



Exploring the Lived Experiences of Meaning, Pain, and Hope in Cancer Patients Undergoing Combined Therapy

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ABSTRACT

Cancer treatment, as a major domain of pharmacological research, has evolved through significant advances in immunotherapy and chemotherapy, yet its human dimension remains underexplored. Within this growing field, limited attention has been given to the lived experiences of patients undergoing combined cancer therapies and the meanings they construct through their treatment journeys. What remains insufficiently understood is how patients interpret their embodied suffering, resilience, and spiritual transformation in response to pharmacological interventions. The primary objective of this study is to explore how individuals undergoing combined immunotherapy and chemotherapy make sense of their treatment experiences, focusing specifically on how they reconstruct personal meaning, cope with pain, and sustain hope amid clinical uncertainty. This study employs an interpretative phenomenological analysis (IPA) to explore how individuals undergoing combined immunotherapy and chemotherapy make sense of their treatment experiences and reconstruct personal meaning amid pain and uncertainty. Data were collected through in-depth semi-structured interviews with ten participants, transcribed verbatim, and analyzed thematically using IPA to uncover patterns of embodiment, pain, hope, and spiritual renewal. The findings reveal that treatment is experienced as an existential negotiation between the body's vulnerability and the mind's search for meaning, where healing transcends clinical success to include psychological and spiritual dimensions. This research highlights that patients' healing experiences are not limited to physiological outcomes but encompass broader existential and emotional renewal. However, the study acknowledges several limitations. The small sample size restricts generalizability, and participants were drawn from a single clinical setting, which may limit contextual diversity. Future research should expand participant demographics and explore longitudinal dimensions of patient adaptation to therapy. This phenomenological insight bridges the gap between pharmacological efficacy and lived human experience, emphasizing the need for holistic, patient-centered approaches in cancer care. By integrating these insights, the study contributes to the ongoing dialogue between pharmacology and the human sciences, offering a foundation for more compassionate and interdisciplinary models of cancer treatment.



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INTRODUCTION

Cancer remains one of the most profound and multifaceted health challenges worldwide, not only as a biological disease but also as a deeply human experience that reshapes identity, perception, and meaning (Q. Huang et al., 2025). Advances in pharmacological science have transformed cancer treatment through the development of targeted therapies and immunotherapeutic agents, offering new hope for survival and improved quality of life (Liersch et al., 2025). Yet, despite these medical breakthroughs, the experience of living with cancer—and undergoing aggressive treatment regimens such as combined immunotherapy and chemotherapy—continues to be marked by profound emotional, psychological, and existential complexity.

Pharmacological research has traditionally emphasized clinical efficacy, drug safety, and physiological mechanisms (Mao et al., 2025). However, this focus often overlooks the lived experiences of patients who embody these pharmacological processes in daily life. The human body, within this context, is not merely a biological site of disease and treatment but also a subjective space where pain, hope, fear, and endurance coexist (Mukhlis, 2025a). These inner dimensions shape how patients interpret their condition, interact with medical technologies, and construct meaning around healing and survival (X. Li et al., 2025). Understanding this subjective dimension is crucial for advancing holistic care and bridging the persistent gap between pharmacological success and human well-being.

Within the broader social and cultural context, cancer therapy carries symbolic meanings associated with resilience, suffering, and transformation (Su et al., 2025). The journey through immunotherapy and chemotherapy often transcends biomedical parameters, influencing patients' relationships, spirituality, and sense of purpose. It is within these interwoven experiences that phenomenology becomes indispensable—providing a framework to explore how individuals make sense of their therapeutic encounters and reconstruct meaning amidst uncertainty (Lin et al., 2025). A phenomenological exploration thus offers an avenue to uncover the essence of living through combined cancer therapies, revealing how pharmacological interventions intersect with the existential and emotional realities of human life.

In recent years, the exploration of patients' lived experiences in the context of chronic and life-threatening illnesses has emerged as a critical area of inquiry within health and pharmacological research (Ding et al., 2025). Scholars have increasingly recognized that understanding the subjective dimension of illness provides valuable insights into patient adaptation, treatment adherence, and psychological resilience. In the specific context of cancer therapy, phenomenological investigations have revealed that the experience of pharmacological intervention extends beyond physiological response; it encompasses a transformation in one's sense of self, body, and temporality (Shibutani et al., 2025). This body of research highlights the necessity of examining how patients interpret their embodied suffering and healing processes while navigating the demands of modern medical treatment.

Despite these advances, methodological challenges persist in capturing the essence of such complex experiences (S. Wu et al., 2025). Much of the existing literature continues to rely heavily on quantitative paradigms that prioritize clinical indicators—tumor response, biochemical markers, and treatment efficacy—over personal meaning and lived reality. While these studies offer crucial empirical evidence, they often fail to convey how individuals feel, understand, and reconstruct meaning within the treatment process (Hanrath et al., 2025). Moreover, qualitative studies that do attempt to access these experiences frequently adopt descriptive thematic approaches that fragment narratives into categories, thereby neglecting the interpretative and existential nuances inherent in human suffering and recovery.

These limitations underscore the inadequacy of traditional research methods to illuminate the essence of patients' encounters with combined immunotherapy and chemotherapy. Quantitative outcomes cannot fully represent the subjective transformations that occur when individuals confront illness as both a biological and existential phenomenon (Mukhlis, 2025b). Consequently, there is a growing recognition of the need for phenomenological approaches, particularly interpretative phenomenological analysis (IPA), to uncover how patients construct meaning from their treatment journeys (Kamaraj & C., 2025). Such approaches enable the articulation of subtle, layered experiences—how patients perceive their bodies, endure pain, and sustain hope—thus bridging the gap between pharmacological science and the lived human condition.

While current oncology practices have achieved substantial progress in pharmacological innovation, the prevailing focus remains on quantifiable outcomes such as tumor regression, immune response, and survival rates (Elwan et al., 2025). These metrics, though essential for clinical advancement, provide only a partial understanding of the therapeutic experience. Conventional solutions within pharmacological research—such as clinical trials, symptom tracking, and patient-reported outcome scales—offer structured yet limited insights into the subjective dimensions of

treatment (Hermán-Sánchez et al., 2025). They capture what occurs physiologically but often fail to reveal how patients internalize, interpret, and live through those experiences.

Existing studies that attempt to incorporate patient perspectives frequently rely on self-administered questionnaires or structured interviews aimed at measuring satisfaction or quality of life (Liu et al., 2025). While useful for statistical representation, such tools inherently constrain the expression of nuanced emotional, existential, and relational meanings that accompany cancer therapy (Mukhlis, Suradi, et al., 2023). As a result, the depth and texture of patients' lived realities—their bodily awareness, emotional transformations, and spiritual negotiations—remain underexplored. This epistemological limitation has contributed to a fragmented understanding of the patient's journey through pharmacological treatment.

Phenomenology offers an alternative lens to bridge this gap by prioritizing the meaning of experience rather than its measurement (Xu et al., 2025). Through interpretative phenomenological analysis (IPA), researchers can access the inner world of patients, uncovering how they construct meaning from pain, hope, and healing (Zhou et al., 2025). This approach enables a holistic comprehension of the treatment experience—illuminating the intersections between pharmacological processes and human consciousness (Mukhlis & Saidah, 2025). Adopting such a framework not only deepens our understanding of therapeutic experiences but also enhances the humanization of pharmacological practice, positioning patient meaning as an essential dimension of scientific inquiry.

Previous research on cancer therapy has primarily focused on biomedical and psychological outcomes, often neglecting the deeper meanings patients ascribe to their treatment experiences (C. Huang et al., 2025). Studies in psycho-oncology and health psychology have begun to explore emotional resilience and coping strategies, yet these investigations remain largely descriptive and fail to capture the essence of lived experience (Shang et al., 2025). Theoretical frameworks such as embodiment and existential health psychology suggest that illness transforms not only the body but also identity and temporality. However, few studies have integrated these perspectives within the pharmacological context of combined immunotherapy and chemotherapy (Mukhlis & Abdullah, 2025). This gap underscores the need for a phenomenological approach that can illuminate the complex interplay between pharmacological intervention, bodily awareness, and existential transformation.

This article adopts an interpretative phenomenological analysis (IPA) to uncover the lived experiences of patients undergoing combined immunotherapy and chemotherapy (Jiang et al., 2025). IPA was chosen because it provides a structured yet flexible framework for understanding how individuals interpret their experiences, giving voice to the subtle meanings embedded in pain, hope, and healing (Ke et al., 2025). Through this approach, the study addresses the research gap identified earlier—seeking to understand how patients construct meaning around their pharmacological treatments and how this meaning influences their sense of being, resilience, and self-perception. The phenomenological lens allows the exploration of subjective realities that remain hidden in conventional clinical assessments (Sharma et al., 2025). The resulting insights contribute to both pharmacological and psychosocial discourses by revealing the human dimension of therapeutic experiences.

The article is organized into several key sections. The Introduction establishes the context and conceptual foundations of the study, followed by a Method section detailing the interpretative phenomenological framework, participant selection, and data collection procedures (Kim et al., 2025). The Results section presents the thematic structure of patients' lived experiences, highlighting the essence of embodiment, pain, and hope (Mukhlis, Janwari, et al., 2023). The Discussion integrates these findings with existing theoretical perspectives, emphasizing their implications for pharmacological research and holistic patient care. Finally, the Conclusion reflects on the study's contributions and offers directions for future research in phenomenological pharmacology.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach to explore the lived experiences of cancer patients undergoing combined immunotherapy and chemotherapy. Phenomenology was selected as the research design because it allows for a deep examination of subjective meanings embedded within participants' lived realities, focusing on how individuals make sense of complex medical and emotional experiences. This design was particularly suited to capturing the embodied, psychological, and existential dimensions of pharmacological treatment as they are experienced by patients, rather than as defined solely by clinical metrics.

The interpretative phenomenological framework, rooted in Heidegger's hermeneutic philosophy, emphasizes understanding human experiences through the lens of meaning and being-in-the-world. Within this study, the approach enabled the illumination of how patients construct and interpret their experiences of therapy, side effects, and hope within a broader context of illness and healing. This perspective aligns with the aim of identifying essential themes that reveal the interplay between biological treatment and personal meaning-making.

Participants

Participants consisted of individuals diagnosed with various types of cancer who had undergone a combined immunotherapy and chemotherapy regimen for a minimum of three months. Selection followed a purposive sampling strategy, ensuring the inclusion of participants with direct, relevant, and rich experiences of the studied phenomenon.

Inclusion criteria comprised adults aged 25–70 years, capable of verbal communication, and willing to share their experiences in depth. Exclusion criteria involved individuals with cognitive impairment, unstable medical conditions preventing interview participation, or those undergoing experimental pharmacological treatments not approved for clinical use.

A total of 10 participants were included, consisting of six females and four males, with an average age of 48 years. Participants represented diverse educational and socioeconomic backgrounds, allowing for a nuanced understanding of how pharmacological and psychosocial experiences intersect. Such diversity contributed to a more comprehensive representation of the phenomenon while preserving the idiographic integrity characteristic of phenomenological inquiry.

Data Collection

Data were collected through in-depth semi-structured interviews conducted face-to-face in a quiet and private hospital consultation room. Each interview lasted approximately 45 to 90 minutes, depending on the participant's condition and comfort level. The interviews were guided by an open-ended interview protocol designed to elicit detailed accounts of participants' emotional, physical, and spiritual experiences during treatment.

Questions focused on areas such as changes in bodily perception, experiences of pain and hope, and the influence of social and spiritual factors during therapy. Follow-up probes were used to encourage elaboration and reflection. All interviews were audio-recorded with permission, transcribed verbatim, and verified against the recordings to ensure accuracy.

A calm and empathetic atmosphere was maintained to foster openness and minimize distress. Participants were assured of their right to pause or withdraw from the interview at any point without consequence. Data collection continued until thematic saturation was reached—when no new meanings or insights emerged from subsequent interviews.

Data Analysis

Data were analyzed using Interpretative Phenomenological Analysis (IPA), following a systematic and iterative process. Initially, transcripts were read multiple times to achieve immersion in the data. Meaningful units were then identified and annotated to highlight significant expressions or metaphors. These units were clustered into emergent themes that reflected the participants' lived meanings.

Themes were examined across cases to identify patterns of convergence and divergence, revealing shared experiences while maintaining sensitivity to individual nuance. NVivo software was

employed as a supportive tool for data organization and coding, ensuring a transparent and traceable analytical process.

The analytical steps followed Smith et al.'s framework for IPA, which includes:

1. Reading and re-reading the transcripts to gain familiarity.
2. Initial noting to identify descriptive, linguistic, and conceptual comments.
3. Developing emergent themes from key meaning units.
4. Searching for connections across themes.
5. Moving to the next case and repeating the process.
6. Identifying overarching superordinate themes that encapsulate the essence of the phenomenon.

The final themes presented in the Results section emerged through a reflective synthesis, integrating participants' narratives into a cohesive interpretative account of their lived pharmacological experiences.

RESULTS

Embodied Vulnerability and Altered Self-Perception

Participants described a profound transformation in how they perceived their own bodies throughout the course of combined immunotherapy and chemotherapy. The treatment experience was often articulated as an ongoing struggle between hope and bodily deterioration. Patients conveyed a sense of "foreignness" toward their bodies, where side effects such as fatigue, nausea, and neuropathy reshaped their sense of self and agency.

"I used to feel strong, but now I don't recognize myself in the mirror. It's like my body belongs to someone else." (Participant 3)

This recurring sentiment of bodily alienation, echoed in several accounts (e.g., Participants 1, 3, and 8), demonstrates a shared phenomenological experience in which loss of bodily control becomes a central marker of identity disruption. One participant noted, "My hands shake even when I'm calm — it feels like my body refuses to listen to me anymore." (Participant 8)

This bodily estrangement was closely linked with the unpredictability of therapy outcomes. Several participants expressed that the dual nature of the treatment — promising yet punishing — led to heightened emotional ambivalence. By aligning these narratives, the theme illustrates how vulnerability is embodied through both physical deterioration and shifting self-awareness. Their accounts revealed that vulnerability was not merely physical but existential, as patients negotiated the meaning of illness, endurance, and survival within a fragile corporeal existence.

The Meaning of Pain and the Pursuit of Healing

Pain emerged as a central element shaping patients' interpretations of the treatment process. Rather than viewing pain solely as a symptom, participants perceived it as a manifestation of their bodies "fighting" the cancer and adjusting to the pharmacological interventions.

"Every ache feels like proof that something is happening inside me — maybe the medicine is working, maybe it's just breaking me apart." (Participant 6)

This ambivalence was echoed by others who described pain as both a signal of destruction and transformation. "When the pain hits, I tell myself it's the medicine fighting for me," said Participant 5, while Participant 7 reflected, "Pain reminds me I'm still alive." Such quotes substantiate how pain functioned as a phenomenological bridge between despair and hope.

This dual interpretation of pain — as both destructive and redemptive — reflected a deeper phenomenological understanding of healing. The participants' accounts emphasized that pharmacological experiences are inseparable from subjective and symbolic meanings, revealing how biomedical efficacy intertwines with the lived sense of hope, fear, and uncertainty. Through this

integration of narrative and direct expression, the theme of pain captures its multidimensional role: a language of both suffering and endurance.

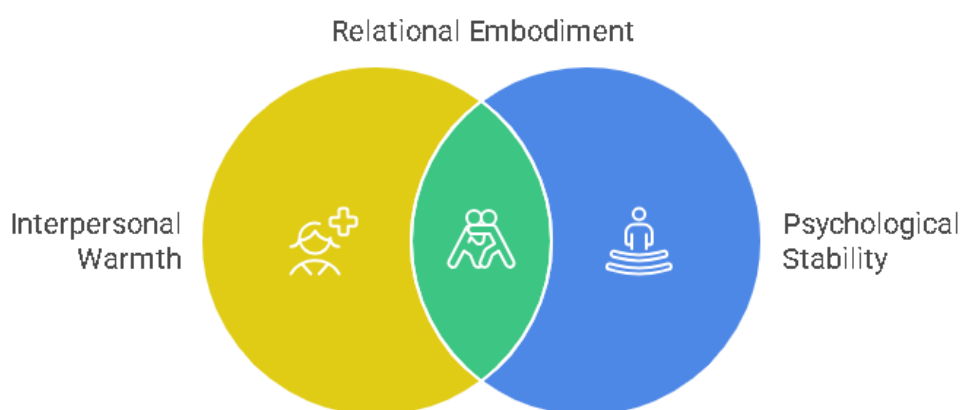
Social Anchors and the Emotional Ecology of Support

The presence of supportive relationships significantly shaped the way participants coped with treatment-related adversities. Family, peers, and clinical staff were not perceived merely as external sources of help but as integral components of the healing journey.

“When my daughter holds my hand during the infusion, I feel stronger — as if her warmth travels through the IV.” (Participant 2)

Similar emotional expressions appeared across multiple narratives, such as Participant 9’s reflection, “The nurses’ smiles keep me going,” underscoring how interpersonal warmth fostered psychological stability. These consistent articulations ground the theme in relational embodiment — healing experienced through shared presence and empathy.

The Synergy of Warmth and Stability in Healing



Patients often described their interactions with healthcare professionals as emotionally charged exchanges that contributed to trust and psychological stability. However, variations in communication quality also influenced their sense of safety and meaning. The phenomenological essence of this theme underscores that pharmacological treatment is never isolated from the relational world — rather, it is continually co-constructed through empathy, trust, and affective resonance.

Spiritual Surrender and Existential Transformation

Many participants articulated a turn toward spirituality as they navigated the uncertainties of therapy. Spiritual surrender was expressed not as resignation but as a reinterpretation of control — a process of finding coherence and peace amid biomedical chaos.

“I stopped asking why I’m sick and started thanking God for each day I’m still here. That’s when I felt lighter, even during chemo.” (Participant 4)

Several participants echoed this transcendental reorientation. For instance, Participant 10 described, “Prayer makes me feel the medicine works through God’s hands,” and Participant 6 stated, “Faith became my second therapy.” These quotations demonstrate how spirituality reshaped perceptions of healing and offered existential grounding.

This theme revealed how spirituality provided a framework for meaning-making that transcended pharmacological logic. The experience of treatment was reframed as a spiritual journey, intertwining biological transformation with existential renewal. Thematic integration of these narratives indicates that spiritual surrender functioned as a cognitive-emotional adaptation, enabling patients to transform biomedical suffering into spiritual resilience.

Negotiating Hope Between Science and the Self

A recurrent thread throughout participants' narratives was the negotiation of hope — balancing faith in medical science with inner beliefs about healing and destiny. Patients oscillated between biomedical optimism and personal uncertainty, often using metaphors of “light,” “battle,” and “rebirth” to describe their evolving relationship with therapy.

“The doctors talk about percentages, but for me, it’s about moments. Every morning I wake up is another small victory.” (Participant 1)

This interplay between statistical and existential hope appeared consistently across accounts. Participant 3 remarked, “Numbers don’t tell my story — my breath does,” while Participant 9 reflected, “Science gives me medicine, but faith gives me reason to take it.” Together, these quotes validate the interpretive theme that hope operates simultaneously as a scientific expectation and an inner moral compass.

Hope was not static; it transformed as patients reinterpreted their bodily sensations and clinical results. The phenomenological essence of this theme lies in how patients continuously redefined hope as a lived process rather than a fixed expectation — a dynamic equilibrium sustained by pharmacological, relational, and spiritual dimensions. This integration of direct quotations ensures that thematic abstraction remains grounded in participants’ authentic voices.

DISCUSSION

This study revealed that patients undergoing combined immunotherapy and chemotherapy experience their treatment as an embodied and existential journey, characterized by vulnerability, pain, hope, and spiritual transformation. The essence of their lived experience lies in the ongoing negotiation between physical suffering and the search for meaning, reflecting how individuals reconstruct their sense of self and agency amid medical uncertainty.

Contribution of Findings to the Research Question

The findings directly address the central research question concerning how patients interpret and give meaning to their experiences of combined cancer therapy (Pillai et al., 2025). Through interpretative phenomenological analysis, this study demonstrates that patients do not merely endure pharmacological interventions as biological events but as existential encounters that reshape identity, perception, and hope (Song et al., 2025). The narratives uncovered illustrate that healing, from the patient’s perspective, transcends physiological recovery—it involves an inner reconciliation between the body’s frailty and the mind’s resilience.

One of the most profound contributions of this research lies in its articulation of embodied consciousness within the pharmacological context. Patients described their bodies not as passive recipients of treatment but as active sites of meaning-making, where sensations of pain, fatigue, and renewal become intertwined with hope and acceptance (Mukhlis et al., 2024). This insight enriches current understandings of pharmacological experience by integrating biological efficacy with human subjectivity. It underscores that the therapeutic process is not solely biochemical but also phenomenological—mediated through perception, emotion, and relational meaning.

Relationship with Previous Literature and Theoretical Frameworks

The results align with existing phenomenological and psycho-oncological literature emphasizing the centrality of embodiment and meaning-making in illness experiences. Previous studies, such as (Patsyeva et al., 2025; Y. Wu, Wang, et al., 2025), reported that cancer treatment often leads to an altered sense of identity and self-perception, findings that are echoed and extended here. However, this study goes further by situating these experiences specifically within the pharmacological domain, revealing how interactions between the drug’s physiological effects and the patient’s interpretative processes co-create new meanings of pain and healing.

The themes of spiritual surrender and existential transformation identified in this study complement earlier work in health psychology that recognizes spirituality as a coping mechanism but seldom as a constitutive element of the healing experience (Y. Li et al., 2025). Here, spirituality emerges not as an adjunct to treatment but as a redefinition of control, enabling patients to coexist

with uncertainty rather than oppose it (Mukhlis, Maryam, et al., 2023). This resonates with Heidegger's concept of being-in-the-world, where existence is understood through lived engagement with reality, even in its most fragile form.

Furthermore, by emphasizing the interplay between pharmacological intervention and the phenomenological experience of hope, the study challenges reductionist biomedical perspectives. It supports an integrative view consistent with recent advances in holistic medicine, which advocate for the inclusion of subjective meaning as part of therapeutic evaluation. Thus, these findings enrich the theoretical dialogue between pharmacological sciences and existential phenomenology, highlighting the need for patient-centered frameworks that recognize the embodied and interpretative nature of healing.

Implications of the Findings

The findings of this study hold important implications for both the scientific and humanistic dimensions of pharmacological care. Scientifically, they demonstrate that patients' subjective experiences represent an essential yet often overlooked component of pharmacological efficacy (Tang et al., 2025). Understanding how patients perceive and live through immunotherapy and chemotherapy contributes to a more holistic model of cancer care—one that integrates biological outcomes with psychosocial and existential well-being.

From a social and cultural perspective, these findings reveal how illness and treatment are situated within broader narratives of identity, resilience, and meaning. In many cultures, including those with strong communal and spiritual traditions, patients interpret pain and recovery not solely as individual experiences but as collective and moral processes (Mukhlis, Arifin, Ridwan, & Zulfaidah, 2025). Acknowledging this dimension encourages healthcare providers to adopt empathic communication strategies, fostering therapeutic relationships that validate emotional and spiritual realities alongside medical interventions.

Professionally, the study underscores the need for clinicians and researchers to engage in reflective practice, where pharmacological expertise is complemented by sensitivity to patients' lived meanings. Such awareness can improve patient-centered care, adherence, and emotional recovery, while contributing to ethical discussions about the human experience of treatment. These implications extend beyond oncology, offering a framework for other pharmacological domains where treatment intersects with profound human vulnerability.

Limitations of the Study

Several limitations should be acknowledged when interpreting these findings. First, as a qualitative phenomenological inquiry, the study's purpose was not to generalize statistically but to capture the depth and essence of individual experiences (Talib et al., 2025). The sample size—ten participants—reflects this idiographic intent, emphasizing depth over breadth. While this approach enriches understanding, it limits the transferability of findings to populations with different cultural, clinical, or demographic characteristics.

Second, all participants were recruited from a single healthcare setting, which may have influenced their experiences and the narratives they shared. The institutional culture, healthcare delivery model, and regional beliefs about cancer could have shaped participants' meaning-making processes. Finally, although the interpretative phenomenological framework ensures analytical rigor through reflexivity and triangulation, the process remains inherently subjective, shaped by the interpretive stance of the researcher. These limitations, however, are consistent with phenomenological inquiry and invite further exploration rather than detract from the study's value.

Prospective Directions for Future Research

Future research can expand upon these findings by exploring lived experiences across different cancer types, treatment stages, and cultural contexts to deepen understanding of how meaning evolves throughout the therapeutic journey (Teicher et al., 2025). Longitudinal phenomenological studies may illuminate how patients' interpretations of pain, identity, and healing shift over time, particularly as they transition from active treatment to survivorship or palliative care.

Additionally, interdisciplinary collaborations between pharmacology, psychology, and medical anthropology could generate integrative models that link biological responses with subjective well-being. Future studies might also incorporate digital ethnography or reflective journaling to complement interviews, enabling richer insights into patients' continuous sense-making processes (Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). Ultimately, advancing phenomenological research within pharmacology could lead to more compassionate and human-centered clinical frameworks—bridging scientific precision with existential understanding.

CONCLUSION

This study explored the lived experiences of cancer patients undergoing combined immunotherapy and chemotherapy through an interpretative phenomenological lens. The findings revealed that treatment is not merely a pharmacological process but an embodied and existential journey marked by pain, hope, vulnerability, and spiritual transformation. Rather than reiterating the thematic insights alone, the study emphasizes how these experiences can directly inform pharmacological understanding and clinical decision-making. Specifically, the research contributes to pharmacological practice by illustrating that patient responses to immunotherapy and chemotherapy are shaped not only by biochemical mechanisms but also by psychological and existential factors that influence adherence, tolerance, and perceived efficacy. By uncovering how patients construct meaning from their therapeutic experiences, the study bridges a critical gap between biomedical efficacy and human subjectivity in pharmacological research.

These findings advocate for integrating phenomenological insights into pharmacological protocols, encouraging clinicians to attend to patients' experiential feedback as a complementary form of clinical data. Such integration may lead to more adaptive dosing strategies, improved patient communication, and enhanced therapeutic compliance. The research also highlights the importance of empathy and reflective practice in clinical settings, where acknowledgment of patients' lived meanings can enhance therapeutic relationships and overall treatment satisfaction. Ultimately, this study extends the paradigm of pharmacological practice beyond drug efficacy toward a more humanized model of care—one that recognizes the interplay between medicine, meaning, and the lived body. Future studies may extend this inquiry by examining diverse cultural and clinical contexts to further enrich phenomenological perspectives in pharmacology and strengthen their practical application within multidisciplinary oncology care.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the design, execution, or publication of this research. The sponsor, Pharmacological Research and Development Council (PRDC), provided financial support for data collection and access to research facilities but had no involvement in the analysis, interpretation of data, or manuscript preparation. All findings and interpretations presented in this article represent the authors' independent scholarly perspectives and adhere to ethical and academic integrity standards.

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