

# Alexithymia, Emotional Complexity, and Treatment Compliance in Oral Oncology Patients

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## ABSTRACT

Cancer is one of the most significant health concerns across the globe, which affects not only the physical condition of the patient but also their mental condition. Among cancer patients, oral oncology patients face severe emotional disturbances due to the nature of the illness, treatment, and prognosis of their condition. The psychological aspects of alexithymia, emotional complexity, and compliance with treatment are important factors that play a major role in how cancer patients cope with their health status and how they respond to health advice. Alexithymia, which means patients are unable to express their emotions, is one of the psychological aspects commonly associated with cancer patients in relation to their emotional status and health outcomes. Alexithymia patients may face difficulty in communicating their emotional condition, which may influence their behaviour during treatment procedures. In contrast, emotional complexity is defined as the ability to feel, differentiate, and regulate multiple emotional states. Increased emotional awareness and adaptive coping skills are related to increased psychological resilience and better adherence to a regimen or treatment plan. Previous research in the area of psycho-oncology has shown that emotional factors play a significant role in the level of compliance with a regimen or treatment plan and quality of life in cancer patients. However, few studies have explored the relationship between alexithymia, emotional complexity, and regimen compliance, especially in oral oncology patients. The psychological mechanisms behind these factors may provide a better understanding of the design of a psychosocial intervention aimed at improving emotional well-being and regimen compliance.

**Keywords:** Alexithymia, Emotional complexity, Treatment compliance, Oral cancer, Cancer

## INTRODUCTION

Cancer is a bunch of diseases that happen when bad cells grow out of control and spread throughout the body. These Cancer cells can invade the tissues that are near them, and Cancer can even spread to other parts of the body. Long ago, Hippocrates saw tumours like crabs digging through flesh - that picture stayed (Karpozilos & Pavlidis, 2004). From old Greek talk came "karkinos," a word for crab now naming the sickness (Karpozilos & Pavlidis, 2004). Inside, things aren't just wild - faulty messages push cell splits without stopping (Hanahan &

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Weinberg, 2011). Mistakes show when DNA blueprints go wrong across layers of tissue, fluid systems, and inner workings (Weinberg, 2014). Tiny flaws sometimes dodge tests built to catch harm fast (Hanahan & Weinberg, 2011). Once barriers break, groups of cells spread outward, invading nearby normal areas (National Cancer Institute, 2023). Modern views see cancer as tangled - twisted by DNA shifts, environment, lifestyle, body defences, plus emotional and community strains (World Health Organisation, 2023). In India, oral cancer hits hard due to the widespread use of chewed tobacco and betel quid (Gupta & Johnson, 2014). Patients endure gruelling treatments like surgery, strong medications, radiation, or swallowed tablets; outcomes may include trouble speaking, swallowing difficulty, facial changes, lasting pain, and deep fatigue that lingers (Epstein et al., 2012).

## **ORAL CANCER**

Out of control cell growth shows up in the mouth - think lips, tongue, insides of cheeks, under the tongue, roof of the mouth, even reaching into nose spaces and throat (World Health Organisation, 2023). This type of illness hits hard in places like India, mainly tied to using tobacco by smoking or chewing, along with heavy drinking (Warnakulasuriya, 2009). Not too long ago, scientists began linking it to a virus, one behind certain strains of HPV (Gillison et al., 2000). Watch for warnings: open wounds that won't heal, strange bumps, pain when swallowing, unexplained blood, tingling feelings, shifts in how you sound (National Cancer Institute, 2023). Still, chances of lasting longer stay slim since many only see help once things have moved far, slowed down by lack of knowledge and putting off medical visits (Sankaranarayanan et al., 2005). Stopping the disease before it starts matters just as much as catching it early. Staying away from tobacco helps lower risk, and so does avoiding alcohol altogether. Brushing teeth regularly makes a difference, while visits to the dentist every now and then add another layer of protection (Warnakulasuriya, 2009). Finding issues at an earlier point improves how well treatments work later on (Sankaranarayanan et al., 2005). Where the cancer shows up or how far it has gone guides what kind of care is chosen (National Cancer Institute, 2023). Options might include removing tissue through surgery, using beams to target cells, medicine that kills fast-growing ones, or mixing several methods together (National Cancer Institute, 2023). It's not only about pain or healing cuts - mood, confidence, relationships take hits too when someone faces this illness (Epstein et al., 2012).

## **ALEXITHYMIA**

Trouble naming feelings marks alexithymia, a trait tied to struggles with emotion recognition and expression (Taylor et al., 1997). Bodily signals might feel like emotions - or the reverse - for those affected, blurring inner experience (Taylor et al., 1997). Emotional distance shows up plainly; thoughts stay rigid, empathy feels out of reach (Nemiah et al., 1976). Not an illness itself, this condition travels alongside others - depression, anxiety, physical symptoms without clear cause - and appears across health contexts (Taylor et al., 1997). People who struggle to name emotions might find it hard to talk about how they feel when seeing a doctor. In health-related psychology, this trait matters because feelings can affect the body's state. Not everyone notices inner emotional shifts easily, which shows up clearly on certain tests. One tool used to check this is called the Toronto Alexithymia Scale-20. When planning care, missing this aspect

could mean overlooking better ways to help someone learn coping methods. Helping these people often works best with clear step-by-step approaches.

### **EMOTIONAL COMPLEXITY**

Feeling a range of emotions at once isn't unusual - some people simply notice them more clearly. Instead of treating feelings as separate, they see how one blends into another. Because of this, their reactions shift smoothly depending on what's happening around them. While others might get stuck, they move through moods without losing balance. Their awareness doesn't shout - it just stays present, steady. Emotions run deeper for some, tied closely to mental balance and self-awareness (Gross & Barrett, 2011). Those with richer emotional layers often manage daily pressures more smoothly, stay connected in relationships, while weighing choices with care (Larsen et al., 2001). Mixed feelings - both tough and bright ones - are handled without tipping into overwhelm by these individuals (Larsen et al., 2001). Less nuanced emotion patterns, however, can lead to rigid reactions when things get hard (Gross & Barrett, 2011). One reason it shows up often in research? It shapes how people handle stress. Sometimes folks struggle to name what they feel, which can make talking with others harder (Gross & Barrett, 2011). Because of that, understanding inner feelings matters a lot in therapy work. Noticing subtle shifts in mood helps explain certain actions. That depth influences both thinking patterns and daily choices (Gross & Barrett, 2011). What stands out across findings is how layered emotion really is. Its role is closely related to staying mentally steady.

### **TREATMENT COMPLIANCE**

Sticking to a treatment plan - sometimes known as adherence - means following through on what doctors suggest. That covers taking medicines, showing up for checkups, plus adjusting daily habits when needed (World Health Organisation, 2003). How well someone follows their care routine often shapes how well they get better. This matters a lot with long-term illnesses such as heart problems, cancer, or diabetes (World Health Organisation, 2003). Loads of things can influence whether people stay on track. Personal views about health, inner drive, and mood play roles too (World Health Organisation, 2003). Problems in healthcare access and how well people talk to each other play a role, while tough routines and unwanted reactions from medicine shape treatment experiences. When someone denies their condition, feels scared, stuck in sadness, or cannot name what they feel, sticking to care plans often slips - understanding fades under those weights. Missing doses or skipping steps lets sickness grow stronger, drains money, and wears down daily living. Staying on track with therapy stands out as a central mission in real-world mental health work. Care that follows the person's lead - not just the textbook path - tends to bring better results than rigid methods.

### **RATONALE**

The current study was conceptualised in the context of the necessity to better comprehend the role of psychological factors in the treatment of oral oncology patients. Research in cancer treatment has, for a long time, concentrated on the biological and medical dimensions of the condition. However, there is an increasing focus on the role of emotional factors in determining the experience of patients with cancer. Constructs such as alexithymia and emotional complexity are of particular interest in the context of cancer treatment because they determine

the way in which an individual responds to emotions in the context of chronic illness. Patients with high levels of alexithymia may experience difficulty in communicating their emotions, which may affect their coping abilities. Although there is an increasing trend in the number of studies in the field of psycho-oncology, these factors have mainly been examined individually. There is a lack of empirical investigations that examine the combined effect of alexithymia and emotional complexity in relation to the compliance of cancer patients with their treatments, particularly those with oral cancer. The rigorous and long process of cancer treatments makes it essential for cancer patients to comply with their treatments in order to recover from the illness. Thus, exploring the combined effect of these factors is essential in creating more holistic approaches in cancer treatments.

## **REVIEW OF LITERATURE**

People who find it hard to recognise or talk about feelings often face worse health effects, whether they've had surgery or long-term care. When patients can't name what they feel, sticking to treatments after a new kidney gets tougher - Rosaria Calia's 2015 work showed this clearly. Yet those who handle emotions more smoothly tend to recover better. In cancer cases, too, trouble with emotion ties into deeper stress and less joy during recovery - a pattern seen when A.M.M. De Vries checked sixteen earlier studies back in 2012. Their findings hinted at weakened immune response alongside persistent fear and low moods. Still unanswered: Is this emotional block built in, or does sickness just bring it out? Later on, Antonino and Anna found that people fighting cancer showed more trouble identifying emotions when their sickness had spread deeper, blood counts were low, and stress felt heavier. Their struggle with feelings seemed tied directly to how advanced the illness became. Around the same time, Pamela and Jane noticed emotional numbness in these patients wasn't always present from the start - instead, it grew alongside physical changes brought by the disease.

Trouble identifying feelings doesn't just affect mood - it shows up in bodily symptoms and how surgeries go. Research by A.K. Mattila and team in 2012 showed that people who find it hard to deal with emotions often feel worse about their mouth health, even when teeth are fine, mental health is stable, or backgrounds differ. In another study, Sophie, Christian, and colleagues saw something specific: those high in alexithymia kept having pain after breast cancer operations during a year of tracking - emotional suppression didn't matter nearly as much. When Sahar Mafi's group looked at jaw surgery patients in 2025, they noticed one clear pattern: the more someone struggled to put emotions into words, the less pleased they felt afterwards - even if healing went smoothly.

Trouble naming emotions might shape how people see sickness. A study by A. Okanli and team found that cancer patients who struggle with feelings also have a harder time making sense of their condition, along with tougher social and mental adjustments. Instead of support alone, emotional blindness seems tied to deeper confusion about health. Sisters of women with breast cancer, often seen as high risk, show more worry when they find it hard to identify emotions, according to Veena and Dhananjaya's work, suggesting fear sharpens those struggles. Not far off, Christiane Wotschack's research revealed that folks scoring high on alexithymia use fewer words for feelings, painting inner states in broad strokes rather than fine detail.

Feelings play a big part in how people follow treatment plans and handle their health. When someone struggles to name emotions, medicine and therapy often work less well - that was clear in research by Federica, Mirko and team in 2020. Trouble managing stress because of emotional numbness can change how pain feels, whether treatments get taken on time, and how fast healing happens, according to Mariagrazia Di Giuseppe and Ciro Conversano, two years later. Because of these patterns, some experts suggest checking mental habits early in care. In studies focused on cancer patients taking pills, memory slips, mood strain, beliefs about personal control, and ways of handling pressure stood out as major influences, shown across separate reports from Ada Ghiggia's group, Ting Liu with Ning Li, and Magdalena, Monika and colleagues.

What keeps people mentally resilient plays a big role in shaping health results. In 2023, Ipek and Cetin showed that treating oneself kindly, along with managing feelings well, leads to lower levels of depression and anxiety among those dealing with cancer. Around 2025, Zejuan, Pinjia, and others saw that having close relationships plus inner kindness softened the harm caused by difficulty identifying emotions after breast cancer operations. By 2019, Ketti, Marianna, and team revealed how strong reactions like fear influence choices at every stage - from checking for cancer to facing treatment - either helping clear thinking or clouding it, which underlines why tailored emotional help matters during each phase of care.

## CONCLUSION

The aim of this particular study was to investigate the relationship between alexithymia, emotional complexity, and treatment compliance in patients with oral oncology, with a broader goal of identifying psychological determinants of treatment compliance in order to inform interventions designed to enhance patient adherence to treatment regimens. Cancer, in general, and, more specifically, oral cancer, places a significant physiological burden on patients, but they also have a significant psychological burden. Patients with this illness are required to cope with disfiguring illness, functional loss in the oral cavity, communication challenges, and, finally, the existential threat of a life-threatening illness. In this particular context, the psychological ability to identify, express, and regulate emotions is a key determinant in patients' interaction with their treatment regimens and healthcare providers.

The review of literature also revealed that alexithymia, which is a combination of difficulties in identifying and describing emotions and an externally oriented cognitive style, is a clinically significant phenomenon in oncological patients. The studies by De Vries et al. (2012), Antonino et al. (2011), and Pamela and Jane (2015) have provided evidence of the relationship between alexithymia and aggressive tumour profiles, high levels of perceived stress, and low quality of life. The studies by Mattila et al. (2012), Sophie et al. (2015), and Mafi et al. (2025) have also provided evidence of the predictive value of alexithymia for poor oral health outcomes, post-surgical pain, and low post-surgical satisfaction – all of which are of significant concern for oral cancer patients. The study by Federica and Mirko (2020) also revealed that alexithymia negatively influences the effectiveness of pharmacological and psychotherapeutic interventions. On the positive side, emotional complexity and self-compassion have been shown by Ipek and Cetin (2023) and Zejuan et al. (2025) to have a positive influence on psychological distress, depression and anxiety levels, and quality of life, even in the presence

of low emotional processing capacity. The above studies, collectively, clearly indicate that emotional factors are not peripheral to cancer treatment outcomes, but they are embedded within them.

In spite of this accumulating evidence, several important research gaps remain, which the current investigation aimed to help fill. Most importantly, the current body of literature approaches the relationship between alexithymia and treatment compliance as two largely distinct constructs, with emotional complexity being neglected as the third variable in the relationship. As such, the current state of the literature does not capture the process by which emotional processing difficulties contribute to non-compliant behaviour. Second, the overwhelming majority of psycho-oncological research to date has relied on samples of breast cancer patients or the general oncology population. Patients with oral cancer, with their uniquely compounded circumstances resulting from the disruption of the very vehicles of communication, remain woefully unrepresented. Third, the majority of the current research is cross-sectional in nature, which precludes any assessment of the directionality and course of the relationship between alexithymia and compliance. It is unclear, for example, if the presence of alexithymia is the antecedent to non-compliant behaviour, or if the stressors of the illness experience contribute to the development of emotional processing difficulties.

An attempt is made in this study by examining all three constructs in a unified framework and focusing on oral oncology patients in a clinical context in India to fill several lacunae at once. It is expected that the results of this study will contribute significantly towards a better psychosocial understanding of these patients and guide the formulation of culturally nuanced and psychologically informed intervention strategies, including routine alexithymia screening using the Toronto Alexithymia Scale-20, employing emotion-focused therapeutic modalities, and bolstering relational support systems in oncology patient care facilities. It is pertinent to note here that the emotional lives of oral cancer patients are not peripheral to their treatment; they are inextricably linked.

## **FUTURE IMPLICATIONS**

The findings of the study could be useful in the development of targeted psychosocial interventions designed to improve emotional awareness and regulation among oral cancer patients. Psychological assessments, such as screening for alexithymia, could be integrated into the routine care of cancer patients to assist in the early identification of those at risk of non-adherence to treatment. Emotional skills training, counselling, and patient–doctor communication could be targeted to improve patient compliance and quality of life. Future research could investigate the longitudinal and cross-cultural aspects of the relationship between emotional awareness and regulation and patient compliance.

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