

Alongside these constructs, alexithymia warrants meticulous attention. The term, rooted in the Greek words “a” (none), “lexis” (word), and “thymos” (emotion), epitomizes the difficulty some individuals face in finding words to articulate their emotions [12]. Notably not enlisted in diagnostic manuals such as ICD-10 or DSM-4, alexithymia nevertheless signifies a pervasive psychosomatic phenomenon characterized by impediments in identifying, distinguishing, and conveying emotions. Individuals with alexithymia may be unaware of their emotional states, tending to express their feelings through somatic complaints [13]. Alexithymia has been linked to a variety of psychopathological symptoms including depression, anxiety, somatization, hostility, and paranoia, and can foster a heightened susceptibility to mental disorders, diminish the efficacy of psychotherapy, and negatively influence the development and severity of psychopathological symptoms. Alarming, it is reported in approximately 10% of the general populace [14]. A study focusing on cancer patients discovered that over half of the participants exhibited alexithymia, a condition strongly correlated with a more severe perception of the negative outcomes and feelings associated with their illness [15]. Collectively, these elements—resilience, cognitive emotional regulation, and alexithymia—paint a comprehensive portrait of the adaptive and maladaptive psychological tools that could potentially influence the emotional and mental well-being of cancer patients [10,11,13,15]. Understanding the intricate interplay between self-compassion, cognitive emotion regulation, alexithymia, emotional resilience, depression, and anxiety is crucial for safeguarding the psychosocial well-being of cancer patients. In this study, our primary objective was to assess these psychological constructs in cancer patients. Furthermore, we sought to discern the relationships and potential interdependencies among self-compassion, cognitive emotion regulation, alexithymia, emotional resilience, depression, and anxiety. A key focus of our investigation was to determine if emotional resilience and cognitive emotion regulation function as mediators between self-compassion and both depression and anxiety symptoms