

# A Journey of Trials and Hopes of Individuals with Orofacial Clefts

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**Abstract.** Orofacial clefts, including conditions such as cleft lip and palate, represent much more than mere congenital conditions – they signify a profound journey characterized by visible and invisible challenges that extend beyond medical treatment into psychological and social realms. This study explores the lived experiences of individuals with orofacial clefts, highlighting their past and present struggles and aspirations. A review of existing literature reveals the multifaceted challenges these individuals face, including persistent stigma, discrimination, and issues related to self-esteem, all exacerbated by financial burdens and social isolation. To address these matters, this research employs a qualitative-narrative design, utilizing semi-structured interviews with three married female participants aged 31 to 60 from the SOCCSKSARGEN region, specifically General Santos City and Alabel in Sarangani, selected through purposive sampling. The data were analyzed using Bingham and Witkowsky's (2022) five-phase approach, combining inductive and deductive methods to derive meaningful insights. The findings highlight the urgent need for supportive environments and inclusive policies to empower individuals, enhance well-being, and provide comprehensive support for their emotional, social, and psychological needs.

**Keywords:** Cleft lip and palate; Experiences; Hopes; Orofacial clefts; Trials.

## 1.0 Introduction

Orofacial clefts present complex challenges that impact individuals' physical appearance, social experiences, and overall well-being. These conditions arise from incomplete fusion of the palate and lip during early development, disrupting facial development and carrying both physical and emotional implications (Phalke & Goldman, 2024; Pittsburgh Orofacial Studies, n.d.). Due to the human face's central role in identity and social recognition, individuals with orofacial clefts may struggle with feeding, speech, and hearing while facing social challenges. While advancements in surgical procedures and therapies offer the potential for improved function and appearance, the psychological impact of living with an orofacial cleft remains a significant concern.

Further, individuals born with orofacial clefts are dealing with a set of unique challenges. Few studies identified their vulnerability to bullying, low self-esteem, and distress (Akpasa et al., 2022; Atik et al., 2020; Broutin et al., 2023). These circumstances, the potential for speech difficulties, and frequent medical interventions add further trials to their lives since they often face stigma and discrimination, and these negative social encounters compound existing challenges that can significantly impact psychological well-being (Ardouin et al., 2021; Arias-Urueña et al., 2023). These experiences underscore the need to understand the struggles faced by individuals with orofacial clefts.

Despite the significant challenging experiences, individuals with orofacial clefts demonstrate remarkable resilience and optimism. Ribeiro-Neto et al. (2018) and Wehby and Cassell (2009) highlighted that individuals with orofacial clefts undergo surgery to improve their quality of life and pursue their aspirations. The studies mentioned above reveal that they display determination in addressing appearance concerns through surgery, reflecting a desire for self-improvement and acceptance. Beyond physical transformation, they prioritize emotional and social well-being, demonstrating resilience by seeking support and engaging in social activities despite challenges.

While orofacial clefts are studied globally, individuals' unique challenges in regions like SOCCSKSARGEN, Philippines, warrant in-depth exploration. Despite recent initiatives, such as the free cleft lip and palate (CL/P) surgery program by the Cotabato Regional and Medical Center (2024) in collaboration with the Ministry of Health - BARMM and Operation New Face and Philippine Smile Group and the surgical mission conducted by Dr. George P. Royeca City Hospital in partnership with the Medical Mission of Mercy USA (LGU GenSan, 2024), there remains a lack of comprehensive research focusing on the lived experiences of individuals with orofacial clefts within this region. Further research is crucial to understand these challenges better and to inform more comprehensive, region-specific interventions that address the needs of individuals with orofacial clefts in SOCCSKSARGEN, ultimately improving their overall quality of life.

Given that individuals with orofacial clefts navigate a remarkable path of challenges and aspirations, their journeys remain largely unexplored. This research aims to shed light on their experiences, delving into their trials and hopes. Doing so seeks to contribute valuable psychological understandings, particularly regarding resilience and coping strategies within understudied populations, inform future studies, and foster community understanding. Hence, this exploration of trials and hopes of individuals with orofacial clefts recognizes the importance of giving voice to their stories and elucidating their unique experiences.

## **2.0 Methodology**

### **2.1 Research Design**

The study employed a qualitative-narrative research design. A qualitative research design delved into the complexities of human experiences, exploring meanings, beliefs, attitudes, and behaviors (Jain, 2023). This approach offered a depth of understanding beyond surface-level analysis. Furthermore, the narrative approach complemented this research by exploring subjective experiences, particularly the emotional and psychological complexities associated with visible differences. This methodology emphasized the analysis of stories, allowing researchers to examine how individuals constructed narratives, expressed themselves, and conveyed their thoughts within a specific context (Salkind, 2010).

Moreover, the narrative approach was ideal for this study because it enabled a deep exploration of the emotional and psychological impact of orofacial clefts. This approach provided a nuanced understanding of human experiences through storytelling (DeMarco, 2021), making it a valuable qualitative research method for exploring personal narratives, identity, culture, and historical experiences. Focusing on narratives illuminated coping mechanisms, social interactions, and personal growth exhibited by individuals with orofacial clefts. Examining these elements sheds light on the human side of this condition (Butina, 2015). Ultimately, narrative design enabled researchers to capture the depth and richness of the experiences of individuals with orofacial clefts, providing valuable insights that quantitative data alone may not have fully captured.

### **2.2 Research Participants**

This study employed a purposive sampling method grounded in a homogeneous approach, meticulously selecting participants who all shared the everyday experience of living with an orofacial cleft. This strategic choice allowed for a concentrated exploration within the specific scope of the research (Etikan et al., 2016). Ultimately, three (3) individuals were carefully chosen for participation, facilitating an in-depth understanding of their narratives through quality, extended individual interactions. This approach fostered closer relationships, likely encouraging the participants to provide more candid and authentic responses. Subedi (2021) highlighted that narrative inquiries can yield profound insights, even when working with a small population, sometimes comprising as few as three participants.

In order to capture a nuanced understanding of the myriad experiences associated with orofacial clefts, the study focused specifically on female, married adults aged 31 to 60 residing in the SOCCSKSARGEN region, particularly in Katangawan and Alabel. The participants were individuals with nonsyndromic orofacial clefts, showcasing a spectrum of variations in their clefts, ranging from unilateral to bilateral and from complete to incomplete forms, potentially affecting the lip, the palate, or both structures (Khan et al., 2020). This clear delineation of criteria allowed for exploring shared challenges and triumphs adults face in this geographical context while remaining inclusive of their diverse educational backgrounds. This deliberate approach underscored the esteem and significance attributed to the rich variety of their experiences.

The decision to exclude individuals under the age of 30 and those presenting with syndromic conditions was made thoughtfully, acknowledging the distinct experiences and potential complexities associated with these populations. Including younger adults could have introduced more comprehensive developmental factors related to identity formation and social interactions, necessitating a separate focus in future studies. Moreover, individuals with syndromic orofacial clefts typically contend with a broader spectrum of symptoms and physical manifestations (Kini, 2023; Venkatesh, 2009), resulting in experiences that differ significantly from those of individuals with nonsyndromic conditions. This awareness justified the need for a more specialized and refined exploration of their unique trials and hopes.

### **2.3 Research Instrument**

The researchers employed a qualitative methodology through face-to-face, semi-structured interviews to explore the participants' experiences. This method involved asking carefully constructed questions within a predetermined thematic framework, balancing systematic questioning with the flexibility necessary for spontaneous exploration of possible topics (George, 2023). By incorporating open-ended questions, the interviewer was empowered to navigate relevant stories, which could potentially unveil fresh perspectives and insights, thereby enriching the overall comprehension of the study (Cohen & Crabtree, 2006).

At the core of the study was a meticulously created interview guide designed by the researchers, which comprised twenty (20) questions. These questions were thoughtfully categorized to encompass various aspects of the participants' lives: five (5) questions probed into their experiences, twelve focused on their past and present trials, and three sought to uncover their hopes and aspirations as individuals living with orofacial clefts. Further, two (2) qualified psychologists and one (1) registered psychometrician conducted a rigorous review to validate the questionnaire's effectiveness, ensuring that it met professional standards.

Moreover, a pilot interview was conducted with an individual fitting the study criteria, serving as a critical step in refining the interview questions. This initial interview was invaluable for pinpointing any areas of ambiguity or discomfort and ensuring that the interview process flow was natural and engaging. These preparatory measures were instrumental in assessing the feasibility of the study, specifically by evaluating how well the inclusion and exclusion criteria identified suitable participants (In, 2017). Also, all interviews were held in private, secluded locations to maintain the confidentiality and privacy of the participants, fostering an environment where they could openly share their thoughts and feelings.

### **2.4 Data Gathering Procedure**

In preparation for the study, the researchers took a proactive approach by securing essential approvals from their college dean and thesis advisor. This foundational step laid the groundwork for conducting a rigorous and ethically sound research plan. Next, the researchers created an online search on Facebook and a pre-survey aimed at individuals diagnosed with nonsyndromic orofacial clefts, ensuring that participants were within the specified age range and in the SOCCSKSARGEN region. The responses from this survey served as key data, allowing the researchers to refine the study's inclusion and exclusion criteria thoughtfully, thus enhancing the overall focus of the research.

Building on the insights gained from the pre-survey, the researchers developed an interview guide questionnaire tailored for semi-structured interviews. This guide was crafted with careful consideration of the participants' perspectives, aiming to create a safe and supportive environment for them to share their lived experiences with orofacial clefts. Before finalizing the guide, the researchers thoroughly addressed all preliminary components of

their research paper, including an in-depth review of existing literature and theories, the research problem, and a research methodology. These foundational steps ensured that the research was coherent and aligned with its intended objectives.

Subsequently, the interview guide consisted of twenty (20) thoughtfully designed open-ended questions to gather rich, qualitative data. This approach was intended to elicit meaningful insights into the participants' experiences, challenges, and aspirations. To guarantee the instrument's reliability, it underwent a thorough validation process by recognized professionals, two (2) registered psychologists, and one (1) psychometrician, ensuring it met high standards of quality and appropriateness.

Moreover, the researchers prepared informed consent and confidentiality agreement forms for the pilot interview. These documents ensured that participants understood the study's purpose and rights throughout the research process. Conducting a pilot interview with a participant who met the study criteria allowed the researchers to identify and address potential logistical issues, refine the clarity of their questions, and confirm that the interview process would be respectful and smooth for all participants in the main study.

To further support their research efforts, the researchers drafted a formal letter seeking permission to conduct the study, requiring signatures from their thesis advisor and college dean. This step underscored their commitment to transparency and ethical conduct. They also prepared a waiver for their parents, reflecting their openness and confirming support for gathering data in specified locations within SOCCSKSARGEN, particularly in Katangawan and Alabel.

Before the interviews commenced, participants signed the informed consent form, demonstrating their understanding and voluntary participation in the study. The researchers made sure to clearly explain the nature and purpose of the research, emphasizing that participants had the right to withdraw at any stage without consequence. Upon beginning the data collection phase, the researchers applied a meticulous five-phase inductive and deductive coding strategy to analyze the collected information, facilitating a thorough interpretation of the findings. They utilized the validated instrument to conduct individual semi-structured interviews in the participants' communities, fostering trust and openness.

The researchers held ethical considerations in high regard throughout the data collection process. They prioritized the anonymity and confidentiality of all participants, treating their information with the utmost respect. By upholding the rights of rehabilitation professionals concerning data usage, the researchers demonstrated their commitment to maintaining the integrity of the research process, ensuring that every step was constructive and ethical.

## 2.5 Data Analysis

Bingham and Witkowsky's (2022) five-phase approach presents a comprehensive framework designed to enhance the understanding of qualitative data through careful organization and analysis. The initial phase establishes order within the dataset, which is crucial for any qualitative researcher. In this phase, researchers engaged in attribute coding to meticulously label interview transcripts, considering significant demographic factors such as the age and location of participants. This systematic categorization provided a robust foundation for further analysis and valuable insights into potential emerging patterns based on participants' backgrounds.

Following this, the second phase-shifted the researchers' focus toward ensuring that the data aligned with their specific research questions. To facilitate this alignment, they implemented predetermined topic codes – examples being "*Trials*" and "*Hopes*"- to systematically categorize excerpts from the interviews. This targeted coding methodology streamlined the analytical process, allowing researchers to delve directly into participants' lived experiences regarding their challenges and aspirations. Using topic codes, they could efficiently navigate the data and extract meaningful themes pertinent to their inquiry.

The third phase emphasized using open or initial coding in conjunction with the constant comparative method. During this critical phase, researchers meticulously examined excerpts categorized under "*Trials*" and "*Hopes*." They generated detailed codes that reflected and captured the participants' unique perspectives and nuances. This

process was vital in ensuring that the analysis remained grounded in the participants' lived experiences, allowing for a rich exploration of individual and collective narratives.

In the subsequent phase, researchers took the findings from the initial coding process and focused on identifying recurring patterns among the codes. By consolidating these codes into broader themes, they ensured that their analysis directly addressed the central research questions posed at the study's outset. This thematic organization enabled a more cohesive interpretation of the data and facilitated a deeper understanding of the participants' experiences.

Finally, researchers connected their emergent findings to existing literature and theoretical frameworks in the fifth phase. This involved drawing upon relevant theories related to orofacial clefts and psychological development, which enriched the analysis with additional depth and context. By linking their findings to established knowledge, researchers could illustrate how their study contributed to the field by expanding upon existing concepts or challenging established assumptions. This final phase was critical in highlighting the overall significance of the research, illustrating its relevance and the insights it offered into the complexities of the phenomenon under investigation.

## **2.6 Ethical Considerations**

The researchers strictly safeguarded participants' identities throughout data collection, analysis, and reporting. Anonymity, the practice of ensuring that research participants' identities remained undisclosed (Hoft, 2021), was rigorously maintained. All identifying information was kept confidential to ensure privacy and minimize any potential risks associated with participation. The researchers upheld the participants' rights to dignity and self-determination. The researchers were committed to upholding the highest standards of confidentiality in line with the Data Privacy Act of 2012. This included ensuring a clear separation between participant data and personally identifiable information. Techniques such as secure coding and data storage were employed (Hoft, 2021). All participant data remained strictly confidential and was never disclosed without explicit consent. This commitment extended to respecting the rights of individuals with orofacial clefts, ensuring their data was handled with the utmost care. The researchers prioritized ethical research conduct, requiring individuals' informed consent and voluntary participation (Josephson & Smale, 2020). Potential participants received comprehensive information about the study's nature, potential risks, and benefits. Informed consent forms clearly outlined the right to voluntary participation and the ability to withdraw at any time. This process empowered individuals with orofacial clefts to make informed decisions about their involvement, fostering trust and transparency within the researcher-participant relationship.

## **3.0 Results and Discussion**

The identified themes are based on the experiences of individuals with orofacial clefts. To provide a comprehensive view, the data has been organized into four tables, each highlighting key aspects of their experiences, including their past and present trials and hopes for the future.

### **3.1 Experiences of Individuals with Orofacial Clefts**

Living with an orofacial cleft brings forth many distinctive challenges and profound experiences that significantly influence an individual's life journey. This study aimed to gain deeper insights into these unique experiences by exploring the narratives of individuals with orofacial clefts. Through careful analysis of the collected data, two (2) prominent themes emerged, each intricately woven to portray a rich and vivid representation of their lived realities. These themes encapsulate a wide range of aspects related to their experiences and will be presented in the following sections:

#### ***Theme 1: Staying Optimistic***

The theme of staying optimistic emerges prominently in the experiences of individuals with orofacial clefts, highlighting a remarkable capacity for resilience and a sustained positive outlook amidst their challenges. Research findings indicate that participants consistently express gratitude for their lives and demonstrate a determined commitment to persevere, regardless of their conditions' physical and emotional hurdles. This optimism is not merely a superficial cheerfulness but is deeply intertwined with their coping mechanisms and overall psychological health.

For instance, participants such as Nanay Dalisay and Nanay Hiraya illustrate this resilience. Nanay Dalisay's reflections reveal that, despite the various challenges presented by her condition, she remains profoundly thankful for the life she leads and the future opportunities that await her. This expression of gratitude is a cornerstone for her optimistic perspective, enabling her to navigate difficulties with a sense of hope and purpose. Similarly, Nanay Hiraya acknowledges the sadness accompanying her experiences but reinforces her resolve to move forward, showcasing an inner strength characteristic of many individuals with orofacial clefts. These narratives collectively underscore the critical role of a positive mindset in fostering resilience.

This aligns with existing psychological research that emphasizes the importance of optimism in coping with long-term adversities, particularly for individuals facing visible differences or disabilities. Studies have demonstrated that gratitude significantly enhances the psychological well-being of people with disabilities, fostering a more positive outlook on life (Lestari & Fajar, 2020). Venkatesan et al. (2023) further substantiate this notion, illustrating that individuals with disabilities frequently maintain a cheerful disposition and a sense of gratitude, crucial protective factors in their psychological resilience.

Additionally, Phillips et al. (2022) found that gratitude predicts flourishing among adults with disabilities, asserting that gratitude mediates adaptation to one's disability. This suggests that a grateful mindset promotes immediate emotional coping and contributes to longer-term psychological adjustment and well-being. Lestari and Fajar (2020) reinforce this perspective, highlighting the importance of cultivating a positive mindset to manage the challenges accompanying disabilities effectively.

The narratives shared by individuals with orofacial clefts provide compelling qualitative evidence of this connection. Their expressions of gratitude and intrinsic motivation to maintain a positive outlook illustrate their active engagement in coping strategies that embrace resilience. By confronting the social and emotional complexities that arise from visible differences with a sense of optimism, these individuals effectively redefine their experiences and promote their psychological health.

### ***Theme 2: Family's Emotional Support***

The findings from this study underscore the critical role of family emotional support as a vital source of strength for individuals, particularly those with orofacial clefts. Participants consistently expressed the profound impact of familial acceptance and pride on their emotional well-being and identity formation. For instance, one participant, Nanay Ligaya, expressed that the unwavering support from her children was her greatest blessing. Their acceptance of her, irrespective of her condition, instilled a positive self-image and strengthened her resilience in the face of external judgments. Similarly, Nanay Hiraya emphasized the importance of her siblings' reassuring words, which affirmed her sense of belonging and normalcy within the family unit.

These strong familial connections significantly contribute to the emotional resilience of individuals, reaffirming their identities and ensuring that they feel accepted and valued within their familial circles. The power of emotional support from family is well-documented in the literature, aligning with research that highlights the correlation between familial support and improved mental health outcomes. Specifically, Stojkow and Żuchowska-Skiba (2018) noted that family relationships provide essential social, emotional, and financial backing, ultimately enhancing the overall quality of life for individuals with disabilities.

The narratives emerging from this study vividly illustrate how familial support protects against the stigma that can arise from societal perceptions of disabilities. Participants expressed a deep sense of gratitude for their families' unwavering acceptance, which served as a protective factor against potential negativity and social isolation. This finding resonates with Friedman's (2019) research, which asserts that intimate, solid relationships, particularly with family members, contribute to greater self-acceptance and a reduction in internalized stigma among individuals with disabilities.

Moreover, the significance of familial involvement extends beyond immediate emotional sustenance; it plays a crucial role during pivotal life transitions, such as the shift from school to adulthood. Morningstar et al. (1995) emphasized that family input and support during this transitional phase are vital for shaping the personal aspirations and future visions of individuals with disabilities. The participants' narratives in this study reinforce

this assertion, illustrating how the emotional backing from family serves to cope with daily challenges and as a foundation for their long-term development and personal growth.

### **3.2 Past Trials Faced by Individuals with Orofacial Clefts**

Individuals with orofacial clefts exhibit remarkable resilience and optimism despite facing unique challenges. This study delved deeply into these challenges by analyzing the lived experiences of individuals with orofacial clefts to identify their past trials. Through carefully analyzing the collected data, two (2) distinct themes emerged, highlighting the various difficulties they have navigated. The following sections will provide a detailed discussion of these challenges, illuminating the multifaceted nature of their experiences:

#### ***Theme 1. Social Discrimination***

The theme of social discrimination sheds light on the diverse challenges faced by individuals with orofacial clefts, emphasizing the importance of understanding and addressing these issues. Participants in this study shared valuable insights into their experiences with workplace stigma, educational obstacles, and social prejudice, revealing a need for greater awareness and acceptance of facial differences in our society. For instance, one participant, Nanay Hiraya, illustrated the difficulties she encountered in the workplace. She described facing repeated rejections during job applications, highlighting the barriers individuals with facial differences often experience when seeking employment. Research indicates that adults with orofacial clefts may struggle with higher levels of social anxiety and lower self-esteem compared to their peers (Berk et al., 2001). Acknowledging these emotional challenges can foster more supportive workplace environments that promote inclusivity and empower individuals to thrive in their careers. Similarly, studies by Ardouin et al. (2021) have shown that addressing workplace discrimination and bullying is essential for enhancing job satisfaction and career growth.

In educational settings, Nanay Hiraya's account of her on-the-job training (OJT) experience underscores the vital role that schools and training programs play in shaping attitudes toward individuals with facial differences. By implementing programs that foster acceptance and understanding, educational institutions can serve as supportive environments for all students. Nanay Ligaya also shared her struggles in school, including the challenges of repeated grades due to bullying. This underlines the need for comprehensive anti-bullying initiatives and support systems in educational contexts, as highlighted by research from Arias-Urueña et al. (2023) and Tiemens et al. (2012), which show that a stigma-free learning environment can significantly enhance students' psychological well-being and academic success.

Throughout broader social interactions, Nanay Ligaya and Nanay Dalisay shared their experiences of verbal prejudice and bullying. For example, Nanay Ligaya described the impact of being mocked for her communication skills. Nanay Dalisay reflected on how her appearance made her shy and hesitant to engage socially before surgery. These personal stories reveal the need for increased awareness and education about orofacial clefts to combat misconceptions and foster a culture of empathy and inclusion. Research by Adeyemo et al. (2016) and Sablada and Amparado (2020) supports this, showing that educating communities about such conditions can reduce stigma and encourage participation in social activities. These findings align with Social Identity Theory (Tajfel & Turner, 2004), which suggests that addressing and reframing negative societal perceptions can help individuals with visible differences build a positive self-image. Research from Florian-Vargas et al. (2016) and Arias-Urueña et al. (2023) underscores the importance of creating environments where individuals feel safe and accepted, allowing them to pursue their aspirations without fear of negative social encounters.

#### ***Theme 2. Difficulties in Forming Connection***

The second theme of this analysis investigates the notable challenges individuals with orofacial clefts face in fostering meaningful interpersonal connections. The distinctive effects of their condition can complicate communication, which is vital for building and maintaining social bonds. Understanding these complexities is essential for addressing the feelings of disconnection and isolation that may arise and for supporting individuals in developing their interpersonal relationships. For example, Nanay Hiraya shared her experiences of feeling different due to her condition, which sometimes made it difficult for her to connect with others and form friendships. Similarly, Nanay Ligaya recounted how she often avoided social settings because of verbal communication challenges, expressing herself in writing to ensure her thoughts were conveyed clearly. This adaptation reflects her commitment to being understood while highlighting the barriers limiting social



engagement. Additionally, Nanay Dalisay expressed a sense of self-consciousness about her appearance before her cleft lip surgery, leading her to withdraw from social situations out of fear of judgment. This response can be seen as a protective measure to shield herself from discomfort or embarrassment.

These narratives are supported by existing research that emphasizes the social challenges experienced by individuals with cleft conditions. The everyday struggles with self-expression often translate into difficulties in social interactions and aspirations for a better quality of life and equitable treatment. For instance, Sablada and Amparado (2020) found that children with clefts often face social withdrawal and challenges in making friends, impacting their self-esteem and social development. Furthermore, Adeyemo et al. (2016) highlighted those misconceptions about cleft conditions can lead to discrimination and social exclusion for both individuals and their families, fostering feelings of mockery, isolation, and shame during social interactions, as noted by Arias-Urueña et al. (2023). Oka et al. (2022) illustrated how these experiences can affect self-perception, necessitating the development of coping strategies to navigate the emotional effects of stigma.

It is also essential to recognize that the challenges associated with clefts extend beyond childhood. Ongoing medical treatments, visible facial differences, and speech difficulties can lead to long-lasting social and emotional effects, as Jensen et al. (2022) identified. While earlier research, such as that by Collett and Speltz (2006), found minimal links between clefts and behavioral issues or self-concept in children, the experiences shared in this study reveal that emotional difficulties can persist into adulthood. Participants often expressed self-reflection, grappling with their circumstances and perceiving their cleft as an obstacle in their social and personal lives.

### **3.3 Present Trials Faced by Individuals with Orofacial Clefts**

Individuals with orofacial clefts face a range of challenges in their daily lives. This study aimed to investigate these experiences and identify the ongoing difficulties they encounter. A detailed analysis of the data collected revealed two (2) primary themes that represent the present trials related to orofacial clefts. The subsequent sections offer a discussion of these challenges, emphasizing the complexity and multifaceted aspects of their experiences:

#### ***Theme 1. Having Self-Doubts***

A prominent and concerning theme observed among individuals with orofacial clefts is a profound sense of self-doubt, significantly impacting their perceptions of self-worth and confidence. For instance, Nanay Hiraya openly articulated her feelings of self-pity, grappling with why she had to endure her particular condition. This highlights an ongoing internal struggle with self-acceptance and the emotional toll it takes on her life. She shared her profound difficulty in expressing her emotions, particularly to her parents, which resulted in significant internalized distress. This emotional repression often culminated in episodes of crying in solitude, accentuating her feelings of isolation and loneliness. Such a challenge effectively creates a barrier to fostering intimate relationships, as the inability to communicate feelings can lead to a more profound sense of alienation and misunderstanding.

Similarly, Nanay Dalisay provided illuminating insights into how her condition has shaped her life trajectory. She mentioned that she ultimately abandoned her dreams and ambitions, overshadowed by an overwhelming sense of shame and hopelessness that left little room for personal aspirations. This emotional burden not only suppressed her ambitions but also contributed to a pervasive feeling that her worth was diminished, illustrating the tragic impact that orofacial clefts can have on one's life choices and self-perception.

Feelings of self-doubt and self-pity frequently arise from the stigma and societal perceptions surrounding orofacial clefts. Ardouin et al. (2021) research highlights the unfortunate reality that individuals with clefts often encounter stigma and discrimination, leading to negative self-views. This scenario aligns with the Social Identity Theory by Tajfel and Turner in 2004, which posits that societal judgments can become internalized, resulting in feelings of unworthiness and inferiority. Nanay Hiraya's and Nanay Dalisay's narratives serve as examples of how societal pressures and judgment have reinforced their ongoing struggles with self-doubt and self-acceptance.

Furthermore, existing research backs this narrative, as Hamlet and Harcourt (2015) noted, revealing that individuals with clefts often grapple with feelings of inadequacy. They may question their worth and ask poignant yet painful questions like, "*Why me?*" This existential inquiry underscores a larger psychological struggle common



among those with visible differences. Additionally, scholars such as Brown et al. (2021) and Hamlet and Harcourt (2015) emphasize that many individuals hesitate to openly discuss their condition due to a pervasive fear of judgment or misunderstanding from others. This fear not only exacerbates their challenges but also contributes to a more profound sense of social isolation, mirroring the distress expressed by Nanay Hiraya as she described her difficulties in finding emotional outlets and coping mechanisms.

The feelings of being mistreated, as articulated by Nanay Hiraya, are deeply connected to the stigma and discrimination outlined in the literature. According to Ardouin et al. (2021) and Adeyemo et al. (2016), individuals with clefts often encounter a range of negative social interactions, including experiences of workplace discrimination and bullying. These adverse interactions foster feelings of injustice and resentment, reinforcing their perception of inequity in social interactions and relationships.

Additionally, the emotional ramifications of stigma are evident in the narratives related to feelings of shame and a loss of ambition. These experiences powerfully illustrate the psychological effects documented in research regarding self-esteem issues. Florian-Vargas et al. (2016) note that societal perceptions surrounding facial differences significantly contribute to low self-esteem in individuals with orofacial clefts. As a result, this often leads to a lack of motivation or confidence in pursuing personal goals. Hamlet and Harcourt (2015) further articulate those individuals facing these struggles may experience profound despair and hopelessness, prompting them to question the value of aspiring to personal achievements when they feel inherently flawed or unworthy.

### ***Theme 2. Experiencing Emotional Strains***

A significant theme that emerged from the narratives is the emotional strain faced by participants due to their circumstances. Nanay Hiraya revealed her ongoing battles with bullying, which followed her into adulthood, leaving her with a heightened sense of feeling different. This experience aligns with the research conducted by Ardouin et al. (2021) and Lorot-Marchand et al. (2015), who noted that bullying is a frequent challenge for individuals with orofacial clefts, profoundly affecting their mental health and self-esteem. Additionally, Gifalli et al. (2024) emphasized that the stigma and bullying experienced by those with clefts often continue into adulthood, deepening feelings of exclusion and the perception of being different.

Furthermore, Nanay Ligaya discussed the emotional toll of feeling rejected because of her disability, especially in workplace settings. This sense of rejection sparked profound sadness and frustration, highlighting the societal hurdles that come with living with a perceived disability. These experiences are mirrored in the findings of Adeyemo et al. (2016), who pointed out that negative societal attitudes frequently lead to social exclusion and workplace discrimination against individuals with clefts. Stock et al. (2015) also observed widespread job-related difficulties, mirroring broader systemic issues. These insights resonate with the Social Model of Disability (Oliver, 2013), which argues that the primary sources of exclusion and emotional distress stem from societal barriers rather than the disability itself.

Family dynamics compounded the emotional burden, as Nanay Hiraya faced years of verbal abuse, leaving deep emotional scars. This narrative mirrors the research by Ardouin et al. (2021) and Crerand et al. (2020), which documented how individuals with clefts often encounter negative comments and stigma, increasing feelings of isolation and distress. Florian-Vargas et al. (2016) also shed light on how unequal treatment within families can intensify feelings of unworthiness, emphasizing familial relationships' critical role in emotional development.

These accounts underscore the persistent challenges of societal stigma, bullying, and familial dynamics, all of which significantly affect the mental health and overall quality of life for individuals with orofacial clefts. Experiences of verbal abuse, rejection, and discrimination contribute to profound emotional strain, highlighting the necessity for psychological support and social interventions. Research by Stepp et al. (2022) and Stock et al. (2015) emphasizes the need for ongoing care, advocacy, and strategies to build resilience to tackle these challenges and enhance the quality of life for those with orofacial clefts.

### **3.4 Hopes of Individuals with Orofacial Clefts**

Individuals with orofacial clefts face challenges, yet they exhibit remarkable resilience and a strong hope for their futures. This study was conducted to better understand their hopes by examining their lived experiences. Through

thorough data collection and analysis, two (2) significant themes emerged, illuminating their hopes and dreams. The following sections explore these aspirations in detail, emphasizing their ambitions and the positive outlooks they cultivate despite obstacles:

### ***Theme 1. Desire for Child's Success***

A notable theme from the interviews is the strong aspiration of individuals with orofacial clefts for their children's success. For Nanay Ligaya, this aspiration is deeply rooted in her desire for her child to complete their education and secure a stable future. She envisions her child overcoming challenges and establishing a fulfilling life, underscoring her commitment to her family's well-being. Additionally, she places great value on financial stability, dreaming of her child owning property and building a home, symbolizing independence and security. This reflects her emotional investment in her child's future and illustrates her resilience in pursuing a better life and facing societal challenges.

This aligns with the research of Loewenstein et al. (2008), which highlights the connection between a sense of agency and the ability to support others and its role in positive adaptation for individuals with facial differences. In initiatives like Positive Exposure, participants empower individuals with facial differences to become advocates, share experiences that enhance self-esteem, and foster a sense of purpose. The narratives of individuals like Nanay Ligaya showcase their aspiration to rise above personal challenges and invest in their family's future. These hopes reveal how individuals with orofacial clefts harness their resilience and determination to create opportunities for their loved ones, highlighting their capacity to adapt positively to societal challenges.

### ***Theme 2. Having an Optimistic Attitude in Life***

A significant theme that emerged is the participants' remarkable ability to maintain an optimistic outlook despite the challenges associated with having an orofacial cleft. For instance, Nanay Ligaya is an inspiring example of resilience, as she expresses pride in her identity and stands firm against criticism or judgment from others. She underscores the importance of self-acceptance and composure, regardless of external perceptions or treatment. Similarly, Nanay Hiraya highlights cultivating a positive mindset by focusing on what truly matters and filtering out negativity. She emphasizes the importance of surrounding oneself with supportive individuals while acknowledging that it is impossible to please everyone. This mindset showcases a commendable strength and determination to rise above societal stigma and foster emotional well-being.

These observations align with research highlighting how self-efficacy and personal agency are crucial in enhancing the well-being of individuals with facial differences. A study by Vezzù et al. (2013) found that individuals with solid self-determination and confidence in their abilities often report a quality of life comparable to those without orofacial clefts. Empowering individuals to take charge of their lives, pursue personal goals, and embrace their capabilities can considerably boost their overall well-being and life satisfaction. This proactive approach to personal development proves essential when navigating the challenges posed by societal stigma and internal struggles.

Furthermore, this theme aligns well with Erik Erikson's (1963) Psychosocial Development Stages, which provides a valuable framework for understanding individuals' identity, relationships, and social roles during different life stages. For those with orofacial clefts, these transitions may present unique challenges, such as managing societal perceptions and self-image. However, they also offer valuable opportunities for personal growth and a strengthened sense of self. By enhancing communication skills, seeking supportive relationships, and advocating for themselves, individuals can effectively navigate these transitions and improve their overall quality of life.

This approach to building resilience and self-confidence also resonates with the Affirmative Model of Disability (Swain & French, 2000), which shifts the focus away from deficit-based views of disability to emphasize the strengths and positive identities that individuals with disabilities can cultivate rather than being solely defined by physical or medical limitations, those with orofacial clefts can embrace their unique identities and challenge societal stigma by focusing on their strengths and fostering positive self-perceptions.

These narratives highlight the exceptional resilience and optimism of individuals with orofacial clefts. Their ability to rise above adversity, maintain a positive outlook, and embrace their identities exemplifies a proactive approach

to overcoming challenges and nurturing emotional well-being, a powerful testament to personal strength in the face of societal barriers.

## 4.0 Conclusion

This research provides important insights into the experiences of individuals with orofacial clefts in SOCCSKSARGEN, Philippines, highlighting the complex relationship between their trials and hopes. It demonstrates how these individuals navigate social difficulties, confront stigma and discrimination, and pursue their aspirations. Central to their experiences are concepts such as self-efficacy, positive identity development, and hope, which empower them to overcome adversity and lead fulfilling lives. The most significant finding of this study is the critical role of resilience and optimism in the lives of individuals with orofacial clefts. Despite societal stigma, emotional challenges, and discrimination, participants exhibited unwavering gratitude, hope, and determination. These findings emphasize the importance of fostering self-efficacy and supportive familial relationships, which help individuals adapt to challenges and thrive despite adversity.

The study makes a significant contribution to the field of psychology by extending theoretical frameworks, including Bandura's Social Cognitive Theory, Erikson's Psychosocial Development Theory, and Snyder's Hope Theory. It enhances the understanding of resilience, hope, and identity formation by illustrating how individuals with visible differences actively develop coping mechanisms and adaptive strategies to navigate societal barriers. This research challenges deficit-focused perspectives by emphasizing individuals with orofacial clefts' strengths and proactive efforts to create fulfilling lives.

The findings highlight the urgent need to cultivate supportive environments that build self-confidence, enhance social connections, and enable individuals with orofacial clefts to achieve their personal and social goals. These individuals must be equipped to manage their condition and shape their futures with optimism and determination. This research calls on families, healthcare professionals, educators, and policymakers to collaborate in creating inclusive spaces where individuals with orofacial clefts can thrive without fear of discrimination or social exclusion. Recognizing these individuals' resilience, valuing their unique perspectives, and actively working to empower them to achieve their aspirations are crucial steps toward building a more inclusive and equitable society. Investing in their well-being is a moral obligation and a vital contribution to the collective good. It fosters a society where all individuals can participate fully and contribute to the common welfare, regardless of their challenges.

## 5.0 Contributions of Authors

The authors distributed equally the amount of work to produce this research, explicitly conceptualizing the research objectives, drafting and editing the whole paper, gathering and studying the relevant studies, gathering and interviewing the participants, and analyzing the data.

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The research does not receive any funding in its whole conduct from any organization.

## 7.0 Conflict of Interests

There is no conflict of interest in the study's conduct.

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