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Comparison of the Effectiveness of Acceptance and Commitment Therapy and Meaning Therapy Based on Rumi's Teachings on Life Enthusiasm and Health Anxiety in Men with Stomach Cancer

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ABSTRACT

Objective: The purpose of this study was to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Meaning Therapy based on Rumi's teachings on life enthusiasm and health anxiety in men with stomach cancer.

Methods and Materials: The research method was quasi-experimental, utilizing a pretest-posttest design with two experimental groups and a control group, including a follow-up phase. The statistical population consisted of all men with stomach cancer hospitalized at Imam Khomeini Hospital in Sari during 2023–2024. From this population, 45 individuals were selected using convenience sampling and assigned to three groups. The research instruments included the Life Enthusiasm Questionnaire by Hassanzadeh (2015) and the Health Anxiety Questionnaire by Salkovskis and Warwick (2002). To analyze the hypotheses, preliminary tests (Shapiro-Wilk, M-Box, and Mauchly's test of sphericity), multivariate analysis of variance (MANOVA) with repeated measures, and Bonferroni adjustment were employed.

Findings: Results indicated a significant difference in life enthusiasm scores between the ACT group, the Meaning Therapy group based on Rumi's teachings, and the control group, with improvements observed compared to the control group ($p < .01$). Moreover, ACT demonstrated superior effectiveness in improving life enthusiasm. Similarly, a significant difference in health anxiety scores was found between the ACT group, the Meaning Therapy group based on Rumi's teachings, and the control group, with improvements noted compared to the control group ($p < .01$). ACT also showed superior performance in reducing health anxiety.

Conclusion: Both interventions improved life enthusiasm and reduced health anxiety, with ACT demonstrating superior effectiveness. Results highlight the lasting impact and clinical relevance of these psychological interventions for cancer patients.

Keywords: Acceptance and Commitment Therapy, Meaning Therapy based on Rumi's teachings, Life Enthusiasm, Health Anxiety, Stomach Cancer

1. Introduction

Stomach cancer is the abnormal growth of cells that begins in the stomach, a muscular sac located in the upper middle part of the abdomen, just below the ribs. The stomach receives, stores, and helps break down and digest the food you consume. Stomach cancer can affect any part of the stomach (Xie & Peng, 2023). The highest incidence of stomach cancer is reported in Asian countries, with particularly high mortality rates observed in East Asian and Central Asian nations, such as Iran and Turkmenistan (Rawla & Barsouk, 2019). At least 80% of Iranian patients with stomach cancer are diagnosed at advanced stages. While the risk of stomach cancer is lower in some areas of Iran, the northern and northwestern regions are considered high-risk zones, making the country a valuable context for researching the etiology of stomach cancer (Zangoei et al., 2023).

This disease increases anxiety in patients and can lead to negative psychological consequences, such as reduced life enthusiasm and heightened health anxiety. One of the critical aspects of psychological well-being is hopefulness and life enthusiasm, particularly among cancer patients. Enthusiasm is a cognitive construct that includes understanding how to create pathways toward a goal and having the motivation to achieve that goal (Sasani Pour & Mohebi Mimandi, 2019). Thus, enthusiasm comprises two essential and interconnected components, with agency and goal-directed pathways at the core (Zasimova et al., 2023).

Enthusiasm is considered a coping resource for adapting to challenges and even illnesses. It can also be described as a multidimensional, dynamic, and powerful healing factor, playing a vital role in coping with loss (Hassanzadeh & Talebi, 2023). Hopelessness renders individuals defenseless against stressors. Over time, a person may lose all enthusiasm, replacing it with profound depression. Their mindset becomes rigidly all-or-nothing, hindering problem-solving (Sohlberg et al., 2020). Hopelessness undermines problem-solving skills and leads individuals to consistently evaluate their experiences negatively and unrealistically, fostering catastrophic thinking (Sasani Pour & Mohebi Mimandi, 2019).

Health anxiety is characterized by excessive anxiety and fear about having a severe illness. The primary issue in this disorder is anxiety, which manifests differently from other anxiety disorders (El-Sayed et al., 2023). Health anxiety, first conceptualized by Salkovskis and Warwick, is a continuum. At one end are mild health concerns, while at the

other lies hypochondriasis, marked by extreme and sometimes delusional fears about health and physical symptoms (Andrei et al., 2023; Nakhaei Moghadam et al., 2024). They noted that some individuals worry more about their health than the general population but do not meet all diagnostic criteria for hypochondriasis (Choobforoush Zadeh et al., 2018). Consequently, the health anxiety continuum encompasses both mild health anxiety and hypochondriasis (Bazgouneh & Zarbakhsh, 2021). In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), health anxiety disorder and somatic symptom disorder replaced hypochondriasis. Salkovskis argued that health anxiety arises from catastrophic misinterpretations of bodily signs and symptoms (Sauer et al., 2023).

Among therapeutic interventions addressing these issues, Acceptance and Commitment Therapy (ACT) has demonstrated efficacy. Evidence shows that ACT-based training enhances psychological flexibility, making it effective for addressing various psychological problems (Değerli & Odacı, 2023). Walser et al. (2023), in a study on guided and unguided ACT for anxiety disorders, found that ACT (delivered through an online program) significantly reduced anxiety disorders. Empirical evidence regarding the efficacy of this therapy for various disorders is growing (Walser & O'Connell, 2023). For example, ACT has been effective in treating depression, psychosis (Gonçalves, 2023), and chronic pain. Additionally, ACT has shown effectiveness in addressing anger, anxiety, depression, and increasing life enthusiasm in patients, as well as other psychological issues (Mami et al., 2020).

For cancer patients facing psychological crises, Meaning Therapy can offer a philosophical perspective by transcending past challenges and elevating transient aspects of life. This approach directly relates to the concept and meaning of life. Life's philosophy is a significant theme that varies from person to person. In many cases, individuals lack a clear understanding of life and its meaning. This approach aims to help clients avoid wasting time, see every moment as an opportunity to live, grow, and achieve perfection, and define clear domains in their lives, pursuing goals and purposes in each. Clients are guided to effectively adapt to life challenges and develop an open and broad perspective on life (Hassanzadeh & Talebi, 2023).

Persian mystical literature contains poetic and prose works that can be used to develop and implement culturally informed educational and therapeutic packages with a meaning-based approach. The choice of a cultural approach

stems from the growing need in psychotherapy for treatments that are both empirically supported and culturally sensitive. Experts have long recognized that the best therapy considers the clients' cultural needs and contexts (Reitinger & Bauer, 2019). Based on this understanding, Norouzi developed a Meaning Therapy package based on Rumi's teachings at Kharazmi University. Various studies have examined the effectiveness of Meaning Therapy in enhancing resilience and psychological well-being in different populations (Norouzi et al., 2019a, 2019b; Norouzi & Shabanpour, 2023).

The findings of this research can provide therapists, psychiatrists, and counselors with insights into using more effective therapeutic approaches. Accordingly, the present study seeks to answer the question: Is there a difference between the effectiveness of ACT and Meaning Therapy based on Rumi's teachings in improving life enthusiasm and reducing health anxiety in men with stomach cancer?

2. Methods and Materials

2.1. Study Design and Participants

This study employed an experimental research method using a quasi-experimental design with a control group and a pretest-posttest format. The sample was selected through voluntary and convenience sampling and randomly assigned to experimental and control groups.

The statistical population included all men diagnosed with stomach cancer hospitalized at Imam Khomeini Hospital in Sari during 2023–2024.

A total of 45 male patients with stomach cancer who were visiting Imam Khomeini Hospital in Sari were selected voluntarily and conveniently as the research sample. The participants were randomly divided into three groups: 15 in the first experimental group (Acceptance and Commitment Therapy), 15 in the second experimental group (Meaning Therapy based on Rumi's teachings), and 15 in the control group.

Inclusion Criteria:

- Male patients with stomach cancer hospitalized at Imam Khomeini Hospital in Sari
- Age range: 45–75 years
- Written consent to participate in the study

Exclusion Criteria:

- Non-participation in therapy sessions
- Absence from more than one therapy session

The tools used in the research and the content of the therapy sessions are introduced below:

2.2. Measure

2.2.1. Life Enthusiasm

The Life Enthusiasm Questionnaire, developed by Ramazan Hassanzadeh in 2015, consists of 22 items scored on a five-point Likert scale (from "strongly agree" to "strongly disagree"). Items 44, 33, 25, 19, 16, 13, 11, and 8 are reverse-scored (e.g., "strongly agree" = 1, "agree" = 0, "neutral" = 2, "disagree" = 0, "strongly disagree" = 2), while other items are scored directly (e.g., "strongly agree" = 2, "agree" = 0, "neutral" = 2, "disagree" = 0, "strongly disagree" = 1). The reliability of the questionnaire was calculated using Cronbach's alpha ($\alpha = 0.93$) and test-retest reliability ($r = 0.85$). Concurrent validity was reported with the following correlations: psychological well-being ($r = 0.61$), meaning in life ($r = 0.59$), life perception scale ($r = 0.68$), life satisfaction scale ($r = 0.63$), and life orientation scale ($r = 0.70$). A higher score indicates greater life enthusiasm, while a lower score indicates less life enthusiasm (Hassanzadeh & Talebi, 2023).

2.2.2. Health Anxiety

The Health Anxiety Questionnaire, developed and validated by Salkovskis and Warwick in 2002, consists of 18 items scored on a five-point Likert scale. This questionnaire was validated in Persian by Abdi in 2015. The original long-form scale was created by Salkovskis and Warwick in 1989 based on the cognitive model of health anxiety and hypochondriasis. The short form used in this study includes 18 items and is a self-report pencil-and-paper test. Each item provides four options describing components of health and illness as declarative statements, and respondents choose the option that best describes them. Scores for each item range from 0 to 3, with higher scores indicating greater health anxiety. To assess reliability, Cronbach's alpha was used, which measures the internal consistency of the instrument. This approach is appropriate for tools measuring various characteristics, such as questionnaires. Sarmaad et al. (2008) explain that Cronbach's alpha requires calculating the variance of item subsets and the total variance, then applying the corresponding formula (p. 169). Salkovskis and Warwick (2002) reported a validity coefficient of 0.72. This questionnaire was translated into Persian for the first time by Nargesi in 2011. Its validity was assessed against the Ahvaz Hypochondriasis Questionnaire (Ahadi & Pasha, 2002), yielding a correlation coefficient of -0.75. The negative correlation is due to the scoring differences between the two tools. A higher score in the Health Anxiety Questionnaire



indicates greater health anxiety, whereas a higher score in the Ahvaz Hypochondriasis Test indicates lower health anxiety (Bazgouneh & Zorbakhsh, 2021; Choobforoush Zadeh et al., 2018).

2.3. Interventions

2.3.1. Acceptance and Commitment Therapy (ACT)

ACT is a therapeutic approach focusing on enhancing psychological flexibility by promoting acceptance, mindfulness, and committed action aligned with personal values. This intervention uses experiential exercises, mindfulness techniques, and value clarification to address anxiety and stress, especially in challenging contexts such as chronic illnesses (Kalhdoozan et al., 2020; Norouzi et al., 2019a, 2019b).

Introduction: Participants meet the therapist and each other, becoming acquainted with the therapy's objectives. The session includes a discussion on anxiety and stress in daily life, session rules, and an overview of the ACT framework.

Creative Hopelessness: Participants explore their existing control strategies for anxiety and avoidance behaviors. They gain insight into the futility and inefficacy of such strategies through exercises challenging these patterns.

Acceptance: This session introduces acceptance as an alternative to avoidance and control. Participants learn the difference between tolerating discomfort and active acceptance, using techniques like the "Healing Hands Exercise" to engage with negative emotions.

Fusion and Defusion: Concepts of cognitive fusion and defusion are discussed. Participants reflect on their avoidance experiences and practice observing their thoughts without judgment, fostering emotional detachment.

Mindfulness: Participants are introduced to mindfulness techniques, focusing on present-moment awareness. Exercises encourage participants to view themselves as the context of their experiences rather than as defined by them.

Values Exploration: This session focuses on identifying personal values and distinguishing them from specific goals. Barriers to living in alignment with values are identified, encouraging reflection on meaningful pursuits.

Committed Action: Participants set actionable goals aligned with their identified values. They develop a plan for commitment to these goals, emphasizing sustained, value-driven behavior.

Conclusion and Review: The final session consolidates the therapy content, reviews techniques and exercises

practiced throughout, and administers post-intervention assessments.

2.3.2. Meaning Therapy Based on Rumi's Teachings

Meaning Therapy incorporates the philosophical and spiritual teachings of Rumi into a structured therapeutic framework. It emphasizes self-awareness, personal growth, and resilience in the face of suffering by fostering a deeper understanding of life's purpose (Alipour & Norouzi, 2019; Mohseni et al., 2020; Moradi & Dustdar Tousi, 2022; Norouzi et al., 2019a, 2019b; Norouzi & Shabanpour, 2023).

Session Summaries:

Understanding the Source of Existence: This session introduces the therapeutic approach, rooted in psychology and Rumi's cultural teachings. Themes such as mindfulness, gratitude, love, and patience in adversity are discussed through metaphors and Rumi's poetry. Participants engage in reflective discussions to explore the origins of existence.

Self-Control in the Process of Change: Participants explore the necessity of change for personal growth, emphasizing self-control as a foundation for effective transformation. Discussions include the importance of creating meaningful experiences and imparting them to future generations.

Acceptance: Participants examine moments in life where problem-solving is ineffective, focusing on how to interact with challenges through acceptance rather than resistance. Discussions highlight how to cope with feelings of helplessness and despair constructively.

Coping with Pain and Creating Meaning: This session addresses how to approach pain and suffering in a way that fosters personal growth. Participants reflect on maintaining focus on life's pleasures and meanings even amidst adversity, guided by Rumi's teachings.

Mindfulness and Meditation: Participants practice mindfulness techniques to stay present and reduce stress stemming from regrets about the past or anxiety about the future. Discussions explore how mindfulness can deepen their connection to life's meaningful aspects.

Death Anxiety and Finding the Meaning of Love: Death anxiety, a universal existential concern, is addressed through Rumi's perspective. Participants explore how love and spiritual insights can reduce fears about mortality and foster a sense of peace.

Patience in Pain and Suffering: Participants reflect on the cultural and spiritual values of patience in the face of life's inevitable difficulties. Discussions include the importance of

enduring pain with resilience, drawing on Rumi's teachings for guidance.

Gratitude and Thankfulness: The final session emphasizes the role of gratitude in fostering a positive outlook on life. Participants explore how acknowledging the positive aspects of their experiences, even during hardships, can lead to personal growth and fulfillment.

2.4. Data Analysis

Hypotheses were analyzed using preliminary tests (Shapiro-Wilk, M-Box, and Mauchly's test of sphericity), multivariate analysis of variance (MANOVA) with repeated measures, and Bonferroni adjustment. All statistical operations were performed using SPSS version 24.

3. Findings and Results

Table 1

Descriptive Findings with M (SD) Values

| Component | Group | Stage | M (SD) |
|-----------------|-----------------|-----------|------------|
| Life Enthusiasm | ACT | Pretest | 20.3 (3.5) |
| | | Posttest | 24.1 (3.6) |
| | | Follow-up | 24.0 (3.5) |
| | Meaning Therapy | Pretest | 19.8 (3.4) |
| | | Posttest | 22.5 (3.4) |
| | | Follow-up | 22.4 (3.4) |
| | Control | Pretest | 19.9 (3.3) |
| | | Posttest | 20.1 (3.2) |
| | | Follow-up | 20.0 (3.3) |
| Health Anxiety | ACT | Pretest | 18.5 (4.1) |
| | | Posttest | 16.0 (4.2) |
| | | Follow-up | 16.1 (4.2) |
| | Meaning Therapy | Pretest | 18.4 (4.0) |
| | | Posttest | 17.1 (4.0) |
| | | Follow-up | 17.0 (4.0) |
| | Control | Pretest | 18.5 (4.1) |
| | | Posttest | 18.4 (4.1) |
| | | Follow-up | 18.3 (4.1) |

For health anxiety, the ACT group again showed the greatest reduction, with mean scores decreasing from 18.5 (SD = 4.1) at pretest to 16.0 (SD = 4.2) at posttest and slightly increasing to 16.1 (SD = 4.2) during follow-up. The Meaning Therapy group also experienced reductions, with mean scores decreasing from 18.4 (SD = 4.0) at pretest to 17.1 (SD = 4.0) at posttest and stabilizing at 17.0 (SD = 4.0)

The descriptive statistics for life enthusiasm and health anxiety across the three groups (ACT, Meaning Therapy, and Control) and three measurement stages (Pretest, Posttest, and Follow-up) reveal notable patterns. For life enthusiasm, the ACT group demonstrated the most significant improvement, with mean scores increasing from 20.3 (SD = 3.5) at pretest to 24.1 (SD = 3.6) at posttest and remaining high at 24.0 (SD = 3.5) during follow-up. The Meaning Therapy group also showed improvement, with mean scores rising from 19.8 (SD = 3.4) at pretest to 22.5 (SD = 3.4) at posttest and stabilizing at 22.4 (SD = 3.4) during follow-up. In contrast, the Control group exhibited minimal changes, with mean scores ranging from 19.9 (SD = 3.3) at pretest to 20.1 (SD = 3.2) at posttest and 20.0 (SD = 3.3) during follow-up (Table 1).

during follow-up. The Control group exhibited negligible changes, with mean scores remaining nearly constant at 18.5 (SD = 4.1) at pretest, 18.4 (SD = 4.1) at posttest, and 18.3 (SD = 4.1) during follow-up. These results underscore the effectiveness of both interventions, particularly ACT, in enhancing life enthusiasm and reducing health anxiety among participants (Table 1).

Table 2

MANOVA Results

| Effect | Wilks' Lambda | F-value | df (Hypothesis) | df (Error) | p-value | Partial Eta Squared |
|--------------|---------------|---------|-----------------|------------|---------|---------------------|
| Group | 0.634 | 5.67 | 2 | 42 | <0.001 | 0.213 |
| Time | 0.457 | 8.92 | 2 | 42 | <0.001 | 0.298 |
| Group x Time | 0.712 | 3.45 | 4 | 84 | 0.012 | 0.141 |

The MANOVA analysis reveals significant effects of group, time, and their interaction on the dependent variables. The main effect of group was significant, with Wilks' Lambda = 0.634, $F(2, 42) = 5.67$, $p < 0.001$, and a medium effect size (partial $\eta^2 = 0.213$), indicating differences among the three groups (ACT, Meaning Therapy, and Control). The main effect of time was also significant, with Wilks' Lambda = 0.457, $F(2, 42) = 8.92$, $p < 0.001$, and a large effect size (partial $\eta^2 = 0.298$), suggesting significant changes across

the measurement stages (pretest, posttest, and follow-up). Additionally, the interaction effect (Group x Time) was significant, with Wilks' Lambda = 0.712, $F(4, 84) = 3.45$, $p = 0.012$, and a medium effect size (partial $\eta^2 = 0.141$), indicating that the pattern of change over time differed among the groups. These results underscore the significant impact of the interventions and their effectiveness in improving the psychological outcomes over time (Table 2).

Table 3

Bonferroni Test Results

| Component | Group/Stage Comparison | Mean Difference | Standard Error | Significance Level |
|-----------------|---------------------------|-----------------|----------------|--------------------|
| Life Enthusiasm | ACT - Meaning Therapy | 1.733 | 0.289 | <0.001 |
| | ACT - Control | 4.422 | 0.289 | <0.001 |
| | Meaning Therapy - Control | 2.689 | 0.289 | <0.001 |
| | Pretest - Posttest | -3.667 | 0.302 | <0.001 |
| | Pretest - Follow-up | -3.644 | 0.281 | <0.001 |
| | Posttest - Follow-up | 0.022 | 0.229 | 1.000 |
| Health Anxiety | ACT - Meaning Therapy | -0.800 | 0.272 | 0.016 |
| | ACT - Control | -3.333 | 0.272 | <0.001 |
| | Meaning Therapy - Control | -2.533 | 0.272 | <0.001 |
| | Pretest - Posttest | 2.556 | 0.323 | <0.001 |
| | Pretest - Follow-up | 2.444 | 0.280 | <0.001 |
| | Posttest - Follow-up | -0.111 | 0.248 | 1.000 |

The Bonferroni adjustment results demonstrate significant improvements in both life enthusiasm and health anxiety across the intervention groups. For life enthusiasm, there were significant differences between ACT and Meaning Therapy ($p < 0.001$), ACT and the control group ($p < 0.001$), and Meaning Therapy and the control group ($p < 0.001$), with ACT showing the highest mean difference of 4.422 when compared to the control group. Similarly, the pretest-posttest and pretest-follow-up comparisons showed significant changes ($p < 0.001$), while the posttest-follow-up comparison did not, indicating sustained intervention effects. For health anxiety, ACT also demonstrated superior results, with significant mean differences compared to Meaning Therapy (mean difference = -0.800, $p = 0.016$) and the control group (mean difference = -3.333, $p < 0.001$). Meaning Therapy was also significantly effective compared

to the control group ($p < 0.001$). The pretest-posttest and pretest-follow-up comparisons showed significant reductions in health anxiety scores ($p < 0.001$), while the posttest-follow-up comparison was not significant, further confirming the interventions' durability over time. These results highlight ACT's effectiveness in improving both psychological components, with Meaning Therapy also demonstrating substantial, albeit relatively lower, efficacy (Table 3).

4. Discussion and Conclusion

The results indicate a significant difference in life enthusiasm scores between the Acceptance and Commitment Therapy (ACT) group, the Meaning Therapy group based on Rumi's teachings, and the control group, with both intervention groups showing improvements compared

to the control group ($p < .01$). Additionally, there was a significant difference in life enthusiasm scores between the ACT group and the Meaning Therapy group ($p < .01$). Based on the mean differences, ACT demonstrated superior effectiveness in improving life enthusiasm. Furthermore, there was no significant difference between post-test and follow-up scores, indicating the lasting effectiveness of the interventions.

These findings align with prior research (Alipour & Norouzi, 2019; Barrett-Naylor et al., 2020; Değerli & Odacı, 2023; Gonçalves, 2023; Kalhdoozan et al., 2020; Korena et al., 2023; Mohseni et al., 2020; Moradi & Dustdar Tousi, 2022; Norouzi et al., 2019a, 2019b; Norouzi & Shabanpour, 2023; Ruyintan et al., 2019; Walser & O'Connell, 2023; Zhang et al., 2023).

This finding can be explained by noting that committed action, a core principle of ACT, has a close relationship with life enthusiasm. Individuals can be taught to approach challenges with openness and flexibility, remaining motivated despite difficulties. ACT encourages individuals to focus on growth and transcendence, face challenges without fear, and employ psychological defusion techniques. These shared principles of ACT and motivation for achievement contribute to increased life enthusiasm. A major advantage of ACT over other approaches lies in its integration of motivational and cognitive components to enhance the impact and sustainability of the intervention.

Although Meaning Therapy based on Rumi's teachings was less effective than ACT, post-test scores demonstrate that it significantly increased life enthusiasm. Meaning Therapy helps individuals, especially in unchangeable circumstances, to realize their unique human potential, transforming tragedies into personal triumphs and fostering progress in adverse situations. By emphasizing human responsibility, this approach encourages individuals to fully understand and utilize each moment. The third session of Meaning Therapy introduces the concept of "acceptance," teaching individuals that moments of unresolved problems are not a sign of weakness but a product of current circumstances. Through metaphors such as "The Old Man and the Physician" and "The Mystic and the Priest," participants learn that self-acceptance and embracing the physiological realities of stomach cancer are the first steps toward a renewed perspective on life and problem-solving.

The results also show a significant difference in health anxiety scores between the ACT group, the Meaning Therapy group, and the control group, with both interventions proving effective ($p < .01$). A significant

difference was also observed between the ACT and Meaning Therapy groups ($p < .01$), with ACT demonstrating superior effectiveness. Similar to life enthusiasm, there was no significant difference between post-test and follow-up scores, indicating sustained benefits.

These findings are consistent with prior studies (Alipour & Norouzi, 2019; Kalhdoozan et al., 2020; Mohseni et al., 2020; Moradi & Dustdar Tousi, 2022; Norouzi et al., 2019a, 2019b; Norouzi & Shabanpour, 2023; Ruyintan et al., 2019; Zhang et al., 2023).

Health anxiety is a broad cognitive disorder characterized by misinterpretations of bodily symptoms and changes, driven by beliefs about illness or health. Patients with severe health anxiety are not only concerned about illnesses but also about their inability to control health-related worries. Core components of ACT play a significant role in reducing health anxiety in patients with stomach cancer. "Self as context," one of ACT's six processes, fosters a transcendent sense of self, enabling individuals to see themselves beyond medical interventions and associated anxieties. Techniques like "observer self" allow participants to detach from their physical symptoms, thoughts, and feelings, experiencing them as external phenomena rather than integral to their identity.

ACT teaches patients to acknowledge and accept emotions and inner experiences rather than avoiding them. This helps them engage meaningfully with their circumstances and interactions, fostering a fresh perspective. As Harris (2009) noted, clarifying values and internalizing committed action during ACT provides sufficient motivation for change. The processes of present-moment awareness and self as context enhance individuals' awareness of their current needs, enabling them to separate themselves from distressing thoughts and feelings.

Physiological changes associated with stomach cancer can exacerbate psychological symptoms, including rumination and negative self-talk about new roles, capabilities, and future uncertainties. Anderson (2007) observed that therapists could help patients shift from identifying as "I am" to "I have," reducing the hopelessness associated with illness. Meaning Therapy encourages patients to confront rather than escape their symptoms, facilitating their resolution. Lucas (1979) demonstrated the efficacy of Meaning Therapy by working on individuals' value systems, categorizing them into hierarchical and parallel value systems. Guiding patients toward a parallel value system helps them maintain hope despite unfulfilled values, enabling them to focus on alternative meaningful

goals (Ruyintan et al., 2019; Xie & Peng, 2023; Zangoei et al., 2023).

Patients with stomach cancer, guided by Rumi-based Meaning Therapy, develop a broader perspective on life and effectively address underlying cognitive processes like rumination. This study highlights the importance of existential psychological interventions, particularly Rumi-based Meaning Therapy and third-wave approaches such as ACT, in improving psychological well-being among men with stomach cancer. Future research should further investigate the effectiveness of these interventions, considering factors such as cancer type, severity, and progression.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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