Donaldson Meditation Treatment Study

Demographics

- All male, N = 35
- 54% single, 29% married
- Age range: 22-53, mean age = 38
- Education range: 9-16 years, mean = 12.8 years

State-Trait Anger Expression Inventory (STAXI-2)

Subscales examined:

- State Anger (S-Ang): intensity of angry feelings & extent to which a person feels like expressing anger at a given time
- Trait Anger (T-Ang): how often angry feelings are experienced over time
- Anger Expression – Out (AX-O): how often angry feelings are expressed in verbally or physically aggressive behavior
- Anger Expression – In (AX-I): how often angry feelings are experienced but not expressed (instead they are suppressed)
- Anger Control – Out (AC-O): how often a person controls the outward expression of angry feelings
- Anger Control – In (AC-I): how often a person attempts to control angry feelings by calming down or cooling off
- Anger Expression Index (AX Index): a general index of anger expression based on the previous 4 subscales (AX-O, AX-I, AC-O, & AC-I)

Results:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-Tx Mean</th>
<th>Post-Tx Mean</th>
<th>Change (difference)</th>
<th>Significance ((p =))</th>
</tr>
</thead>
<tbody>
<tr>
<td>State (S-Ang)</td>
<td>18.2</td>
<td>15.9</td>
<td>-2.3*</td>
<td>.15</td>
</tr>
<tr>
<td>Trait (T-Ang)</td>
<td>16.9</td>
<td>15.1</td>
<td>-1.8*</td>
<td>.02</td>
</tr>
<tr>
<td>Anger Expr – Out (AX-O)</td>
<td>13.7</td>
<td>13.5</td>
<td>-0.2</td>
<td>.79</td>
</tr>
<tr>
<td>Anger Expr – In (AX-I)</td>
<td>17.3</td>
<td>16.3</td>
<td>-1.0*</td>
<td>.08</td>
</tr>
<tr>
<td>Anger Cont – Out (AC-O)</td>
<td>26</td>
<td>34.1</td>
<td>+8.1*</td>
<td>.33</td>
</tr>
<tr>
<td>Anger Cont – In (AC-I)</td>
<td>25.6</td>
<td>26.1</td>
<td>+0.5</td>
<td>.54</td>
</tr>
<tr>
<td>Anger Expression Index</td>
<td>26.3</td>
<td>25.5</td>
<td>-0.8</td>
<td>.72</td>
</tr>
</tbody>
</table>

Note: *suggests changes of potential value
Initial interpretation of Results:

- As a group, after treatment subjects reported that they:
  - experienced less acute (state) and long-term (trait) anger
  - more frequently suppressed (internalized) feelings of anger and were better able to control the outward expression of angry feelings
- Treatment results were significant for changes in trait anger \( (p = .02) \) and suppression of angry feelings (AX-I) \( (p = .08) \). All changes were in the desired direction.

Paulhus Deception Scale (PDS)

Subscales examined:

- Self-Deceptive Enhancement (SDE): a measure of the tendency to give honest but positively biased self-reports
- Impression Management (IM): a measure of the tendency to deliberately present oneself in a favorable way
- PDS Total

Results:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-Tx Mean</th>
<th>Post-Tx Mean</th>
<th>Change (Difference)</th>
<th>Significance ( (p =) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Decept Enhancement (SDE)</td>
<td>4.6</td>
<td>6.0</td>
<td>+1.4</td>
<td>.20</td>
</tr>
<tr>
<td>Impression Mgmt (IM)</td>
<td>5.7</td>
<td>6.4</td>
<td>+0.7</td>
<td>.05</td>
</tr>
<tr>
<td>PDS Total</td>
<td>10.2</td>
<td>12.4</td>
<td>+2.2</td>
<td>.04</td>
</tr>
</tbody>
</table>

Initial interpretation of Results:

For each subscale and the total, participants as a group engaged in more “deception” after the treatment. However, their scores were generally not in the high deception range, so no clinical meaning should be inferred.

Considerations concerning this scale:

- Some researchers consider Impression Management to be a fairly consistent, rarely altered trait. Although perhaps somewhat more changeable than IM, Self-Deceptive Enhancement may also be such a trait.

- Research on the PDS reports means for college males at approximately 7.5 on SDE and 7.8 on IM. As compared to a non-incarcerated population, incarcerated persons, one may intuitively expect, should display even higher levels of SDE and IM. However, it is important to note that these results do not support this assumption.
Changes in these already fairly low levels of deception may lead us to consider the possibility that the increase in each of the scales from pre- to post-treatment could be an artifact of regression to the overall population mean.