

Psychological Needs of Breast Cancer Survivors in Iran

Zohre Momenimovahed¹, Zahra Shahabinia^{2✉}

¹Reproductive Health Department, Qom University of Medical Sciences, Qom, Iran

²Birjand University of Medical Sciences, Birjand, Iran

Received: 2025/11/10
Accepted: 2025/12/22

*Corresponding Author:
shahabiniarz@gmail.com

Ethics Approval:
not applicable

Dear Editor,

Breast cancer is the most common cancer among Iranian women (1), and in recent years, the number of cases among Iranian women has increased 5.2 times, reaching 14,743 cases in 2019 (2). Breast cancer survivors face many challenges that go beyond physical health and encompass emotional, psychological, and social dimensions (3). Patients with breast cancer experience longer-lasting psychosocial effects that impact their quality of life, including fatigue (4, 5), pain (4, 5), sleep disturbances (4), cardiovascular diseases (6), and sexual dysfunction (7), which may contribute to feelings of abandonment, isolation, distress, and ultimately depression and anxiety (5). Studies show that 37.6% of patients suffer from moderate to severe anxiety, and 35.9% experience mild to severe depression (8). The result of a meta-analysis reported the prevalence of depression among breast cancer survivors as 30.2% in the world (9) and 48.83% in Iran (10). This level of depression is higher than the prevalence of post-partum depression, depression in infertile couples, and depression among adolescents (10). Mood disorder (depression (11), anxiety(12) and panic(13)fear (Fear of recurrence (14), fear of cancer spread, fear of death (15)), issues related to self-concept and quality of life (body image (16), sexual and quality of life disorders (17)) are common among breast cancer survivors.

Globally, breast cancer survivors frequently face significant psychological distress following diagnosis and treatment (18). Women in Iranian society, due to cultural reasons, are under significant pressure after diagnosis and treatment. As a result, patients with breast cancer suffer not only from the physical side effects of the disease and its treatment but also from stress and emotional problems. The lack of support from the community and their families, negative attitudes from those around them, and sexual dysfunction further exacerbate their depression. This issue may be influenced by the cultural context of society and religious beliefs about women's responsibilities (10).



Psychological support programs for breast cancer survivors play a vital role in improving quality of life, reducing anxiety and depression, and adapting to changes after treatment (19). However, after survival, attention is often focused solely on the physical aspects related to the disease, while psychological interventions for managing stress, anxiety, and depression have been overlooked. These programs should be implemented sustainably throughout the survival period and aimed at enhancing the quality of life for the survivor, their spouse, and their family using various approaches. To improve the quality of life during the critical post-survival period, it is recommended to implement multidimensional care programs. These programs should aim to physically follow up on patients and manage their concomitant physical and psychological conditions. This requires providing accessible

interventions, such as a psychoeducational program (20), individual and group counseling (21), social support (22), mindfulness training (23), family-centered (24) and spiritual programs (25). Addressing the stigma associated with cancer, increasing resilience, and adopting appropriate coping strategies are proposed as means to reduce psychological distress and enhance the quality of life for women. The sense of hope, purpose, belonging, and spiritual attachment inherent in Iranian culture can serve as a powerful psychological buffer against mental health challenges for breast cancer survivors and should be integrated into their comprehensive care management (26, 27). Offering these programs in a family-centered and culturally sensitive manner at home can improve outcomes for this group of women by reducing disease-related complications.

References

1. Ataenia B, Saeedi Moghaddam S, Shabani M, Gohari K, Sheidaei A, Rezaei N, et al. National and Subnational Incidence, Mortality, and Years of Life Lost Due to Breast Cancer in Iran: Trends and Age-Period-Cohort Analysis Since 1990. *Front Oncol.* 2021;11:561376. doi: 10.3389/fonc.2021.561376.
2. Aryannejad A, Saeedi Moghaddam S, Mashinchi B, Tabary M, Rezaei N, Shahin S, et al. National and subnational burden of female and male breast cancer and risk factors in Iran from 1990 to 2019: results from the Global Burden of Disease study 2019. *Breast Cancer Research.* 2023;25(1):47. doi:10.1186/s13058-023-01633-4
3. Kasgri KA, Abazari M, Badeleh SM, Badeleh KM, Peyman N. Comprehensive Review of Breast Cancer Consequences for the Patients and Their Coping Strategies: A Systematic Review. *Cancer Control.* 2024;31:10732748241249355. doi: 10.1177/10732748241249355.
4. Schreier AM, Johnson LA, Vohra NA, Muzaffar M, Kyle B. Post-Treatment Symptoms of Pain, Anxiety, Sleep Disturbance, and Fatigue in Breast Cancer Survivors. *Pain Manag Nurs.* 2019;20(2):146-151. doi: 10.1016/j.pmn.2018.09.005.
5. Bjerkeset E, Röhrl K, Schou-Bredal I. Symptom cluster of pain, fatigue, and psychological distress in breast cancer survivors: prevalence and characteristics. *Breast Cancer Res Treat.* 2020;180(1):63-71. doi: 10.1007/s10549-020-05522-8.
6. Bradshaw PT, Stevens J, Khankari N, Teitelbaum SL, Neugut AI, Gammon MD. Cardiovascular Disease Mortality Among Breast Cancer Survivors. *Epidemiology.* 2016;27(1):6-13. doi: 10.1097/EDE.0000000000000394.
7. Seav SM, Dominick SA, Stepanyuk B, Gorman JR, Chingos DT, Ehren JL, Krychman ML, Su HI. Management of sexual dysfunction in breast cancer survivors: a systematic review. *Women's Midlife Health.* 2015;1:9. doi: 10.1186/s40695-015-0009-4.
8. Sharma A, Sriyuktasuth A, Phligbua W, Vongsirimas N. Psychological Distress among Breast Cancer Survivor and Their Spousal Caregiver. *J Nepal Health Res Counc.* 2024;22(3):502-8. doi: 10.33314/jnhrc.v22i03.4881.
9. Javan Biparva A, Raofi S, Rafiei S, Masoumi M, Doustmehraban M, Bagheribayati F, et al. Global depression in breast cancer patients: Systematic review and meta-analysis. *PLoS One.* 2023;18(7):e0287372. doi: 10.1371/journal.pone.0287372.

10. Ahmadi Gharaei H, Dianatinasab M, Kouhestani SM, Fararouei M, Moameri H, Pakzad R, et al. Meta-analysis of the prevalence of depression among breast cancer survivors in Iran: an urgent need for community supportive care programs. *Epidemiol Health*. 2019;41:e2019030. doi: 10.4178/epih.e2019030.
11. Mirošević Š, Prins J, Bešić N, Borštnar S, Škufca Smrdel AC, Homar V, et al. Symptoms of Anxiety and Depression Among Slovenian Breast Cancer Survivors Post-Treatment During the COVID-19 Pandemic: A Cross-Sectional Study. *Zdr Varst*. 2024;63(1):55-62. doi: 10.2478/sjph-2024-0008.
12. Choi HL, Jeong SM, Jeon KH, Kim B, Jung W, Jeong A, et al. Depression risk among breast cancer survivors: a nationwide cohort study in South Korea. *Breast Cancer Research*. 2024;26(1):188. doi:10.1186/s13058-024-01948-w
13. Vazquez D, Rosenberg S, Gelber S, Ruddy KJ, Morgan E, Recklitis C, et al. Posttraumatic stress in breast cancer survivors diagnosed at a young age. *Psychooncology*. 2020;29(8):1312-20. doi: 10.1002/pon.5438.
14. Bergerot C, Bergerot PG, Maués J, Segarra-Vázquez B, Mano MS, Tarantino P. Is cancer back?-Psychological issues faced by survivors of breast cancer. *Ann Palliat Med*. 2024;13(5):1229-34. doi: 10.21037/apm-24-54.
15. Ali MS, Osmany M, Khan W, Mishra D. Fear of death, depression, and coping among cancer patients. *Indian Journal of Health & Wellbeing*. 2014;5(6):681-6.
16. Thakur M, Sharma R, Mishra AK, Gupta B. Body image disturbances among breast cancer survivors: A narrative review of prevalence and correlates. *Cancer Research, Statistics, and Treatment*. 2022;5(1):90-6.
17. Sebri V, Policardo GR, Pravettoni G. How to improve emotional regulation in breast cancer survivors? A psychological intervention. *Frontiers in Psychology*. 2024;15:1443635. doi: 10.3389/fpsyg.2024.1443635
18. Tang WZ, Mangantig E, Iskandar YHP, Cheng SL, Yusuf A, Jia K. Prevalence and associated factors of psychological distress among patients with breast cancer: a systematic review and meta-analysis. *BMJ Open*. 2024;14(9):e077067. doi: 10.1136/bmjopen-2023-077067.
19. Ye M, Du K, Zhou J, Zhou Q, Shou M, Hu B, et al. A meta-analysis of the efficacy of cognitive behavior therapy on quality of life and psychological health of breast cancer survivors and patients. *Psychooncology*. 2018;27(7):1695-1703. doi: 10.1002/pon.4687.
20. AlAbd AM, Wafa FM, Mosbah Mahmoud SK, Sayed Ibrahim FS. Effect of Psycho-educational Program on Emotional Distress, Body Image, and Quality of Sexual Life among Women with Breast Cancer. *International Egyptian Journal of Nursing Sciences and Research*. 2025;6(2):345-61. doi:10.21608/ejnsr.2025.382800.1449
21. Kissane DW, Grabsch B, Clarke DM, Smith GC, Love AW, Bloch S, et al. Supportive-expressive group therapy for women with metastatic breast cancer: survival and psychosocial outcome from a randomized controlled trial. *Psychooncology*. 2007;16(4):277-86. doi: 10.1002/pon.1185.
22. Aizpurua-Perez I, Arregi A, Gonzalez D, Urruticoechea A, Labaka A, Minguez-Alcaide X, et al. A randomized controlled trial of the effectiveness of a one-to-one peer support intervention on resilience, social support, and salivary cortisol in recently diagnosed women with breast cancer. *European Journal of Oncology Nursing*. 2024;71:102616. doi: 10.1016/j.ejon.2024.102616.
23. Zhang JY, Zhou YQ, Feng ZW, Fan YN, Zeng GC, Wei L. Randomized controlled trial of mindfulness-based stress reduction (MBSR) on posttraumatic growth of Chinese breast cancer survivors. *Psychol Health Med*. 2017;22(1):94-109. doi: 10.1080/13548506.2016.1146405.
24. Zhang Y, Tang R, Bi L, Wang D, Li X, Gu F, et al. Effects of family-centered positive psychological intervention on psychological health and quality of life in patients with breast cancer and their caregivers. *Support Care Cancer*. 2023;31(10):592. doi: 10.1007/s00520-023-08053-2.
25. Jafari N, Zamani A, Farajzadegan Z, Bahrami F, Emami H, Loghmani A. The effect of spiritual therapy for improving the quality of life of women with breast cancer: a randomized controlled trial. *Psychol Health Med*. 2013;18(1):56-69. doi: 10.1080/13548506.2012.679738.

26. Mokhtari M, Feizi A, Khorami Markani A, Mokhtari L. Relationship of Spiritual Well-being with Meaning of Life and Social Support in Women with Breast Cancer. *Iranian Journal of Breast Diseases*. 2025;17(4):136. doi:10.61186/ijbd.17.4.136
27. Hajian-Tilaki E, Hajian-Tilaki K, Moslemi D, Godazandeh G, Firouzbakht M. Association of social support, spirituality with psychological factors in Iranian breast cancer survivors: An evidence from a cross-sectional study. *Nurs Open*. 2022;9(2):1173-80. doi: 10.1002/nop2.1158.

نیازهای روان‌شناختی بازماندگان سرطان پستان در ایران

زهره مومنی موحد^۱، زهرا شهبابی نیا^۲^۱گروه بهداشت باروری، دانشکده پرستاری مامایی، دانشگاه علوم پزشکی قم، قم، ایران^۲دانشگاه علوم پزشکی بیرجند، بیرجند، ایران

سردبیر محترم؛

سرطان پستان شایع‌ترین سرطان در میان زنان ایرانی است (۱) و در سال‌های اخیر، تعداد موارد ابتلا در میان زنان ایران ۲/۵ برابر افزایش یافته و در سال ۲۰۱۹ به ۱۴۷۴۳ مورد رسیده است (۲). بازماندگان سرطان پستان با چالش‌های متعددی مواجه‌اند که فراتر از سلامت جسمی بوده و ابعاد عاطفی، روان‌شناختی و اجتماعی را نیز در بر می‌گیرد (۳). بیماران مبتلا به سرطان پستان پیامدهای روانی-اجتماعی طولانی‌مدتی از جمله خستگی (۴، ۵)، درد (۴، ۵)، اختلالات خواب (۵)، بیماری‌های قلبی-عروقی (۶) و اختلال عملکرد جنسی (۷) را تجربه می‌کنند که کیفیت زندگی آن‌ها را تحت تأثیر قرار می‌دهد. این مشکلات می‌توانند به احساس رهاشدگی، انزوا، پریشانی و در نهایت افسردگی و اضطراب منجر شوند (۴). مطالعات نشان می‌دهد ۶/۳۷ درصد بیماران دچار اضطراب متوسط تا شدید و ۹/۳۵ درصد دچار افسردگی خفیف تا شدید هستند (۸). نتایج یک فراتحلیل، شیوع افسردگی در بازماندگان سرطان پستان را در جهان ۲/۳۰ درصد (۹) و در ایران ۸۳/۴۸ درصد گزارش کرده است (۱۰). این میزان افسردگی از شیوع افسردگی پس از زایمان، افسردگی در زوج‌های نابارور و افسردگی در نوجوانان بیشتر است (۱۰). اختلالات خلقی (افسردگی (۱۱)، اضطراب (۱۲) و پانیک (۱۳))، ترس‌ها (ترس از عود بیماری (۱۴)، ترس از گسترش سرطان و ترس از مرگ (۱۵))، و مسائل مرتبط با خودپنداره و کیفیت زندگی (تصویر بدنی (۱۶)، اختلالات جنسی و کیفیت زندگی (۱۷)) در میان بازماندگان سرطان پستان شایع هستند.

در سطح جهانی، بازماندگان سرطان پستان پس از تشخیص و درمان، اغلب با پریشانی روانی قابل توجهی روبه‌رو می‌شوند (۱۸). زنان در جامعه ایران به دلایل فرهنگی، پس از تشخیص و درمان تحت فشارهای قابل توجهی قرار دارند. در نتیجه، بیماران مبتلا به سرطان پستان نه تنها از عوارض جسمی بیماری و درمان آن رنج می‌برند، بلکه با استرس و مشکلات عاطفی نیز مواجه‌اند. کمبود حمایت اجتماعی و خانوادگی، نگرش‌های منفی اطرافیان و اختلال عملکرد جنسی، افسردگی آنان را تشدید می‌کند. این مسئله می‌تواند تحت تأثیر زمینه فرهنگی جامعه و باورهای دینی درباره مسئولیت‌های زنان باشد (۱۰).

تاریخ ارسال: ۱۴۰۴/۰۸/۱۹

تاریخ پذیرش: ۱۴۰۴/۱۰/۰۱

* نویسنده مسئول:

shahabiniaz@gmail.com

مشاوره فردی و گروهی (۲۱)، حمایت اجتماعی (۲۲)، آموزش ذهن‌آگاهی (۲۳)، برنامه‌های خانواده‌محور (۲۴) و برنامه‌های معنوی (۲۵) است. پرداختن به انگ مرتبط با سرطان، افزایش تاب‌آوری و به‌کارگیری راهبردهای مقابله‌ای مناسب، به‌عنوان راهکارهایی برای کاهش پریشانی روانی و ارتقای کیفیت زندگی زنان پیشنهاد می‌شود. احساس امید، معنا، تعلق و پیوند معنوی که در فرهنگ ایرانی ریشه دارد، می‌تواند به‌عنوان سپری روان‌شناختی قدرتمند در برابر چالش‌های سلامت روان برای بازماندگان سرطان پستان عمل کند و لازم است در مدیریت جامع مراقبت از آنان ادغام شود (۲۶، ۲۷). ارائه این برنامه‌ها به‌صورت خانواده‌محور و حساس به فرهنگ، به‌ویژه در محیط خانه، می‌تواند با کاهش عوارض مرتبط با بیماری، پیامدهای بهتری برای این گروه از زنان به همراه داشته باشد.

برنامه‌های حمایت روان‌شناختی برای بازماندگان سرطان پستان نقش حیاتی در بهبود کیفیت زندگی، کاهش اضطراب و افسردگی و سازگاری با تغییرات پس از درمان دارند (۱۹). با این حال، پس از بقاء، توجه غالباً تنها به جنبه‌های جسمی بیماری معطوف می‌شود و مداخلات روان‌شناختی برای مدیریت استرس، اضطراب و افسردگی نادیده گرفته می‌شود. این برنامه‌ها باید به‌صورت پایدار در سراسر دوره بقاء اجرا شوند و با بهره‌گیری از رویکردهای متنوع، ارتقای کیفیت زندگی بقایافته بیماری، همسر و خانواده او را هدف قرار دهند. برای بهبود کیفیت زندگی در دوره حساس پس از بقاء، اجرای برنامه‌های مراقبتی چندبعدی توصیه می‌شود؛ برنامه‌هایی که پیگیری جسمی بیماران و مدیریت همزمان مشکلات جسمی و روان‌شناختی را در برگیرند. این امر مستلزم ارائه مداخلات در دسترس، از جمله برنامه‌های آموزش روانی (۲۰)،

References

1. Ataeinia B, Saeedi Moghaddam S, Shabani M, Gohari K, Sheidaei A, Rezaei N, et al. National and Subnational Incidence, Mortality, and Years of Life Lost Due to Breast Cancer in Iran: Trends and Age-Period-Cohort Analysis Since 1990. *Front Oncol.* 2021;11:561376. doi: 10.3389/fonc.2021.561376.
2. Aryannejad A, Saeedi Moghaddam S, Mashinchi B, Tabary M, Rezaei N, Shahin S, et al. National and subnational burden of female and male breast cancer and risk factors in Iran from 1990 to 2019: results from the Global Burden of Disease study 2019. *Breast Cancer Research.* 2023;25(1):47. doi:10.1186/s13058-023-01633-4
3. Kasgri KA, Abazari M, Badeleh SM, Badeleh KM, Peyman N. Comprehensive Review of Breast Cancer Consequences for the Patients and Their Coping Strategies: A Systematic Review. *Cancer Control.* 2024;31:10732748241249355. doi: 10.1177/10732748241249355.
4. Schreier AM, Johnson LA, Vohra NA, Muzaffar M, Kyle B. Post-Treatment Symptoms of Pain, Anxiety, Sleep Disturbance, and Fatigue in Breast Cancer Survivors. *Pain Manag Nurs.* 2019;20(2):146-151. doi: 10.1016/j.pmn.2018.09.005.
5. Bjerkeset E, Röhrl K, Schou-Bredal I. Symptom cluster of pain, fatigue, and psychological distress in breast cancer survivors: prevalence and characteristics. *Breast Cancer Res Treat.* 2020;180(1):63-71. doi: 10.1007/s10549-020-05522-8.
6. Bradshaw PT, Stevens J, Khankari N, Teitelbaum SL, Neugut AI, Gammon MD. Cardiovascular Disease Mortality Among Breast Cancer Survivors. *Epidemiology.* 2016;27(1):6-13. doi: 10.1097/EDE.0000000000000394.
7. Seav SM, Dominick SA, Stepanyuk B, Gorman JR, Chingos DT, Ehren JL, Krychman ML, Su HI. Management of sexual dysfunction in breast cancer survivors: a systematic review. *Women's Midlife Health.* 2015;1:9. doi: 10.1186/s40695-015-0009-4.
8. Sharma A, Sriyuktasuth A, Phligbua W, Vongsirimas N. Psychological Distress among Breast Cancer Survivor and Their Spousal Caregiver. *J Nepal Health Res Counc.* 2024;22(3):502-8. doi: 10.33314/jnhrc.v22i03.4881.
9. Javan Biparva A, Raofi S, Rafiei S, Masoumi M, Doustmehraban M, Bagheribayati F, et al. Global depression in

- breast cancer patients: Systematic review and meta-analysis. *PLoS One*. 2023;18(7):e0287372. doi: 10.1371/journal.pone.0287372.
10. Ahmadi Gharaei H, Dianatinasab M, Kouhestani SM, Fararouei M, Moameri H, Pakzad R, et al. Meta-analysis of the prevalence of depression among breast cancer survivors in Iran: an urgent need for community supportive care programs. *Epidemiol Health*. 2019;41:e2019030. doi: 10.4178/epih.e2019030.
 11. Mirošević Š, Prins J, Bešić N, Borštnar S, Škufca Smrdel AC, Homar V, et al. Symptoms of Anxiety and Depression Among Slovenian Breast Cancer Survivors Post-Treatment During the COVID-19 Pandemic: A Cross-Sectional Study. *Zdr Varst*. 2024;63(1):55-62. doi: 10.2478/sjph-2024-0008.
 12. Choi HL, Jeong SM, Jeon KH, Kim B, Jung W, Jeong A, et al. Depression risk among breast cancer survivors: a nationwide cohort study in South Korea. *Breast Cancer Research*. 2024;26(1):188. doi:10.1186/s13058-024-01948-w
 13. Vazquez D, Rosenberg S, Gelber S, Ruddy KJ, Morgan E, Recklitis C, et al. Posttraumatic stress in breast cancer survivors diagnosed at a young age. *Psycho-oncology*. 2020;29(8):1312-20. doi: 10.1002/pon.5438.
 14. Bergerot C, Bergerot PG, Maués J, Segarra-Vázquez B, Mano MS, Tarantino P. Is cancer back?-Psychological issues faced by survivors of breast cancer. *Ann Palliat Med*. 2024;13(5):1229-34. doi: 10.21037/apm-24-54.
 15. Ali MS, Osmany M, Khan W, Mishra D. Fear of death, depression and coping among cancer patients. *Indian Journal of Health & Wellbeing*. 2014;5(6):681-6.
 16. Thakur M, Sharma R, Mishra AK, Gupta B. Body image disturbances among breast cancer survivors: A narrative review of prevalence and correlates. *Cancer Research, Statistics, and Treatment*. 2022;5(1):90-6.
 17. Sebri V, Policardo GR, Pravettoni G. How to improve emotional regulation in breast cancer survivors? A psychological intervention. *Frontiers in Psychology*. 2024;15:1443635. doi: 10.3389/fpsyg.2024.1443635
 18. Tang WZ, Mangantig E, Iskandar YHP, Cheng SL, Yusuf A, Jia K. Prevalence and associated factors of psychological distress among patients with breast cancer: a systematic review and meta-analysis. *BMJ Open*. 2024;14(9):e077067. doi: 10.1136/bmjopen-2023-077067.
 19. Ye M, Du K, Zhou J, Zhou Q, Shou M, Hu B, et al. A meta-analysis of the efficacy of cognitive behavior therapy on quality of life and psychological health of breast cancer survivors and patients. *Psychooncology*. 2018;27(7):1695-1703. doi: 10.1002/pon.4687.
 20. AlAbd AM, Wafa FM, Mosbah Mahmoud SK, Sayed Ibrahim FS. Effect of Psycho-educational Program on Emotional Distress, Body Image and Quality of Sexual Life among Women with Breast Cancer. *International Egyptian Journal of Nursing Sciences and Research*. 2025;6(2):345-61. doi:10.21608/ejnsr.2025.382800.1449
 21. Kissane DW, Grabsch B, Clarke DM, Smith GC, Love AW, Bloch S, et al. Supportive-expressive group therapy for women with metastatic breast cancer: survival and psychosocial outcome from a randomized controlled trial. *Psychooncology*. 2007;16(4):277-86. doi: 10.1002/pon.1185.
 22. Aizpurua-Perez I, Arregi A, Gonzalez D, Urruticoechea A, Labaka A, Minguez-Alcaide X, et al. A randomized controlled trial of the effectiveness of a one-to-one peer support intervention on resilience, social support, and salivary cortisol in recently diagnosed women with breast cancer. *European Journal of Oncology Nursing*. 2024;71:102616. doi: 10.1016/j.ejon.2024.102616.
 23. Zhang JY, Zhou YQ, Feng ZW, Fan YN, Zeng GC, Wei L. Randomized controlled trial of mindfulness-based stress reduction (MBSR) on posttraumatic growth of Chinese breast cancer survivors. *Psychol Health Med*. 2017;22(1):94-109. doi: 10.1080/13548506.2016.1146405.
 24. Zhang Y, Tang R, Bi L, Wang D, Li X, Gu F, et al. Effects of family-centered positive psychological intervention on psychological health and quality of life in patients with breast cancer and their caregivers. *Support Care Cancer*. 2023;31(10):592. doi: 10.1007/s00520-023-08053-2.
 25. Jafari N, Zamani A, Farajzadegan Z, Bahrami F, Emami H, Loghmani A. The effect of spiritual therapy for improving the quality of life of women with breast cancer:

- a randomized controlled trial. *Psychol Health Med.* 2013;18(1):56-69. doi: 10.1080/13548506.2012.679738.
26. Mokhtari M, Feizi A, Khorami Markani A, Mokhtari L. Relationship of Spiritual Well-being with Meaning of Life and Social Support in Women with Breast Cancer. *Iranian Journal of Breast Diseases.* 2025;17(4):136. doi:10.61186/ijbd.17.4.136
27. Hajian-Tilaki E, Hajian-Tilaki K, Moslemi D, Godazandeh G, Firouzbakht M. Association of social support, spirituality with psychological factors in Iranian breast cancer survivors: An evidence from a cross-sectional study. *Nurs Open.* 2022;9(2):1173-80. doi: 10.1002/nop2.1158.