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Exploring Patients' Lived Experiences and Meaning-Making in Pharmacological Treatment Contexts

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ABSTRACT

Pharmacological treatments play a crucial role in managing chronic illnesses and complex medical conditions, yet their impact on patients' subjective experiences remains underexplored. While biomedical research has advanced our understanding of drug efficacy and safety, fewer studies have investigated how individuals construct meaning around their treatment journeys within emotional, social, and cultural contexts. However, limited qualitative evidence exists on how pharmacological interventions shape patients' identities, trust, and sense of control, leaving a critical knowledge gap regarding the lived experiences of those undergoing such treatments. Here, we apply an interpretative phenomenological approach (IPA) to explore how patients experience, interpret, and adapt to pharmacological treatment within their personal and sociocultural realities. Participants were recruited purposively to capture diverse experiences in terms of age, gender, diagnosis, and treatment duration, ensuring variation in perspectives. The final sample consisted of twelve participants (7 women and 5 men), aged between 30 and 65 years, all of whom had been undergoing long-term pharmacological treatment for chronic conditions such as diabetes, hypertension, and autoimmune disorders. Data were collected through semi-structured, in-depth interviews and analyzed thematically to identify patterns of meaning-making and emotional responses.
The analysis revealed four overarching themes: navigating uncertainty related to side effects, reconstructing identity through chronic medication use, negotiating trust within physician-patient relationships, and seeking meaning and agency in treatment decisions. These findings demonstrate that pharmacological treatment involves far more than physiological outcomes; it encompasses complex psychological adjustments and sociocultural influences. The study contributes to a patient-centered understanding of pharmacological care and highlights the importance of integrating subjective experiences into clinical decision-making. By clarifying the rationale for sampling and participant characteristics, this study provides greater transparency regarding its scope and applicability. These insights offer a foundation for future research exploring cross-cultural perspectives and longitudinal patterns of meaning-making in pharmacological contexts.

INTRODUCTION

Pharmacological treatments have become an essential component of modern healthcare, profoundly shaping the management of chronic illnesses, life-threatening diseases, and complex medical conditions (Mangmool et al., 2024; Yang et al., 2025). Advances in precision medicine, biologic therapies, and personalized drug regimens have improved clinical outcomes and extended survival rates across diverse patient populations. However, these biomedical achievements coexist with profound psychosocial and emotional challenges experienced by individuals undergoing pharmacological interventions. Treatment decisions often require navigating uncertainty, adapting to bodily changes, and managing the emotional toll of side effects, which together shape patients' overall quality of life and self-perception.

While scientific discourse in pharmacological research traditionally emphasizes efficacy, safety, and measurable clinical outcomes, the subjective experiences of individuals receiving treatment have received comparatively less attention. Patients frequently encounter multifaceted realities that extend beyond clinical parameters, such as disruptions in personal identity, shifting social roles, and transformations in interpersonal relationships. For example, individuals undergoing immunotherapy for cancer or long-term biologic treatments for autoimmune conditions often report feelings of vulnerability, anxiety, and alienation, which significantly influence adherence to treatment and perceived well-being.

Understanding these subjective dimensions is particularly relevant within broader sociocultural contexts (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). Pharmacological treatments intersect with personal beliefs, cultural norms, and social expectations, shaping how individuals make sense of their illness and recovery trajectories. The meaning attributed to treatment is rarely confined to physiological responses; rather, it is constructed through lived experiences influenced by family dynamics, social support networks, and cultural frameworks. Exploring these perspectives allows researchers and clinicians to situate pharmacological care within the lived realities of patients, thus providing a more holistic understanding of their treatment journeys.

Given this complexity, there is a growing need to explore the meaning of patients' lived experiences to complement the existing biomedical discourse (Rezel-Potts et al., 2021; William et al., 2025). Phenomenological inquiry offers a unique lens to capture the richness and depth of these subjective realities, moving beyond surface-level descriptions to uncover the essence of how individuals perceive, interpret, and live through their treatment experiences. By centering patients' voices, such research provides critical insights that can inform patient-centered care, enhance therapeutic relationships, and improve the integration of psychosocial support within pharmacological practice.

Research exploring individuals' lived experiences with pharmacological treatments has increasingly emerged as a critical subfield within health and social sciences. Scholars have emphasized that understanding patients' personal narratives is essential for improving treatment adherence, fostering therapeutic trust, and supporting holistic care. These studies provide valuable insights into how individuals construct meaning around their illness and treatment journeys, revealing nuanced dimensions that extend beyond measurable biomedical outcomes.

However, methodological challenges persist in capturing the depth and complexity of subjective experiences. Much of the existing literature relies heavily on quantitative measures—such as standardized questionnaires or symptom scales—that focus on observable variables like efficacy, side effects, or quality-of-life indices. While these tools generate statistically significant findings, they often fail to illuminate the inner world of patients, including emotional struggles, identity transformations, and the personal significance attached to pharmacological treatments. As a result, the multidimensional and context-dependent nature of patients' realities remains underexplored.

Furthermore, prior qualitative studies in this domain often adopt descriptive approaches that summarize participants' narratives without fully interpreting the underlying meanings and lived essences of their experiences (Espíndola-Rodríguez et al., 2024; Niemann et al., 2022). Such approaches tend to produce fragmented insights rather than a coherent understanding of how individuals perceive, interpret, and adapt to treatment-related challenges. Consequently, existing research has yet to sufficiently address how pharmacological interventions reshape patients' identities, influence their social relationships, and affect their sense of agency within broader cultural and personal contexts.

This limitation underscores the necessity of adopting a phenomenological perspective that seeks to uncover the essence of experience rather than merely documenting surface-level accounts. By focusing on the subjective dimensions of illness and treatment, phenomenology enables a deeper engagement with participants' meaning-making processes and provides a more comprehensive framework for understanding the human implications of pharmacological care.

Despite significant advances in pharmacological research, current approaches to understanding patients' treatment experiences largely rely on practical clinical frameworks that prioritize measurable biomedical outcomes, such as drug efficacy, safety profiles, and symptom control. While these approaches are valuable for guiding evidence-based practice, they often fail to account for the subjective dimensions of patients' lived realities, including their emotional responses, identity negotiations, and meaning-making processes during treatment.

Existing studies frequently utilize standardized questionnaires, symptom scales, or treatment satisfaction metrics, which provide quantifiable insights but lack the depth necessary to illuminate how patients interpret and experience their therapeutic journeys (Akinduko et al., 2024; Rong et al., 2024). As a result, current knowledge remains fragmented, offering limited understanding of the complex interplay between pharmacological interventions and individuals' social, psychological, and cultural contexts.

Moreover, the limited number of qualitative studies that exist in this domain often adopt surface-level descriptive techniques rather than interpretative frameworks capable of capturing the essence of personal experiences. These studies tend to report what participants say rather than exploring the deeper meanings embedded within their narratives, leaving critical questions unanswered about how pharmacological treatments shape patients' identities, affect their relationships, and influence their perceived sense of agency.

This gap highlights the urgent need to adopt a phenomenological methodology that seeks to uncover the lived essence of patients' experiences, moving beyond conventional metrics and surface-level accounts (Gaul et al., 2011; Ghosh et al., 2024). By focusing on the subjective meanings that individuals attribute to their treatment journeys, phenomenological inquiry provides a more comprehensive and human-centered understanding of pharmacological care. Such an approach has the potential to inform clinical practice, enhance patient-centered interventions, and support the integration of psychosocial dimensions within therapeutic decision-making.

Recent studies have increasingly explored patients' lived experiences with pharmacological treatments, highlighting the psychological, emotional, and social dimensions of illness management. Research has shown that treatment decisions are shaped not only by clinical outcomes but also by personal beliefs, cultural contexts, and subjective perceptions of therapy (Mukhlis, 2025b; Mukhlis, Suradi, et al., 2023). However, many existing studies remain limited by their descriptive nature, focusing on what participants report rather than the deeper meanings behind their experiences. Theoretical frameworks, such as patient-centered care and narrative medicine, have been proposed to address these limitations but are rarely integrated effectively into pharmacological research. This study builds upon these gaps by adopting a phenomenological lens to examine how individuals construct meaning throughout their treatment journeys.

To address the limitations identified in prior research, this study employs an interpretative phenomenological approach (IPA). IPA was selected because it emphasizes understanding the subjective meanings participants assign to their experiences while acknowledging the influence of individual, cultural, and contextual factors. This approach enables a deeper engagement with the essence of patients' narratives, directly responding to the unresolved questions identified in the Knowledge Gap section. By focusing on personal accounts, this study seeks to uncover patterns of meaning-making that may inform patient-centered pharmacological care. Through this method, the research aims to provide insights that complement quantitative findings and broaden the understanding of treatment experiences.

The remainder of this article is structured as follows. The Introduction outlines the background, context, and significance of the study, leading to the identification of the research problem and knowledge gap (Türkmen et al., 2023; Xu et al., 2021). The Method section details the phenomenological design, participant selection, data collection procedures, and analytic strategies used to interpret lived experiences. The Results section presents emergent themes derived from the analysis, illustrated with participants' verbatim quotations to preserve authenticity. The Discussion integrates findings with existing literature, highlighting theoretical and practical implications, while the Conclusion summarizes the study's contributions and suggests directions for future research.

RESEARCH METHODS

Study Design

This study adopted a phenomenological research design to explore the lived experiences of participants undergoing pharmacological treatment (Fenton & Baxter, 2016; Murphy & Dingwall, 2017). The phenomenological approach was chosen due to its focus on understanding subjective perceptions and uncovering the essence of individual experiences related to a specific phenomenon. By allowing participants to share their personal narratives, this design facilitated a deeper exploration of meanings, interpretations, and contextual influences surrounding their treatment journey.

An interpretative phenomenological analysis (IPA) approach was applied to capture the nuanced and personal meanings that participants attributed to their experiences. IPA was considered appropriate as it emphasizes sense-making processes and provides a structured yet flexible framework for exploring the complex interplay between subjective experiences and contextual realities.

Participants

Participants were selected using a purposive sampling strategy to ensure the inclusion of individuals with direct and relevant experiences of pharmacological treatment (Daly, 2007; Longhofer et al., 2012). Eligibility criteria included:

- Adults aged 25 to 65 years
- Currently receiving or having completed pharmacological treatment within the past 12 months
- Willingness and ability to share personal experiences openly

Exclusion criteria comprised individuals with severe cognitive impairments or comorbid psychiatric conditions that could hinder their ability to engage in meaningful discussion.

A total of 12 participants (7 females and 5 males) took part in the study, representing a diverse demographic background in terms of education, employment, and treatment duration. The average participant age was 46.8 years. This diversity enhanced the richness and transferability of findings by capturing a wide range of perspectives.

Data Collection

Data were collected through in-depth, semi-structured interviews conducted either face-to-face or via secure video conferencing platforms, depending on participants' preferences and health conditions (Iosifides, 2016). An interview guide was developed based on the research objectives and was designed to encourage participants to describe their thoughts, feelings, and interpretations of their treatment experiences.

Each interview lasted between 45 and 75 minutes and was conducted in a private, comfortable setting to ensure participants' openness and psychological safety. All interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

To maintain flexibility and depth, the interview protocol allowed the interviewer to explore emerging topics relevant to participants' narratives while following a core set of guiding questions.

Data Analysis

Data were analyzed using Interpretative Phenomenological Analysis (IPA) to identify emergent themes and patterns of meaning across participants' accounts. The analysis followed a systematic, multi-stage process:

1. Familiarization with the Data – Transcripts were read repeatedly to gain a holistic understanding of participants' narratives.
2. Initial Coding – Significant statements and meaning units were highlighted and labeled to capture core ideas.

3. Theme Development – Codes were grouped into conceptual themes representing shared experiential patterns.
4. Cross-Case Analysis – Themes across participants were compared to identify similarities, divergences, and overarching essences.
5. Validation – Themes were refined through iterative discussions and cross-referencing with raw data to ensure interpretive accuracy.

NVivo 14 software was used to assist with organizing and managing qualitative data. However, thematic development and interpretation were driven by the phenomenological framework rather than the software itself.

RESULTS

Navigating Uncertainty Amid Immunotherapy Side Effects

Participants consistently described their experiences of psychological distress, physical discomfort, and emotional instability when confronted with unexpected side effects from immunotherapy treatments. While they were informed about potential adverse reactions, the reality of enduring these effects was far more intense than anticipated.

“I knew there would be side effects, but I didn’t expect it to affect my entire life. Every day feels unpredictable, like I’m walking in the dark.” (Participant 3)

This uncertainty shaped how participants approached their treatment decisions. Several reported feeling compelled to balance hope for recovery with the fear of worsening health, which ultimately influenced adherence to treatment regimens.

Managing Immunotherapy Side Effects

Reshaping Identity Through Chronic Medication Use

A prominent theme emerging from the data was the transformation of participants’ self-perception as they adapted to long-term pharmacological interventions. For many, chronic medication use became intertwined with their sense of identity, shaping daily routines and social interactions.

“Taking these pills every morning reminds me that I’m sick, even on the days when I feel fine. It’s like my illness defines who I am now.” (Participant 5)

This theme highlights a critical psychosocial dimension of pharmacological treatment that extends beyond biomedical outcomes, revealing a profound struggle to reconcile bodily limitations with self-image and personal autonomy.

Trust and Doubt in the Physician-Patient Relationship

Participants frequently emphasized how their trust—or lack thereof—in healthcare providers affected their treatment experience. Trust was cultivated when physicians demonstrated empathy, transparency, and responsiveness to patients’ concerns, whereas doubt emerged when communication was inadequate or overly technical.

"My doctor explained the treatment in simple terms, and that gave me confidence. But sometimes I feel they hide things from me, and that scares me more than the disease itself." (Participant 7)

These findings underline the pivotal role of relational dynamics in shaping treatment adherence and emotional resilience during pharmacological therapies.

Seeking Meaning and Control Amid Medical Complexity

For many participants, navigating complex treatment regimens prompted a deeper search for meaning and agency in managing their illness. While some embraced proactive engagement by seeking information and adopting lifestyle changes, others felt overwhelmed by conflicting medical advice and fragmented care systems.

"I read everything I can about my treatment, trying to understand what's happening to my body. It helps me feel like I'm in control, even when the outcome isn't certain." (Participant 2)

This theme underscores the importance of patient empowerment in optimizing pharmacological interventions and highlights a need for structured educational and psychosocial support systems.

DISCUSSION

Summary of Key Findings

This study explored the lived experiences of individuals undergoing pharmacological treatments and revealed four essential themes: navigating uncertainty amid treatment side effects (Mukhlis, 2025a; Mukhlis & Saidah, 2025), reshaping personal identity through chronic medication use, negotiating trust in physician-patient relationships, and seeking meaning and control within complex therapeutic contexts. These findings directly address the central research question by uncovering the subjective meanings patients assign to their treatment journeys, highlighting dimensions often overlooked in conventional pharmacological research.

Contribution of Findings to the Research Questions

The findings provide significant insights into the personal, emotional, and relational dimensions of pharmacological care, offering a more holistic understanding of patients' treatment experiences (Moayyedi et al., 2019; Wu et al., 2025). Participants described navigating unpredictable side effects, adjusting their identities around chronic medication use, and negotiating trust in clinical relationships. These lived experiences explain how pharmacological interventions are not merely biomedical events, but rather deeply embedded within patients' psychological, social, and cultural contexts.

By capturing these nuanced perspectives, this study responds to the knowledge gap identified in the Introduction, offering evidence that patients' subjective interpretations influence adherence, treatment satisfaction, and overall quality of life. In doing so, the research contributes a unique phenomenological lens to pharmacological studies, emphasizing the importance of understanding how meaning is constructed rather than simply documenting measurable clinical outcomes. This contribution extends beyond describing patient narratives—it highlights the interdependence between emotional well-being, social identity, and medical decision-making, enabling future research to refine patient-centered models of care.

Relationship with Previous Literature and Theoretical Perspectives

The present findings align with prior research indicating that patient experiences during pharmacological treatment are shaped by a combination of clinical, psychosocial, and cultural factors (Benabderrahmane et al., 2024; Lauterbach, 2019). Consistent with studies on chronic illness narratives, participants' accounts illustrate that medication regimens often transform self-perceptions and personal identities, reinforcing the need for approaches that integrate biomedical care with psychosocial support. Furthermore, the emergence of trust as a pivotal theme reflects earlier work demonstrating that effective physician-patient communication fosters greater treatment adherence and improved therapeutic outcomes.

However, this study extends existing literature by applying an interpretative phenomenological framework, which reveals deeper meanings behind participants' narratives compared to conventional descriptive approaches. Unlike prior studies that primarily quantify symptom burdens or satisfaction scores, this research emphasizes the essence of lived experiences, showing how individuals make sense of uncertainty, identity shifts, and agency in managing treatment complexities. The findings therefore contribute to an expanded theoretical understanding of pharmacological care by situating it within the broader context of patients' sense-making processes, thus complementing biomedical evidence with experiential insights.

Implications of the Findings

The findings of this study carry important scientific, social, and clinical implications for understanding patients' lived experiences during pharmacological treatment (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). From a clinical perspective, the results underscore the necessity of adopting a patient-centered approach that integrates biomedical care with emotional and psychosocial support. By illuminating how individuals make sense of treatment-related uncertainty, identity shifts, and relational trust, the study highlights the importance of therapeutic communication and collaborative decision-making between patients and healthcare providers.

Culturally, the findings suggest that patients' interpretations of illness and treatment are deeply embedded within broader social and familial contexts. This insight calls for treatment strategies that respect individual meaning-making processes and consider the sociocultural environments in which patients live. In a wider professional context, these results demonstrate the value of phenomenological inquiry in enriching pharmacological research, as they reveal experiential nuances that are often overlooked in conventional biomedical studies. Consequently, the study contributes to a more holistic understanding of pharmacological care and provides a conceptual framework for developing more empathetic, inclusive, and context-sensitive healthcare practices.

Limitations of the Study

Despite its contributions, this study acknowledges several limitations that may influence the transferability of findings (Martino et al., 2023; Su et al., 2025). First, the relatively small sample size, inherent to phenomenological research, limits the breadth of perspectives represented, as the focus was on depth rather than generalizability. Second, participants were recruited from a specific clinical context, which may affect the applicability of the results to different healthcare settings or populations. Third, as with all qualitative research, the interpretation of lived experiences relies on participants' self-reported narratives, which may be influenced by memory recall, personal biases, or contextual constraints.

However, these limitations do not undermine the value of the findings; instead, they provide a foundation for future research to examine patients' experiences across diverse pharmacological contexts, cultural settings, and treatment modalities. By acknowledging these boundaries, the study maintains transparency and methodological rigor while highlighting opportunities to expand understanding through broader comparative analyses.

Prospective Directions for Future Research

The insights generated from this study open several avenues for further investigation into patients' lived experiences with pharmacological interventions (Mukhlis, Maryam, et al., 2023; Mukhlis et al., 2024). Future studies could explore cross-cultural comparisons to understand how sociocultural contexts shape meaning-making processes, thereby enhancing the applicability of phenomenological findings to global healthcare practices. Additionally, integrating phenomenological inquiry with mixed-methods designs may provide a richer understanding by combining subjective experiences with clinical outcome data, offering a more comprehensive view of treatment effectiveness.

Another promising direction involves investigating how patients' narratives evolve over time, particularly during transitions between treatment phases or following significant therapeutic milestones (Cao et al., 2024; O'Mara et al., 2020). Such longitudinal studies could deepen understanding of how pharmacological care influences identity reconstruction, emotional adaptation, and patient-provider relationships. By extending these findings, future research can strengthen the integration of experiential knowledge into evidence-based pharmacological care, ultimately improving therapeutic outcomes and patient well-being.

CONCLUSION

This study explored the lived experiences of individuals undergoing pharmacological treatments, addressing the gap in understanding patients' subjective interpretations of their therapeutic journeys. The findings revealed four essential themes: navigating uncertainty, reconstructing personal identity, negotiating trust in physician-patient relationships, and seeking meaning and control amid complex treatment regimens. By adopting an interpretative phenomenological approach, the study provides deeper insights into how patients make sense of their experiences, extending beyond the limitations of previous research that focused primarily on clinical outcomes. These results highlight the importance of integrating emotional, social, and cultural dimensions into patient-centered pharmacological care to improve therapeutic effectiveness and overall well-being. Furthermore, the study demonstrates the value of phenomenology in enriching pharmacological research by uncovering experiential meanings often overlooked in conventional biomedical frameworks. From a practical perspective, healthcare professionals should incorporate structured discussions about side effects, identity reconstruction, and trust-building into routine consultations, enabling patients to feel acknowledged and empowered in treatment decisions. At the policy level, integrating patient narratives into pharmacological guidelines can promote more holistic care models that move beyond biomedical metrics toward patient-centered quality-of-life outcomes. For future research, longitudinal and cross-cultural studies are strongly recommended to examine how lived experiences evolve across diverse sociocultural settings and treatment trajectories, thereby offering evidence that can inform both clinical training and policy reforms.

CONFLICT OF INTEREST

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

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