

Original Article

The Effectiveness of the Integrated Approach of Meaning Therapy and Hope Therapy on Tolerance of Ambiguity, Alexithymia, and Psychological Hardiness of Women with Breast Cancer

Marzieh Mahmoudi^{1*}, Shahla Dinavizadeh²

1. Assistant professor, Department of Psychology and Educational Science, Payam Noor University, Tehran, Iran.

2. M.A. in psychology, Payam Noor University, Tehran, Iran.

*Corresponding Author Email: mmahmoudi@pnu.ac.ir

Extended Abstract

Background and Objectives

Breast cancer is one of the most prevalent cancers among women worldwide and is associated with severe psychological and physical consequences. Patients often experience anxiety, depression, despair, and a reduced quality of life following diagnosis and treatment. Psychological constructs such as tolerance of ambiguity, alexithymia (difficulty in recognizing and expressing emotions), and psychological hardiness play a vital role in how patients cope with the disease and its associated stressors. Low tolerance of ambiguity may result in catastrophic thinking, alexithymia can impair emotional regulation and social support-seeking, and reduced psychological hardiness is associated with greater vulnerability to psychological distress.

Therapeutic approaches that address meaning and hope in life are considered essential for improving coping strategies in patients with life-threatening illnesses. Meaning therapy focuses on helping patients discover or strengthen the sense of meaning in their lives, while hope therapy aims to build positive expectations for the future and set achievable goals. Both approaches have demonstrated effectiveness in reducing psychological distress in patients with chronic illnesses. However, there is limited evidence on the impact of an integrated meaning and hope therapy approach on psychological outcomes in breast cancer patients.

The present study aimed to examine the effectiveness of the integrated approach of meaning therapy and hope therapy in improving tolerance of ambiguity, reducing alexithymia, and enhancing psychological hardiness among women with breast cancer. The study's findings could provide guidance for developing psychological interventions to improve patients' emotional resilience and overall well-being.

Materials and Methods

This semi-experimental study employed a pre-test, post-test, and control group design. The statistical population consisted of all women diagnosed with breast cancer who were referred to the Cancer Treatment

Center in Dezful, Iran, in 2021. Using purposive sampling, 30 eligible patients volunteered and were randomly assigned to the experimental group ($n = 15$) or control group ($n = 15$).

Inclusion criteria included a confirmed diagnosis of breast cancer, basic literacy, willingness to participate in therapy sessions, absence of other psychological treatment during the study, and not suffering from severe psychiatric disorders. Patients who missed more than two therapy sessions or were in terminal stages of treatment were excluded.

The experimental group participated in eight 90-minute group therapy sessions delivered online through Skyroom software due to COVID-19 restrictions. The integrated protocol combined meaning therapy techniques (e.g., exploring sources of meaning, attitude modification, and deflection) with hope therapy strategies (e.g., goal setting, planning, and fostering positive expectations). The sessions also encouraged patients to reframe cancer as a meaningful life event and strengthen coping skills. The control group did not receive any intervention during the study period.

Three standardized instruments were administered to both groups at pre-test and post-test:

1. Toronto Alexithymia Scale (TAS-20; Taylor, 1986) – assessing difficulty identifying emotions, difficulty describing feelings, and externally oriented thinking.
2. Ambiguity Tolerance Scale (McLean, 1993) – measuring individuals' ability to cope with uncertain or ambiguous situations.
3. Kobasa Psychological Hardiness Questionnaire (1982) – evaluating commitment, control, and struggle as key dimensions of resilience.

Data were analyzed using multivariate and univariate analyses of covariance (MANCOVA and ANCOVA) to evaluate the effectiveness of the intervention. All analyses were conducted using SPSS 21 with a significance level set at $p < 0.05$.

Results

The demographic characteristics of the participants did not significantly differ between the experimental and control groups in terms of age, marital status, education, or duration of illness ($p > 0.05$). Pre-test scores for tolerance of ambiguity, alexithymia, and psychological hardiness were also statistically similar between groups ($p > 0.05$).

Post-test analysis revealed a significant improvement in all three primary outcomes among the experimental group compared to the control group:

- Tolerance of ambiguity: $F = 29.06$, $p = 0.001$, $\eta^2 = 0.47$
- Alexithymia: $F = 16.09$, $p = 0.002$, $\eta^2 = 0.49$
- Psychological hardiness: $F = 42.24$, $p = 0.002$, $\eta^2 = 0.67$

Effect sizes indicated that the intervention had a strong impact on these variables. Further univariate analyses showed significant improvements across the dimensions of each construct. For alexithymia, significant reductions were observed in difficulty recognizing emotions ($F = 54.05$, $p = 0.001$), difficulty describing feelings ($F = 30.50$, $p = 0.001$), and externally oriented thinking ($F = 41.88$, $p = 0.001$). For psychological hardiness, significant improvements were found in commitment ($F = 6.81$, $p = 0.017$), control ($F = 6.09$, $p = 0.029$), and struggle ($F = 8.48$, $p = 0.009$).

The control group did not show significant changes in any of the measured variables between pre-test and post-test.

Discussion and Conclusion

The findings of this study demonstrate that the integrated approach of meaning therapy and hope therapy significantly improves tolerance of ambiguity, reduces alexithymia, and enhances psychological hardiness among women with breast cancer. By combining meaning-centered and hope-based strategies, this intervention allowed patients to better cope with uncertainty, increase emotional awareness, and strengthen resilience.

Greater tolerance of ambiguity helped patients respond to the unpredictability of their diagnosis and treatment with less anxiety and avoidance. Reductions in alexithymia improved emotional expression and social connectedness, both of which are essential for psychological adjustment. Enhanced psychological hardiness enabled participants to feel more committed, in control, and capable of confronting the challenges posed by their illness.

These results suggest that integrating meaning therapy and hope therapy addresses both existential and future-oriented needs of patients, empowering them with purpose and optimism. Implementing such interventions in oncology care can improve coping, emotional well-being, and quality of life.

However, the study's small sample size and single-center setting limit generalizability. Future research with larger, more diverse populations and long-term follow-up is recommended to confirm these findings. This study provides strong evidence for the effectiveness of the integrated approach of meaning therapy and hope therapy in improving critical psychological outcomes in women with breast cancer. Implementing such interventions in oncology settings could help patients cope more effectively with their diagnosis and treatment, improve emotional well-being, and enhance quality of life.