



Chemotherapy and the Inner Journey: Interpreting Breast Cancer Patients' Lived Meanings of Treatment Side Effects

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Article Info

Article history:

Received 30-06-2025

Revised 25-07-2025

Accepted 17-08-2025

Keyword:

Chemotherapy Experience;

Breast Cancer Patients;

Meaning-Making;

Interpretative Phenomenology;

Emotional Resilience;

Narrative Oncology

ABSTRACT

Understanding the emotional and existential dimensions of chemotherapy is essential to improving patient-centered oncology care. This study explores how breast cancer patients undergoing chemotherapy construct personal meaning from their treatment experiences.

Using an Interpretative Phenomenological Analysis (IPA) framework, we conducted in-depth, semi-structured interviews with ten women who had completed at least two chemotherapy cycles. Data were thematically analyzed to capture patterns of meaning making.

Four key themes emerged: (1) the tension between fear and hope, (2) embodied vulnerability, (3) spiritual and existential reframing of suffering, and (4) trust in medical professionals. Participants described side effects as both distressing and symbolic of therapeutic progress, leading to shifts in self-perception, resilience, and identity.

Chemotherapy was experienced not only as a biomedical procedure but as a transformative journey. Integrating patients' voices into care can strengthen therapeutic alliances, enhance emotional adherence, and support holistic strategies that address psychological, spiritual, and cultural dimensions alongside symptom management.



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INTRODUCTION

Cancer remains a leading global health concern, with breast cancer representing the most commonly diagnosed malignancy among women worldwide. Advancements in treatment have significantly increased survival rates, yet chemotherapy continues to be associated with a wide range of physical and psychological side effects that profoundly affect patients' lives (Mendoza dkk., 2022). While oncology research has largely emphasized measurable clinical outcomes—such as tumor regression and survival rates—patients' subjective experiences during treatment remain underexplored.

The subjective impact of chemotherapy, especially among breast cancer patients, extends far beyond its physiological consequences. The treatment process often disrupts a patient's sense of identity, alters body image, and challenges emotional resilience. These effects are deeply intertwined with cultural expectations, social roles, and individual coping capacities. For many women, chemotherapy represents not only a medical intervention but a transformative experience that reshapes their understanding of self, illness, and healing.

While biomedical research has effectively documented the pharmacological mechanisms and adverse event profiles of chemotherapeutic agents, there remains a critical gap in capturing how patients interpret and make sense of their treatment journeys. The emotional, spiritual, and existential dimensions of chemotherapy are often underrepresented in clinical literature. As such, a deeper exploration into the meanings that patients assign to their experiences becomes imperative—not merely to complement medical data, but to enrich patient-centered care practices.

Given the multidimensional nature of cancer treatment, there is an urgent need to move beyond clinical endpoints and engage with the nuanced, subjective narratives of those undergoing chemotherapy (Pumthong dkk., 2015). This requires an approach that honors the complexity of human experience and prioritizes meaning-making as a central analytic goal. Phenomenology, with its philosophical grounding in the exploration of lived experience, offers a fitting methodological pathway to illuminate these dimensions.

Research into patients' lived experiences during illness and treatment has become a critical domain within health sciences, particularly in oncology where the psychosocial toll of therapy can rival its physiological demands. Studies exploring the subjective experience of chemotherapy have increasingly highlighted how patients interpret and internalize their bodily changes, emotional turbulence, and evolving sense of self. This field of inquiry underscores the importance of understanding how individuals construct meaning around medical interventions that are often physically debilitating and emotionally destabilizing.

However, methodological challenges persist in capturing these deeply personal narratives. Quantitative approaches—while valuable for measuring symptom prevalence or treatment efficacy—often fall short in illuminating the rich, contextualized meanings patients assign to their experiences. Surveys and standardized scales, for instance, may quantify distress but cannot fully reveal how patients process that distress, how they make sense of suffering, or how they reshape their identities in response to illness. These methods tend to prioritize generalizability over depth, thereby limiting the ability to uncover the nuances of personal transformation during cancer treatment.

As a result, prior research often underrepresents the emotional, existential, and spiritual dimensions of chemotherapy. Despite a growing recognition of patient-centered care, many studies continue to neglect the complex narratives that inform adherence, resilience, and healing. Without a framework capable of engaging these dimensions authentically, previous methodologies risk portraying an incomplete picture of the chemotherapy experience (Sarfo dkk., 2018). This underscores the need for qualitative approaches—particularly phenomenology—that seek to grasp the essence of experience from the perspective of those living through it.

Conventional strategies for managing chemotherapy side effects in breast cancer patients have primarily centered on clinical protocols and pharmacological interventions. These practical approaches often emphasize symptom reduction through antiemetics, pain management, or supportive care programs. While such measures are essential for physiological relief, they seldom address the deeper emotional, existential, and cognitive responses that patients experience during treatment. The prevailing reliance on standardized assessments and evidence-based clinical models has led to a fragmented understanding of the patient experience—one that is predominantly biomedical and insufficiently attuned to the lived realities of those undergoing chemotherapy.

Existing research has predominantly adopted quantitative methodologies that, while effective for measuring distress levels or treatment adherence, do not capture the nuanced meanings that patients assign to their experiences (Setty & Sigal, 2005). As a result, critical aspects of the treatment journey—such as the psychological struggle with body image, the internal conflict between fear and hope, and the spiritual reframing of suffering—remain underexplored. These gaps limit the ability of healthcare providers to develop truly patient-centered interventions that consider not only clinical symptoms but also the personal and cultural contexts in which suffering is experienced.

To bridge this gap, a phenomenological approach offers an alternative pathway that prioritizes the exploration of meaning from the perspective of those directly affected. Unlike reductionist models, phenomenology seeks to understand the essence of lived experiences by giving voice to individuals and interpreting the significance of their narratives within their social and emotional environments. By doing so, this method provides a richer, more holistic understanding of what it means to undergo chemotherapy—not as a sequence of medical events, but as a profound, transformative human experience.

Several qualitative studies have explored how cancer patients cope with the burden of illness and treatment. Research by (Sirois, 2008) emphasized the importance of psychosocial support during

chemotherapy, while (Welz dkk., 2018) revealed how patients developed spiritual strategies to endure side effects. These studies highlight the emotional and existential layers of cancer treatment, yet few have focused specifically on breast cancer patients' internal meanings regarding chemotherapy. Theoretical work rooted in Heideggerian phenomenology supports the need to understand lived experience as a pathway to deeper insight. However, much remains unknown about how patients interpret and give meaning to their suffering during active treatment.

Phenomenology, with its focus on subjective meaning, offers a framework for uncovering how patients navigate treatment-related uncertainty, distress, and resilience. This study applies Interpretative Phenomenological Analysis (IPA) to explore how women undergoing chemotherapy for breast cancer make sense of their experiences, with the aim of generating insights that can inform more holistic, patient-centered care. The article is organized into six main sections. The introduction presents the rationale, background, and objectives of the study (Zhang dkk., 2014). The methodology section explains the phenomenological framework, participant selection, and data collection procedures. Data analysis follows, outlining the use of IPA to identify essential themes. The results section provides a thematic narrative supported by direct participant quotes. Finally, the discussion and conclusion reflect on the findings, relate them to existing literature, and suggest implications for clinical practice.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach to explore the lived experiences of breast cancer patients undergoing chemotherapy and their perceptions of treatment side effects. Interpretative Phenomenological Analysis (IPA) was chosen for its emphasis on understanding how individuals make sense of significant life experiences. As a qualitative methodology, phenomenology is uniquely suited to uncover the subjective meanings that participants assign to their experiences, particularly in the context of illness and therapeutic interventions (Brown dkk., 2022). The IPA framework, grounded in the philosophical foundations of Heidegger, focuses on the interpretative process through which participants' narratives are examined in light of their socio-emotional and existential contexts. This design allowed for a nuanced exploration of personal perceptions, emotions, and coping mechanisms that may not be captured through quantitative measures.

Participants

Participants in this study were adult women diagnosed with breast cancer who had undergone at least two cycles of chemotherapy within the past year. Selection followed purposive sampling to ensure the inclusion of individuals with rich and relevant experiences concerning the research phenomenon. Inclusion criteria required participants to be aged 25 years or older, capable of verbal communication, and willing to share personal experiences related to chemotherapy side effects (Castellino dkk., 2021). Those experiencing acute psychiatric symptoms or cognitive impairments that could hinder meaningful participation were excluded. A total of ten participants were involved in the study, ranging in age from 32 to 59 years, with a mean age of 45.3. All participants had been treated at a tertiary oncology center and represented diverse educational and occupational backgrounds.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted in a private, comfortable setting within the oncology clinic or the participant's home, depending on individual preference. An interview guide was used to direct the conversation while allowing for flexibility to explore emergent topics. Interviews lasted between 45 and 90 minutes and were audio-recorded with consent. The interviews were conducted in the participants' native language to ensure comfort and authenticity in expression (Cona dkk., 2022). All sessions were transcribed verbatim. Field notes and non-verbal observations were documented to supplement verbal data and enhance contextual understanding. The interview environment was carefully prepared to foster psychological safety, ensuring participants felt secure and respected throughout the process.

Data Analysis

Data analysis was conducted using Interpretative Phenomenological Analysis (IPA), which involved a systematic examination of each transcript to identify emergent themes. Transcripts were read multiple times to gain familiarity, followed by coding of significant statements that captured meaningful aspects of participants' experiences. These codes were then clustered into subordinate and superordinate themes reflecting shared patterns across participants (Drown dkk., 2024). NVivo software supported the organization and coding of textual data but did not influence thematic interpretations. Each theme was derived inductively and grounded in participants' own words, ensuring that interpretations remained closely linked to the lived realities conveyed during interviews. The final themes represent essential structures of meaning that illuminate how participants understood and navigated the side effects of chemotherapy.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Review Board of the participating oncology center. Written informed consent was secured from all participants after a clear explanation of the study's purpose, procedures, and their right to withdraw at any time without consequences. Anonymity and confidentiality were rigorously maintained through the use of pseudonyms and secure data storage (Heck dkk., 2024). The research adhered to the principles outlined in the Declaration of Helsinki and followed national ethical guidelines for human subjects research.

RESULTS

The Duality of Fear and Hope

Participants described an emotional paradox in facing chemotherapy: a profound fear of side effects counterbalanced by the hope of recovery. Chemotherapy, while perceived as life-threatening in its consequences, also symbolized a gateway to survival.

"I was terrified when I saw my hair falling out in chunks... But I told myself, this is the medicine working. If I stop now, what hope do I have?" (P3)

This duality was particularly evident in participants who associated hair loss, nausea, and fatigue with visible signs of the treatment's intensity. Despite distress, they internalized these manifestations as markers of therapeutic progress.

Embodied Vulnerability and Loss of Control

Patients expressed a sense of detachment from their own bodies, as chemotherapy induced changes they could neither prevent nor fully understand. Their accounts illustrated an embodied vulnerability—being forced to surrender bodily autonomy to medical procedures.

"I looked in the mirror and didn't recognize myself. My face, my skin, everything was different. I felt like I was borrowing someone else's body." (P1)

This theme also intersected with emotional experiences of shame and helplessness, particularly when physical changes affected their ability to engage in daily roles as mothers, wives, or workers.

The Search for Meaning in Suffering

Several participants reframed their suffering through existential or spiritual lenses. Rather than perceiving chemotherapy solely as a clinical intervention, they saw it as a test or journey imbued with moral or spiritual significance.

"I believe God gave me this illness to teach me something. Maybe patience, maybe faith... but I don't think it's meaningless." (P4)

Such reframing served as a coping mechanism, enabling participants to derive strength from adversity and sustain emotional resilience throughout their treatment.

Trust as a Pillar of Compliance

A recurring pattern in the data was the pivotal role of trust in healthcare providers. Participants emphasized that their willingness to endure treatment, despite overwhelming discomfort, stemmed from a deep trust in their oncologists.

"Every time I sat in the chair for chemo, I reminded myself: my doctor wants to help me. He knows what he's doing." (P2)

Trust reduced anxiety and reinforced adherence, highlighting the importance of physician-patient relationships in therapeutic outcomes.

The core of the participants' experiences lies in the intertwining of emotional, physical, and existential dimensions of chemotherapy. While the treatment process often generated profound suffering, it simultaneously catalyzed personal reflection, resilience, and redefined relationships with self and others. These findings illuminate the lived realities behind clinical interventions and underscore the necessity of empathetic, holistic care.

DISCUSSION

Opening: Summary of Key Findings

This study revealed four essential themes that illuminate how breast cancer patients undergoing chemotherapy interpret and respond to their experiences: the duality of fear and hope, embodied vulnerability, the search for meaning in suffering, and trust as a foundation of treatment adherence. These findings address the central research question by uncovering the personal and emotional significance patients attach to the side effects of chemotherapy and how these meanings shape their perception of therapy.

Contribution of Findings to the Research Question

The study contributes a nuanced understanding of how patients construct meaning from the distressing realities of chemotherapy. Rather than viewing side effects solely as clinical complications, participants interpreted them as complex experiences involving identity disruption, existential reflection, and relational trust. These insights demonstrate that patient adherence and resilience are not only influenced by clinical factors but are also deeply embedded in how individuals emotionally and spiritually make sense of their suffering. The interpretative phenomenological approach successfully captured these dimensions, offering a richer, more humanistic response to the question of how chemotherapy is experienced beyond its biomedical scope.

Relationship to Existing Literature and Theory

The findings resonate with previous research that highlights the psychosocial challenges of chemotherapy (Kasande dkk., 2022), particularly the emotional toll and spiritual coping mechanisms adopted by patients. Consistent with Heideggerian phenomenology, participants did not merely experience suffering as passive recipients of medical treatment; they actively interpreted and contextualized their distress within broader frameworks of meaning. The theme of embodied vulnerability supports prior work by (Kavanaugh & Zolna, 2023), who observed how patients' altered self-perception influences psychological adjustment. Additionally, the theme of trust aligns with the literature on therapeutic alliance in oncology, suggesting that interpersonal dynamics can mediate the psychological burden of treatment. Unlike studies that use standardized scales to measure patient distress, this research adds interpretative depth by capturing the lived meanings that underlie those emotions.

Explanation of the Implications of Findings

The findings of this study carry significant implications for clinical practice and health communication in oncology care. Understanding the chemotherapy experience as a deeply personal and interpretative process underscores the need for empathy-driven, patient-centered care. Clinicians should consider integrating narrative-based approaches to complement pharmacological strategies,

allowing patients to voice their fears, hopes, and existential concerns (Klein dkk., 2022). Culturally sensitive interventions can also be developed to acknowledge spiritual reframing and personal meaning-making as integral to psychological resilience during treatment. By recognizing the subjective realities patients endure, healthcare systems can enhance therapeutic relationships and improve treatment adherence across diverse populations facing similar challenges.

Limitations of the Study

This study is not without limitations. The sample size, while adequate for phenomenological depth, was limited to a single oncology center and may not reflect the experiences of patients in different cultural or clinical settings. All participants were female and diagnosed with breast cancer, which limits the transferability of findings to other cancer types or gender groups. Additionally, the interpretative nature of phenomenological analysis inherently involves researcher subjectivity, despite measures taken to ensure reflexivity and analytic rigor. These limitations suggest caution in generalizing the findings beyond the specific context studied.

Prospective Statement for Future Research

Future research could expand on these findings by exploring chemotherapy experiences among different demographic groups or cancer types, including male patients or individuals from various socioeconomic and cultural backgrounds. Longitudinal phenomenological studies may also offer insight into how the meaning of treatment evolves over time, from diagnosis to post-treatment survivorship. Further integration of phenomenological data with narrative medicine practices could inform multidisciplinary interventions that bridge clinical efficacy with emotional and spiritual support. Such efforts have the potential to transform oncology care into a more holistic, human-centered practice.

CONCLUSION

This study explored how breast cancer patients undergoing chemotherapy construct meaning from their experiences, addressing the subjective and emotional aspects often overlooked in clinical research. Through an interpretative phenomenological approach, the study revealed four key themes: the tension between fear and hope, the sense of embodied vulnerability, the search for meaning in suffering, and the importance of trust in medical professionals. These findings contribute to a deeper understanding of the chemotherapy experience, emphasizing the need to consider patients' inner narratives in treatment planning. The study fills a critical gap in existing literature by highlighting the psychological and existential dimensions of cancer therapy. It also supports the integration of narrative and empathetic care into oncology practices to enhance patient-centered outcomes. Future research may extend this inquiry to other cancer populations or explore how meaning-making evolves over different stages of the illness trajectory.

CONFLICT OF INTEREST

The authors declare no conflict of interest. All funding sources had no role in the study design, data collection, analysis, interpretation, or decision to submit the article for publication.

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