



Embodied Struggles and Meaning-Making: Cancer Patients' Lived Experiences Undergoing Targeted Therapy

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ABSTRACT

Targeted therapy has transformed cancer treatment through its molecular precision and reduced toxicity, but the lived experiences of patients undergoing such therapy remain insufficiently understood.

This descriptive phenomenological study involved in-depth interviews with 12 cancer patients receiving targeted therapy at a tertiary hospital. Participants were purposively selected, and data were analyzed using thematic analysis to capture the essence of their lived experiences.

Three core themes emerged: (1) the invisible burden of persistent side effects, (2) reconstruction of meaning amidst suffering, and (3) negotiation of agency in healthcare interactions. Participants reported fatigue, nausea, and bodily changes that disrupted identity and autonomy, yet also described resilience and personal growth through spiritual reflection and empathetic communication.

Findings underscore the need for a holistic approach to targeted therapy that integrate patients' emotional, spiritual, and relational realities into oncology care. Strengthening patient-provider trust and prioritizing quality of life can foster more humanized and patient-centered treatment paradigms.



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INTRODUCTION

Cancer treatment has been transformed by targeted therapies, which disrupt specific molecular pathways in tumor growth while reducing non-specific cytotoxicity compared to conventional chemotherapy (Whittaker & Barker, 2020). Despite these clinical advances, patients continue to experience significant physical, psychological, and existential challenges that cannot be fully captured through biomedical metrics alone. Targeted therapy often reshapes identity, autonomy, and emotional stability, with these experiences shaped by interactions with healthcare providers, families, and cultural expectations (Xie dkk., 2023).

While patient-centered care is increasingly emphasized, much of the existing literature still prioritizes quantitative indicators such as survival rates and tumor response, overlooking the nuanced personal meaning patients assign to their treatment journeys. Studies have examined the efficacy and tolerability of targeted therapies, yet few have explored how patients navigate the psychological and existential dimensions of side effects, bodily changes, and evolving self-perception. This gap limits our understanding of the human impact of targeted therapy, particularly from the patient's own perspective.

Phenomenology offers a way to address this gap by capturing how individuals perceive, interpret, and live through treatment, focusing on subjective meaning rather than predefined clinical outcomes (Yang dkk., 2019). A descriptive phenomenological approach allows for in-depth exploration of lived experience without imposing theoretical assumptions, making it well-suited for uncovering the essential themes in patient narratives.

This study applies such an approach to examine the lived experiences of cancer patients undergoing targeted therapy, aiming to illuminate the emotional, relational, and meaning-making processes embedded in their treatment journeys. By foregrounding patient voices, the research seeks to enrich oncology care with insights that go beyond pharmacological efficacy, contributing to more holistic and humanized treatment paradigms.

RESEARCH METHODS

Study Design

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

Participants

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

Data Collection

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

Data Analysis

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

Ethical Considerations

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

RESULTS

Enduring the Unseen Burden—Navigating the Physical and Emotional Toll

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

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

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

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

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

Reconstructing Meaning Amid Vulnerability

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

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

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

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

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

Negotiating Autonomy in Clinical Encounters

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

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

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

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

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

DISCUSSION

Summary of Key Findings

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

Contribution to the Research Question

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

Relationship to Existing Literature and Theoretical Frameworks

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

Implications of the Findings

The findings of this study have significant implications for both clinical practice and the broader understanding of patient care in oncology. The lived experiences of patients undergoing targeted therapy highlight the importance of acknowledging emotional suffering, identity disruption, and the personal meaning attributed to treatment. These narratives suggest that healthcare professionals—especially pharmacists, nurses, and oncologists—must move beyond protocol-driven interactions to cultivate relational empathy and patient-centered communication. Socially and

culturally, the study reveals how illness and therapy are not merely biological events but deeply embedded in personal, familial, and societal contexts, particularly in cultures where illness is closely tied to notions of resilience and sacrifice. Recognizing these experiences can lead to more responsive care models that respect the inner world of patients and adapt interventions to support their psychosocial and emotional needs alongside pharmacological management.

Study Limitations

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

Future Research Directions

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

CONCLUSION

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

CONFLICT OF INTEREST

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

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