

the mental health outcomes for cancer patients [37]. The pronounced negative coefficient ($b = -0.482$) in the direct link between self-compassion and depression stands as a significant finding. It indicates a tendency for individuals harboring higher self-compassion to report diminished depression scores, a trait possibly fostered by a gentler self-view and decreased self-reproach, aligning with earlier research narratives. A possible explanation for this could be the core components of self-compassion, which include self-kindness, a sense of shared humanity, and mindfulness [9]. These components enable individuals to treat themselves with kindness, understand their struggles as part of the broader human experience, and observe their feelings non-judgmentally. Collectively, these elements could counteract the feelings of isolation, rumination, and self-criticism that often accompany depression. Similarly, cognitive emotion regulation strategies, which encompass how individuals think about their emotions and how they handle them, can be influenced by self-compassion. A self-compassionate mindset might deter maladaptive cognitive strategies, such as rumination or catastrophizing, which are often implicated in depressive symptomology. Instead, individuals might be encouraged to adopt more adaptive strategies, like positive reappraisal or acceptance. Fostering a self-compassionate approach could potentially curb the reliance on maladaptive cognitive processes like rumination or catastrophizing, frequently associated with depressive symptoms. Conversely, it might promote the adoption of adaptive strategies such as positive reappraisal or acceptance, steering individuals toward a healthier mental state. The mediational model for anxiety mirrored that of depression, further solidifying the protective role of self-compassion. The indirect effects point to emotional resilience as a potential buffer against anxiety, positing that self-compassionate individuals may develop stronger emotional coping mechanisms that reduce anxiety susceptibility. While scant research has probed into the interplay of self-compassion, resilience, and cognitive emotion regulation within the cancer patient demographic, these concepts resonate deeply in broader populations. Neff's depiction of self-compassion positions it as a robust shield against depression and anxiety, corroborated by studies like that of Van Dam et al. [9,38]. The literature distinctly underscores the tandem effect of mindfulness and self-compassion in assuaging emotional distress, propelling resilience to the forefront as a potential mediating agent [39]. Resilience, framed as the innate human capacity to rebound from setbacks, melds seamlessly with mindfulness, and stands as a cornerstone in well-being outcomes [40]. Preliminary links suggest a deep-rooted symbiosis between resilience and self-compassion, although further exploration remains due [41]. Reflecting upon the extant literature and the revelations from our investigation, it is evident that self-compassion, whether directly or mediated via resilience, cast a profound impact on emotional states like anxiety and depression. Remarkably, consistent with earlier anticipations, our analysis amplifies the unique potency of self-compassion, suggesting it might even overshadow mindfulness in orchestrating emotional equilibrium. Such insights accentuate the imperativeness of weaving mindfulness, self-compassion, and resilience into therapeutic paradigms, fostering a comprehensive upliftment in patient wellness trajectories.

4.1. Clinical Implications

The rising global incidence of cancer, coupled with increased mortality rates for certain malignancies, underscores the persistent challenges faced by the community in the comprehensive management of cancer. Against this backdrop, the findings from our study take on heightened importance, offering pivotal clinical insights, particularly in the field of

oncological therapy [42]. The intricate relationship between self-compassion, emotional resilience, and cognitive emotional regulation strategies offers a roadmap for clinicians to structure targeted interventions. In particular, the elevated prevalence of maladaptive emotion regulation strategies among cancer patients suggests an immediate need for interventions that prioritize cognitive restructuring and emotion-focused coping. Clinicians might consider incorporating modules on enhancing self-awareness and emotional recognition, given the challenges associated with alexithymia. Furthermore, the evident benefits of self-compassion as a buffer against emotional distress underline its potential as a therapeutic tool. Healthcare practitioners may also need to take into account the heterogeneity of cancer experiences; individualized interventions that cater to the specific emotional needs and profiles of patients may prove more efficacious than one-size-fits-all approaches. Given the significant mediational roles of emotional resilience and cognitive emotion regulation, interventions that bolster these components could be especially beneficial for individuals prone to depression and anxiety. For instance, resilience training programs or cognitive behavioral therapy, which focus on building resilience and refining cognitive emotion regulation strategies, respectively, could be particularly effective. These interventions, combined with practices that nurture self-compassion, like mindfulness-based stress reduction or compassion-focused therapy, could offer a multifaceted approach to mental well-being. By offering techniques to cope with adversity and maintain emotional equilibrium, these programs can serve as a crucial pillar of support for cancer patients. While the current study provides essential insights into the psychological landscape of cancer patients, several avenues remain to be explored. Longitudinal studies can shed light on the evolving psychological dynamics over different stages of the cancer journey—from diagnosis to treatment and potential remission or recurrence. Such investigations can chart the ebb and flow of psychological parameters, enabling a more comprehensive understanding. Additionally, exploring potential moderating variables, like social support, types of cancer, and stages of cancer, can offer a more nuanced perspective. The potential protective role of factors like familial support, community involvement, or even spiritual beliefs, in the face of a cancer diagnosis, remains a fertile ground for exploration.

4.2. Limitations The study, though insightful, bears several potential limitations that warrant consideration. First, its cross-sectional design precludes the establishment of definitive causality, making longitudinal studies a more desirable avenue for verifying directional relationships among self-compassion, emotional resilience, cognitive emotion regulation, depression, and anxiety. The reliance on self-report measures poses the risk of introducing biases, as participants may not consistently offer accurate or forthright responses, potentially influenced by social desirability or an imprecise self-awareness. Moreover, the findings' applicability may be circumscribed by the sample characteristics, especially if lacking diversity in age, ethnicity, socioeconomic status, or other pertinent demographics. Additionally, the operational definitions and measurements for self-compassion, emotional resilience, and cognitive emotion regulation might not wholly encapsulate the breadth and nuances of these intricate constructs, leaving room for potential oversights or cultural biases. Unexamined confounding variables, such as past traumas, present-day stressors, or support structures, might unduly affect the delineated relationships. Furthermore, while emotional resilience and cognitive emotion regulation are spotlighted as mediators, other latent factors could also play a pivotal role but

remain unexplored. External elements like societal or cultural dynamics, which might interplay with the central variables, may not be adequately considered. Without tangible experimental data, extrapolating actionable therapeutic interventions from merely observed correlations remains a challenge