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The Effectiveness of Acceptance and Commitment Therapy in Cancer Patients with Depression and the Importance of Psychological Support

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Abstract

This study was motivated by the need to examine the psychological distress experienced by cancer patients, and to understand how the illness affects different aspects of their daily lives—particularly emotional, social, and cognitive domains. It aims to highlight the role of Acceptance and Commitment Therapy (ACT) in alleviating symptoms of depression and promoting mental well-being, while also emphasizing the importance of sustained psychological support for this vulnerable group. The study further seeks to demonstrate the effectiveness of ACT in enhancing psychological flexibility—a crucial factor in helping patients adapt to the ongoing challenges of illness—and to underscore the significance of integrated psychological interventions involving collaboration between medical and mental health professionals. To achieve these objectives, the study presents a critical review and analysis of prior research on acceptance- and mindfulness-based interventions, focusing on key theoretical concepts, outcomes, and implications for practice. The findings suggest that ACT-based programs

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contribute significantly to improving psychological flexibility, which, in turn, supports better emotional regulation, coping skills, and overall quality of life. Moreover, the integration of psychological therapy into cancer treatment protocols contributes to providing comprehensive support for patients and enables medical teams to effectively address the psychological and social challenges associated with the cancer experience.

Keywords: Cancer; Depression; Acceptance and Commitment Therapy; Psychological Flexibility

INTRODUCTION

According to the World Health Organization, cancer is one of the leading causes of death worldwide, accounting for approximately 10 million deaths in 2020. This means that one in every six deaths is attributable to cancer-related causes. Among the most common types are breast cancer, lung cancer, colorectal cancer, and prostate cancer. Studies indicate that about one-third of cancer-related deaths are linked to modifiable risk factors, including tobacco use, overweight and obesity, alcohol consumption, low intake of fruits and vegetables, and insufficient physical activity. Additionally, air pollution is recognized as a significant contributor to the increased risk of lung cancer. In low- and middle-income countries, infections such as human papillomavirus (HPV) and hepatitis viruses account for roughly 30% of cancer cases. Nonetheless, many types of cancer are curable if detected and treated at an early stage (WHO, 2020). Furthermore, the incidence of depression among cancer patients is estimated to be two to three times higher than in the general healthy population. It is estimated that one-third of cancer patients find the experience distressing and suffer from comorbid psychological disorders, with the risk of suicide rising to approximately 2.5 times that of non-cancer individuals during the first year following diagnosis (Currier, 2014).

Looking back at the history of cancer, Al-Sha'er (2021) notes that cancer has been known to humanity since ancient times; it is not a modern disease. What distinguishes cancer is its malignant nature, as it often begins to affect the patient psychologically and emotionally before any physical symptoms become apparent. In many cases, the patient initially feels no clear signs or pain, yet the psychological burden can be overwhelming—turning the disease into a nightmare that profoundly affects both the individual and their family, as if they are condemned to death with no hope of survival.

The psychological journey of the patient often begins with denial of the diagnosis. Once the diagnosis is confirmed, the patient reluctantly submits to treatments that can be as harsh as the disease itself. At this stage, providing psychological support becomes crucial—not only to ease the patient's mental distress but also to alleviate the emotional burden on their family. Since cancer is a chronic illness, the focus is less on eliminating it entirely and more on learning to live with it and face it with resilience. This is especially important given the severe side effects of conventional therapies, such as chemotherapy and radiation (Al-Sha'er, 2021).

Significance of the Study

The significance of this study lies in the need to engage with emerging scientific discoveries aimed at easing the psychological burden of cancer patients—a necessity underscored by the continued global prevalence of the disease. Such research plays an important societal role in alleviating collective suffering and aligning scientific progress with sustainable development goals, within the framework of the knowledge economy (Klaina, 2024).

Objectives of the Study

The main objective of this study is to assess the degree of depressive symptoms experienced by cancer patients and to highlight the effectiveness of third-wave cognitive-behavioral therapies—particularly Acceptance and Commitment Therapy (ACT)—in improving psychological well-being and enhancing responsiveness to pharmacological treatment. This is achieved through the application of therapeutic methods grounded in ACT principles.

Furthermore, the study aims to raise awareness among psychologists, oncology healthcare workers, and oncologists about the value of integrated psychological interventions. These interventions significantly enhance treatment outcomes by accelerating recovery rates through ACT-based strategies, which are increasingly recognized as effective and practical tools for supporting patients with chronic illnesses, especially cancer.

Research Problem

Although cancer is a multifactorial disease with a wide array of treatment protocols tailored to individual cases and stages of progression, patients often endure more than just

the physical burden of the illness and its treatments—such as chemotherapy, radiotherapy, immunotherapy, and hormone therapy. The experience of cancer extends deeply into the psychological and relational dimensions of patients' lives. One of the most immediate effects is the alteration of body image, particularly following medical interventions. Moreover, many patients report feelings of profound isolation and an intense fear of death, exacerbated by dominant social representations that depict cancer as a fatal and inescapable condition.

This psychological toll often escalates into severe mental health complications, which manifest as complex symptom syndromes that significantly impair daily functioning. Among the most striking indicators is a marked loss of interest in life, affecting patients' engagement in emotional, occupational, social, and family spheres. These symptoms not only diminish quality of life but can also hinder treatment adherence and recovery.

In response to this pressing human challenge, the current study seeks to investigate the role of scientific inquiry in reducing the psychological burden associated with cancer. It also aims to assess the potential of Acceptance and Commitment Therapy (ACT)—a third-wave cognitive-behavioral approach—as a viable intervention for improving psychological well-being in cancer patients.

METHODOLOGY

This study employs a descriptive and analytical methodology to examine the theories and therapeutic strategies proposed by researchers to alleviate the psychological distress experienced by individuals with cancer. It draws upon a comprehensive review of existing literature, empirical findings, and theoretical analyses of relevant psychological and clinical variables.

This study is organized into the following three main sections:

- **Section One**: The relationship between depression and cancer
- **Section Two**: The effectiveness of Acceptance and Commitment Therapy (ACT) for cancer patients with comorbid depression
- **Section Three**: The importance of integrated psychological care

Section One: The Relationship Between Depression and Cancer

The interplay between depression and cancer has been the subject of extensive research, generally following two primary perspectives. The first suggests that depression may weaken psychological immunity, thereby increasing the risk of cancer onset. The second proposes that a cancer diagnosis itself triggers psychological distress, manifesting in depressive symptoms, heightened anxiety, fear of death, and emotional suffering—particularly given the prevailing public perception of cancer as an invariably fatal disease.

Within the first perspective, Khan (2023) conducted a significant study exploring the association between depression and the development of ovarian cancer. The research focused on depressive episodes occurring during the preclinical phase, when abnormal cellular changes begin to progress toward malignancy. Drawing on data from two large-scale prospective cohort studies (1992–2015), Khan implemented a follow-up system based on biennial "cancer identification periods." Using Cox proportional hazards models, the study estimated the impact of depression occurring within the ten years preceding each cancer identification window. Further analysis extended the timeframe to include depressive episodes up to 18 years prior, in two-year increments. The findings were adjusted for demographic, behavioral, and health-related covariates.

All statistical tests were two-tailed with a significance threshold set at $p < 0.05$. The results revealed that depression within the ten years preceding cancer detection was associated with a 30% increased risk of ovarian cancer (Hazard Ratio = 1.30). Moreover, depressive episodes up to 14 years prior also correlated with higher cancer risk, supporting the hypothesis that depression may act as a potential trigger for carcinogenesis in ovarian tissue (Khan, 2023).

Conversely, a large body of literature investigates the hypothesis that cancer itself contributes significantly to the development of depression. The widespread prevalence of cancer in diverse populations has prompted numerous studies examining this bidirectional relationship across varying sociocultural and clinical contexts.

For instance, the global burden of breast cancer and its associated mortality rates led Jeong (2025) to conduct a descriptive survey on the impact of depression and psychological empowerment on adherence to hormone therapy among breast cancer patients. The study included 183 patients from a single hospital in South Korea, recruited through convenience sampling. Given the importance of long-term hormone therapy in

reducing recurrence and improving survival, the study employed self-report instruments to assess treatment adherence, depression levels (using the Korean version of the Beck Depression Inventory-II), and empowerment (using a tool specifically designed for women with breast cancer). Hierarchical regression analysis was used to explore the interrelations among these variables.

The findings revealed that a significant proportion of patients experienced varying degrees of depression: 16.9% mild, 27.3% moderate, and 21.9% severe. Treatment adherence was also uneven, with 58.5% classified as non-adherent and only 41.5% as adherent. These results underscore the psychological vulnerability of breast cancer patients and emphasize the critical role of psychological support and empowerment in promoting adherence to treatment.

Jeong (2025) reported a statistically significant inverse relationship between depression and treatment adherence, and a positive association between psychological empowerment and adherence. Higher levels of empowerment were associated with better adherence, while higher levels of depression predicted lower adherence to treatment.

Another study conducted at the Misrata Oncology Center aimed to assess the prevalence and severity of depression among cancer patients. The sample included 230 patients of both genders. The Beck Depression Inventory (BDI) was employed alongside a demographic questionnaire covering variables such as gender and treatment type. Findings revealed that 65.52% of participants experienced severe depression, while 63.95% reported moderate levels. No statistically significant differences were observed based on gender; however, treatment type was a significant factor. Patients receiving chemotherapy had a mean BDI score of 8.90, compared to 50.98 among those receiving other treatments (Sultan et al., 2017).

A related descriptive study conducted at Bülent Ecevit University Training and Research Hospital (February 15 – March 15, 2012) sought to assess depression levels among cancer patients undergoing chemotherapy and their relatives. The sample included 146 patients and 127 family members. Data were collected using personal information forms and the Beck Depression Inventory. The mean BDI scores were 36.58 ± 10.01 for patients and 30.25 ± 9.65 for relatives. No significant differences were found between patients who were aware of their diagnosis and those who were not ($p > 0.05$). However,

relatives who were informed of the diagnosis showed significantly higher BDI scores ($p < 0.05$) (Yatarak, 2016).

Accumulated evidence from both recent and earlier studies confirms that depression is the most prevalent psychological disorder among individuals diagnosed with cancer. These points to the conclusion that cancer constitutes not only a physical illness but also a profound psychological and social challenge for both patients and their families. The mental burden often stems from the emotional shock of the diagnosis, physical pain, and lifestyle disruptions. Many patients report experiencing isolation, helplessness, and a loss of control, which intensify feelings of sadness, hopelessness, and a diminished desire to live. These emotional responses significantly impair patients' quality of life and hinder their engagement with treatment protocols.

In light of this, it is crucial to provide tailored psychological support and implement evidence-based therapeutic programs delivered by qualified mental health professionals. Such interventions should take into account the unique psychological demands of cancer and aim to enhance patients' psychological flexibility—empowering them to accept their condition, adapt to it, and actively engage in treatment. Improving psychological resilience in this way contributes to better treatment outcomes, slows disease progression, and ultimately enhances overall well-being.

Section Two: The Effectiveness of Acceptance and Commitment Therapy (ACT) for Cancer Patients with Depression

1. Definition of ACT

Acceptance and Commitment Therapy (ACT) was originally conceptualized by Wilson, Stroshal, and Hayes (1999) as a behavioral framework that combines acceptance strategies with commitment to values-based action. The acronym "ACT" intentionally reflects the word "act," emphasizing purposeful and value-driven behavior. While French adaptations have offered metaphorical alternatives such as *thérapie d'acceptation et d'engagement*, the original formulation has proven more functionally grounded and robust across clinical settings.

The three core components of ACT can be summarized as follows:

A – Accept your thoughts and emotions

C – Choose your values

T – Take action

ACT is considered a central approach within the third wave of cognitive-behavioral therapies (Dionne et al., 2016). Initially developed by Steven Hayes in the 1980s and further refined by Kelly Wilson and Kirk Stroshal, the therapy evolved from behavior analysis and is grounded in *Relational Frame Theory (RFT)*—a behavioral theory of human language and cognition (Harris, 2019).

Rather than focusing solely on symptom elimination, ACT views psychological suffering as a manageable experience. Its primary aim is to improve psychological functioning by increasing flexibility and helping individuals live meaningfully, even in the presence of distress. While conventional psychiatric and psychotherapeutic models often prioritize symptom suppression, ACT emphasizes adaptive action rooted in personal values.



Figure 1: Reducing or managing symptoms as a means of improving functional performance (*Schoendorff et al., 2017*)

2. Psychological Flexibility

Psychological flexibility forms the core process of Acceptance and Commitment Therapy (ACT), a model demonstrated to be effective across a wide spectrum of psychological conditions. As such, it has become a central focus of clinical and academic research. Defined in various theoretical contexts, psychological flexibility is considered the cornerstone upon which ACT is built. Steven Hayes (2019) describes it as the ability to remain open to one's internal experiences—thoughts and emotions—while consciously engaging with the present moment and directing one's life toward personally meaningful values. It involves building behavioral patterns that align with one's aspirations, not by avoiding pain, but by turning toward it to pursue a life of purpose and significance.

ACT is part of the "third wave" of behavioral therapies, alongside Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), Compassion-Focused Therapy (CFT), Functional Analytic Psychotherapy (FAP), and other contemporary approaches that emphasize acceptance, mindfulness, and compassion, in addition to traditional behavioral methods (Harris, 2019).

Importantly, ACT does not view psychological suffering as a symptom to be eradicated, but rather as a manageable and natural part of human experience. The aim is not merely to reduce symptoms, as is typical in pharmacological and conventional psychotherapeutic models, but to improve functioning and quality of life through enhanced flexibility and committed action.

This therapeutic dynamic is visually represented in **Figure 2**, where the lower half reflects internal experiences—such as suffering and personal values—and the upper half corresponds to observable behaviors and their sensory consequences. The goal of ACT is to restore balance between experiential avoidance and value-driven actions, thereby promoting more adaptive and meaningful engagement with life.

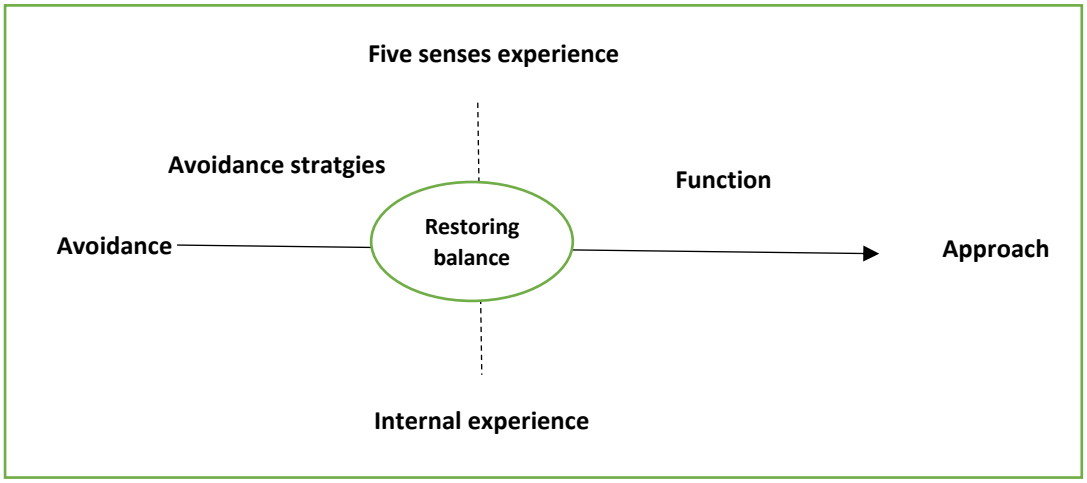


Figure 2: Restoring therapeutic balance—from controlling psychological suffering to cultivating greater flexibility (*Schoendorff et al., 2017*)

3. Assessing the Effectiveness of Acceptance and Commitment Therapy

The effectiveness of Acceptance and Commitment Therapy (ACT) is typically assessed through the core construct of psychological flexibility, particularly via its central

dimension: experiential avoidance. The Acceptance and Action Questionnaire–II (AAQ-2) has become a standard measure in contemporary ACT research.

Steven Hayes and colleagues (2006) proposed a theoretical model consisting of six interrelated processes that define psychological flexibility. These processes are visually represented in the widely recognized Hexaflex Model, also known as the Psychological Flexibility Model, illustrated in Figure 3.

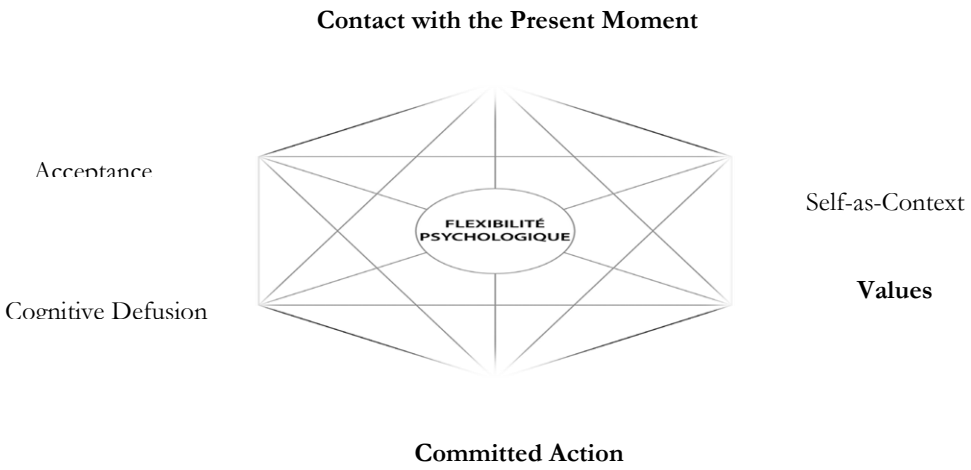


Figure 3: The Psychological Flexibility Model (Hexaflex)
(*Hayes et al., 2006*)

To elaborate on the processes presented in Figure 3, we begin with the following:

a. Contact with the Present Moment

Human cognition often drifts away from the present moment—projecting into imagined futures or revisiting remembered pasts. This mental pattern underscores the importance of contact with the present moment, one of the six core processes of psychological flexibility. Rather than becoming entangled in worry or rumination, ACT encourages individuals to anchor their awareness in the here and now.

In the context of Acceptance and Commitment Therapy, this process refers to cultivating ongoing, non-judgmental awareness of both internal experiences and external events as they unfold. The goal is to enhance clients' capacity to engage with the world more directly, promoting behavioral flexibility and increasing alignment between actions and personally held values. Language, in this framework, becomes a tool for describing and

observing experience—not for prematurely evaluating or attempting to control it (Hayes et al., 2006).

Contact with the present moment can also be conceptualized as psychological awareness—a full and immediate presence with what is happening, both internally and externally. It represents a mindful recognition of the self-in-context, unburdened by regret over the past or anxiety about the future. Instead, it emphasizes connection with what is real, available, and meaningful in the moment. This is the essence of mindfulness in its fullest expression (Cardaciotto, 2008).

b. Cognitive Defusion

Cognitive defusion refers to the process of observing one's thoughts without becoming entangled in them. Rather than treating thoughts as absolute truths or instructions to follow, individuals learn to see them as passing mental events. This psychological distance enables a release from the grip of rigid and unhelpful thinking patterns, creating space for more adaptive responses (Hayes, 2019).

c. Acceptance

Acceptance is a key skill that illustrates how processes within psychological flexibility support one another. When individuals open up to fear, for example, they often gain clearer access to the present moment and its possibilities. In emotionally triggering situations, acceptance allows for greater awareness of the relevance of the pain and a more constructive way of relating to it. Through this process, past suffering is recognized for what it was, and individuals can draw from it the wisdom needed for growth and action in the present (Hayes, 2019).

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e. Self-as-Context

Self-as-context is a central process in ACT that helps individuals observe their internal experiences without becoming over-identified with them. It refers to the stable perspective from which all experiences are noticed—thoughts, emotions, and sensations—without becoming fused to their content. Strengthening this process enhances both defusion and acceptance. It is typically cultivated through mindfulness exercises, metaphors, and experiential work within therapy (Hayes et al., 2006).

f. Committed Action

Committed action lies at the heart of therapeutic change in ACT. The approach is not solely about achieving acceptance but also about fostering active engagement with life. This process involves identifying meaningful goals and persistently moving toward them, even in the presence of discomfort or obstacles. Committed action reflects the principle that meaningful change must begin here and now—not someday in the future (Hayes, 2019).

g. Values

Values represent the foundation of psychological flexibility and are central to the ACT model. They define who we aspire to be, what we stand for, and how we wish to live in the face of life's challenges. Values provide direction, purpose, and vitality. They are not goals to be achieved, but qualities of action that guide behavior across situations and time. In ACT, values function as an internal compass—shaping intentions, sustaining motivation, and giving meaning to both struggle and progress. They are not derived from past experiences alone, but reflect the kind of person one chooses to be in the present and future (Hayes et al., 2012).

4. The Effectiveness of Acceptance and Commitment Therapy (ACT) in Treating Depression Among Cancer Patients

Acceptance and Commitment Therapy (ACT) is grounded in the notion that psychological and behavioral difficulties often stem from individuals' ongoing efforts to avoid painful experiences and internal suffering. Rather than attempting to eliminate negative thoughts and emotions, ACT encourages clients to accept them as part of the human experience and to commit to value-based behaviors. This approach enhances

psychological flexibility and helps individuals live more consciously in the present moment. ACT has demonstrated effectiveness in treating a range of psychological disorders, including depression, anxiety, mood disorders, phobias, trauma, and chronic illnesses such as breast cancer—which remains a leading global cause of mortality (Yousra, 2021).

A meta-analysis conducted in February 2020 assessed the psychological and physical effects of ACT in cancer patients. The review included 25 independent studies—17 randomized controlled trials and 8 non-randomized controlled trials—with a combined sample of 2,256 participants. Trial Sequential Analysis (TSA) was used to determine the sufficiency and reliability of the evidence.

Results indicated that ACT significantly reduced psychological distress ($g = 0.88$), improved psychological flexibility ($g = 0.58$), enhanced quality of life ($g = 1.19$), and increased hope ($g = 2.17$) among cancer patients. Temporal data analysis confirmed that the available evidence was sufficient to generate stable estimates of ACT's impact on distress and quality of life (Zhao et al., 2020).

Supporting this, a quasi-experimental study by Mohabbat-Bahar et al. (2015) involved 30 breast cancer patients recruited through convenience sampling. Participants were randomly assigned to either an experimental group—which underwent an 8-week ACT training program with weekly 90-minute sessions—or a control group. Both groups completed pre- and post-intervention assessments using the Beck Depression Inventory and the Beck Anxiety Inventory. Findings showed a statistically significant reduction in depression and anxiety levels in the intervention group ($p < 0.05$).

Taken together, these findings suggest that ACT-based interventions are effective in strengthening psychological flexibility and promoting emotional resilience among cancer patients. Integrating ACT into comprehensive cancer care may improve patients' capacity to manage the psychological and physical challenges associated with their illness. Rather than fighting negative thoughts and emotions, ACT helps patients relate to them with openness—allowing for more adaptive coping and enhanced treatment engagement.

By fostering self-awareness and value-based living, ACT supports patients in identifying what truly matters to them, enabling actions that enrich their quality of life. Ultimately, ACT contributes to reduced depression and anxiety symptoms and improves overall psychological well-being, enhancing patients' ability to navigate daily challenges and deepening the meaning they find in their treatment journey.

Section Three: The Importance of Integrated Psychological Support

1. Psychological Support for Cancer Patients

Psychological care is a fundamental pillar of comprehensive cancer treatment, playing a critical role in improving patients' quality of life and supporting them emotionally throughout the treatment process. Many cancer patients experience anxiety, depression, and fear of the future, which can significantly affect both their psychological resilience and physical health. Mental health professionals can help patients cope with these emotions, fostering emotional adaptation and strengthening their ability to manage illness-related stress.

Psychological interventions offer numerous benefits, including enhanced self-awareness, improved coping strategies, and reductions in anxiety and psychological distress. Moreover, such support has been linked to better adherence to treatment protocols and improved clinical outcomes. Providing a safe environment in which patients can express their fears and emotions also contributes to emotional relief and a greater sense of security.

As noted by Ghari (2016), psychological support is essential because cancer poses a life-threatening condition—whether in the short or long term—and is often accompanied by physically and emotionally painful treatments. Additionally, the social stigma surrounding cancer tends to be highly negative, further complicating the patient's experience. Therefore, psychological care should be integrated throughout the treatment trajectory and delivered collaboratively by the medical team and mental health professionals.

This awareness gave rise to the field of **psycho-oncology**, which emphasizes the integration of psychological well-being and the therapeutic relationship as central components of oncological care. The primary goal is to prevent or reduce psychological distress, thereby improving quality of life, reinforcing family and social support, and enhancing treatment adherence. Achieving these outcomes requires a nuanced understanding of the psychological needs specific to individuals with cancer.

2. Spiritual Coping and Religious Support in Psycho-Oncology

It is essential not to overlook the **religious and spiritual dimensions** of psychological support, particularly their role in strengthening a patient's ability to accept illness with inner peace and contentment. This sense of spiritual tranquility has a significant

therapeutic value, as it helps reduce depressive symptoms and enhances psychological resilience.

In Islamic tradition, visiting the sick is highly encouraged as a form of emotional and social support. This act is considered spiritually rewarding and a means of offering psychological comfort. In a well-known hadith, the Prophet Muhammad (peace be upon him) said:

> "Allah, Glorified and Exalted is He, will say on the Day of Resurrection: O son of Adam, I fell sick and you did not visit Me'. He will say: 'O Lord, how could I visit You when You are the Lord of the Worlds?! He will say: 'Did you not know that My slave so-and-so was sick, but you did not visit him? Do you not know that if you had visited him you would have found Me with him?!..." (Sahih Muslim, 2007, 6556:43).

This prophetic teaching reflects the profound emphasis Islam places on offering compassionate presence to the ill. Cancer patients, who often endure both physical suffering and emotional isolation, may especially benefit from this form of psychosocial support.

Furthermore, Islam offers a framework of spiritual meaning and reward in suffering. As narrated by Aisha (may Allah be pleased with her):

> "No believer is pricked by a thorn or more, but Allah will raise him one degree in status thereby, or will erase a sin thereby" (Sahih Muslim, 2007, 6562:47)

Such beliefs provide a source of hope and reassurance, encouraging patients to view pain and illness not merely as hardship, but as part of a greater spiritual journey. This contributes to reduced anxiety, better emotional regulation, and a greater willingness to engage with treatment.

In another hadith, the Prophet (peace be upon him) said:

> "The likeness of the believers in their mutual love, mercy and compassion is that of the body; when one part of it is in pain, the rest of the body joins it in restlessness and fever" (Sahih Muslim, 2007, 6586:66).

This narration beautifully captures the spirit of collective care, empathy, and psychological solidarity within the Muslim community—an approach that is particularly

meaningful for those coping with serious illness. Recognizing the patient as part of a larger social and spiritual network helps promote holistic healing and enhances the effectiveness of psychological interventions.

3. The Value of Integrated Mental Health Intervention

Mental health professionals, including psychiatrists and clinical psychologists, play a pivotal role in accurately diagnosing depressive disorders among cancer patients. Where appropriate, they should also address organic contributors to depressive mood and apply combined approaches involving psychotherapy and pharmacological treatment. Estimates suggest that up to 25% of hospitalized cancer patients meet criteria for either major depressive disorder or adjustment disorder with depressed mood. Individuals at greater risk include those with a history of mood disorders or substance use, advanced-stage cancer, and uncontrolled physical pain. Once assessed, treatment typically includes short-term supportive therapy and, when necessary, antidepressant medication (Massie, 1990).

Jeong (2025) highlights that identifying the psychosocial determinants of treatment adherence in breast cancer patients reveals the central role of **patient empowerment** in effective healthcare interventions. To address this, healthcare providers should implement tailored programs that include educational sessions to inform patients about their treatment plans, counseling services to address psychological challenges such as depression, and peer support groups to foster a sense of community and shared experience.

By integrating such strategies into routine care, mental health professionals can significantly enhance patient empowerment, strengthen adherence, and improve overall treatment outcomes. Future studies may also explore the long-term impact of these interventions on psychological well-being and sustained treatment engagement.

Furthermore, integrated approaches that bring together medical doctors and mental health professionals can offer substantial benefits to patients—particularly children—by creating safe spaces for open communication about illness. This collaboration not only improves the quality of psychological care but also enhances the ability of healthcare teams to manage the social and emotional challenges associated with cancer. Research also shows that psychological support should extend beyond patients to include their families, reinforcing the need to view the individual within a broader relational context. Such a holistic approach increases the impact of psychological interventions and ensures that the emotional needs of all affected parties are adequately addressed.

CONCLUSION

This study offered an integrated theoretical framework for understanding the relationship between cancer, depression, and Acceptance and Commitment Therapy (ACT). As a third-wave cognitive-behavioral approach, ACT has demonstrated particular relevance in the context of cancer care due to its effectiveness in enhancing quality of life and reducing depressive symptoms among patients.

The findings suggest that ACT-based interventions significantly improve psychological flexibility, which, in turn, contributes to improved mental and physical health outcomes. Patients who engage in ACT programs are more likely to develop acceptance of their illness, reduce feelings of isolation, and redirect their focus toward the present moment—rather than remaining trapped in past trauma or anticipating future distress. Among the most common psychological challenges faced by cancer patients is **death anxiety**, making integrated, interdisciplinary psychological support essential to the quality of psycho-oncological care.

Moreover, this study emphasizes the importance of developing structured ACT-based treatment programs that are culturally and contextually adapted for cancer patients, particularly in light of the growing global burden of the disease. We recommend that such programs be implemented in oncology centers by trained mental health professionals, with careful consideration of the sociocultural identity of the target population to ensure more meaningful and effective therapeutic engagement.

In addition to the clinical and psychological dimensions, the study highlights the spiritual and religious dimensions of psychological support, which play a critical role in helping patients accept their condition with inner peace. In Islamic tradition, visiting the sick is viewed as a spiritual act of compassion and solidarity—an approach that can be especially beneficial for cancer patients who endure both physical pain and emotional isolation. As stated in a well-known hadith, "If you had visited [the sick], you would have found Me with him" (Sahih Muslim, 2007, 6556:43), reflecting the profound value placed on providing presence and support.

Islamic teachings also offer a framework of meaning and reward in suffering, which can reduce anxiety, promote emotional regulation, and strengthen patients' commitment to treatment. The shared responsibility within the Muslim community—captured in the prophetic description of believers as one body that responds to pain collectively—further

illustrates the psychosocial and spiritual resources that can complement therapeutic interventions.

Taken together, these insights support a **holistic model of care**—one that integrates psychological, medical, cultural, and spiritual elements—to improve well-being and empower patients to navigate illness with resilience, meaning, and dignity.

In light of these insights, we recommend the implementation of culturally sensitive ACT-based psychological programs in oncology centers. These programs should be delivered by qualified professionals in mental health and adapted to the sociocultural identity of the target population to ensure meaningful therapeutic engagement and effective outcomes.

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