that they are not supposed to. Their example of this is when their friends are drinking beer together. Their friends will ask them to join, even though they are aware that they will not be able to stop themselves from drinking too much, they would still join in since drinking beer with their friends is fun.

"Di mo naman kasi macocontrol... nandoon pa rin yung tukso eh, kahit saan." – Lechon Kawali (F. 33)

Changing or stopping an old habit is merely a challenge to the co-researcher because they feel like there is something missing in them without the urge of doing these habits again. This is why they modify their old habits instead to adopt to what is acceptable. Although their habits are unwanted, doing these gives them the satisfaction and relaxation from the weight of stress that they feel.

"Satisfaction, para kasing kulang eh" – Soya (C. 45)

2. Weightless Burden

For the co-researchers, family is the most important people in their lives. Their love ones are the ones who gets affected first when something bad happened to them. This shows that they care more about their family than themselves. This is reflected by Burger.

"Unangunayung family ko" – Burger (B.52)

Therefore, when the stroke has affected the co-researchers' lives physically and mentally, their families are the one who are accountable for taking care of them. This is reflected to Cupcake

"Sila mama parang di parinititigilng support" – Cupcake (E.27)

Furthermore, all the co-researchers are being supported by their loved ones. The support of their families made them recover from stroke. There is no better support than the family's support because it is their family who knows them the most. This is best reflected by Soya.

"Every day naka-assist sayo" – Soya (C.29)

In addition, without the support of the family it will be hard for the co-researchers to recover because there are some things that they can't do physically well, they are able but need to be assisted by their families. They are the ones that can make the co-researchers emotionally stable. This is reflected by Cupcake.

“Mahirap din pagwalayungmagulang “ – Cupcake (E.25)

The fact that the incidence of stroke has occurred to each of the co-researchers. Their families can't do anything but to accept the situation and to adjust themselves for the co-researchers' need.

“Walasilangmagagawa” – Soya (C. 30)

3. Victorious Defeat

In this theme, there is a recurring pattern, gathered from the co-researchers' narratives, wherein their initial view of stroke is a negatively laden phenomenon but ends up as a positive one. Moreover, their sense of resilience is related on how they give meaning of their stroke experience.

“Di kotalagainaasahangmangyarisa ‘kin yun eh” – LechonKawali (E.1)

Stroke is a disease that the participants did not expect to happen and that they were confident with their previous lifestyle that having stroke is far from their mind. Furthermore, the occurrence of the disease led them to grief for the loss of their physical ability. This is best described by Burger.

“Parang hindi ko na kayang tanggapin” – Burger (B. 37)

With this, stroke has a big impact in their lives and there was a point in their lives that cannot take all the sufferings they are experiencing. They were able to reflect on their previous life, before stroke, and develop realizations in life. This is best described by Lechon

“Talagang wala naman talaga sa una yung pagsisi eh, nasahuli, lagi siyang nasahuli” –Lechon (F. 28)

Moreover, it shows how greatly they are regretting the things they've done in the past and on how they were over confident with their bodies, believing that they are in good shape. Further, the realisations that they have led them to the acceptance of their disease. This is reflected by Burger.

“Tinanggap ko na rin yung naging sakit ko” –Burger (B. 22)

Even though they have a hard time accepting their struggles and most especially the situation where they are, they whole heartedly accepted it for themselves and for their family because after all those struggles and downfalls they’ve achieved more than what their hearts’ desire. This act of acceptance to their situation progressed to them having a positive outlook in life. This is reflected by Soya.

"Positive lang pwede namang mag start ulit" – Soya (C. 31)

Their positivity led them to acquire a more meaningful life with the love and support of their loved family and friends. This is best reflected by Soya.

“What doesn’t kill you makes you stronger... Every trail pag nalampasan niyo, mas malakas ka na sa dati” – Soya (C. 64)

With this, co-researchers aim to modify and fight for the temptations to strengthen themselves and aim for their betterment in life with the help and support of their family, even if it’s really hard for them. These hardships are easy for them if their families guide them throughout the process of their healing.

Eidetic Insight

Since phenomenological study explores the essence of the phenomenon, the following essence was synthesized from the process of reflection of the narratives of the co-researchers. For the co-researchers being a young adult suffering from stroke is a life of paradox.

This paradox is reflected through their goal of improving oneself but doing one's old habit. Moreover, the habit is some that the co-researchers they should avoid since it might be a cause for the occurrence of stroke, nevertheless this habit is something that they need for them to feel normalcy in life.

Moreover, it is also reflected on how they view their family as something that is important to them and motivates them to strive harder for the improvement of their condition through the immeasurable support given to them, but the family is also the one that reminds them that they have a disease.

Further, it is also reflected in how they view stroke before and after the disease. The co-researchers first view stroke as something that destructed their life, but as time passes, their perspective of stroke changed as they view it as an obstacle that taught them to have a positive

outlook in life, to be contented, to be resilient, and achieve something that they were not able to achieve in their previous life such as being confident, artistic, etcetera.

With this, the eidos of the study is "*Pahalintulad*" wherein the YAPSPs displays a life in paradox in which their thinking/goal and action is contradictory with each other.

IMPLICATIONS AND FUTURE DIRECTIONS

One of the recurring problem for the participants is that they could not let go of the old habits or the things they really wanted, thus it should be implied is reframing health teaching so they can give more focus on the things they could do rather than the limitations set aside by their disease. So that the post-stroke patients will be able to express themselves and will be able to push themselves in improving their situation to what is the maximum capability of their minds even they are not fully free from their illness. Also, emphasizing their limitations can give them negative impact but if these limitations will be used as an inspiration in improving their situation these will cause them to strive hard in attaining a more enhanced quality of health so that they can have a taste of some of the old habits they really want.

Another point is, the family involvement is a recurring pattern in the experiences of the co-researchers, Post-stroke life. Co-researchers verbalized the importance of their families which stands as their strength in terms of being their support system and inspiration in fighting to continues their lives, but at the same time weakness in terms being scared for their future burdened situation. Therefore, family involvement in post-stroke care could be promoted so that the family can understand the co-researchers' situation because it can help the co-researchers understand more their problems and difficulties in the context, and that can provide more effective interventions. Similarly, family involvement could be promoted in a way that they can support and manage their post-stroke family member to enhance the quality of life of the co-researchers during the course of the treatments, therapies, and emotional or spiritual struggles. Further, the experiences of the co-researchers are more than an individual experience of conflict resolution but a phenomenon of family's contextualization. Studies that explore compliance among post stroke young adult as well as family involvement in rehabilitation is then suggested.

Additional point is, their sense of resilience is related on how they give meaning to their stroke experiences. Therefore, support group could offer help in this process. Support group really helped the co-researchers to cope up, this will show them that they are not alone and they are not the ones suffering from this illness. They found inspiration and camaraderie amongst themselves and other young adult or old stroke survivors.

Furthermore, future researchers that will be utilizing this study can explore more about the quality of life of these young adult post-stroke survivors, especially on what are their struggles in their lives. Also, making this phenomenon known to the public will help those individual who does not have the idea that this phenomenon actually exists in our present day.

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