

Commentary

A Tailored Psychological Intervention Based on Self-Defining Autobiographical Memories and Body Image in Breast Cancer Survivors: A Commentary

Valeria Sebri^{1*}, Maria Luisa Martino², Jefferson Singer³, Gabriella Pravettoni^{1,4}

¹Applied Research Division for Cognitive and Psychological Science, IEO, European Institute of Oncology IRCCS, Milan 20141, Italy

²Department of Humanities, Federico II University, Naples 80133, Italy

³Department of Psychology, Connecticut College, New London 06320, Connecticut, United States of America

⁴Department of Oncology and Hemato-Oncology, University of Milan, Milan 20122, Italy

Health Psychology Research

Vol. 14, 2026

Breast cancer is a traumatic experience that interrupts the continuity of the narrative self.¹ Women experience a range of critical events throughout their cancer journeys, starting from the initial consultation and diagnosis to undergoing various therapies and treatments. Additionally, significant events involve communicating the diagnosis to loved ones and coping with bodily changes, such as hair loss, weight fluctuations, and the removal of breasts.² As a consequence, the crisis in meaning-making of life events necessitates a renewed psychological adaptation, often characterized by emotional issues, such as fear of cancer recurrence and anxiety.³

Additionally, breast cancer diagnosis and therapies affect the functioning and production of autobiographical memories (AM), which are defined as a form of knowledge based on personal experience and on interpretations of past events. AM includes specific episodic memories of past events and conceptual self-information involving life periods and general and specific events of one's life.⁴ Impairments in AM may result from psychopathological conditions, such as depressive issues, post-traumatic stress disorders, and anxiety.⁵ The development of memory narratives is a reciprocal and dynamic process of meaning-making over time^{1,6} through the re-emergence of autobiographical contents and their structuring. In this way, AM contains multiple but sometimes biased and/or distorted memories of previous experiences. People can convert their memories into learning opportunities, extrapolating from them an integrative meaning that can represent a life lesson or insight.⁷

As an AM type, the self-defining memory (SDM) plays a crucial role in the construction and integration of personal identity, evoking vivid emotions and sensory details at the time of recall.⁸ SDMs influence individuals' abilities to support self-understanding, maintain a sense of coherence, and self-esteem. They support the construction of life goals and the recovery from traumatic experiences.⁹ In this regard, a

breast cancer diagnosis and its related treatments typically affect AMs. Specifically, AMs related to cancer tend to be intrusive memories associated with illness, leading to disruption of an integrative sense of self.¹⁰ Long-term effects can be observed on behaviors, moods, and attitudes, for example, fostering rumination, avoidance, and emotional suppression that contribute to deficits in the retrieval of specific AMs.^{11,12} In contrast, drawing integrative meaning from memories can promote psychological adaptation.¹³

Our body is a repository of memories and related emotions.¹⁴ Notably, the literature highlights the relevant impact of oncological therapies and treatments on the body. For instance, radical breast removal and scars can leave a permanent mark on the body. Accordingly, gain or loss of weight and hair loss often cause significant bodily changes. Women surviving cancer continuously have to struggle with the effects of a negative self-perception, reducing their overall quality of life. Additionally, interoceptive sensations, once ignored, suddenly become salient, with the risk of promoting the fear of cancer recurrence.¹⁵

The body is indeed perceived as a source of danger, leading women to increase dysfunctional health behaviors toward it. On one side, women could tend to decrease bodily contact and current perceptions; on the other, they could increase performances of "checking behaviors," such as excessive breast self-examination daily to manage anxiety and distress related to cancer recurrence.¹⁶ Psychological interventions can introduce changes in dysfunctional emotional and behavioral patterns. Positive self-talk is a cognitive psychological technique used to counteract negative thoughts that can lead to anxiety and depression, potentially interfering with well-being.¹⁷

Hamilton *et al.*¹⁸ demonstrated the effectiveness of a positive self-talk intervention in improving coping skills and psychological well-being among breast cancer survivors. However, to the best of our knowledge, little previous

*Corresponding author:

Valeria Sebri

Applied Research Division for Cognitive and Psychological Science, IEO, European Institute of Oncology IRCCS, Milan 20141, Italy.

Email: valeria.sebri@ieo.it



research has examined the impact of cancer on AM in breast cancer survivors.⁴ Even fewer studies have focused on SDMs in subjects with cancer. Yet, these memories could be a valuable source of self-exploration and guidance in efforts to build resilience and integration in survivors.¹⁹ For example, Martino *et al.*²⁰ and Seabri *et al.*² have explored a transformative process in AM, highlighting themes, specificity, and integrative meaning in SDMs to promote psychological well-being in breast cancer survivors. Based on the literature, this commentary aims to propose an innovative and tailored psychological model of intervention targeting the re-evaluation of SDMs that are associated with the bodily self in breast cancer survivors.

The current evidence suggests that a major aspect of difficulty for these survivors is drawing from their memories an integrative and constructive meaning for their future lives or for their relationship with the world or other people.¹ The cancer journey experience seems to remain separated from their own identity and autobiographical story and therefore is not yet usable for extracting an integrative meaning that can guide one's future life and worldview. We believe that the findings of our previous study, in accordance with the literature, highlight how people with experience of cancer show a re-negotiation of self over time.² Specifically, changes in biography across cancer are generally focused on four core components, as follows: (i) the patient's inner world, in terms of psychological issues, emotions, and coping skills; (ii) the embodied self, involving the body-mind interconnections; (iii) self in the relationship with others; and (iv) self in reference to one's place in the world and larger society. All these themes are in a constant interrelationship over time, which is fundamental to identity re-negotiation and adaptation.

As stated above, impairments in AM can lead to significant consequences for breast cancer survivors' well-being. This article focuses on two of the main themes to be addressed in breast cancer survivors, proposing a specific and tailored psychological intervention, namely "autobiographical memories and body image" (AMBI). Specifically, the AMBI intervention addresses (i) self-defining narratives (SDNs) of cancer-related memories and (ii) narratives of emotion toward the body after cancer (see Table 1). The SDNs of cancer-related issues highlight the need to focus on cancer-related memories that are expressed within the body, whereas the narratives of emotion toward the body need to be explored, starting with a new relationship with inner sensations.

To ensure the feasibility of the study, the inclusion criteria are as follows:

- (i) Women aged 18 years and older.
- (ii) Individuals with a breast cancer diagnosis made at least five years ago.
- (iii) No ongoing oncological treatment.
- (iv) The ability to understand and speak Italian.

Exclusion criteria include cognitive impairment, inability to provide informed consent, and any mental disorders that would prevent participation in the study (e.g., individuals who do not understand the study). Additionally, women who have developed metastases elsewhere in the body will be excluded to maintain the homogeneity of the group.

In this context, we propose the AMBI intervention as a potential model to address and manage the aforementioned themes, as follows:

- (a) Self-defining narratives of cancer-related memories within the body

The AMBI intervention focuses on AM in breast cancer survivors and elicits SDNs of specific and integrative memories. Memory specificity is related to attention focused on a single and short event. Thus, memories are reported with reference to time and place, making it possible to imagine the setting and describe actors, their dialogue, and related emotions. SDNs allow for describing contexts and making inferences about the meanings of events. At the same time, meaning-making is a crucial process. The narratives of integrative memories include statements that provide interpretations of events, which are generally expressed as reflections on what individuals have understood and learned from their experiences, often generating more general insights about life.¹

As reported by Martino *et al.*,²⁰ it is necessary to integrate cancer experience within identity, particularly addressing cancer onset, the labeling of emotional issues, and bodily changes. Such events and features are vividly imprinted in women's memories, leaving them disoriented and helpless. A model of psychological intervention that particularly addresses women's dissatisfaction with the memory narratives associated with bodily changes after cancer can help regulate anxiety that could tend to suppress detailed imagistic memories.² With this aim, cognitive restructuring techniques can be employed to help participants assign new meaning to past experiences and memories. Specifically, they are encouraged to challenge and modify their cognitive distortions by identifying both negative and more realistic interpretations.²¹ By viewing perceptions and experiences as active processes, this approach allows for the replacement of negative interpretations with more balanced alternatives, fostering new thoughts and behavioral responses.²² The group setting plays a fundamental role in facilitating discussion and comparison of different perspectives on what constitutes a realistic expectation, within a shared space of lived experiences.

In addressing the key contents of a tailored psychological intervention, the AMBI intervention focuses on SDNs of cancer-related memories within the body, which may promote a less negative perception of the body, fostering its expression as a repository of stories and emotions. Based on the previous literature, the psychological intervention needs to be structured and persistent over time.²⁰ Therefore, the AMBI intervention consists of six weekly sessions. Each session lasts two hours, which is sufficient time to explore the psychological contents proposed within the group. The reappraisal and cognitive restructuring processes allow the survivors to reduce distress and negative emotions associated with the recall of SDMs that express suffering in response to cancer care and body transformation. Participants must have the possibility to express their opinions; at the same time, it is important to listen to others' thoughts, allowing for the sharing of emotions.

An expert psychologist with professional experience in body image issues in oncology conducts psychological interventions, supporting the individual's expressions and regulating them. Aiming to elaborate memories connected to the body, the psycho-oncologist supports breast cancer survivors in first recalling their SDMs. Women are asked to recall SDMs related to their breast cancer journey, providing as many details as possible; then, they are assisted in reframing the SDMs to promote self-coherence and reduce emotional issues. This reappraisal process allows the women to generate more resilient perspectives. During retrospective reappraisal, the details of a recalled negative memory must first be reactivated in order to be reinterpreted. New

information, arising from the reappraisal and restructuring process, is then introduced to make the memory less emotionally impactful. When the reappraisal process is complete, the memory can be reconsolidated with the updated information, so that this new information is retrieved the next time the memory is recalled. Alternatively, following reconsolidation, the memory may be updated, increasing the likelihood that future retrieval will activate the reappraised version. Within a retrospective view, the reinterpretation and reframing of SDMs open up the possibility of extracting a positive result or a lesson from the memory of the experience in one's life, for example, by finding a silver lining. Thus, protection from fear may occur, and a renewed sense of empowerment may emerge.

To achieve these ends, the psychological intervention should emphasize body resilience, supporting self-awareness and the capacity to accept bodily signs, not just as a reminder of the illness but as a starting point for renewal. For example, with positive emotional narration, scars may be re-evaluated as a symbol of persistence and new life, transforming prior negative representations. Specific techniques could be employed, such as oral narrative prompts within the group setting, to activate the participants' storytelling. In this regard, the psycho-oncologist also guides participants in the identification of dysfunctional body image-related schemas, which can be replaced with new and positive self-expression and functional coping behaviors. Moreover, imagery techniques may support the reorientation of women's understanding of SDMs. Lastly, a final review of the overall memory revision process can be conducted in the group. Self-administered questionnaires and open-ended questions focused on SDMs related to the body can be administered to assess changes before and after the intervention.

(b) Narratives of emotion toward the body

After cancer, women predominantly experience negative thoughts and emotions related to their bodies. In particular, breast cancer survivors tend to experience persistent concerns and ruminative thinking due to these ongoing fears. At the same time, feelings of discomfort and dissatisfaction may emerge due to a sense of estrangement. The loss of sensitivity, especially in the breast(s), as well as the fatigue associated with being evaluated by others, could increase the distance between the self and the body, which may be experienced as an enemy to fight.²

Fatigue, pain, and tiredness are often associated with fears of cancer recurrence. Thus, breast cancer survivors may tend to ignore physical sensations and their related meanings because they are perceived as being linked to cancer, reducing the overall ability to listen to their bodies and their needs.² Accordingly, a qualitative study reported that breast cancer survivors perceive their bodies as mutilated and damaged even several years after treatments,² highlighting the negative sensations organized around bodily changes. Participants reported that the body is perceived as ambivalent, reflecting both signs of resilience and a source of danger associated with fears of cancer recurrence.

However, a psychological intervention tailored to transforming the depictions of an injured body into a symbolic container for positive reframing and thoughts can facilitate a more positive sense of self. Our model of psychological intervention particularly addresses women's emotional issues related to memory narratives associated with bodily changes, which can reduce the recurrence of negative emotions that tend to reappear over time.² The present

psychological intervention proposes the integration of a self-compassion approach, focusing on listening to and accepting what the body is experiencing. Specifically, this intervention aims to foster a non-judgmental and self-accepting attitude toward the body, which is often perceived as damaged and a source of fear.²³ The intervention centers on three key aspects: self-kindness, mindfulness, and common humanity, aligning with existing literature.²⁴ Group dynamics and reflective discussions are essential for exploring individual differences in the relationship with the body, allowing participants to understand and engage with diverse approaches.

In addressing the key contents of a tailored psychological intervention, the AMBI intervention focuses on emotional narratives toward the body, which may promote greater acceptance and self-respect. If left untreated, bodily signals can continuously trigger negative emotions over time, thereby activating intrusive and traumatic memories related to the illness.² The AMBI intervention aims to reduce fatigue associated with perseverative attention to certain bodily sensations. It supports the possibility of attending to bodily signals without the fear of being overwhelmed by them. It is crucial to have a positive relationship with the body, which can serve as a pathway for individuals to better understand themselves and their needs. Therefore, women can allow their bodies to express their feelings as a helpful instrument to guide their choices and seek comfort. Accordingly, the AMBI intervention aims to promote the incorporation of AM into the continuity of the self, integrating it within a strength-based self-concept over time.

Narrating, as a reflexive space, involves opening up a world that encompasses representations of real, imagined, or possible objects. The function of memory as a temporal marker of experience is to express the temporal subjectivity of the person narrating the event. If events can be "moved" from past to present, then the present is not "fixed," and the future is not inextricably determined. Individuals give meaning to their life experiences by representing their experience in narrative form, telling socially shareable stories that provide the foundation for narrative identity.²⁵ Narrative thinking is a basic form of thinking about the self and the world that enables the organization and connection of different elements of experience, such as time, space, behavior, relationships, and actions.⁶ The human need to narrate enables critical or traumatic events to be framed within systems of meaning, marking the dynamic and complex relationship between the individual and the culture within which identity is organized. In this sense, life can be seen as a recursive and continuous sequence of dynamic and interlocking cycles. However, what enables growth and development is the disruption of a previous balance and the occurrence of a turning point,²⁶ which leads to transformation, new meaning, and future orientation through narrative mediation.

The narrative, as a process of intra- and inter-subjective meaning-making, constitutes a semiotic space in which constant changes of meaning take place, such as consolidation or termination; it is a dialectical process that mediates between several possible versions of an event and is organized on the basis of implicit psychological scenarios and the adoption of specific perspectives on experience. Like any mental act, narrative originates in embodied experience and, through processes of word formation and semiotic linking, gradually transforms the sense of experience, organizing mental content so that it can be understood, integrated, and made meaningful. In the process of constructing meaning,

Table 1. Themes, contents of the psychological intervention, and expected outcomes

Themes	Contents of the intervention	Expected outcomes
Self-defining narratives of cancer-related memories within the body	Cognitive restructuring: Provide new life meaning to events about past experiences and memories	(i) Less bodily dissatisfaction and perceptions (ii) Increase bodily expression as a repository of stories and emotions (iii) Less rumination and negative thoughts
Narratives of emotion toward the body	Self-compassion approach: Listening and accepting what the body is feeling	(i) Promote body listening, without fear (i) Be aware of the body's needs

a connection is made between the general and the particular, enabling the reconstruction of self and world schemas that are challenged by critical experience. In this context, it is essential to consider socioeconomic factors and cultural frameworks, as psychological interventions take place within the context of individuals' experiences related to cancer, as well as their preparedness within their environment.²⁷ These aspects should be identified and integrated into individuals' evaluations and understandings of psychological processes, ensuring a tailored approach to the intervention. The narrative function provides context to affective experience, allowing for the differentiation and integration of crucial events. The integrative function of giving a "story" to what one feels facilitates meaning-making and opens up new pathways for constructive action.⁶

The human need to narrate, as a self-reconstruction process, arises when an implicit, culturally determined expectation is violated and the event needs to be framed within its own system of meaning. This marks the dynamic and complex relationship between the individual and the culture within which identity is organized.²⁶ These stories are understandable within a certain cultural framework; however, they differ from one person to another and are characterized by structural complexity, coherence, and comprehensibility. In a two-stage process, the "micronarratives" that shape and give meaning to daily life experiences are synthesized into a "micronarrative" that organizes understanding of the self, personal goals, and emotions, and guides action in the world.

Breast cancer survivors often experience negative relationships with their bodies, characterized by dissatisfaction and discomfort. Interoceptive sensations are generally associated with negative emotions due to ruminative thoughts linked to fear of cancer recurrence. Accordingly, a new perception of the body as impaired may lead survivors to worry about dependence on others, reduced autonomy, and inadequate social support. Therefore, the development of effective psychological interventions to address bodily issues is paramount to improving quality of life. To date, the literature has identified the value of psychological interventions in promoting positive body perception in breast cancer survivors.⁶ However, not all psychological interventions are tailored to the body and its meanings, nor do they address memories that are strongly associated with it.²

Currently, cognitive behavioral therapy and

mindfulness-based interventions are among the primary approaches used in psycho-oncology.²² While these interventions effectively address cognitive processes and general functioning, the present approach focuses on integrating memories within the body after cancer treatment, thereby proposing a novel perspective in this field. A focus on enduring AM is fundamental to women's relationships with their bodies after cancer. This AM focus enables clinicians to personalize psychological interventions that address the specific contents raised by the survivors' memories. Moreover, it highlights the role of memory narratives and associated emotions linked to the body that perpetuate cancer-related fears and worries. Psychological interventions centered on the evocation and modification of negative bodily memories in breast cancer survivors are urgently needed to assess long-term changes in self-image and emotional well-being.

This article highlights the narratives of memories and emotions toward the body in breast cancer survivors and proposes a new, tailored psychological intervention—the AMBI intervention. First, interventions focused on the cognitive level (e.g., dysfunctional memory and persistent thoughts) may help identify primary concerns after cancer. Cognitive behavioral therapy encourages functional patterns of thoughts and behaviors to reduce rumination and negative health behaviors. However, it would be valuable to enhance this intervention by addressing and changing thoughts specifically rooted in the body, targeting narratives closely linked to the bodily self. Accordingly, supporting breast cancer survivors in focusing attention on their inner sensations without fear is crucial. Body compassion interventions may improve self-directed kindness toward the body, reducing approaches based on self-judgment. Improving compassion toward the body could serve as a psychological intervention to acknowledge emotions associated with the body without shame. Additionally, this intervention could increase attunement to inner sensations, even if uncomfortable feelings characterize them. The body can be allowed to express its sensations without increasing anxiety or distress.

In summary, the present commentary proposes a clinical framework that highlights the need for a personalized psychological intervention addressing cancer-related bodily issues on two levels: memories and emotions mediated by narrative. By increasing functional thoughts and appreciation, the body can foster a renewed focus on self-love

and gratitude. Despite ongoing challenges, women can acknowledge their body's strengths; this shift in narrative identity can promote a more positive relationship with the body after cancer.

The limitation of this commentary is its focus on only two domains of interest within the field of psychological intervention in breast cancer survivors. Narratives of memories and emotions toward the body do not encompass all issues faced by breast cancer survivors. Future research should continue to explore psychological interventions targeting cognitive and emotional perceptions of the body, providing more specific details regarding approaches and strategies that may accompany the bodily focus. A pilot study could be conducted to test the intervention and provide preliminary evidence of effectiveness. Additionally, a long-term follow-up evaluation could assess positive outcomes over time, examining the successful replacement of negative memories with alternative interpretations of events.

Moreover, this article focuses exclusively on the breast cancer survivor population; future research should extend to other types of cancer, potentially highlighting differences in memories and emotions. Similarly, future studies should consider the type of oncological interventions (e.g., removal of one or both breasts and/or adjuvant therapies) and their impact on the body. It is important to recognize that each oncological treatment can affect the body differently; therefore, considering the oncological journey is essential to tailor and implement personalized interventions based on specific needs.²⁸ Lastly, it is essential to recognize that

the current intervention necessitates specialized training. Addressing physical issues related to AM could elicit emotional distress in individuals who become aware of challenging content. Therefore, it is crucial to identify and manage potential emotional reactions to support their processing.

ACKNOWLEDGMENTS

None.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare they have no competing interests.

AUTHOR CONTRIBUTIONS

Conceptualization: Valeria Sebri, Maria Luisa Martino, Jefferson Singer

Writing—original draft: Valeria Sebri, Maria Luisa Martino

Writing—review & editing: Jefferson Singer, Gabriella Pravettoni

Submitted: 01 July 2025; Revision received: 25 September 2025; Accepted: 30 October 2025; Published: 31 March 2026

REFERENCES

1. Martino ML, Lemmo D, Testoni I, *et al.* Anticipatory mourning and narrative meaning-making in the younger breast cancer experience: an application of the meaning of loss codebook. *Behav Sci.* 2022;12(4):93. doi: [10.3390/bs12040093](https://doi.org/10.3390/bs12040093)
2. Sebri V, Martino ML, Singer J, *et al.* Transformative process in narratives of bodily autobiographical memories: a psychological clinical group intervention with breast cancer survivors. *Health Psychol Open.* 2025;12. doi: [10.1177/20551029251317905](https://doi.org/10.1177/20551029251317905)
3. Jones SL, Hadjistavropoulos HD, Gullickson K. Understanding health anxiety following breast cancer diagnosis. *Psychol Health Med.* 2014;19(5):525-535. doi: [10.1080/13548506.2013.845300](https://doi.org/10.1080/13548506.2013.845300)
4. Rodrigues PF, Bartolo A, Albuquerque P. Memory impairments and wellbeing in breast cancer patients: a systematic review. *J Clin Med.* 2023;12(22):6968. doi: [10.3390/jcm12226968](https://doi.org/10.3390/jcm12226968)
5. Hallford DJ, Rusanov D, Yeow JJE, Berry TJ. Overgeneral and specific autobiographical memory predict the course of depression: an updated meta-analysis. *Psychol Med.* 2021;51(6):909-926. doi: [10.1017/S0033291721001343](https://doi.org/10.1017/S0033291721001343)
6. Freda MF, Lemmo D, Auriemma E, De Luca Picione R, Martino ML. From sense to meaning: Narrative Function Coding System for the experience of illness. *QRJ.* 2022;23(1):41-61. doi: [10.1108/qjrj-06-2022-0081](https://doi.org/10.1108/qjrj-06-2022-0081)
7. Beike DR, Lampinen JM, Behrend DA. The Integrative Function of Narrative Processing: Autobiographical Memory, Self-Defining Memories, and the Life Story of Identity. In: *The Self and Memory*. Psychology Press; 2004:127-148. doi: [10.4324/9780203337974-10](https://doi.org/10.4324/9780203337974-10)
8. Cuervo-Lombard C, Raucher-Chéné D, Linden MV der, Voltzenlogel V. Characteristics of Self-Defining Memories in Middle-Aged and Older Adults. *CAS.* 2021;14(1):39-45. doi: [10.2174/1874609813666201006142514](https://doi.org/10.2174/1874609813666201006142514)
9. Liao HW, Bluck S, Westerhof GJ. Longitudinal relations between self-defining memories and self-esteem: mediating roles of meaning-making and memory function. *Imagin Cogn Pers.* 2018;37(3):318-341. doi: [10.1177/0276236617733840](https://doi.org/10.1177/0276236617733840)
10. Conway MA, Pleydell-Pearce CW. The construction of autobiographical memories in the self-memory system. *Psychol Rev.* 2000;107(2):261-288. doi: [10.1037/0033-295X.107.2.261](https://doi.org/10.1037/0033-295X.107.2.261)
11. Sansom-Daly UM, Bryant RA, Cohn RJ, *et al.* Rumination and self-defining memories in the context of health concerns. *Memory.* 2016;24(7):939-948. doi: [10.1080/09658211.2015.1059860](https://doi.org/10.1080/09658211.2015.1059860)
12. Sansom-Daly UM, Wakefield CE, Robertson EG, *et al.* Adolescent and young adult cancer survivors' memory and future thinking processes place them at risk for poor mental health. *Psychooncology.* 2018;27(12):2709-2716. doi: [10.1002/pon.4856](https://doi.org/10.1002/pon.4856)
13. Blagov PS, Singer JA, Oost KM, *et al.* Self-defining memories—narrative features in relation to adaptive and maladaptive personality traits (replication and extension of Blagov & Singer, 2004). *J Pers.* 2022;90(3):457-475. doi: [10.1111/jopy.12677](https://doi.org/10.1111/jopy.12677)
14. Sebri V, Durosini I, Strika M, Pizzoli SFM, Mazzocco K, Pravettoni G. Virtual reality for the promotion of interoception awareness and body image in breast cancer survivors: a study protocol. *Front Psychol.* 2023;14:1165905. doi: [10.3389/fpsyg.2023.1165905](https://doi.org/10.3389/fpsyg.2023.1165905)
15. Harris RE, Ichesco E, Cummingford C, *et al.* Brain connectivity patterns dissociate action of specific acupuncture treatments in fatigued breast cancer survivors. *Front Neurol.* 2017;8:298. doi: [10.3389/fneur.2017.00298](https://doi.org/10.3389/fneur.2017.00298)
16. McGinty HL, Small BJ, Goldenberg JL, Jacobsen PB. Predictors and patterns of fear of cancer recurrence in breast cancer survivors. *Health Psychol.* 2016;35(1):1-9. doi: [10.1037/hea0000238](https://doi.org/10.1037/hea0000238)
17. Meichenbaum D. Stress-inoculation training. In: *Cognitive-Behavior Modification: An Integrative Approach*. Springer; 1977:143-182. doi: [10.1007/978-1-4757-9739-8_6](https://doi.org/10.1007/978-1-4757-9739-8_6)
18. Hamilton R, Miedema B, MacIntyre L, Easley J. Using a positive self-talk intervention to enhance coping skills in breast cancer survivors: Lessons from a community-based group delivery model. *Curr Oncol.* 2011;18(2):e46-e53. doi: [10.3747/co.v18i2.706](https://doi.org/10.3747/co.v18i2.706)
19. Nieto M, Navarro-Bravo B, Moreno B, *et al.*

- Functioning of autobiographical memory specificity and self-defining memories in people with cancer diagnosis. *PeerJ*. 2019;7:e8126. doi: [10.7717/peerj.8126](https://doi.org/10.7717/peerj.8126)
20. Martino ML, Sebri V, Singer J, *et al*. Specificity and integration of meaning in self-defining memories of breast cancer survivors: clinical reflections to promote a narrative identity integration. *Front Psychol*. 2024;15. doi: [10.3389/fpsyg.2024.1433266](https://doi.org/10.3389/fpsyg.2024.1433266)
 21. Nowlan JS, Wuthrich VM, Rapee RM, Kinsella JM, Barker G. A comparison of single-session positive reappraisal, cognitive restructuring and supportive counselling for older adults with type 2 diabetes. *Cogn Ther Res*. 2016;40(2):216-229. doi: [10.1007/s10608-015-9737-x](https://doi.org/10.1007/s10608-015-9737-x)
 22. Santos B, Pinho L, Nogueira MJ, Pires R, Sequeira C, Montesó-Curto P. Cognitive Restructuring during Depressive Symptoms: A Scoping Review. *Healthcare*. 2024;12(13):1292. doi: [10.3390/healthcare12131292](https://doi.org/10.3390/healthcare12131292)
 23. Wei L, Xie J, Wu L, Yao J, Zhu L, Liu A. Profiles of self-compassion and psychological outcomes in cancer patients. *Psycho-Oncology*. 2022;32(1):25-33. doi: [10.1002/pon.5931](https://doi.org/10.1002/pon.5931)
 24. Fan YC, Hsiao FH, Hsieh CC. The effectiveness of compassion-based interventions among cancer patients: a systematic review and meta-analysis. *Palliat Support Care*. 2023;21(3):534-546. doi: [10.1017/S1478951522001316](https://doi.org/10.1017/S1478951522001316)
 25. McAdams DP. Narrative identity. In: *Handbook of Identity Theory and Research*. Springer NY; 2011:99-115. doi: [10.1007/978-1-4419-7988-9_5](https://doi.org/10.1007/978-1-4419-7988-9_5)
 26. Valsiner J. *An Invitation to Cultural Psychology*. SAGE Publications; 2014. doi: [10.4135/9781473905986](https://doi.org/10.4135/9781473905986)
 27. Dehghan M, Hasani J, Moradi A, Mohammadkhani S. Transitional self-disappear: the journey of cancer survivors to self re-coherence in a Middle East society. *Support Care Cancer*. 2022;30(5):4231-4241. doi: [10.1007/s00520-021-06783-9](https://doi.org/10.1007/s00520-021-06783-9)
 28. Sebri V, Marzorati C, Dorangricchia P, *et al*. The impact of decision tools during oncological consultation with lung cancer patients: A systematic review within the I3LUNG project. *Cancer Medicine*. 2024;13(9). doi: [10.1002/cam4.7159](https://doi.org/10.1002/cam4.7159)