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Original research

The Effectiveness of Spiritual Therapy on Resilience, Treatment Adherence, and Coping Styles in Women with Breast Cancer

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Extended Abstract

Introduction:
Breast cancer is the most common malignancy among women in Iran and worldwide. In addition to its physical complications, it is associated with a wide range of psychological consequences, such as anxiety, depression, decreased resilience, poor treatment adherence, and the use of maladaptive coping styles. Fear of death, concerns about changes in body image, and limitations in family and social roles are major factors causing chronic stress in these patients, severely affecting their quality of life and treatment process. Research evidence indicates that low levels of resilience and therapeutic adherence can reduce the effectiveness of medical interventions and increase the risk of disease recurrence. Moreover, emotion-focused coping styles, such as avoidance and denial, which are common among these patients, lead to persistent psychological distress and reduced adjustment. Therefore, identifying psychosocial interventions that help improve these components is clinically important.

In recent years, spiritual interventions—particularly spiritual therapy—have garnered growing attention as an innovative approach that focuses on meaning-seeking, hope, acceptance, connection with the transcendent, and psychological reconstruction. By strengthening inner and

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spiritual connections, creating a more positive attitude toward illness, increasing motivation for treatment, and improving coping capacities, this approach can complement medical treatments. Nevertheless, there is still a significant gap in comprehensive studies examining the impact of spiritual therapy on resilience, treatment adherence, and coping styles in Iranian women with breast cancer.

The present study aimed to rigorously investigate the effectiveness of group-based spiritual therapy on three key psychological components—resilience, treatment adherence, and coping styles—in women with breast cancer, to provide empirical evidence for the clinical application of this approach.

Research Methods:

This study employed a quasi-experimental design with a pretest–posttest control group and was conducted in 2024 at Imam Ali Hospital in Bojnourd, Iran. The study population consisted of women aged 30–55 years diagnosed with stage III breast cancer who had completed at least three weeks since their last chemotherapy session. From this population, 30 eligible participants were selected through purposive sampling based on inclusion criteria—namely, relative physical and psychological health, absence of psychiatric medication use, and willingness to participate—and were randomly assigned to an experimental group or a control group (15 participants per group). Exclusion criteria included absence from more than two intervention sessions, initiation of new medical treatments, development of metastasis, or the onset of severe psychiatric disorders.

Participants in the experimental group received twelve 90-minute sessions of group-based spiritual therapy. The program's structured modules included:

- Introduction to the concept of healthy spirituality
- Self-awareness and inner listening
- Strengthening the relationship with God
- Altruism practice
- Addressing issues of death and existential fears
- Cultivating faith and trust in God
- Problem-solving of spiritual concerns
- Gratitude training

These sessions were designed to gradually foster meaning-making, emotional balance, and psychological coherence. The control group received no intervention during the study period and was offered supportive counseling after the trial's completion. Data collection tools included:

- The Connor–Davidson Resilience Scale (CD-RISC, 15-item version)

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- The Seyedfatem et al. Treatment Adherence Questionnaire (40 items across seven subscales: diligence, participation, adaptation, treatment–life integration, persistence, commitment, and doubt)
- The Lazarus and Folkman Coping Styles Questionnaire (66 items assessing problem-focused and emotion-focused coping).
  All instruments had previously demonstrated acceptable validity and reliability in Iranian populations.

Measurements were carried out at three time points: pretest, posttest, and a 45-day follow-up. After verifying normal data distribution (Shapiro–Wilk test) and homogeneity of variances (Levene's test), data were analyzed at both descriptive (means, standard deviations) and inferential levels using multivariate analysis of covariance (MANCOVA) and Bonferroni post hoc tests in SPSS version 26. A significance level of $p < 0.05$ was adopted for all analyses.

Results:

Descriptive analyses showed that the mean scores of resilience, treatment adherence, and problem-focused coping style increased significantly in the intervention group after the spiritual therapy program and at follow-up, whereas the mean score of emotion-focused coping decreased significantly. Specifically, the mean resilience score rose from 43.07 ± 5.01 at pretest to 55.14 ± 4.76 at posttest and 55.86 ± 4.67 at follow-up. Regarding treatment adherence, all subscales—including diligence, willingness to participate, adaptability, treatment–life integration, persistence, and commitment—improved significantly, while the "doubt about treatment" subscale decreased from 19.80 ± 3.40 to 15.53 ± 3.15 and 14.86 ± 3.02 at posttest and follow-up, respectively. Multivariate analysis using Wilks' Lambda indicated that the effects of group, time, and group×time interaction were significant across all variables (Wilks' Lambda < 0.25, $P < 0.001$). Bonferroni post hoc comparisons confirmed the stability of these effects, as no statistically significant differences were observed between posttest and follow-up scores. These findings demonstrate that spiritual therapy not only produces short-term improvements but also maintains its beneficial impact for at least six weeks after the intervention. In summary, the intervention strengthened resilience, enhanced treatment adherence, improved adaptive (problem-focused) coping styles, and reduced reliance on emotion-focused coping in women with breast cancer.

Conclusion:

Based on these results, spiritual therapy emerges as an effective, culturally relevant psychosocial intervention for improving key psychological indicators among women with breast cancer. By fostering meaning, hope, acceptance, psychological coherence, and inner security, spiritual therapy enables patients to cope more effectively with disease-related challenges and to improve their adherence to medical treatment. These findings align with Park's meaning-making theory and Koenig's model of spiritual health, both of which highlight the role of meaning-seeking in adjustment to stressful life events and the promotion of overall well-being. Given the positive and

durable effects observed, it is recommended that clinical and counseling centers incorporate spiritual therapy as a complementary approach alongside standard medical care. Future research with larger, more diverse samples, longer follow-up periods, and multi-source assessment tools is advised to enhance the generalizability and robustness of these findings.

Keywords: Breast cancer, coping styles, Resilience, Spiritual therapy, Treatment adherence