Original Paper

Alexithymia and Cancer

Nada Pop-Jordanova*

Abstract

The psychological factors have been supposed as important in the pathogenesis and the course of malignant diseases. In this context the alexithymia construct of the personality may be a significant element.

In our study a group of cancer patients (N=106) is examined with the 20-item Toronto Alexithymia Scale (TAS-20) and the results are compared with a control group (N=189).

It is found that all cancer patients (males and females) presents statistically significant scores for alexithymia (p<0.01). In the structure of alexithymia the F1 and F3 have been the most pronounced. It means that cognitive style of externally oriented, concrete thinking and the inability to identify feelings from bodily sensations are the two most characteristic specifics of the alexithymia construct of cancer patients. The alexithymia is supposed to be in correlation with cancer disease either as in the etiologic chain or as a consequence.

Key words: alexithymia, cancer, personality characteristic
Introduction

Interest in the evaluation and management of the psychological aspects of malignant diseases has been resurgent in last two decades. It is clear that the process of cancerogenesis is coordinate by many parallel chains: the biologicof basis, role of some viruses, the psychosocial provocation etc. There are many studies dedicated to the psychological characteristics of cancer patients. The personality of cancer person differs from normal. What is different? Is the difference in the basic personality characteristics or it is the consequence of the disease? Those and many other questions are actual. Recent experimental, psychological and epidemiological literature confirms that the development of some forms of cancer can be related to certain cognitive, emotional and behavioral characteristics such as helplessness, depression, denial and inability to express one’s feelings and needs, lack of aggression and high degree of social conformity.

The work of some authors confirmed that cancer patients would display poor and restricted outlets for emotional discharge. Others, specified and generalized the concept of the ego defense mechanisms utilized by cancer patients. Their data support theoretical speculations that an extreme repression and denial may block any behavioral or cognitive outlet for disturbing impulses. So, the cancer patients adopt a stereotyped and conforming life-style without creativity or adequate self-expression.1223

The relation between the personality type and mortality by cancer is in function to the pathogenesis of disturbances and imbalance of catecholamine in brain. Patients with untreated depression are characterized by decrease of catecholamine in their brains and consecutively the higher mortality rate from cancer is obvious in comparison with other causes of death. It means that psychological variables, in particular personality type, are important in mediating death from cancer by synergistic interaction between personality and pharmacological variables.

Altogether, the personality of cancer patients is very interesting for study, being relevant either in the field of ethiopathogenesis or as a consequence of the manifested illness.

In this paper, we postulated the relationship between alexithymia, as a concrete personality characteristics and the cancer. Cancer is an multifarious disease, and an evaluation of personality characteristic as alexithymia may be useful.

Alexithymia means no words for feelings. The term and concept of alexithymia originally referred to a personality trait of psychosomatic patients. It was supposed that the poorer the capacity of a person to experience feelings and to express them verbally, the more the individual is liable to develop somatic symptoms in an emotionally stressful situation. The construct was explicated on the basis of clinical observations of patients with classical psychosomatic diseases who manifested an externally oriented cognitive style and an inability to describe and differentiate feelings and to create fantasies. Many further studies confirmed that the clinical features of the construct had been observed not only in the psychosomatic patients but also among patients with post-traumatic stress disorders, patients with substance use disorders and patients with somatization disorders.

The aim of the study have been: 1) detection of the alexithymia construct in patients with cancer; 2) comparison of the results with control group; 3) analysis of the presented cancer related alexithymia.

Sample and Method

Two groups of cancer patients: 54 females with breast cancer and 52 males with abdominal cancer are examined. All patients have been evaluated during the hospitalization, after the clinical, biochemical, radiological and hystopathological diagnostic procedures confirming the malignant disease. The patients were in satisfying physical condition, conscious and voluntary contributed in the study.

The average age of the evaluated patients was 49.54 years (females: 47.74 years; males: 58.0 years) and of the control group was 35.82 years.
The applied 20-item Toronto Alexithymia Scale (TAS-20) represents a revised psychometric scale developed to measure a general dimension of alexithymia with three interrelated factors. These three factors reflect distinct facets of the alexithymia construct: (F1) difficulty identifying feelings and distinguishing them from the bodily sensations of emotion, (F2) difficulty describing feelings to others, and (F3) externally oriented style of thinking. Factors 2 and 3 seem to reflect the "pensee operatoire" facet of alexithymia construct, a cognitive style that shows a preference for the external details of everyday life rather than thought content related to feelings, fantasies and other aspects of a person's inner experience.

In a previous study we have tested the validity of TAS-20 in Macedonian population for alexithymia in other groups of illnesses [8].

Results and Discussion

The obtained results of TAS-20 are presented on Table 1.

The comparison between obtained alexithymia in cancer patient and the construct of the control group is presented on Fig. 1.

The cancer patients showed statistically significant scores for alexithymia and no gender difference. The global score obtained for cancer patients was over 64, while for control group it was less than 50. Taylor et al. [7] demonstrated that the total scores over 61 are confirmatory for alexithymia construct. The level of statistical significance of the obtained results is high.

The factor analysis of alexithymia showed that the F1 and F3 are equally expressed. It means that the cognitive style of externally oriented, concrete thinking and the inability to identify feelings from bodily sensations are the two most characteristic specifies of the alexithymia construct of cancer patients. In other words, cancer patients are deficient in affective life, manifest the emotional distress and consecutively react with immune deficiencies, high cortisone level etc, which may be one of the chain in the cancerogenesis.

Obtained results correspond also to Grossarth-Maticek and Eysenck typology for cancer-prone persons: tendency to be overly cooperative, appraising, unassertive, avoiding conflict, compliant, defensive, suppress the expression of emotion and unable to deal with interpersonal stress which leads to feelings of hopelessness/helplessness and finally depression [9].

Our patients have been evaluated after the confirmed diagnosis of cancer. We do not know the premorbid personality and can not distinguish if the alexithymia provoked or it is the consequence of the illness.

### Table 1 Results of TAS-20

<table>
<thead>
<tr>
<th>Group</th>
<th>Total score±SD</th>
<th>F1±SD</th>
<th>F2±SD</th>
<th>F3±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer males</td>
<td>64.05±10.70</td>
<td>24.42±6.1</td>
<td>14.98±3.39</td>
<td>24.65±3.07</td>
</tr>
<tr>
<td>Cancer females</td>
<td>64.15±10.51</td>
<td>24.61±6.09</td>
<td>15.07±3.40</td>
<td>24.46±3.21</td>
</tr>
<tr>
<td>Control females</td>
<td>49.54±10.69</td>
<td>17.48±6.59</td>
<td>11.85±4.36</td>
<td>20.21±4.33</td>
</tr>
</tbody>
</table>

*p<0.01

(females : 33.09 years ; males : 37.40 years).
Conclusion

The cancer patients manifest alexithymia construct as a personality characteristic.

No gender difference is found in the structure of the alexithymia.

The presence of alexithymia in cancer patients could be considered as important in the complex multifarious etiopathogenesis of the disease. It could also be a consequence of the disease. The answer of these complex questions is the challenge for further studies.

Anyhow, the psychological support mediating alexithymia should be included in the therapeutic protocols of cancer patients.

References

2) Eysenck HJ: The respective importance of personality, cigarette smoking and interaction effects for the genesis of cancer and coronary heart disease.

8) Pop-jordanova N, Boskovska V: TAS-20 as a measure of alexithymia in Macedonian population, Neurologia Croatica, 1995, 44, 1:60