

10 compassion abstracts **november/january '12/'13**

Currently the Compassion SIG covers four overlapping areas - Self Compassion, General Compassion, Compassion in Close Relationships and Compassion in the Therapeutic Relationship. Here are ten recent relevant research abstracts:

(Aknin, Hamlin et al. 2012; Brooks 2012; Christensen and Knardahl 2012; Durante, Fiske et al. 2012; Lang, Strauss et al. 2012; McFarland, Webb et al. 2012; McLaughlin, Greif Green et al. 2012; Morrison, Epstude et al. 2012; Perkins, Leonard et al. 2012; Stallen, De Dreu et al. 2012)

Aknin, L. B., J. K. Hamlin, et al. (2012). **"Giving leads to happiness in young children."** *PLoS ONE* 7(6): e39211. <http://dx.doi.org/10.1371/journal.pone.0039211>

(Free full text accessible): Evolutionary models of cooperation require proximate mechanisms that sustain prosociality despite inherent costs to individuals. The "warm glow" that often follows prosocial acts could provide one such mechanism; if so, these emotional benefits may be observable very early in development. Consistent with this hypothesis, the present study finds that before the age of two, toddlers exhibit greater happiness when giving treats to others than receiving treats themselves. Further, children are happier after engaging in costly giving – forfeiting their own resources – than when giving the same treat at no cost. By documenting the emotionally rewarding properties of costly prosocial behavior among toddlers, this research provides initial support for the claim that experiencing positive emotions when giving to others is a proximate mechanism for human cooperation.

Brooks, D. (2012). ***The heart grows smarter.*** *New York Times*. New York. http://www.nytimes.com/2012/11/06/opinion/brooks-the-heart-grows-smarter.html?_r=0

This intriguing newspaper article argues that many men are becoming more emotionally intelligent with potentially far-reaching effects. The author even adds "The big finding is that you can teach an old dog new tricks. The men (in the Grant Study) kept changing all the way through, even in their 80s and 90s." Encouraging!

Christensen, J. O. and S. Knardahl (2012). **"Work and back pain: A prospective study of psychological, social and mechanical predictors of back pain severity."** *Eur J Pain* 16(6): 921-933. <http://www.ncbi.nlm.nih.gov/pubmed/22337583>

Studies relating occupational psychological and social factors to back pain have traditionally investigated a small number of exposure factors. The current study explored longitudinally a comprehensive set of specific psychological/social and mechanical work factors as predictors of back pain severity (defined as the product of back pain intensity and duration). Employees from 28 organizations in Norway, representing a wide variety of occupations, were surveyed with a follow-up period of 2 years. Several designs were tested: (1) cross-sectional analyses at baseline and follow-up; (2) prospective analyses with baseline exposure; (3) prospective analyses with average exposure over time [(T1+T2)/2]; and (4) prospective analyses with measures of change in exposure from T1 to T2. A total of 2808 employees responded at both time points. Fourteen psychological/social and two mechanical exposures were measured. Odds ratios (ORs) were computed by ordinal logistic regressions. Several psychological/social factors predicted back pain severity. After adjustment for age, sex, skill level, back pain severity at T1 and other exposure factors estimated to be potential confounders, the most consistent predictors of back pain were the protective factors decision control [lowest OR 0.68; 99% confidence interval (CI): 0.49-0.95], empowering leadership (lowest OR 0.59; 99% CI: 0.38-0.91) and fair leadership (lowest OR 0.54; 99% CI: 0.34-0.87). Some of the most important predictors included in this study were factors that have previously received little attention in back pain research. This emphasizes the importance of extending the list of factors possibly contributing to back pain.

Durante, F., S. T. Fiske, et al. (2012). **"Nations' income inequality predicts ambivalence in stereotype content: How societies mind the gap."** *British Journal of Social Psychology* (forthcoming). <http://onlinelibrary.wiley.com/doi/10.1111/bjso.12005/abstract>

Income inequality undermines societies: The more inequality, the more health problems, social tensions, and the lower social mobility, trust, life expectancy. Given people's tendency to legitimate existing social arrangements, the stereotype content model (SCM) argues that ambivalence—perceiving many groups as either warm or competent, but not both — may help maintain socio-economic disparities. The association between stereotype ambivalence and income inequality in 37 cross-national samples from Europe, the Americas, Oceania, Asia, and Africa investigates how groups' overall warmth-competence, status-competence, and competition-warmth correlations vary across societies, and whether these variations associate with income inequality (Gini index). More unequal societies report more ambivalent stereotypes, whereas more equal ones dislike competitive groups and do not necessarily respect them as competent. Unequal societies may need ambivalence for system stability: Income inequality compensates groups with partially positive social images. (Full text freely downloadable from Amy Cuddy's Harvard Business School webpage - <http://www.hbs.edu/faculty/Pages/profile.aspx?facId=491042&facInfo=pub>).

Lang, A. J., J. L. Strauss, et al. (2012). **"The theoretical and empirical basis for meditation as an intervention for ptsd."** *Behav Modif* 36(6): 759-786. <http://bmo.sagepub.com/content/36/6/759.abstract>

In spite of the existence of good empirically supported treatments for posttraumatic stress disorder (PTSD), consumers and providers continue to ask for more options for managing this common and often chronic condition. Meditation-based approaches are being widely implemented, but there is minimal research rigorously assessing their effectiveness. This article reviews meditation as an intervention for PTSD, considering three major types of meditative practices: mindfulness, mantra, and compassion meditation. The mechanisms by which these approaches may effectively reduce PTSD symptoms and improve quality of life are presented. Empirical evidence of the efficacy of meditation for PTSD is very limited but holds some promise. Additional evaluation of meditation-based treatment appears to be warranted.

McFarland, S., M. Webb, et al. (2012). **"All humanity is my ingroup: A measure and studies of identification with all humanity."** *J Pers Soc Psychol* 103(5): 830-853. <http://www.ncbi.nlm.nih.gov/pubmed/22708625>

To psychologists Adler (1927/1954) and Maslow (1954), fully mature individuals care deeply for all humanity, not just for their own ingroups. This paper reports a series of studies with a new measure of that caring, the Identification With All Humanity Scale (IWAH). These studies together show that identification with all humanity is more than an absence of ethnocentrism and its correlates and more than the presence of dispositional empathy, moral reasoning, moral identity, and the

value of universalism. Across these studies, the IWAH predicted concern for global human rights and humanitarian needs (Studies 1 and 2), was temporally stable (Study 3), and correlated with how close others see one as being (Study 4). The IWAH strongly distinguished members of 2 known groups from a general adult sample (Study 5). It predicted valuing the lives of ingroup and outgroup members equally (Study 7), knowledge of global humanitarian concerns (Study 8) and choosing to learn about these concerns (Study 9), and a willingness to contribute to international humanitarian relief (Study 10). In regression analyses, it predicted these results beyond related constructs. Although psychologists have focused extensively upon negative qualities such as ethnocentrism and its roots, we suggest that the positive quality of identification with all humanity also merits extensive study.

McLaughlin, K. A., J. Greif Green, et al. (2012). "**Childhood adversities and first onset of psychiatric disorders in a national sample of us adolescents.**" *Archives of General Psychiatry* 69(11): 1151-1160. <http://dx.doi.org/10.1001/archgenpsychiatry.2011.2277>

Context Although childhood adversities (CAs) are known to be highly co-occurring, most research examines their associations with psychiatric disorders one at a time. However, recent evidence from adult studies suggests that the associations of multiple CAs with psychiatric disorders are nonadditive, arguing for the importance of multivariate analysis of multiple CAs. To our knowledge, no attempt has been made to perform a similar kind of analysis among children or adolescents. **Objective** To examine the multivariate associations of 12 CAs with first onset of psychiatric disorders in a national sample of US adolescents. **Design** A US national survey of adolescents (age range, 13-17 years) assessing DSM-IV anxiety, mood, behavior, and substance use disorders and CAs. The CAs include parental loss (death, divorce, and other separations), maltreatment (neglect and physical, sexual, and emotional abuse), and parental maladjustment (violence, criminality, substance abuse, and psychopathology), as well as economic adversity. **Setting** Dual-frame household-school samples. **Participants** In total, 6483 adolescent-parent pairs. **Main Outcome Measures** Lifetime DSM-IV disorders assessed using the World Health Organization Composite International Diagnostic Interview. **Results** Overall, exposure to at least 1 CA was reported by 58.3% of adolescents, among whom 59.7% reported multiple CAs. The CAs reflecting maladaptive family functioning were more strongly associated than other CAs with the onset of psychiatric disorders. The best-fitting model included terms for the type and number of CAs and distinguished between maladaptive family functioning and other CAs. The CAs predicted behavior disorders most strongly and fear disorders least strongly. The joint associations of multiple CAs were subadditive. The population-attributable risk proportions across DSM-IV disorder classes ranged from 15.7% for fear disorders to 40.7% for behavior disorders. The CAs were associated with 28.2% of all onsets of psychiatric disorders. **Conclusions** Childhood adversities are common, highly co-occurring, and strongly associated with the onset of psychiatric disorders among US adolescents. The subadditive multivariate associations of CAs with the onset of psychiatric disorders have implications for targeting interventions to reduce exposure to CAs and to mitigate the harmful effects of CAs to improve population mental health.

Morrison, M., K. Epstude, et al. (2012). "**Life regrets and the need to belong.**" *Social psychological and personality science* 3(6): 675-681. <http://spp.sagepub.com/content/3/6/675.abstract>

The present research documents a link between regret and the need to belong. Across five studies, using diverse methods and samples, the authors established that regrets involving primarily social relationships (e.g., romance and family) are felt more intensely than less socially based regrets (e.g., work and education). The authors ruled out alternative explanations for this pattern and found that it is best explained by the extent to which regrets are judged to constitute threats to belonging. Threats to belonging at the regret level and the need to belong at the individual level were strong predictors of regret intensity across multiple regret domains. These findings highlight the central role social connectedness plays in what people regret most.

Perkins, A. M., A. M. Leonard, et al. (2012). "**A dose of ruthlessness: Interpersonal moral judgment is hardened by the anti-anxiety drug lorazepam.**" *J Exp Psychol Gen.* <http://www.ncbi.nlm.nih.gov/pubmed/23025561>

Neuroimaging data suggest that emotional brain systems are more strongly engaged by moral dilemmas in which innocent people are directly harmed than by dilemmas in which harm is remotely inflicted. In order to test the possibility that this emotional engagement involves anxiety, we investigated the effects of 1 mg and 2 mg of the anti-anxiety drug lorazepam on the response choices of 40 healthy volunteers (20 male) in moral-personal, moral-impersonal, and nonmoral dilemmas. We found that lorazepam caused a dose-dependent increase in participants' willingness to endorse responses that directly harm other humans in moral-personal dilemmas but did not significantly affect response choices in moral-impersonal dilemmas or nonmoral dilemmas. Within the set of moral-personal dilemmas that we administered, lorazepam increased the willingness to harm others in dilemmas where harm was inflicted for selfish reasons (dubbed low-conflict dilemmas) as well as responses to dilemmas where others were harmed for utilitarian reasons (i.e., for the greater good, dubbed high-conflict dilemmas). This suggests that anxiety exerts a general inhibitory effect on harmful acts toward other humans regardless of whether the motivation for those harmful acts is selfish or utilitarian. Lorazepam is also a sedative drug, but we found that lorazepam slowed decision times equally in all 3 dilemma types. This finding implies that its specific capacity to increase ruthlessness in moral-personal dilemmas was not a confound caused by sedation.

Stallen, M., C. K. W. De Dreu, et al. (2012). "**The herding hormone: Oxytocin stimulates in-group conformity.**" *Psychological Science* 23(11): 1288-1292. <http://pss.sagepub.com/content/23/11/1288.abstract>

People often conform to others with whom they associate. Surprisingly, however, little is known about the possible hormonal mechanisms that may underlie in-group conformity. Here, we examined whether conformity toward one's in-group is altered by oxytocin, a neuropeptide often implicated in social behavior. After administration of either oxytocin or a placebo, participants were asked to provide attractiveness ratings of unfamiliar visual stimuli. While viewing each stimulus, participants were shown ratings of that stimulus provided by both in-group and out-group members. Results demonstrated that on trials in which the ratings of the in-group and out-group were incongruent, the ratings of participants given oxytocin conformed to the ratings of their in-group but not of their out-group. Participants given a placebo did not show this in-group bias. These findings indicate that administration of oxytocin can influence subjective preferences, and they support the view that oxytocin's effects on social behavior are context dependent.