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ORIGINAL ARTICLE

Examınatıon of the Relatıonshıp between Alexıthymıa, Anger and Defense Mechanısm

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ABSTRACT

Introduction and Aim: It is thought that immature and neurotic defense mechanisms, especially splitting and introjection, play an important role in alexithymia. The aim of this study is to examine the relationship between alexithymia, anger and defense mechanisms in a non-clinical sample

Materials and Methods: This study was prepared in accordance with the correlational survey model. The sample selection of the study was made using simple random sampling.The sample group of the study consists of 430 (50.1%) women and 427 (49.9%) men living in Istanbul.The research data collection process took place between 2019-2020.

Results: There is a weak positive relationship between Anger Symptoms and Immature Defenses, and a weak and negative relationship with Mature Defenses. There is a weak and positive relationship between Situations Leading to Anger and Immature Defenses. There is a weak, positive relationship between Anger-Related Thoughts and Immature Defenses, and a moderate and negative relationship between Anger-Related Thoughts and Mature Defenses. There is a weak positive relationship between Anger-Related Behaviors and Imature Defenses, and a weak and positive relationship between Anger-Related Behaviors and Neurotic Defenses.

Conclusion: It was determined that there is a significant relationship between the the sub-dimensions of the multidimensional anger scale and the sub-dimensions of the defense mechanisms and between the sub-dimensions of the multidimensional anger scale and the sub-dimensions of the Toronto alexithymia scale.

Keywords: Anger, Alexithymia, Defense Mechanisms, Introjection

INTRODUCTION

Anger is an excessive and violent reaction of the person in situations of being exposed to attack and threat, being blocked, restrained and deprived (Starner & Peters, 2004). In this context, anger serves to protect oneself and to warn others (Gençdoğan, et al., 2007). In moments of anger, individuals are prevented from thinking correctly and clearly, and at the same time, a deterioration in the decision-making mechanism occurs. An individual experiencing anger can exhibit aggressive behaviors (William, 2018). Although anger is an emotion that the body naturally shows against unwanted situations and experiences, it is an emotion that harms the person when it is not controlled.As a result of anger, some energy interchanges occur in the brain and body of the individual, and in case of incorrect transfer of this energy, the individual may face mental and physical harm.Anger can negatively affect an individual's thinking ability and communication skills.When anger is not shown at the right time, in the right place and in the correct way, some uneasyness can be seen in the person (Bal et al., 2018).

The term alexithymia was first coined by Peter Sifneos (1973) to describe patients who have difficulty in entering insight-oriented psychotherapy, and now it is used to describe the difficulty of identifying and expressing emotions experienced by oneself or others (Ricciardi, et al., 2015).Alexithymia also includes the lack of ability to make sense of other individuals' facial expressions, to empathize and to regulate emotion (Di Tella et al., 2020). A recent study draws attention to the fact that, alexthymia is associated with atypical perception of the individual's internal processes and impaired perception of internal physiological signals (Abdulhamid et al., 2022). It has been reported that the rate of alexithymia in the general population is around 10% (Ricciardi et al., 2015). Individuals with a high level of alexithymia can experience emotions and experience difficulty due to these emotions, but, the mental representation resources that these people can use to describe and define the emotions in question are limited (Taylor et al., 2016). Identifying and describing emotion is one of the main emotion regulation skills, and it is stated that deficiencies in emotion regulation processes in general, impair the daily functionality of individuals and reduce life satisfaction (Faraji & Çelik, 2021).Unidentified and unexpressed distressing emotions make alexithymic individuals vulnerable to both mental and somatic illnesses (Baudic et al., 2016).Individuals with high alexithymia levels have an increased risk of developing depressive disorder (Hemming et al., 2019). Nevertheless, it is stated that alexithymia is associated with lower progress in treatment (Pinna et al., 2020).

Alexithymia, by preventing the person from expressing his feelings by directing the anger he has experienced, to express the anger he has felt, or to regulate his emotions and anger, causes many psychological or physical disorders (Korkmaz et al., 2020). Alexthymia, which was first observed in psychosomatic disorder, is now seen in disorders such as substance addiction, gambling addiction, depression, PTSD, obsessive-compulsive disorder, mood disorders, somatoform disorder, borderline personality disorders, and eating problems (Şaşıoğlu, 2013; Tang et al., 2020; Palma et al., 2021).Alexithymia is a risk factor for psychopathology, and causes individuals to express internal emotions with symptoms (Muzi, 2020).

The defense mechanism is expressed as an automatic response to the encountered threat.These reactions occur outside of the person's awareness (Dorpat, 1987). Defense mechanisms are automatic and internal

processes that regulate an individual's emotional response, reducing conflicts and mitigating the effects of changing external and internal reality. Defense mechanisms are classified as immature, neurotic and mature according to their matureness and adaptability levels. While the intensive use of immature and neurotic defenses is mostly seen in psychopathological conditions, mature defenses contain adaptive and functionality-enhancing qualities (Vaillant, 2000). Modern psychoanalytic authors reveal that defense mechanisms have a positive function in unacceptable emotions, self-esteem and negative thoughts (Granieri, et al., 2017).

Freud (2013) emphasizes that coping with anxiety is the basis of existence. A person may experience many conflicts as a result of the anxiety and frustration situation s/he is faced with. Freud detected the behaviors that people implement to reduce their anxiety and expressed these actions as defense mechanisms. Defense mechanisms reduce the anxiety of the person (Freud, 2013).The use of defense mechanisms ensures the prevention of feelings of anxiety, grief, jealousy, shame and guilt and the protection of self-esteem (McWilliams, 2011).

While alexithymia is sometimes considered as a psychological defense mechanism on its own, it is sometimes considered as a separate structure closely related to defense mechanisms, but it is often associated with defense mechanisms (Romeo, 2022). The introjection defense mechanism is a process in which the external is misunderstood as coming from internal sources (Mcwilliams, 2011). It is thought that introjection, which is one of the primitive defense mechanisms, has a prominent role in alexithymia. Especially since the introjection of unexpressed anger is associated with destructive processes towards the individual, it can lead to various problems, especially depression and decrease in self-esteem. Due to this reason, this study was designed considering that the evaluation of the relationship between alexithymia, anger and defense mechanisms would be illuminating for psychotherapeutic interventions for alexithymic individuals.

MATERIAL AND METHODS

Model: This research has been prepared in accordance with the "Correlational Survey Model". It aims to determine the existence and/or degree of co-variation between two or more variables.

Populatıon: Sample selection of the study was made using simple-random sampling. The population of the research consists of adults residing in Istanbul. The sample group of the study consists of 430 women (50.1%) and 427 (49.9%) men who live in various districts of Istanbul and do not have any mental disorder. Participants participated in the study voluntarily and they were chosen randomly. Participants consist of individuals between the ages of 18-45.

Data Collectıon Tools:

Personal Information Form: In the personal information form which is prepared by the researcher, there were questions for determining age, gender, educational status, and financial income levels of participants.

Multidimensional Anger Inventory: The Multidimensional Anger Inventory, developed by Balkaya and Şahin (2003) , is a five-point Likert-type scale consisting of five dimensions. The scale, which is known to be involved in interpersonal relations, has dimensions of "anger-related behaviors" and "interpersonal anger".In the anger-related behaviors dimension, there are calm behaviors, aggressive behaviors and anxious behaviors subscales.In the dimension of interpersonal anger, there are sub-dimensions of revenge reactions, passive-aggressive reactions, introverted reactions, and indifferent reactions.It was determined that the Cronbach's Alpha reliability coefficients of the five basic dimensions varied between α= 0.83 and α= 0.93, and the reliability coefficients of the 15 factor subscales varied between α= 0.64 and α= 0.95.It was determined that the internal consistency of the scale ranged between .64 and .95.

Toronto Alexithymia Scale: Toronto Alexithymia Scale is a five-point Likert-type scale consisting of 26 items developed to reveal the alexithymic characteristics of individuals. It consists of four sub-dimensions as the ability of individuals to distinguish and recognize their emotions, the way they think about external events, the ability to verbalize their emotions, and the ability to imagine (Taylor, et al., 1988). The purpose of the scale, the validity and reliability study of which was conducted in Turkey by Dereboy (1990), is to determine the levels of alexithymia in individuals. (Internal consistency coefficient r:0.65 test-retest coefficient r:0.71 discriminant validity z:-2.17, p<0.005). Toronto alexithymia scale is a self-assessment type scale that is answered as true or false. The increase in the scores indicates the increase in the severity of the alexithymia level. The cut-off point is suggested as 10/11 points.

Defense Style Qestionary (DSQ): The Defense Style Qestionary, developed by Andrews, Sing, and Bond (1993), is defined as a scale consisting of 40 items and 20 defense mechanisms. Defence mechanisms are examined in three dimensions as immature, neurotic and mature defense mechanisms. Immature defences, projection, passive aggression, expression, isolation, devaluation, autistic fantasy, denial, displacement, dissociation, division, rationalization, somatization; Neurotic defenses, deconstruction, artificial altruism, idealization, counter-reaction development; Mature defenses are sublimation, humor, expectation, suppression. Each item in the scale is scored between 1 and 9. The internal consistency coefficient of the scale was determined as .68 for immature defenses, .58 for neurotic defenses and .80 for mature defenses (Andrews et al., 1993). The internal consistency coefficients of the scale, which Yılmaz et al. (2007) had adapted into Turkish, were found to be .70 for mature defense styles, .61 for neurotic defense styles, and .83 for immature defense styles. Its reliability was found to be .75 for mature defense styles, .88 for neurotic defense styles, and .86 for immature defense styles, respectively.

Data Collectıon And Statıcal Analysıs: The scales, together with the information form, were distributed to the participants via online platforms and no personal identifying information was obtained from the participants in order to protect their privacy. In the prepared online forms, it is stated that the personal information of the participants will not be shared with anyone and they can leave the research

at any time they wish. The data collection process took place between 2019-2020.

The assumption of normal distribution, which is one of the first steps of the analysis, was checked. In this process, the kurtosis and skewness values of the scale and subscales were checked. Taking the study of George and Mallery (2010) as a reference, these values being in the reference range of -2 +2 provides a normal distribution. It has been seen that our variables provide the kurtosis and skewness reference range. The p value to be referenced is 0.05 and the confidence interval value is 95%.

RESULT

Table 1: The Relationship between the Multidimensional Anger Scale and the Defense Mechanisms Questionary

	Immature Defenses	Neurotic Defenses	Mature Defenses
Anger Symptoms	.171*	0.064	-.255**
Situations That Cause Anger	.213**	0.157	-0.004
Not Being Taken Seriously	.206*	0.126	-0.059
Aggrievement	.202*	.178*	0.063
Be criticized	.237**	0.157	-0.025
Thoughts About Anger	.268**	0.050	-.319**
Thoughts on His Anger	.198*	-0.007	-.354**
Anger Thoughts towards Others	.245**	0.091	-.221**
Angry Thoughts Towards Himself	.238**	0.009	-.344**
Anger Thoughts Against the World	.308**	0.093	-.227**
Anger-Related Behaviors	.269**	.238**	0.113
Offensive Behaviors	.166*	-0.077	-.314**
Calm Behaviors	0.152	.282**	.369**
Anxious Behaviors	.305**	.326**	0.079
Interpersonal Anger	.313**	.180*	-0.038
Revenge Responses	.304**	0.078	-.190*
Passive Aggressive Reactions	.272**	.240**	0.110
Introverted Reactions	.192*	.207*	0.063
Reckless Reactions	.181*	0.146	.184*

**p<0.01, *p<0.05 Test used: Pearson Correlation Test

There is a weak and positive relationship between Anger Symptoms and Immature Defenses (r=.171, p<0.01) scores, and a weak and negative relationship between Anger Symptoms and Mature Defenses (r=-.255, p<0.01) scores. There is a weak and positive correlation between Situations That Cause Anger and Immature Defenses (r=.213, p<0.01) scores. There is a weak and positive correlation between Not Being Taken Seriously and Immature Defenses (r=.206, p<0.01) scores. There is a weak and positive relationship between the scores of Aggrievement and Immature Defenses (r=.196, p<0.01). There is a weak and positive relationship between the scores of Aggrievement and Neurotic Defenses (r=.178, p<0.01). There is a weak and positive correlation between Criticism and Immature Defenses (r=.237, p<0.01) scores.

There is a weak and positive relationship between Thoughts About Anger and Immature Defenses (r=.268, p<0.01) scores, and a moderate and negative relationship between Thoughts About Anger and Mature Defenses (r=-.319, p<0.01) scores. There is a weak and positive relationship between Thoughts About Anger and Immature Defenses (r=.198, p<0.01) scores, and a moderate and negative relationship between Thoughts About Anger and Mature Defenses (r=-.354, p<0.01) scores. A weak and positive relationship between Anger Against Others and Immature Defenses (r=.245, p<0.01) scores, a weak and negative relationship between Anger Against Others and Mature Defenses (r=-.221, p<0.01) scores has. Weak and positive relationship between Self Anger Thoughts and Immature Defenses (r=.238, p<0.01) scores, moderate and negative correlation between Self Anger Thoughts and Mature Defenses (r=-.344, p<0.01) scores has. Moderate and positive relationship between Thoughts of Anger Towards The World and Immature Defenses (r=.308, p<0.01) scores, weak and negative correlation between Thoughts of Anger Towards The World and Mature Defenses (r=-.227, p<0.01) scores.

There is a weak and positive relationship between Anger-Related Behaviors and Immature Defenses (r=.269, p<0.01) scores, and a weak and positive relationship between Anger-Related Behaviors and Neurotic Defenses (r=.238, p<0.01) scores. There is a weak and positive relationship between Aggressive Behaviors and Immature Defenses (r=.166, p<0.01) scores, and a moderate and negative relationship between Aggressive Behaviors and Mature Defenses (r=-.314, p<0.01) scores. There is a weak and positive relationship between Calm Behaviors and Neurotic Defenses (r=.282, p<0.01) scores, and a moderate and positive relationship between Calm Behaviors and Mature Defenses (r=.369, p<0.01) scores. There is a moderate and positive relationship between Anxious Behaviors and Immature Defenses (r=.305, p<0.01) scores, and a moderate and positive relationship between Anxious Behaviors and Neurotic Defenses (r=.326, p<0.01) scores.

There is a moderate and positive relationship between Interpersonal Anger and Immature Defenses (r=.313, p<0.01) scores, and a weak and positive relationship between Interpersonal Anger and Neurotic Defenses (r=.180, p<0.01) scores. There is a moderate and positive relationship between Revenge Reactions and Immature Defenses (r=.304, p<0.01) scores, and a weak and negative relationship between Revenge Reactions and Mature Defenses (r=-.190, p<0.01) scores. There is a weak and positive relationship between Passive Aggressive Reactions and Immature Defenses (r=.272, p<0.01) scores, and a weak and positive relationship between Passive Aggressive Reactions and Neurotic Defenses (r=.240, p<0.01) scores.

There is a weak and positive relationship between Introverted Reactions and Immature Defenses (r=.192, p<0.01) scores, and a weak and positive relationship between Introverted Reactions and Neurotic Defenses (r=.207, p<0.01) scores. There is a weak and positive relationship between Reckless Reactions and Immature Defenses (r=.181, p<0.01) scores, and a weak and positive relationship between Reckless Reactions and Mature Defenses (r=.184, p<0.01) scores.

Moderate and positive relationship between Anger Symptoms and Toronto Alexithymia Scale (r=.311, p<0.01) scores, moderate and positive relationship between Anger Symptoms and Difficulty Recognizing Emotions (r=.345, p<0.01) scores. There is a weak and positive correlation

between the scores of Difficulty in Verbal Expression of Emotions and Anger Symptoms (r=.206, p<0.01).

Table 2: The Relationship between the Multidimensional Anger Scale and the Toronto Alexithymia Scale

	Toronto Alexithymia Scale	Difficulty Recognizing Emotions	Difficulty in Verbal Expression of Emotions	Expressive Thinking
Anger Symptoms	.311**	.345**	.206*	0.121
Situations That Cause Anger	0.100	.176*	0.103	-0.120
Not Being Taken Seriously	0.149	.212**	0.140	-0.074
Aggrievement	0.038	0.124	0.059	-.169*
Be criticized	0.092	0.160	0.079	-0.090
Thoughts About Anger	.549**	.575**	.446**	.180*
Thoughts on His Anger	.460**	.500**	.355**	0.140
Anger Thoughts towards Others	.496**	.496**	.401**	.207*
Angry Thoughts towards Himself	.520**	.529**	.444**	.174*
Anger Thoughts Against the World	.523**	.570**	.435**	0.119
Anger-Related Behaviors	0.153	.240**	.174*	-0.148
Offensive Behaviors	.329**	.371**	.251**	0.080
Calm Behaviors	-0.092	-0.032	0.005	-.237**
Anxious Behaviors	.183*	.274**	0.159	-0.100
Interpersonal Anger	.361**	.424**	.343**	-0.019
Revenge Responses	.424**	.474**	.333**	0.097
Passive Aggressive Reactions	.181*	.251**	.216**	-0.130
Introverted Reactions	.265**	.328**	.325**	-0.129
Reckless Reactions	0.079	0.059	0.135	-0.015

**p<0.01, *p<0.05 Test used: Pearson Correlation Test

There is a weak and positive correlation between Anger-Causing Situations and Difficulty Recognizing Emotions (r=.176, p<0.01) scores. There is a weak and positive correlation between the scores of not being taken seriously and Difficulty in Recognizing Emotions (r=.212, p<0.01). There is a weak and negative correlation between the scores of Aggrievement and Expressive Thinking (r=-.169, p<0.01).

Moderate and positive relationship between Anger-Related Thoughts and Toronto Alexithymia Scale (r=.549, p<0.01) scores, moderate and positive relationship between Anger-Related Thoughts and Difficulty Recognizing Emotions (r=.575, p<0.01) scores, Moderate and positive relationship between Anger-Related Thoughts and Difficulty in Verbal Expression of Emotions (r=.446, p<0.01) scores, weak and positive relationship between Anger-Related Thoughts and Expressive Thinking (r=.180, p<0.01) scores.

Moderate and positive relationship between Anger-Related Thoughts and Toronto Alexithymia Scale (r=.460, p<0.01) scores, moderate and positive relationship between Anger-Related Thoughts and Difficulty Recognizing Emotions (r=.500, p<0.01) scores, There is a moderate and positive correlation between the scores of Anger-Related Thoughts and Difficulty in Verbal Expression of Emotions (r=.355, p<0.01). Moderate and positive relationship between Anger Thoughts towards Others and Toronto Alexithymia Scale (r=.496, p<0.01) scores, moderate and positive between Anger Thoughts toward Others and Difficulty Recognizing Emotions (r=.496, p<0.01) scores relationship. There is a moderate and positive relationship between Anger Thoughts towards Others and Difficulty in Verbal Expression of Emotions (r=.401, p<0.01) scores, and a weak and positive relationship between Anger Thoughts toward Others and Expressive Thinking (r=.207, p<0.01) scores. There is a moderate and positive relationship between Self Anger Thoughts and Toronto Alexithymia Scale (r=.520, p<0.01) scores, moderate and positive relationship between Self Anger Thoughts and Difficulty Recognizing Emotions (r=.529, p<0.01) scores. There is a moderate and positive relationship between Anger Thoughts towards Self and Difficulty in Verbal Expression of Emotions (r=.444, p<0.01) scores, and there is a positive and weak relationship between Anger Thoughts towards Oneself and Expressive Thinking (r=.174, p<0.01) scores level. Moderate and positive relationship between World Anger Thoughts and Toronto Alexithymia Scale (r=.523, p<0.01) scores, moderate and positive relationship between World Anger Thoughts and Difficulty Recognizing Emotions (r=.570, p<0.01) scores. There is a moderate and positive correlation between the Anger Thoughts Against the World and Difficulty in Verbal Expression of Emotions (r=.435, p<0.01) scores.

Weak and positive relationship between Anger-Related Behaviors and Difficulty Recognizing Emotions (r=.240, p<0.01) scores, weak and positive relationship between Anger-Related Behaviors and Difficulty in Verbal Expression of Emotions (r=.174, p<0.01) scores. Moderate and positive relationship between Aggressive Behaviors and Toronto Alexithymia Scale (r=.329, p<0.01) scores, moderate and positive relationship between Aggressive Behaviors and Difficulty Recognizing Emotions (r=.371, p<0.01) scores. There is a weak and positive correlation between the scores of Difficulty in Verbal Expression of Emotions and Aggressive Behaviors (r=.251, p<0.01).

There is a weak and negative correlation between Calm Behaviors and Expressive Thinking (r=-.237, p<0.01) scores.

There is a weak and positive relationship between Anxious Behaviors and Toronto Alexithymia Scale (r=.183, p<0.01) scores, and a weak and positive relationship

between Anxious Behaviors and Difficulty Recognizing Emotions (r=.274, p<0.01) scores.

Moderate and positive relationship between Interpersonal Anger and Toronto Alexithymia Scale (r=.361, p<0.01) scores, moderate and positive relationship between Interpersonal Anger and Difficulty Recognizing Emotions (r=.424, p<0.01) scores, There is a moderate and positive correlation between the scores of Interpersonal Anger and Difficulty in Verbal Expression of Emotions (r=.343, p<0.01). Moderate and positive relationship between Revenge Reactions and Toronto Alexithymia Scale (r=.424, p<0.01) scores. Moderate and positive relationship between Revenge Reactions and Difficulty Recognizing Emotions (r=.474, p<0.01) scores. There is a moderate and positive correlation between the scores of Difficulty in Verbal Expression of Emotions and Difficulty in Verbalizing (r=.333, p<0.01). A weak and positive relationship between Passive Aggressive Reactions and Toronto Alexithymia Scale (r=.181, p<0.01) scores, a weak and positive relationship between Passive Aggressive Reactions and Difficulty Recognizing Emotions (r=.251, p<0.01) scores, There is a weak and positive correlation between Passive Aggressive Reactions and Difficulty in Verbal Expression of Emotions (r=.216, p<0.01) scores. Weak and positive relationship between Introverted Reactions and Toronto Alexithymia Scale (r=.265, p<0.01) scores, moderate and positive relationship between Introverted Reactions and Difficulty Recognizing Emotions (r=.328, p<0.01) scores, There is a moderate and positive correlation between Introverted Reactions and Difficulty in Verbal Expression of Emotions (r=.325, p<0.01) scores.

Table 3: The Relationship between the Toronto Alexithymia Scale and the Defense Mechanisms Questionary

	Immature Defenses	Neurotic Defenses	Mature Defenses
Toronto Alexithymia Scale	.363**	.164*	-.268**
Difficulty in Recognizing Emotions	.438**	.207**	-.212**
Difficulty in Verbal Expression of Emotions	.338**	0.153	-.175*
Expressive Thinking	-0.032	-0.032	-.259**

**p<0.01, *p<0.05 Test used: Pearson Correlation Test

Moderate and positive correlation between Toronto Alexithymia Scale and Immature Defenses (r=.363, p<0.01) scores, weak and positive relationship between Toronto Alexithymia Scale and Neurotic Defenses (r=.164, p<0.01) scores.

There is a weak and negative correlation between Toronto Alexithymia Scale and Mature Defenses (r=-.268, p<0.01) scores. Moderate and positive relationship between Difficulty Recognizing Emotions and Imature Defenses (r=.438, p<0.01) scores, weak and positive relationship between Difficulty in Recognizing Emotions and Neurotic Defenses (r=.207, p<0.01) scores.

There is a weak and negative correlation between Difficulty and Mature Defenses (r=-.212, p<0.01) scores. Moderate and positive correlation between Difficulty in Verbal Expression of Emotions and Immature Defenses (r=.338, p<0.01) scores, weak and negative correlation between Difficulty in Verbal Expression of Emotions and Mature Defenses (r=-.175, p<0.01) scores. There is a weak and negative correlation between Expressive Thinking and Mature Defenses (r=-.259, p<0.01) scores.

DISCUSSION

Although anger is an emotion that the individual naturally shows against undesirable situations and experiences, anger turns to damaging emotion when it cannot be regulated effectively. Alexithymia is a disorder in which the individual has significant difficulties in emotion regulation skills, especially in recognizing and expressing emotions. The main finding of this study is that there is a significant relationship between the psychological defense mechanisms of the individual and the sub-dimensions of the Multidimensional Anger Scale and the Defense Mechanisms Questionary.

It is stated that individuals who exhibit anger behavior and self-harm use immature defenses (reflection, expression, autistic fantasy, dissociation, somatization, withdrawal) and suppression, which is essensially a mature defense but it's excessive use makes it harmfull for individuals funtionality, more frequently than individuals who do not show anger behavior and do not have a tendency to self-harm (Sarno et al., 2010). In a study examining the relationship between childhood traumas, defense mechanisms and self-harming behaviors in university students, it was determined that people with a tendency to self-harm use immature defense mechanisms more (Öztürk et al., 2020). The results of the study conducted by Brody and Carson (2012) with adolescent individuals show that there is a significant relationship between anger and the degree of using immature and mature defense mechanisms. Similarly, in this study, it was observed that there was a significant positive correlation between anger dimensions and immature defense mechanisms.

It was observed that there was a significant relationship between the sub-dimensions of the Multidimensional Anger Scale and the sub-dimensions of the Toronto Alexithymia Scale. Koh's (2008) research findings indicate that trait anger and internalized anger- are related to the emotional dimension of alexithymia. In a study examining alexithymia and anger levels in psoriasis patients, findings show there is a significant relationship between anger control, difficulty in expressing emotions, and alexithymia levels (Güleç et al., 2009). In the study conducted by Kahramanol and Dağ (2018), it was determined that there is a positive and significant relationship between the psychological symptoms of internalized anger in alexithymic individuals. In previous studies, it has been reported that individuals with alexithymia experience more anger (Demet et al., 2002), however, they have more problems in expressing anger (Berenbaum & Irvin 1996). In one of the recent studies, it was determined that patients with bruxism have high levels of alexithymia and that there is a significant relationship between the patients' alexithymia and anger levels (Tambağ & Şahpolat, 2021). In another study which has conducted by Korkmaz et al., (2020) it was determined that individuals with alexithymia had higher trait anger, anger-in and anger-out levels, and lower anger control levels.

In previous studies, as individuals' alexithymia levels increase, it has been determined that the use of immature

defenses such as acting out, regression, tampering and passive aggression increases (Wise, 1991; Koiman, 1998; Parker, 2001; Helmes et al., 2008). It is seen that current studies have similar results. Bekes et al. (2021) revealed that immature defense mechanisms are associated with an increase in relational avoidance. Besharat and Khajavi (2013) found a negative relationship between secure attachment and alexithymia; determined a positive relationship between avoidant attachment style alexithymia. The regression analysis of the study, on the other hand, shows that defense mechanisms have a mediating role between attachment styles and alexithymia. Preece et al. (2017) states that avoidance in alexithymia causes the individual to regress to operate at the more primitive developmental level of information processing. It has been determined that alexithymic individuals use a suppression mechanism so excessively and it makes suppression become close to denial, which is an immature defense mechanism (Merlo et al., 2021). In this study, it was determined that as the level of alexithymia increased, the use of immature defenses, which are primitive structures specific to the early period of psychological development, increased. Alexithymic individuals exhibit only lower levels of self-management behaviors and use maladaptive defense mechanisms. It has been determined that maladaptive defense mechanisms and avoidance behaviors used by alexithymic individuals are an important cause of psychological problems (Romeo et al., 2022).

Alexithymia results from the disconnection between conscious self-experiences and perceptions at both mental and bodily levels, resulting in difficulties in integrating thoughts, feelings and experiences into consciousness and memory, negatively affecting emotion awareness or regulation (Reyno et al., 2020). Splitting is one of the immature defense mechanisms. Splitting, as with the isolation of affect, is on the more primitive side of the spectrum of defenses; Its function is to ensure that two conflicting states exist side by side without confusion, guilt, shame or anxiety in the field of consciousness. Splitting is also the precursor to the projection and introjection mechanisms that often work together. The defense of division is divided into good and bad aspects of representation, one of the good-bad pair is introjected while the other is projected out (Faraji, 2020). It is seen that the lack of connection between emotion and thought in alexithymic individuals is associated with immature defense mechanisms (Yıldırım et al., 2016; Ziadni et al., 2017). Fang et al. (2020) state that there is a relationship between alexithymia and immature defense mechanisms, and the presence of alexithymia and immature defense mechanisms increase the severity of PTSD symptoms as they negatively affect individuals' ability to identify, express and process distressed emotions. The significant relationship between alexithymia and defense mechanisms supports the result of our study.

CONCLUSION

One of the most basic needs of individuals is undoubtedly the ability to express themselves. Although the emotions experienced by people are subjective, the need to express them is a universal need. As a result of the research, it was determined that there is a significant relationship between anger and alexithymia. The feeling of anger directed inward increases the possibility of alexithymia. At the same time, it was concluded that the defense mechanisms used had a significant relationship with anger and alexithymia.

Like any other emotion, anger needs to be expressed. However, the difficulties experienced by alexithymic individuals in expressing their emotions cause them to turn their anger inward, which causes them to develop psychiatric disorders, especially depression and psychosomatic disorders. For this reason, it is important and recommended to carry out psychotherapeutic studies to provide insight into the use of defense mechanisms such as severe suppression, denial, and negation in the psychotherapy processes of individuals with high alexithymia, and then to produce new and more functional alternatives to immature ones. It is thought that therapeutic interventions such as Cognitive Behavioral Therapy, which provide emotion regulation, emotion tolerance, psychological flexibility and a sense of effectiveness in dealing with the experiences of the individual, may be valuable in terms of confronting the reactions of individuals with alexithymia and developing effective coping.

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