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Living Through Targeted Therapy: Exploring Cancer Patients' Experiences of Suffering, Meaning, and Clinical Communication

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ABSTRACT

Targeted cancer therapy represents a major advancement in pharmaceutical science offering patients improved outcomes with fewer systemic side effects compared t conventional chemotherapy. However, limited research has explored how patient psychologically and emotionally experience these therapies within real-world clinica and social contexts. Existing studies often prioritize clinical efficacy while neglecting th lived experiences and personal meanings patients assign to their treatment journeys. Thi study investigates how cancer patients undergoing targeted therapy experience an interpret the physical, emotional, and existential dimensions of their treatment. Using descriptive phenomenological approach, this study reveals how patients navigate interna suffering, reconstruct meaning amid vulnerability, and negotiate their autonomy i healthcare encounters. Data were collected through in-depth semi-structured interview with 12 cancer patients at a tertiary hospital and analyzed using Colaizzi's method t extract essential themes. The analysis identified three core themes: (1) enduring th unseen burden of therapy-related side effects, (2) reconstructing meaning in the face o illness, and (3) navigating patient-provider dynamics in a context of trust an communication. These findings emphasize the need to integrate patient narratives int clinical care models to address emotional and psychosocial dimensions of treatment. B expanding the lens of pharmaceutical research to include subjective experience, thi study contributes to a more holistic understanding of targeted therapy and lays th groundwork for future qualitative inquiry into patient-centered cancer care.

INTRODUCTION

Cancer treatment has undergone significant transformation with the advent of targeted therapies, which are designed to interfere with specific molecular pathways involved in tumor growth and progression. These therapies have improved survival rates and minimized non-specific cytotoxicity compared to conventional chemotherapy (Whittaker & Barker, 2020). However, alongside these clinical advancements, patients continue to face complex physiological and emotional challenges that are not fully captured through biomedical metrics alone.

In the broader context of health and illness, the subjective experience of living with cancer and its treatment reflects deeply personal and socially situated phenomena. Patients undergoing targeted therapy often navigate not only the physical side effects of medication but also a profound reshaping of identity, autonomy, and psychological stability. These aspects are embedded within their interactions with healthcare providers, family members, and cultural expectations regarding illness and resilience (Xie dkk., 2023). The meaning patients assign to their experiences—ranging from pain and fatigue to hope and adaptation—reveals a dimension of care that extends beyond pharmacological effectiveness.

Despite growing clinical attention to patient-centered care, there remains a gap in understanding how individuals construct meaning from their treatment journeys, particularly in the case of newer therapeutic modalities like targeted therapy. The nuances of suffering, coping, and personal transformation are often overlooked in quantitative outcomes, which tend to prioritize survival rates and response indices over lived realities. In this light, the subjective experiences of patients become vital to fully appreciating the impact of treatment on quality of life and emotional well-being.

The need for a deeper exploration of these personal experiences calls for a qualitative lens—one that respects the richness and individuality of each narrative. Phenomenology, as a methodological and philosophical approach, offers the necessary framework to examine how patients perceive, interpret, and live through their treatment (Yang dkk., 2019). Through this lens, the study aims to illuminate the essence of what it means to endure targeted cancer therapy, not merely as a clinical procedure but as a lived human experience.

In recent years, research into the lived experiences of individuals undergoing medical treatment has gained recognition as a vital domain of inquiry, particularly in chronic and life-altering conditions such as cancer. The growing emphasis on patient-centered care has led scholars and clinicians to acknowledge that understanding treatment effectiveness must extend beyond clinical indicators to include patients' own narratives, perceptions, and emotional responses.

However, capturing the richness of such subjective experiences presents significant methodological challenges. Traditional quantitative approaches, while valuable for measuring treatment outcomes and side effect frequencies, often fall short in uncovering the depth and complexity of how patients internalize and respond to their therapeutic journeys (Zamanian dkk., 2023). Standardized questionnaires and scales, for example, may miss subtle emotional nuances or evolving meanings that patients assign to their experiences over time.

This methodological limitation is particularly evident in the context of targeted therapy, where the clinical sophistication of the treatment is not always matched by an equally nuanced understanding of its human impact. Although several studies have reported on the efficacy and tolerability of targeted cancer therapies, few have delved into how patients personally navigate the psychological and existential dimensions of side effects, changes in bodily identity, or their relationships with healthcare providers. As a result, much of the literature remains detached from the real-life experiences of patients, reducing complex human experiences into aggregated data points.

These gaps highlight the inadequacy of many prior research designs in fully grasping the essence of the phenomenon as lived by the patient. A phenomenological approach, therefore, becomes not only relevant but necessary—providing the tools to explore meaning from the inside out, and to give voice to the silent dimensions of patient suffering and resilience that are often hidden beneath surface-level clinical evaluations.

Conventional responses to the challenges faced by cancer patients undergoing targeted therapy often rely on practical frameworks such as clinical counseling, pharmacovigilance protocols, and symptom management guidelines (Alazri dkk., 2007). While these approaches offer critical medical and psychological support, they are predominantly structured around standardized assessments and objective markers of treatment outcomes. As such, they tend to privilege measurable variables over the nuanced, evolving narratives of patients' lived experiences.

This reliance on pre-established clinical pathways limits the capacity of existing models to illuminate the subjective dimensions of treatment—particularly the internal meaning-making processes, existential disruptions, and emotional complexities that accompany long-term therapeutic regimens. Quantitative metrics, though valuable for monitoring drug safety and efficacy, often fail to capture how patients interpret and emotionally respond to phenomena such as fatigue, bodily changes, or loss of autonomy. Consequently, current research offers only a partial picture of the patient's reality, focusing more on how the body reacts than on how the person lives through those reactions.

To address this shortcoming, a phenomenological approach is needed—one that prioritizes depth over generalizability, and meaning over measurement. By engaging with patients' first-person accounts, phenomenology provides a pathway to uncover the essence of what it means to undergo targeted therapy from the patient's own perspective. It moves beyond surface-level symptom descriptions and instead seeks to understand how individuals construct, endure, and give meaning to their treatment journeys (Azevedo & Payne, 2001). Despite its potential, such qualitative exploration remains underutilized in pharmaceutical science, particularly in relation to targeted cancer therapies. This gap underscores the need for a more holistic, patient-informed lens to enrich clinical understanding and improve the human dimensions of care.

Previous studies have addressed patient experiences in various treatment settings, highlighting emotional distress, altered self-perception, and the psychological impact of illness. In oncology, several researchers have explored coping strategies and quality of life among cancer patients, yet most have employed quantitative tools or generalized psychological models. Few investigations have specifically examined the lived experience of targeted therapy—a treatment that is both biologically precise and psychologically complex. Moreover, the literature seldom captures how patients interpret the personal and emotional meaning of therapy-related side effects. This gap emphasizes the importance of a qualitative method that centers on subjective experience.

To answer this need, the present study adopts a descriptive phenomenological approach, rooted in Husserlian philosophy. This method allows for the exploration of patient experiences without imposing prior assumptions or theoretical frameworks (Cho dkk., 2022). By focusing on how participants describe their own encounters with targeted therapy, the study seeks to uncover the essential themes embedded in their narratives. The phenomenological approach is particularly suited for this inquiry because it honors the integrity of subjective meaning. In doing so, it addresses the limitations of conventional models that fail to access the deeper human dimensions of cancer treatment.

This article is structured as follows. The Introduction outlines the clinical and conceptual context of targeted therapy and introduces the phenomenological lens applied in this study. The Methods section details participant selection, data collection through in-depth interviews, and the thematic analysis process guided by Colaizzi’s framework (de-Graft Aikins dkk., 2010). The Results section presents major experiential themes, supported by direct quotations to reflect participants’ voices. The Discussion interprets the findings in light of existing literature and clinical implications, and the Conclusion highlights the contribution of this research to patient-centered oncology care.

RESEARCH METHODS

Study Design

This study adopted a descriptive phenomenological approach, rooted in the philosophical tradition of Edmund Husserl, which emphasizes the exploration of lived experiences from the first-person perspective. The design was selected to uncover the essential meanings embedded in the subjective experiences of cancer patients undergoing targeted therapy. Descriptive phenomenology is particularly suitable for investigating phenomena that are underexplored and require in-depth understanding without preconceived interpretations (Fowler, 2008). This approach allowed the study to focus on how patients perceive, describe, and make meaning of their experiences with drug-related side effects, within the context of their daily lives and clinical encounters.

Participants

Participants consisted of individuals diagnosed with cancer and currently receiving targeted therapy at a tertiary care hospital. Selection was conducted through purposive sampling, with an emphasis on information-rich cases that reflect the phenomenon under study. Inclusion criteria required participants to be adults (aged ≥18 years), undergoing targeted drug therapy for at least three treatment cycles, and cognitively able to articulate their experiences. Individuals experiencing acute psychiatric symptoms or those receiving end-of-life care were excluded to maintain focus on coherent narrative data (Herberger dkk., 2011). The final sample included 12 participants, comprising 7 females and 5 males, with an age range of 29 to 64 years. Most participants had a diagnosis of breast, lung, or colorectal cancer, reflecting a range of oncology drug protocols. This demographic variation enriched the depth and diversity of the experiential data.

While the sample size of 12 participants is appropriate and methodologically justified within the phenomenological tradition, it inherently limits the transferability of findings to broader populations. The study does not aim for generalization but rather for in-depth understanding, and readers are encouraged to interpret findings in light of contextual specificity.

Data Collection

Data were collected through semi-structured, in-depth interviews, guided by an open-ended interview protocol that encouraged participants to share personal narratives related to their experiences with targeted therapy. Interviews were conducted face-to-face in a quiet, private consultation room within the hospital, ensuring comfort and confidentiality. Each interview lasted between 45 and 75 minutes, depending on the participant's condition and willingness to elaborate. All interviews were audio-recorded with permission and transcribed verbatim for analysis. Field notes were also taken to capture non-verbal cues and contextual observations (Lacy dkk., 2023). To foster a reflective space, participants were assured of the non-judgmental and voluntary nature of their involvement. The interview guide was developed based on existing literature and expert input and was pilot-tested for clarity and relevance prior to full deployment.

Data Analysis

Data were analyzed using Colaizzi's seven-step descriptive phenomenological method, which provides a structured yet flexible framework for extracting thematic meanings. The process began with reading transcripts multiple times to achieve immersion and comprehension of the data. Meaningful statements were then identified and organized into significant units, which were coded and clustered into emerging themes. Redundant or non-essential data were excluded through eidetic reduction, allowing only the core meanings to emerge. Themes were synthesized into comprehensive descriptions that reflect the essence of the participants' experiences. NVivo software was utilized to assist in organizing the coded data, facilitating systematic retrieval and comparison of thematic patterns. To ensure credibility, themes were validated through member checking, where participants reviewed and confirmed the accuracy of the interpreted meanings.

Ethical Considerations

Ethical approval for the study was obtained from the institutional research ethics committee of the participating healthcare facility. Informed written consent was obtained from all participants prior to data collection, following detailed explanation of the study's purpose, procedures, and ethical safeguards. Confidentiality was maintained through the anonymization of all transcripts and secure data storage (Mboweni & Risenga, 2023). Participation was voluntary, and individuals were free to withdraw at any time without consequence. The research adhered to the Declaration of Helsinki and complied with applicable local ethical guidelines governing human subject research.

RESULTS

Enduring the Unseen Burden—Navigating the Physical and Emotional Toll

Participants described the adverse effects of targeted therapy as an invisible yet relentless burden. These effects were not only physical but deeply emotional, altering their daily functioning and internal states. The symptoms, although medically anticipated, often manifested in unexpected ways and challenged their sense of control.

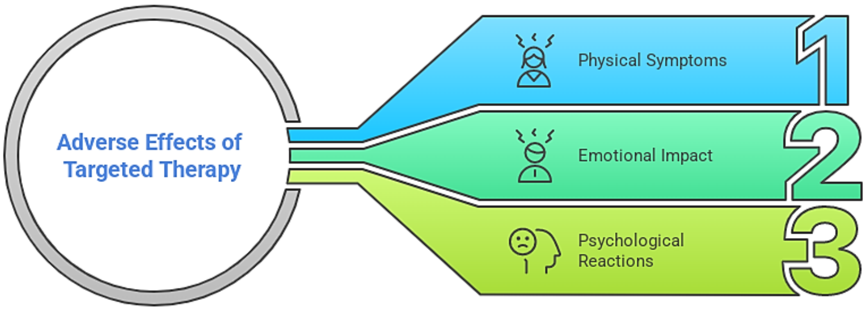
"The nausea comes in waves I can't predict. It's not like regular sickness—it's in my bones, it affects how I see myself." (P3)

Some participants expressed that although the medical staff explained potential side effects, the actual experience felt alienating and at times unbearable.

"They told me it would be tolerable, but nothing prepared me for the fatigue. It's like my body is no longer mine." (P1)

These experiences contributed to a sense of disembodiment and estrangement from their pre-treatment selves. The physical discomforts were deeply intertwined with psychological reactions such as anxiety, frustration, and a perceived loss of identity.

Unveiling the Multifaceted Impact of Targeted Therapy



Reconstructing Meaning Amid Vulnerability

Despite the intensity of their suffering, patients gradually developed personal interpretations of their treatment journey. This meaning-making process often included reframing pain as a necessary struggle toward healing or seeing their experience as a form of resilience.

"At first, I thought I was being punished. Now I try to see it as a test, maybe even a way to be stronger—not just in body, but in mind." (P4)

Spiritual reflection, emotional reframing, and dialogue with supportive caregivers emerged as critical pathways for participants to integrate their suffering into a broader understanding of life and recovery.

"My daughter told me, 'Mom, you're brave.' I didn't feel brave, but her words made me want to be." (P2)

This theme underscores how subjective experiences of targeted therapy go beyond biomedical outcomes—they involve a reconstruction of self-concept, identity, and purpose under conditions of bodily and emotional vulnerability.

Negotiating Autonomy in Clinical Encounters

Participants expressed nuanced reflections on their interactions with healthcare professionals, particularly pharmacists and oncologists. While some reported feeling empowered by clear communication and empathy, others felt their voices were marginalized in the decision-making process.

"The pharmacist explained every step, and I felt heard. It made me less afraid." (P5)

"Sometimes I felt like a checklist. They looked at charts but didn't ask how I was really doing." (P3)

The quality of communication—especially when involving the explanation of drug regimens and side effects—was linked to patients' perceptions of agency and trust in the healthcare system. When empathetic communication was present, it contributed significantly to patients' ability to endure treatment and engage actively in their care.

Across the narratives, three core meanings emerged: suffering as transformation, adaptation through meaning-making, and the significance of relational engagement in care. These findings highlight the layered complexity of experiencing targeted therapy—not merely as a medical intervention but as a profound personal journey shaped by embodiment, identity, and relational contexts.

DISCUSSION

Summary of Key Findings

This study revealed three essential experiential themes in patients undergoing targeted cancer therapy: the burden of physical and emotional suffering, the reconstruction of meaning through vulnerability, and the negotiation of autonomy in clinical encounters (Laranjeira dkk., 2022). These findings directly respond to the central research question by offering a nuanced understanding of how patients interpret and adapt to the challenges of targeted therapy within the context of their lived realities.

Contribution to the Research Question

The findings offer a clear and meaningful response to the research question regarding how patients experience and give meaning to the side effects of targeted therapy. Rather than viewing these experiences solely through a biomedical lens, the study uncovers how patients endure physical discomfort while simultaneously engaging in deep emotional reflection and identity reconstruction. By highlighting the role of communication, relational trust, and personal meaning-making, the study contributes a holistic and patient-centered perspective that has been largely absent in the existing literature on targeted therapies. These insights challenge reductionist interpretations of treatment side effects and emphasize the need to consider how therapeutic interventions are emotionally and socially integrated into the lives of those who undergo them.

Relationship to Existing Literature and Theoretical Frameworks

These results are consistent with prior qualitative research that underscores the transformative impact of cancer treatment on patients’ psychological and existential frameworks (Lee dkk., 2011). However, the current study extends previous findings by focusing specifically on targeted therapy—a modality that is often celebrated for its clinical precision but rarely explored from the patient’s narrative perspective. The participants’ descriptions echo (Maurer dkk., 2017), who reported that even advanced therapies can trigger emotional distress and identity shifts. Additionally, the study reinforces the theoretical foundations of descriptive phenomenology by demonstrating how lived experience provides access to the essence of suffering and adaptation, elements that often remain hidden in quantitative or purely clinical models. The findings also align with the work of (Maurer dkk., 2017), who emphasize the need to understand patient compliance and engagement as meaning-laden processes rather than mechanical behaviors. In this way, the study not only confirms but deepens existing knowledge, pointing toward a more empathetic and responsive approach to pharmaceutical care.

Implications of the Findings

The findings of this study have significant implications for both clinical practice and the broader understanding of patient care in oncology. The lived experiences of patients undergoing targeted therapy highlight the importance of acknowledging emotional suffering, identity disruption, and the personal meaning attributed to treatment. These narratives suggest that healthcare professionals—especially pharmacists, nurses, and oncologists—must move beyond protocol-driven interactions to cultivate relational empathy and patient-centered communication. Socially and culturally, the study reveals how illness and therapy are not merely biological events but deeply embedded in personal, familial, and societal contexts, particularly in cultures where illness is closely tied to notions of resilience and sacrifice. Recognizing these experiences can lead to more responsive care models that respect the inner world of patients and adapt interventions to support their psychosocial and emotional needs alongside pharmacological management.

Study Limitations

This study, while rich in narrative depth, is limited by its small sample size and context-specific setting in a tertiary care hospital. The use of purposive sampling, while appropriate for phenomenological research, restricts the generalizability of findings to broader or more diverse populations. Additionally, all interviews were conducted in a clinical environment, which may have influenced participants' willingness to disclose sensitive aspects of their experience. The interpretive process, though rigorous and grounded in Colaizzi's framework, inherently carries the risk of researcher bias, despite efforts to maintain reflexivity and credibility through member checking and audit trails. These limitations should not be viewed as methodological flaws, but rather as boundaries that define the interpretive scope of qualitative inquiry.

Future Research Directions

Future studies could build upon these findings by examining the lived experiences of patients receiving targeted therapy across different cultural contexts, treatment stages, or healthcare settings. Comparative phenomenological studies might explore how gender, age, or socioeconomic status mediate the experience of suffering and resilience in cancer care. Additionally, longitudinal designs could provide insights into how patients' meaning-making evolves over time, particularly in response to changing prognoses or therapeutic outcomes. Incorporating interdisciplinary perspectives—from psycho-oncology, narrative medicine, or medical humanities—could further enrich the understanding of patient experiences and contribute to more holistic models of pharmaceutical care. Ultimately, continued exploration of subjective experiences in treatment settings will deepen the ethical and humanistic dimensions of healthcare delivery.

CONCLUSION

This study explored the lived experiences of cancer patients undergoing targeted therapy, focusing on how they interpret and respond to the physical and emotional impacts of treatment. The findings revealed that patients endure not only physiological side effects but also profound emotional and existential challenges. Through descriptive phenomenological analysis, the study identified key themes such as internal suffering, personal meaning-making, and the need for empathetic communication in clinical settings. These insights fill an important gap in the literature, which often overlooks the subjective realities behind treatment outcomes. By highlighting the human dimension of targeted therapy, the study offers valuable implications for more compassionate, patient-centered pharmaceutical care. Future research may expand on these findings by exploring different cultural contexts or employing longitudinal approaches to understand how patients' experiences evolve over time.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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