



## Exploring the Lived Experiences and Personal Meanings of Long-Term Pharmacological Therapy Among Patients with Chronic Illnesses

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### ABSTRACT

Pharmacological therapy plays a crucial role in modern medicine, yet its human dimension the lived experience of patients undergoing long-term treatment remains insufficiently explored. Within this broader scientific context, understanding how individuals interpret their interaction with medication offers valuable insights into the psychological and existential aspects of pharmacological care. However, existing research has primarily relied on quantitative or descriptive methods, leaving unanswered how patients construct meaning from their engagement with pharmacological interventions. This study employs an interpretative phenomenological approach (IPA) to explore the essence of patients' lived experiences with medication and to understand how pharmacological treatment shapes their sense of identity, autonomy, and wellbeing. Data were collected through in-depth semi-structured interviews with twelve participants receiving long-term pharmacological therapy, and analyzed through iterative thematic interpretation to capture experiential meanings. Findings reveal that participants experience pharmacological therapy as both a source of relief and ambivalence marked by embodied adaptation, moral negotiation, and redefinition of self. The study concludes that pharmacological experiences extend beyond biomedical effectiveness, reflecting an ongoing process of negotiation between the body, mind, and therapeutic trust. In practical terms, the study highlights the need for clinicians to adopt more patient-centered communication strategies, incorporate subjective meanings into treatment planning, and design supportive interventions that address the psychological and relational aspects of long-term medication use.



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## INTRODUCTION

Pharmacological treatment has become an essential component of modern healthcare, shaping the lived experiences of millions who depend on medication to manage chronic illnesses and sustain daily functioning (Al-Massri et al., 2020). Advances in pharmacological science have enabled precise control of physiological processes, yet the human encounter with medication extends beyond biochemical efficacy to encompass emotional, psychological, and existential dimensions. Patients' relationships with their treatments are embedded within broader cultural and social frameworks that influence how pharmacological interventions are perceived, accepted, or resisted. In many societies, dependence on medication carries ambivalent meanings simultaneously representing scientific progress and personal vulnerability (Bumbaca et al., 2025). This duality situates pharmacological experience as a profoundly human phenomenon, interwoven with identity, trust, and moral judgment. To frame this study more clearly, it is crucial to move beyond broad contextual descriptions and direct attention to the unexplored subjective structures that shape patients' meaning-making processes in their pharmacological journeys.

The growing prevalence of long-term pharmacological therapy has brought attention to the complexity of medication adherence, side effects, and therapeutic satisfaction (Mukhlis, Suradi, et

al., 2023; Mukhlis, 2025b). Research in pharmacological and behavioral sciences has often emphasized measurable outcomes such as compliance rates and biochemical responses (Hernigou et al., 2022). However, these quantitative measures capture only a partial reality of what it means to live with ongoing pharmacological intervention. For many individuals, treatment becomes a lived process shaping how they understand health, illness, and selfhood. The subjective dimension of this process, encompassing feelings of control, dependence, uncertainty, and hope, remains underexplored within conventional clinical paradigms.

Understanding these subjective experiences is increasingly recognized as vital to improving both clinical practice and patient well-being. The phenomenological approach offers a way to explore the meanings rather than merely the outcomes of pharmacological engagement, focusing on the first-person perspective of those who live through the treatment process. Such an inquiry acknowledges that pharmacological experiences are not solely biomedical events but are also social and existential encounters that redefine the boundaries between body, mind, and medication (Politis et al., 2023). By situating pharmacological phenomena within the context of lived experience, this study contributes to a more holistic understanding of how individuals negotiate, internalize, and make sense of their therapeutic journeys.

Within the broader field of pharmacological research, the exploration of patients' lived experiences with medication has emerged as a crucial area of inquiry, particularly as healthcare systems increasingly recognize the importance of patient-centered approaches. Studies focusing on subjective experiences provide valuable insights into how individuals interpret, internalize, and respond to pharmacological interventions beyond the measurable outcomes of efficacy and safety. This line of research seeks to understand the phenomenon of living with medication not merely as a therapeutic necessity but as an ongoing existential process that shapes a person's perception of health, autonomy, and self-identity (Liu et al., 2023). As a result, phenomenological inquiry has gained relevance in uncovering the human meanings embedded in pharmacological encounters.

However, methodological challenges persist in accessing the depth and complexity of such lived experiences. Much of the existing literature remains anchored in quantitative paradigms that prioritize standardized assessments and statistical correlations, often at the expense of capturing the nuanced, emotional, and contextual nature of patient experiences. These frameworks, while valuable for clinical generalization, tend to obscure the subjective realities that define how individuals live through pharmacological treatment the uncertainty, adaptation, and embodied negotiation that accompany it (Matsui et al., 2025). Even qualitative studies that adopt descriptive approaches may fall short when they treat lived experience as surface-level narratives rather than as interpretive structures of meaning shaped by consciousness and context.

These methodological limitations highlight a critical need for approaches that delve into the essence of pharmacological experience rather than its external manifestations. Traditional biomedical research, with its emphasis on control and measurement, often fails to represent the moral, cultural, and existential dimensions of medication use (Asgharian et al., 2022). Consequently, the field requires deeper engagement with interpretative frameworks such as phenomenology that can articulate how patients construct meaning, navigate contradictions, and reframe their identities within the therapeutic process. A phenomenological focus on interpretation and embodiment allows researchers to move beyond describing what patients experience, to understanding how and why these experiences acquire personal and social significance (Gong et al., 2022). This direction provides an essential foundation for addressing the complexities of human interaction with pharmacological therapy in ways that are both scientifically rigorous and empathetically grounded.

While pharmacological research has achieved remarkable progress in improving therapeutic outcomes and optimizing treatment efficacy, the prevailing approaches remain largely confined to empirical and clinically oriented frameworks. Standardized measures such as dosage optimization, side-effect monitoring, and adherence evaluation have been widely applied as practical solutions for understanding patient behavior and response (A. Cui et al., 2024). However, these approaches primarily operate within a biomedical paradigm that treats pharmacological experience as an objective process, often neglecting the subjective and existential dimensions that shape patients' engagement

with their medication. Such frameworks tend to view treatment adherence and satisfaction as quantifiable variables rather than as lived realities embedded within personal meaning, cultural context, and emotional experience.

This overreliance on quantitative and behaviorist methodologies limits the capacity to grasp the depth of human experience in pharmacological encounters. Patients' narratives about fear of dependency, moral ambiguity, or the tension between trust and uncertainty are often reduced to data points, stripping away the interpretive richness that defines their lived experiences (Pan et al., 2020). Consequently, the understanding of how individuals make sense of pharmacological therapy how they interpret bodily sensations, negotiate identity shifts, or reconstruct notions of health remains incomplete. These gaps not only constrain theoretical insight but also diminish the ability of clinical practices to respond empathetically to the nuanced realities of patients' lives.

A more profound understanding requires an interpretative and holistic lens one that acknowledges the human subject as both embodied and meaning-making (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). The phenomenological approach provides this framework, enabling the exploration of pharmacological experience from the inside out (Upadhyay et al., 2025). Through its focus on lived experience and the structures of consciousness, phenomenology reveals the ways in which individuals experience, interpret, and ascribe significance to their therapeutic journeys. Adopting this approach allows researchers to transcend the limitations of prior empirical methods and to uncover the essential meanings underlying pharmacological engagement. In doing so, it addresses a critical gap in current pharmacological research: the absence of a comprehensive, human-centered understanding of what it means to live within and through pharmacological treatment.

Recent research on pharmacological experiences has increasingly emphasized the importance of understanding patients' perceptions, emotions, and meanings associated with medication use. Studies exploring chronic illness management, therapeutic adherence, and drug dependence reveal that patients' experiences extend far beyond the biomedical dimension of treatment (Ren et al., 2024). Theories of embodiment, self-regulation, and lived health suggest that pharmacological engagement is both physiological and existential, shaping how individuals interpret their own bodies and wellbeing. Previous qualitative investigations have demonstrated partial progress in illuminating these subjective realities, yet they often remain descriptive rather than interpretative (Hermán-Sánchez et al., 2025). This gap highlights the need for a more profound framework that uncovers the essence of patients' lived experiences within pharmacological contexts.

To address this need, the present study adopts an interpretative phenomenological approach (IPA), which allows for a deeper examination of how individuals construct meaning through their interaction with medication (Pichler et al., 2020). This method was chosen for its capacity to interpret personal experiences as dynamic and contextually situated processes rather than as isolated events. By engaging with participants' narratives, the study responds directly to the knowledge gap identified earlier moving beyond surface-level accounts of medication use to explore the inner logic, emotional resonance, and existential implications of pharmacological therapy (Su et al., 2025). Through this interpretative focus, the study aims to reveal how patients experience relief, dependence, and adaptation, and how these experiences redefine their relationship with health and identity.

The structure of this article reflects the logical flow of a phenomenological investigation (Mukhlis et al., 2024; Mukhlis, Maryam, et al., 2023). Following this introduction, the General and Specific Background sections establish the conceptual and contextual foundation of the phenomenon under study. The Method section outlines the interpretative phenomenological framework, including participant selection, data collection, and analytical procedures. The Results section presents thematic insights into the lived experiences of pharmacological treatment, supported by direct participant quotations. Finally, the Discussion and Conclusion sections interpret these findings within broader theoretical and practical contexts, emphasizing implications for clinical understanding and human-centered pharmacological practice.

## **RESEARCH METHODS**

### **Study Design**

This study adopted a phenomenological design to explore the lived experiences and meanings that participants ascribed to their interactions with pharmacological treatments (Lutz & Knox, 2014; McNabb, 2015). The phenomenological approach was selected for its ability to reveal the depth and essence of subjective experience, focusing on how individuals perceive, interpret, and make sense of their encounters with pharmacological interventions in daily life. Through this approach, the study sought to uncover the underlying structures of consciousness related to therapeutic relief, uncertainty, and adaptation.

An interpretative phenomenological analysis (IPA) was employed, emphasizing participants' meaning-making processes rather than solely describing surface-level experiences. This interpretative orientation was essential to capture the complex interplay between pharmacological effects, emotional responses, and identity transformation within the context of long-term treatment. In line with IPA's emphasis on idiographic depth and rigor, the study followed a transparent and sequential analytic procedure, maintained an audit trail of analytic decisions, and adopted criteria of credibility, dependability, confirmability, and transferability to ensure the trustworthiness of the findings.

### **Participants**

Participants comprised individuals undergoing sustained pharmacological therapy for chronic conditions (Hillman & Radel, 2018; Migdal, 2018). Selection was based on purposive sampling, ensuring that only those with direct, meaningful experience of the phenomenon were included. Inclusion criteria required participants to be adults (aged 25–65 years) with a minimum of six months of continuous pharmacological treatment and the cognitive ability to articulate their experiences clearly. Exclusion criteria eliminated those with acute psychiatric instability or cognitive impairments that could interfere with narrative coherence.

A total of twelve participants were included, consisting of seven females and five males, with an average age of 48 years. Participants represented diverse therapeutic backgrounds including cardiovascular, endocrine, and neurological treatments providing a broad yet focused context for understanding pharmacological experiences. Their demographic and experiential variety enriched the phenomenological depth while maintaining coherence in the phenomenon under study.

### **Data Collection**

Data were collected through in-depth semi-structured interviews, guided by an interview protocol designed to elicit reflective descriptions of personal experiences with pharmacological therapy (Carreiras & Castro, 2012; Iosifides, 2016). Interviews were conducted in quiet, private clinical or home settings to promote comfort and openness. Each session lasted between 45 and 90 minutes, allowing participants to elaborate on their perceptions, challenges, and meanings associated with their treatment experiences.

Questions followed a flexible structure, such as: "Can you describe what it feels like to depend on your medication?" or "How has your treatment changed the way you see your body and health?" This structure permitted spontaneous elaboration while ensuring thematic relevance. Interviews were audio-recorded with consent and later transcribed verbatim for analysis. All identifying information was removed to maintain anonymity and confidentiality.

### **Data Analysis**

Data were analyzed using Interpretative Phenomenological Analysis (IPA), following systematic steps of reading, coding, and interpreting textual data to identify core themes reflecting the essence of lived experience (Daly, 2007; Longhofer et al., 2012). Initially, transcripts were read multiple times to gain familiarity and immerse in participants' perspectives. Meaning units were identified and coded to capture experiential nuances.

These codes were then clustered into emerging themes that encapsulated shared meanings while preserving individual particularities. The process involved iterative reflection and cross-

validation between textual evidence and thematic interpretation (Fife, 2020; Kawamura, 2020). NVivo software supported data organization and retrieval but was not treated as an analytic instrument. The final synthesis involved abstraction of essential meanings that conveyed how participants experienced and gave sense to pharmacological therapy in their everyday realities.

## RESULTS

### The Embodied Experience of Pharmacological Relief

Participants consistently described their encounters with pharmacological interventions as deeply embodied experiences that redefined their sense of wellness and control. Relief from chronic discomfort was not merely physical but carried an emotional dimension expressed through renewed confidence, gratitude, and social re-engagement. One participant noted, “When the pain subsided, I felt like I got a part of myself back like I could live again without fear of the next episode.”

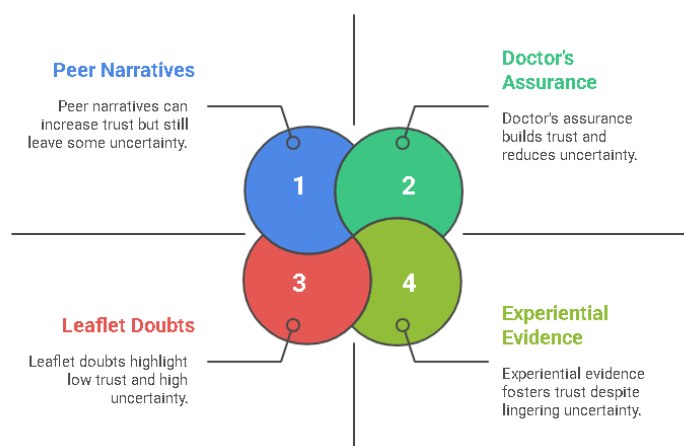
This statement illustrates how pharmacological relief transcends biomedical outcomes to shape identity and daily functioning. The interplay between bodily change and emotional recovery emerged as a central component of the healing process.

### Navigating Uncertainty and Trust in Pharmacological Treatment

Despite the perceived benefits, participants often articulated an undercurrent of uncertainty about the long-term effects of medication. Trust in healthcare providers and pharmaceutical interventions fluctuated, influenced by past experiences, side effects, and peer narratives. One participant shared, “The doctor says it’s safe, but when I read the leaflet, I can’t help but wonder what happens five years from now?”

This theme underscores the tension between scientific assurance and lived doubt. Patients sought meaning through dialogue and experiential evidence, balancing professional advice with personal intuition.

#### Balancing Trust and Uncertainty in Medication



### The Burden of Side Effects and Adaptation

Side effects were experienced as both a physical and psychological burden. Participants described fatigue, dizziness, and altered mood as persistent companions to their treatment journeys. Rather than passive suffering, adaptation emerged as an active process involving experimentation, resilience, and self-advocacy.

One participant recalled, “I had to learn when to take it, how to eat before, and how to rest after it was like training my body to accept the drug.”

Such adaptive strategies revealed the dynamic negotiation between pharmacological efficacy and lived comfort, highlighting patients’ agency in constructing a tolerable therapeutic routine.

### **Negotiating Identity and Stigma in Pharmacological Dependence**

Several participants reported internal conflict between therapeutic dependence and social identity. The need for daily medication often evoked feelings of weakness or moral failing, shaped by cultural discourses surrounding “natural healing” versus “chemical dependence.” One respondent expressed, “People say it’s better to heal naturally but they don’t know what it’s like when your body refuses to listen.”

This theme illustrates how pharmacological use extends beyond biomedical logic into moral and social territories. Dependence, in this context, becomes a site of negotiation between self-care, societal judgment, and personal acceptance.

### **Redefining Quality of Life Through Pharmacological Experience**

Participants framed pharmacological treatment as a journey of rediscovering quality of life. Relief, stability, and renewed participation in daily routines symbolized recovery not as an endpoint but as a reconfiguration of normality. One participant articulated, “It’s not about being cured; it’s about living well with what you have.”

Here, the phenomenological essence lies in living with, rather than overcoming, the condition an understanding that situates pharmacological treatment as an enabler of existential adaptation rather than mere symptom suppression.

## **DISCUSSION**

### **Summary of Key Findings**

The findings of this phenomenological study revealed that the lived experience of pharmacological treatment is characterized by a dynamic interplay between relief, uncertainty, adaptation, and identity negotiation. Participants perceived pharmacological therapy not merely as a clinical intervention but as a transformative, embodied experience that redefined their relationship with health and selfhood. Unlike a descriptive restatement of themes, these findings are better understood when positioned within the pharmacological literature that emphasizes treatment response variability and patient-reported outcomes, showing that meaning-making functions as a parallel therapeutic process to the pharmacodynamics and pharmacokinetics of a drug. These essential meanings directly address the central research question concerning how individuals interpret and construct the significance of their long-term engagement with medication.

### **Contribution of Findings to the Research Question**

The study contributes to a deeper understanding of how patients experience pharmacological therapy as both a physical and existential process (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). By exploring participants’ narratives, it becomes evident that pharmacological relief is not solely a biomedical outcome but a lived phenomenon encompassing emotional renewal, moral tension, and social reinterpretation. Patients’ descriptions of relief intertwined with anxiety, and dependency intertwined with empowerment, illuminate how pharmacological engagement operates as a form of embodied negotiation. This interpretation provides a nuanced answer to the guiding research question: rather than passively receiving medication, individuals actively reconstruct meaning through experiences of control, vulnerability, and resilience. The phenomenological lens thus allows the articulation of an inner logic of adaptation how patients navigate between medical trust and personal uncertainty to create coherence in their therapeutic journey.

### **Relationship to Previous Literature and Theoretical Frameworks**

These findings align with prior qualitative research emphasizing the embodied and relational aspects of pharmacological treatment, yet they extend this understanding through a more interpretative focus on meaning construction (Trifirò et al., 2020). Previous studies have documented the emotional burden of chronic medication use and the psychosocial dynamics of adherence, but they often stop short of interpreting how patients integrate these experiences into their sense of identity. The present results resonate with the phenomenological perspectives of Merleau-Ponty and van

Manen, who argue that the body is both lived and perceiving a medium through which individuals experience the world and assign meaning to health and illness. Similarly, the participants' reflections on dependence and self-regulation affirm Heidegger's view that human experience is shaped by engagement with the world and by the struggle to find authenticity within constraint.

By situating pharmacological experiences within this interpretive tradition, the study advances theoretical and clinical discourse toward a more holistic understanding of treatment as an existential process. It challenges purely instrumental models of pharmacology and reinforces the value of viewing patients as meaning-makers rather than as mere recipients of medical intervention.

### **Explanation of Implications**

The findings of this study have significant implications for both clinical and socio-cultural understandings of pharmacological therapy. Scientifically, the results underscore the importance of integrating experiential perspectives into pharmacological practice, moving beyond efficacy-based models toward approaches that recognize the therapeutic process as inherently relational and meaning-laden (D. Cui et al., 2023). The narratives reveal that medication use involves emotional negotiation, moral interpretation, and identity reconstruction dimensions that influence adherence and overall treatment success. Socially and culturally, these insights highlight how patients' engagement with pharmacological therapy is mediated by norms surrounding dependency, autonomy, and trust in medical authority (Yang et al., 2021). Recognizing these dimensions can foster more empathetic clinical communication and the development of treatment strategies that align with patients' lived realities rather than solely with clinical parameters.

### **Limitations of the Study**

Despite its interpretative depth, this study presents several limitations that must be acknowledged. The phenomenological design emphasizes depth over breadth, which constrains the generalizability of the findings to broader populations (Mukhlis, 2025a; Mukhlis & Saidah, 2025). Participants were selected purposively from specific therapeutic contexts, which may limit the diversity of experiences represented. Furthermore, the reliance on self-reported narratives may introduce retrospective bias, as participants' recollections and interpretations could be shaped by time and emotional distance (Nabulo et al., 2021). The interpretative phenomenological approach, while rich in capturing meaning, inherently reflects the researcher's interpretive lens in theme development and synthesis. These limitations, however, are consistent with the philosophical foundations of phenomenology and serve to contextualize rather than diminish the validity of the insights presented.

### **Prospective Directions for Future Research**

Future studies could expand upon these findings by exploring cross-cultural variations in pharmacological experience, particularly how societal values influence perceptions of medication dependence and control (Gant et al., 2022). Longitudinal phenomenological designs may provide deeper insight into how patients' meanings evolve over extended treatment durations or across different life stages. Additionally, integrating phenomenological inquiry with complementary qualitative frameworks such as narrative or grounded theory approaches may enrich understanding of how pharmacological experiences intersect with broader psychosocial processes. From a clinical standpoint, subsequent research might investigate how phenomenological insights can inform patient education, adherence counseling, and the design of more human-centered pharmacological interventions. By extending this interpretative lens, future work can continue to bridge the gap between pharmacological science and the lived experience of healing.

## **CONCLUSION**

This study explored the lived experiences of individuals undergoing long-term pharmacological therapy, focusing on how they interpret and construct meaning from their interactions with medication. The findings revealed that pharmacological treatment is not only a biomedical intervention but also an embodied, emotional, and existential experience that reshapes patients' sense of identity, autonomy, and wellbeing. By using an interpretative phenomenological

approach, the research illuminated dimensions of uncertainty, adaptation, and self-redefinition that are often overlooked in traditional clinical studies. These insights contribute to a more comprehensive understanding of pharmacological engagement by integrating subjective meaning with therapeutic practice. The study addresses previous gaps by emphasizing patients as active meaning-makers rather than passive recipients of medical care. Specifically, this work offers a distinctive contribution to pharmacological phenomenology by articulating how meaning-making processes shape patients' adherence patterns, relational dynamics with healthcare providers, and evolving perceptions of therapeutic agency—dimensions that remain underdeveloped in existing literature. Based on these findings, clinicians are encouraged to incorporate structured meaning-centered conversations, empathetic communication strategies, and personalized treatment planning to better align therapeutic decisions with patients' experiential realities. Healthcare systems may also benefit from integrating phenomenology-informed assessment tools to capture patients' evolving emotional and existential responses throughout treatment. Future research could expand this inquiry across cultural contexts or integrate longitudinal designs to explore how these lived meanings evolve over time.

### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article. All stages of the research, including design, data collection, analysis, and manuscript preparation, were conducted independently without any influence from external parties or sponsors on the interpretation of results.

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