STAXI-2
State-Trait Anger Expression Inventory

DEVELOPED BY CHARLES D. SPIELBERGER, PhD

REPORT DEVELOPED FOR:
JOHN SAMPLE (Gender: MALE)

QUESTIONNAIRE USED UNDER LICENSE BY:
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REPORT DEVELOPED BY DRAGOS G. ILIESCU, PH.D. AND HORIA D. PITARIU, PH.D.
BASED ON TEXT WRITTEN AND RESEARCH CONDUCTED BY CHARLES D. SPIELBERGER, PH.D. AND PETER R. VAGG, PH.D.
UNDERSTANDING THIS REPORT

This report helps in understanding those attitudes, emotional states and behaviors typical for the evaluated person in regard to his/her feelings, control and expression of anger. This report also states a difference between anger as a passing state and anger as a personality trait, as well as between the way these facets are present in the evaluated person.

The experience of anger as measured by the STAXI-2, is conceptualised as having two major components: state and trait anger.

State anger is defined as a psychobiological emotional state or condition marked by subjective feelings that vary in intensity from mild irritation or annoyance to intense fury and rage. Anger as a psychobiological emotional state is generally accompanied by muscular tension and by arousal of the neuroendocrine and autonomic nervous systems.

Trait anger is defined in terms of individual differences in the disposition to perceive a wide range of situations as annoying or frustrating and by the tendency to respond to such situations with elevations in state anger. Individuals with high trait anger experience state anger more often and with greater intensity than individuals who are low in trait anger.

This report has been generated for the use of psychologists, counseling staff and other types of specialized professionals, in their work with clients. The report may be used in clinical activities, in developmental or personal optimization activities, but also in the area of human resources, in the selection for certain professions, career counseling and coaching for managerial levels.

Although formulated like a stand-alone report, which especially in the second section (detailed report) may also be easily read by persons not trained in the usage of psychological tests, this report has been projected and developed in such a way as to offer assistance to the professional who is interpreting the test results.

These results should only be considered in conjunction with professional judgment, after a careful and detailed analysis, and only after corroborating these data with the results of an interview and of possible other psychometric instruments. Results contained in this report may be subject to alterations and special highlights as a function of such corroborations made by a specialised professional.

This report is based on the STAXI-2, an instrument that has been validated in a wide variety of research programs.

The State-Trait Anger Expression Inventory, Second Edition (STAXI-2) is a structured, verbal, omnibus measure of behavioral and personality patterns. The questionnaire consists of 57 items, grouped on 12 scales.
WHAT INFORMATION DOES THIS REPORT INCLUDE?

In addition to the introductory section, the report contains two main sections:

1. The STAXI-2 profile,
2. The Detailed Report.

The STAXI-2 profile section contains a graphical representation of the scores characteristic for the evaluated person, for every one of the structural scales.

The scores for all the STAXI-2 scales are represented in standardized T scores. T scores are a way of standardizing scale scores from scales with different number of items, different variance, and different distribution. Thus, T scores are characterized by a mean of 50 points and a standard deviation of 10 points. T-scores are computed based on the Romanian national-wide normative sample of N=1200 subjects (600 males and 600 females).

Please also note that the STAXI-2 profile section contains two pages, one based in both scoring and graphic representation on the combined norms and one based on the specific norms, requested at the scoring of the data. Specific (i.e. gender-specific, age-specific or even clinical), or more general scores, can be important, depending on how the report is being used.

The detailed report offers a drilldown of the characteristics ascertained through the STAXI-2 and already pictured in the charts in the STAXI-2 profile section. The charts in this section and the subsequent comments are based on the combined norms.

This section has been developed in such a way as to offer assistance to the psychologist who is interpreting the results, as to minimize his/her need of reverting to the test manual.

This section may also be read by the evaluated person as part of a structured discussion or development program he/she is part of. However, considering the conclusions of this report should only be done after discussing them with a specialized professional.

This section contains for every one of the STAXI-2 scales one chart, capturing both the raw scores (above) and the T scores (below), with a special marker where the evaluated person’s score has been computed. Also, below every chart one may read a description of typical behaviors for low and high scorers on the respective scale, some typical adjectival descriptions for these low and high scorers, as well as some suggestions for personal development which are adapted to the score of the evaluated person on the respective scale.
STAXI-2 PROFILE

Scoring based on: THE ROMANIAN MALE NORMS FOR PSYCHIATRIC PATIENTS (N=33ss)

STRUCTURAL SCALES PROFILE. (Standardized T scores)
STAXI-2 PROFILE

Scoring based on: THE STANDARD ROMANIAN COMBINED NORMS, NORMAL ADULTS (N=1200ss)

STRUCTURAL SCALES PROFILE. (Standardized T scores)
DETAILED REPORT

* This detailed report is based on the COMBINED norms.

** For usage of this detailed report, please consider the description contained in the introductory text to this file.

SECTION 1. STATE ANGER

State Anger refers to the intensity of the individual’s angry feelings either at (a) the time of testing, or (b) a time and situation specified by the test administrator (i.e., imagined anger provoking, anger management, or desensitization situations). The intensity of S-Ang may vary a great deal depending on the situation.

The S-Ang scale has 3 subscales: Feeling Angry (S-Ang/F), Feel Like Expressing Anger Verbally (S-Ang/V), and Feel Like Expressing Anger Physically (S-Ang/P). Even though the respondent may have a total S-Ang score in the low to moderate range, it is possible that he/she might have a high score on one or the other of the S-Ang subscales. Furthermore, as the open expression of intense angry feelings is evidently undesirable from a social point of view, so that most people have the tendency to report low scores on this scale.

In interpreting S-Ang scores, it is important to note that the S-Ang scale and subscales have substantial floor effects, particularly for normal adults, thus the cut-off points for determining high and very high scores are somewhat higher than for the other STAXI-2 scales and subscales.

Since most people usually report low levels of anger intensity at any point in time, individuals with high or very high scores on the S-Ang scale or subscales should be evaluated carefully to determine whether the risk of acting out their anger represents a potential danger to themselves or others.

Adolescents, young adults, and patients in institutions often report more intense levels of anger than normal adults; high scores for members of these groups should be treated very seriously.

Several of the STAXI-2 scales have been linked to health problems, particularly coronary heart disease (CHD), including hypertension, blood pressure problems, and cardiovascular reactivity. The scores of the S-Ang scale have been proven to be closely related to some such indicators, most especially with hypertension.

High scores on S-Ang carry, however, some other implications than prediction of coronary heart disease. For example, it should be noted that males with addiction problems also show higher S-Ang scores than males without addiction problems. For both males and females, higher preoperative S-Ang scores have been associated with poorer postoperative outcome, and higher S-Ang scores before exercise are related to higher systolic blood pressure (SBP) after exercise.

If any of these factors are relevant to this individual, a referral for cognitively based anger management training needs to be seriously considered before surgery or extensive exercise.
The 'S-Ang' scale
(State Anger)

<table>
<thead>
<tr>
<th>Raw score</th>
<th>State Anger</th>
<th>T score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw score: 34</td>
<td>T score: 81.42</td>
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</table>

GENERAL DESCRIPTION OF THE SCALE

The State Anger scale (S-Ang) measures the intensity of angry feelings and the extent to which a person feels like expressing anger at a particular time.

BEHAVIORAL DESCRIPTION

Low scores

Persons with low scores on S-Ang do not manifest angry feelings at the moment of testing (or at the specific moment or in the specific situation indicated by the test administrator). They are controlled, balanced and calm. Low scores on S-Ang are desirable, as they denote calmness, at least as a momentary state.

High scores

People with high S-Ang scores experience moderate to intense anger which may be manifested as a desire to scream or break things. Mild to moderate activation of the sympathetic nervous system with increased heart rate and blood pressure are possible. If she continues to experience intense anger, professional help may be needed to reduce the anger. It is possible for high S-Ang scores to reflect a momentary rather than a chronic state of being.

SUGGESTIONS FOR PERSONAL IMPROVEMENT

Low scores

Low S-Ang scores are desirable, no action steps may be suggested.

High scores

It may be necessary for the evaluated person to carefully analyze the event that triggered the anger state and to try to evaluate his/her own feelings regarding that fact. Unresolved problems usually tend to reactivate, possibly pointing to inadequately integrated internal conflicts. The causes of anger and rage should be identified and the underlying problems resolved, in order to prevent resurfacing. Professional help from a trained psychologist or counselor may be indicated.
The 'S-Ang/F' subscale  
(Feeling Angry)

**GENERAL DESCRIPTION OF THE SCALE**

The Feeling Angry subscale (S-Ang/F) measures the intensity of the angry feelings the person is currently experiencing.

**BEHAVIORAL DESCRIPTION**

**Low scores**

The evaluated person did not have experience anger, rage or irritation at the moment of testing.

**High scores**

The evaluated person has experienced at the moment of testing an intense state of anger, as effect of an anterior event or as part of the evaluation. A high score on the S-Ang/F scale cannot, however, say anything about the person’s preferences regarding the expression or control of anger. It is thus necessary that scores on this scale be correlated with the specific situation and with scores on the other scales.

**SUGGESTIONS FOR PERSONAL IMPROVEMENT**

**Low scores**

Low S-Ang/F scores are desirable, no action steps may be suggested.

**High scores**

It is imperative for the evaluated person to first calm down, to pass beyond the momentary feelings of anger or irritation and then to reason in a detached manner upon the situation that has generated these feelings. If the anger states surface often or have a high intensity, time and energy should be devoted for the development of individual anger control mechanisms.
The 'S-Ang/V' subscale
(Feel Like Expressing Anger Verbally)

GENERAL DESCRIPTION OF THE SCALE
The Feel Like Expressing Anger Verbally subscale (S-Ang/V) measures the intensity of current feelings related to the verbal expression of anger.

BEHAVIORAL DESCRIPTION
Low scores  ➡️  High scores
Low S-Ang/V scores denote that the evaluated person did not feel during the testing the need to express anger or irritation verbally.
High S-Ang/V scores show that the evaluated person has felt during the testing the impulse to express his/her feelings of anger or irritation in a verbal manner. As research has shown, the impulse to express anger through verbal behaviors like screaming, voice-raising or even only through caustic or evil remarks is especially for women an important component of the individual anger expression pattern. The probability for these impulses to manifest is reflected mainly by the scores at the anger expression and anger control scales.

SUGGESTIONS FOR PERSONAL IMPROVEMENT
Low scores  ➡️  High scores
Low S-Ang/V scores are desirable, no action steps may be suggested.
High S-Ang/V scores show that if these feelings and impulses persist, professional counseling intervention is recommended. The relative transitivity of this state (and its relative seriousness) is indicated also by the evaluated person’s scores at the T-Ang scale.
The 'S-Ang/P' subscale
(Feel Like Expressing Anger Physically)

GENERAL DESCRIPTION OF THE SCALE
The Feel Like Expressing Anger Physically (S-Ang/P) measures the intensity of current feelings related to the physical expression of anger.

BEHAVIORAL DESCRIPTION

<table>
<thead>
<tr>
<th>Low scores</th>
<th>High scores</th>
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<tbody>
<tr>
<td>Low S-Ang/P scores show a high improbability for the evaluated person trying to express anger in a physical manner, towards other people or against objects.</td>
<td>High values on this scale describe an outspoken need for the evaluated person to hit somebody or something, or to break things. Interpretation of this scale should consider the very skewed nature of score distribution. This brings with it large modifications in the meaning for only small increments of scores, such that small changes in scores yield very different interpretations. Anyway, high scores should be correlated with the person's preferences for expression and control of anger.</td>
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SUGGESTIONS FOR PERSONAL IMPROVEMENT

<table>
<thead>
<tr>
<th>Low scores</th>
<th>High scores</th>
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<tbody>
<tr>
<td>Low S-Ang/P scores are desirable, no action steps may be suggested.</td>
<td>Physical, destructive, hostile aggression, derived from anger, is most of the time a learned behavior. This behavior is adopted through imitation, but is also maintained because of its (apparent) adaptive value. Physical expression of anger may be conceptualized as a deficit in interpersonal skills, which could be resolved if the evaluated person is able to learn some other ways of expressing anger than the verbal or physical ones, maybe in areas like conflict resolution, problem solving, humor, self-control, empathy, compassion, tolerance.</td>
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SECTION 2. TRAIT ANGER

Trait anger measures the general tendency of a person to get angry. The T-Ang scale measures thus a personality disposition, a fundamental dimension of the evaluated person’s personality to get angry and to express his/her feelings more or less easily.

The subscales of the T-Ang scale evaluate if a certain person has in general a nervous temperament (T-Ang/T), or if the person has rather the tendency to react in the form of anger when he/she has the subjective feeling of being treated unfairly, or if confronted with critiques from others (T-Ang/R). The T-Ang/T subscale measures anger that is experienced quickly and with little provocation. Angry temperament refers to a predisposition to experience anger and has little to do with situational factors. On the other hand, the T-Ang/R subscale measures the reactive part of anger.

Persons with high scores on the T-Ang scale and its subscales are usually quick to anger, especially when their actions are not appreciated or are even publicly criticized. Trait anger is one of the central variables of the STAXI-2 and is a critical variable for understanding the way in which the evaluated person manifests anger, especially concerning the frequency of angry feelings, across a wide range of situations.

High scorers have a more explosive temperament and get more easily to strong anger and rage. They do not try to block or to control the expression of anger and of course they have a higher probability to get angry in a certain situation than the average person. All the T-Ang scores, but especially the higher ones, should be taken into consideration only correlated with scores on the AX- and AX-I scales, as well as of the AX-Index.

From between the STAXI-2 scales and subscale associated with health issues, especially with coronary heart disease, we may also mention the T-Ang scale and its subscale T-Ang/R.

High T-Ang scores are associated with a significantly heightened risk for the development of coronary heart disease, especially increased blood pressure and hypertension, but also more serious disease might develop as a result of being chronically angry.

High scores on the T-Ang/R subscale are associated with elevations in either diastolic blood pressure (DBP) or systolic blood pressure (SBP) as a function of high anger reactivity.
**The 'T-Ang' scale**
(Trait Anger)

**T-Ang**

<table>
<thead>
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<th>Raw score</th>
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<td>95</td>
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**GENERAL DESCRIPTION OF THE SCALE**

The Trait Anger scale (T-Ang) measures how often angry feelings are expressed over time.

**BEHAVIORAL DESCRIPTION**

**Low scores**

Low scorers on this scale rarely experience anger and the intensity of their angry feelings is lower than that of the average person, thus feeling more in the area of agitation, annoyance or irritation, and not anger or rage. Most often, low scores on T-Ang are correlated with a higher tolerance against provocations. States of anger are not only less intense, but also take less, as these persons calm down easily and rapidly. Low scorers for T-Ang experience very often their anger states as being uncomfortable.

**High scores**

High scorers on this scale tend to get angry more frequently as the average person. Also, for these persons, both the frequency and intensity of angry behaviors is higher than normal, they are often exhibited as rage and explosions. Most often, high scores on this scale are associated with a longer duration of the angry state and with the habit to react easily even to minor provocations. An interesting characteristic of these persons is the fact that they experience their angry feelings and their exhibition as being psychologically comfortable or at least acceptable.

**SUGGESTIONS FOR PERSONAL IMPROVEMENT**

**Low scores**

Low T-Ang scores are in principle desirable. However, very low scores could not only show a person without the tendency of experiencing anger, but could also signal an avoidant person, possibly characterized by passive aggression, a person without the power to represent his/her own ideas before others and to be assertive and militant when needed.

**High scores**

High scores on this scale are very often associated with aggressiveness and hostility. Not all aggressive behaviors are destructive, but for high scorers on the T-Ang scale it is very important not only to try to control the frequency, intensity, duration and limits where a stimulus induces an angry reaction, but also to pay attention to the intentions and nature of the behaviors induced by the state of anger, because destructive and hostile aggression is most often associated with the need and want of hurting others or oneself, physically or verbally.
The 'T-Ang/T' subscale
(Angry Temperament)

General Description of the Scale

The Angry Temperament subscale (T-Ang/T) measures the disposition to experience anger without specific provocation.

Behavioral Description

Low scores

Low scorers on this scale appear to others as controlled and balanced individuals. They rarely get angry and it takes strong stimuli or major frustrations in order to induce angry reactions. This of course is also the reason why these people have a much lower frequency than the average person in the exhibition of anger. The lack of an angry temperament, i.e. the tendency to manifest anger, makes these person generally emotionally stable and describes them as lacking neuroticism. Most of the times they feel angry, they are uncomfortable with the situation.

High scores

High scorers on this scale easily get angry, even in the face of minor provocations. Aggressive temperament refers to the tendency to manifest angry states in the conditions when situational stimuli or factors would not justify such a reaction or would at the least not justify the intensity of that reaction. Persons with an angry temperament have thus a relatively low level of tolerance at frustrations from the environment. They get angry more often, more easily and the intensity of the reaction is also stronger as justified; it also persists more than it is the case for the average person.

Suggestions for Personal Improvement

Low scores

Low T-Ang/T scores are in principle desirable and do not signal potential problems.

High scores

Angry temperament is a personality trait which, at high scores has the potential to seriously damage interpersonal relations and to lower the quality of personal and work life. Very high scores on this scale indicate the need to contact a specialist or counselor in anger management. High scores are a concern especially when the resulting anger and aggression are destructive, hostile, targeted at hurting others deliberately, at fights and verbally of physically confrontative encounters or towards a cruel or excessively militant behavior.
The 'T-Ang/R' subscale
(Angry Reaction)

**GENERAL DESCRIPTION OF THE SCALE**

The Angry Reaction subscale (T-Ang/R) measures the frequency with which angry feelings are experienced in situations that involve frustration and/or negative evaluations.

**BEHAVIORAL DESCRIPTION**

<table>
<thead>
<tr>
<th>Low scores</th>
<th>High scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low scorers on this scale do not have the tendency of getting angry, not even when they receive negative feedback, when they are criticized by those around or when they perceive the treatment they receive as being unfair. These persons have very robust coping mechanisms with potentially frustrating situations, mechanisms which manage the negative emotional potential of these situations in other ways than by anger.</td>
<td>High scorers at the T-Ang/R scale have the tendency to get angry and agitated when criticized, when they receive negative feedback or when they perceive the treatment they get as being unfair. The angry reaction is possible to be manifested no matter if the received critics, the analyzed events or the subjective perceptions are real, are intentional or are only imagined. When high scores at this scale are associated with a strong control of external expression of anger, they generate serious difficulties in coping with critics, because such persons tend to become anxious and guilty and if the situation causing the anger persists, they may become depressed because of massive internal conflicts.</td>
</tr>
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**SUGGESTIONS FOR PERSONAL IMPROVEMENT**

<table>
<thead>
<tr>
<th>Low scores</th>
<th>High scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low scores in this scale are in principle desirable and do not suggest visible problems. Very low scores may be the expression of insufficient assertiveness, of the refuse to protect and to stand by one’s own ideas.</td>
<td>Very high scores on this scale mandate at specialized psychological intervention, which could concentrate on the hypersensitivity these persons have towards those around and towards the way they are looked upon by other people. Especially when high scores at the T-Ang/R scale are coupled with high scores for T-Ang/T and AX-O, the potential for toxic emotionality becomes very high.</td>
</tr>
</tbody>
</table>
SECTION 3. ANGER CONTROL AND ANGER EXPRESSION

Neither the measurement of the tendency to experience anger (T-Ang), nor the measurement of the intensity anger is experienced at a specific moment (S-Ang) are sufficient to completely describe the phenomenology of anger-related psychological occurrences. The two big dimensions do not completely evaluate the frequency and intensity of angry feelings, but they especially do not concentrate upon their ways of manifestation or upon the control instances that could be used by a person in order to inhibit, refrain from or manage the expression of anger.

The STAXI-2 includes therefore four supplementary scales, two of them focusing on anger expression and the other two focusing on anger control. Of added value we mention the global evaluator AX-Index, which is a general Anger Expression Index.

The concepts of anger expression and anger control are defined as having four major components: (1) the first component, the external expression of anger (Anger Expression-Out), discussed the expression of anger towards other people or towards objects in the person’s environment, (2) the second component, the internal expression of anger (Anger Expression-In), consists of anger directed towards one’s own self, for example as retention or suppression of angry feelings or as feelings of victimization, (3) the third component, the external control of anger (Anger Control-Out), focuses on anger control through the prevention of anger expression towards other people or towards objects in the person’s environment and, finally, (4) the fourth component, the internal control of anger (Anger Control-In), refers to anger control through suppression, through the inducement of calm and relaxation at the moment of apparition of angry feelings.

Several of the STAXI-2 scales have been linked to health problems, particularly coronary heart disease (CHD), including hypertension, blood pressure problems, and cardiovascular reactivity. From the four anger expression and anger control scales, the scales AX-I, AX-O and AC-O have been especially well empirically documented in this regard.

AX-I is the single best predictor of blood pressure among the STAXI-2 scales and tends to be most closely associated with hypertension. There are suggestions of relationships to other CHD variables as well. High scores on AX-O are closely related to hypertension, but especially when combined with high scores on Trait Anger (T-Ang) they are associated with myocardic infarct. Anger Control-Out has been shown to be positively correlated with systolic blood pressure (SBP) and distinguishes male CHD patients from controls.
The 'AX-O' scale
(Anger Expression-Out)

GENERAL DESCRIPTION OF THE SCALE

The Anger Expression-Out scale (AX-O) measures how often angry feelings are expressed in verbally or physically aggressive behavior; the scale basically evaluates the degree to which a anger as an emotional experience is expressed in an outwardly oriented and badly controlled manner.

BEHAVIORAL DESCRIPTION

Low scores

Low scorers at this scale do not have a strong tendency to express their angry feelings. Their aggression is, because of this, less manifest and they are usually perceived as being controlled. The scores of this scale do not have implications for the feeling of anger, but only for it external and uncontrolled expression, such that low scores could also mean an internalization of angry feelings or a creative usage of the energetic potential developed by these emotions.

High scores

High scorers on the AX-O scale easily express anger towards their external environment and most of the time they lack control regarding the manifestation of anger. This lack of control could mean that they exhibit actions that are aggressive or hostile from a physical (i.e. physical attack upon other persons, obscene gestures, destruction of certain objects) or verbal (i.e. insults, cursing, raised voice) point of view. Other persons or objects could become the target of these hostile or aggressive behaviors when they are perceived as being related in any way to the source of the frustrating stimulus, or even if they only are on the proximity of the angry person when the expression of anger occurs.

SUGGESTIONS FOR PERSONAL IMPROVEMENT

Low scores

Very low scores on this scale could signal a underreactive behavior towards others, it could also describe persons who suppress, repress or deny their angry feelings because they are uncomfortable. This could of course be a signal for an insufficient emotional adaptation and these persons might be referred for therapy to help them get in touch with their feelings and to improve emotional adaptation. Very low scores could also signal possible distortions of answers to the items of the questionnaire.

High scores

High scores on this scale signal possible problems from a behavioral and interpersonal relations point of view. If extremely high, they should be addressed in a therapeutic relation. The external expression of anger may be controlled in such a way that angry feelings get to be expressed in creative manners. Anger management counseling usually targets persons in this category. Psychological interventions and personal development should be targeted not at the repression or suppression of anger, but at the acceptance of those feelings and at the development of skills for the desirable expression of anger.
The 'AX-I' scale
(Anger Expression-In)

GENERAL DESCRIPTION OF THE SCALE
The Anger Expression-In scale (AX-I) measures how often angry feelings are experienced but not expressed (suppressed).

BEHAVIORAL DESCRIPTION

Low scores
Low scorers on the AX-I scale usually express their anger externally and do not try to suppress it, to internalize or to target it against the own person.

High scores
High scorers on this scale have the habit of refraining from the free external expression of angry feelings; they inhibit behaviors associated with angers. In some situations, when the free manifestation of anger is unpleasant and generates psychological discomfort, angry feelings are suppressed and replaced by guilt, thus they tend to generate anxiety and depression. High scorers on this scale have thus the tendency of blaming themselves for all the problems associated with the situation that was the basis for their own angry feelings.

SUGGESTIONS FOR PERSONAL IMPROVEMENT

Low scores
Low scores on this scale are considered in general to be positive, because persons characterized by a low intensity of this scale usually express their anger freely and subsequently may resolve their tensions consciously, in the optimal way.

High scores
It is ideal for persons with high AX-I scores to concentrate upon the expression and not the suppression of anger. Free and open expression of anger makes it possible to address it consciously, thus resolving the emotional conflicts and internal problems associated with the respective angry reaction. The AX-I scale, as a measure of the internalization of angry feelings, is the single best predictor of blood pressure among the STAXI-2 scales and tends to be most closely associated with hypertension. This is why behavioral patterns associated with a high score on this scale have a potential for major negative impact upon one’s health.
The 'AC-O' scale
(Anger Control-Out)

**GENERAL DESCRIPTION OF THE SCALE**

The Anger Control-Out scale (AC-O) measures how often a person controls the outward expression of angry feelings; thus it evaluates the degree to which internal energies are used to monitor and control expressions of anger and rage, both verbal and physical.

**BEHAVIORAL DESCRIPTION**

**Low scores**

Low scorers on this scale have the tendency to control in an extreme manner all their angry expressions. Moderately low scores are in principle desirable, but very low scores, especially when associated with an angry temperament (high scores on the T-Ang/T subscale) and with the tendency of external expression of anger (high scores at the AX-O scale), predict an unpleasant volatile potential, which would request for a specialized counseling intervention.

**High scores**

Persons with high AC-O scores tend to expend a lot of energy to monitor and control their physical or verbal expressions of anger, they tend to work very hard psychologically in monitoring themselves to prevent any explosive manifestations of their anger. People who score in this range may not be in touch with their emotions, and may have trouble with awareness of other feelings. This behavioral pattern does not exclude feelings of anger, but states only overcontrol of its expression and the associated problems reside in the fact that these persons are not able to understand the need to address a resolve the situation that has generated their anger in the first place.

**SUGGESTIONS FOR PERSONAL IMPROVEMENT**

**Low scores**

Persons with low and very low scores on this scale have insufficient clear control instances. Of course, the overcontrol pattern stated by the very high scores on this scale is not desirable at all, but recognition and conscious control of angry tendencies is desirable and may dramatically increase the quality of interpersonal relations of the evaluated person. The personal development of individuals with low scores on this scale should be targeted towards the recognition of the fact that anger is a behavioral option which, with patience and insistence, may be warded off.

**High scores**

Persons with high scores on this scale report in questionnaires and interviews that they almost always control their outward expressions of anger. This situation is associated with overcontrol and with the fact that these persons do not feel comfortable with their own emotions which, by their simple presence, generate cognitive discomfort. Psychological interventions in this area are coupled with the generation of cognitive mechanisms for the conscious recognition of one’s own emotions and for addressing them consciously.
The 'AC-I' scale
(Anger Control-In)

GENERAL DESCRIPTION OF THE SCALE

The Anger Control-In scale (AC-I) measures how often a person attempts to control angry feelings by calming down or cooling off, how often a person attempts to relax and to reduce angry feelings before they escape control.

BEHAVIORAL DESCRIPTION

Persons with low scores at this scale do not have conscious access to anger management techniques. The management of angry feelings and tendencies is thus made by them unconsciously and intuitively. The efficiency of such a management is most of the time low, especially for very low scorers we may not even encounter the intention of managing anger.

When confronted with angry feelings, high scorers on this scale try to solve them most of the time by consciously or intuitively accessing relaxation methods: deep breathing, thinking on pleasant things, etc. When angry or furious these persons often try to keep calm, relaxed, and cool and to be patient, tolerant, and understanding of others. Most of the times, very high scores on this scale are associated with the conscious usage of anger management techniques; when this is the case efficiency of control upon toxic expressions of anger increases considerably.

SUGGESTIONS FOR PERSONAL IMPROVEMENT

Low scores raise problems, as they demonstrate either the lack of intention to control anger expression or the lack of efficient mechanisms of doing so. Very low scores, when associated also with high scores on the T-Ang scale and with high scores on the AX-O scale, point to possible problems of frequent, uncontrolled and potentially explosive anger expression and request specialized psychological intervention, targeted towards the conscious recognition of angry feelings and the development of psychological mechanisms and instruments for effectively dealing with those feelings.

High scores are in principle desirable. Because the AC-I scale is new to the STAXI-2, its interpretation relies more on a rational analysis of the significance of its items and is thus somehow limited.
The 'AX Index' scale
(Anger Expression Index)

**GENERAL DESCRIPTION OF THE SCALE**

The Anger Expression Index scale (AX-Index) provides a general index of anger expression based on responses to the AX-I, AX-O, AC-I and AC-O items. If any one of these four scales is invalid, the AX-Index is impossible to compute.

**BEHAVIORAL DESCRIPTION**

- **Low scores**
  Low scorers on the AX-Index have only a weak tendency to openly express anger. They are either very controlled individuals, or even, at very low scores, overcontrolled, or they could be operating intuitively or consciously with techniques for the control of psychological feelings associated with anger.

- **High scores**
  High scorers on the AX-Index have the clear tendency of easily expressing the anger they feel at certain moments. They express these feelings either in their exterior environment towards other persons or objects or internally, towards their own self. They rather lack control of anger expression and also they rather lack coping mechanisms related to the situations that have generated anger in the first place.

**SUGGESTIONS FOR PERSONAL IMPROVEMENT**

- **Low scores**
  Low scores in this scale are in principle desirable and do not suggest visible problems. Very low scores should be considered correlated with the structure of the four scales which compose the AX-Index.

- **High scores**
  High scores on this scale are a global indicator and should be considered only in corroboration with the specific scores of the four scales regarding anger expression and control. Very high scores are in any situation reason for concern and call for specialized psychological intervention, but the specific target for this counseling intervention should be reasoned out only as a function of the specific structure of the AX-I, AX-O, AC-I and AC-O scales.
ANSWERS TO THE ITEMS

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(2): '2'
(3): '3'
(4): '4'
(5): '1'
(6): '2'
(7): '3'
(8): '4'
(9): '1'
(10): '2'
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(12): '2'
(13): '3'
(14): '4'
(15): '1'
(16): '2'
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(19): '1'
(20): '2'
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(50): '2'
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(52): '2'
(53): '3'
(54): '4'
(55): '1'
(56): '2'
(57): '3'
(58): '3'

GENERAL STATISTICS (MODUS OPERANDI)

- # of '4' answers: 11 din 57 (19.30%)
- # of '3' answers: 12 din 57 (21.05%)
- # of '2' answers: 17 din 57 (29.82%)
- # of '1' answers: 17 din 57 (29.82%)
- # missing answers: 0 din 57 (0.00%)

RAW SCORES

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<th>S-Ang/V</th>
<th>S-Ang/P</th>
<th>T-Ang</th>
<th>T-Ang/F</th>
<th>T-Ang/R</th>
<th>AX-O</th>
<th>AX-I</th>
<th>AC-O</th>
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<tr>
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