

Original research

The Effectiveness of Mindfulness-Based Cognitive Therapy on Resilience and Self-Efficacy in Cancer patientsZeynab Ganjali,¹ Ali Akbar Khosravi Hampa*,² Mahdiyeh Pourroostam,³ Fatemeh Mirzaei Arababadi,⁴ Leyla Zagedi Asl⁵**Introduction:**

Breast cancer is one of the most prevalent chronic illnesses among women worldwide and a major cause of mortality. Beyond its physical implications, the psychological toll of a cancer diagnosis is profound—manifesting in anxiety, depression, diminished self-efficacy, and a loss of perceived control. Addressing these psychological dimensions is essential in delivering holistic care.

Among the psychological constructs crucial to adaptive functioning in cancer patients, resilience and self-efficacy have gained increasing attention. Resilience refers to the capacity to recover or adapt following significant stressors, whereas self-efficacy reflects a person's belief in their ability to effectively manage life challenges. Enhancing these traits can substantially improve psychological adjustment and quality of life in cancer patients.

Mindfulness-Based Cognitive Therapy is an integrative intervention that combines cognitive-behavioral strategies with mindfulness practices. By fostering non-judgmental awareness of the present moment, MBCT helps individuals disengage from automatic negative thought patterns and promotes emotional regulation. It is especially promising for populations coping with chronic or life-threatening health conditions.

The present study aimed to evaluate the effectiveness of MBCT in enhancing resilience and self-efficacy in women diagnosed with breast cancer. The goal was to determine whether structured mindfulness-based cognitive training could serve as a supportive psychological intervention in oncology settings.

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This study employed a quasi-experimental pretest-posttest control group design. The sample consisted of 60 women with breast cancer selected through convenience sampling from a hospital in

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Tehran. Participants were randomly assigned to an experimental group (n=30) and a control group (n=30). Inclusion criteria included being aged 18–60, voluntary participation, absence of severe psychiatric disorders, and undergoing chemotherapy for at least two weeks. Assessment Tools: Two validated self-report measures were used: the General Self-Efficacy Scale (Sherer & Maddux, 1982) and the Connor-Davidson Resilience Scale (CD-RISC; 2003). These instruments have demonstrated acceptable psychometric properties in both international and Iranian populations.

Intervention Protocol: The experimental group received eight 90-minute sessions of MBCT in a group format. The sessions covered topics such as identifying automatic thoughts, cognitive distortions, maladaptive schemas, and mindfulness practices including breathing awareness and meditation. The intervention followed a structured protocol developed by Segal, Williams, and Teasdale.

Data Analysis: Multivariate Analysis of Covariance (MANCOVA) was used to examine differences between the groups, adjusting for baseline scores. Statistical analysis was performed using SPSS version 24.

Findings:

Post-intervention results indicated a significant improvement in both resilience and self-efficacy in the experimental group compared to the control group. Mean resilience scores increased from 28.68 to 44.25, while self-efficacy scores improved from 10.20 to 18.68. These differences were statistically significant ($p < .001$), confirming the efficacy of MBCT.

Conclusion:

The findings suggest that MBCT fosters psychological strengths by encouraging individuals to relate differently to their thoughts and emotions. Participants learned to observe internal experiences with less reactivity and greater acceptance, leading to enhanced coping capacity and a stronger belief in their personal agency.

Overall, the study supports the use of MBCT as an effective intervention to enhance resilience and self-efficacy among women with breast cancer. Incorporating such evidence-based psychological approaches into oncology care can contribute significantly to patient well-being and recovery.

Clinical Implications: Given its low cost, non-invasive nature, and adaptability for group settings, MBCT can be feasibly integrated into cancer care programs as a complementary intervention. It offers a promising avenue for improving emotional resilience and functional outcomes in patients navigating cancer.

Limitations: One limitation of the study was the potential variability in patients' emotional states during self-report assessments. Additionally, long-term follow-up was not conducted, which limits conclusions about the durability of treatment effects.

Recommendations for Future Research: Future studies should explore the long-term effects of MBCT in diverse cancer populations, include larger samples, and investigate other psychological outcomes such as quality of life, emotion regulation, and illness perception.

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