Introduction

After two decades of studying altruism, empathy and the empathy-based types of guilt associated with pathogenic cognitions or imaginary crimes, pathological altruism, and multiple psychological problems, we became interested in the experience of Tibetan Buddhists who had been described as exhibiting protective factors in terms of reactions to stress. We observed that—differing from many who escape politically repressive countries—Tibetan Buddhists were less vulnerable to PTSD and depression when migrating to India, despite the severe trauma of leaving Tibet. Further, sophisticated MRI studies were suggesting that experienced Tibetan meditators showed signs associated with enhanced emotion regulation and general well-being.

In our first study, we compared 98 Tibetan Buddhist practitioners to a non-Buddhist, non-practicing sample. We found the Tibetan Buddhists demonstrated significantly lower levels of pathogenic guilt (“omnipotent responsibility guilt”), lower levels of pathogenic empathy (empathy-distress), depression, and perhaps most important, significantly higher levels of altruism using Likert-like scales. Within the group of Tibetan Buddhists, we found significant correlations between these variables and intensity of practice.

The present study was designed to compare various contemplative practices to one another, and to normal (non-practicing) sample. Groups included: Tibetan, Theravada, Christian, Mindfulness (secular), and Yoga. We are trying to determine if our previous findings were unique to Tibetan Buddhists by other groups engaged in contemplative practice. Do practitioners of popular and basically secular “mindfulness-based” programs feel the same kind of emotion regulation, in terms of controlling or inhibiting empathy-based pathogenic guilt we had found in the “Tibetan Buddhist sample”? Is any particular system of beliefs important in terms of the kind of well-being commonly found in Tibetan Buddhists? That our prior study supported? Is contemplative practice embedded in a religion more likely to have a positive effect? And do non-secular (non-religious) contemplative practices? The present study, while not providing complete answers, begins to shed light on these questions.

Methods

To compare various contemplative practices we conducted an anonymous online survey that included 1484 practitioners compared to 450 non-practitioners. The study was announced on Rick Hanson’s blog (www.rickhanson.net), and on a variety of Tibetan Buddhist lists connected to the Foundation for the Preservation of the Mahayana Tradition (FPMT) in the United States.

Instruments

Interpersonal Reactivity Index (IRI; Davis, 1980) is a 28-item self-report instrument, with responses on a Likert scale ranging from 1 to 4, and total score ranging from 4 to 36. The total score for depression is equal to 10 minus the total, which indicates at least a mild degree of depression. The total score for depression can be as low as 10, but the majority of meditators make a mild depression score even below 16.

Brief Big Five Inventory (BFI; John, 1990) is a 44-item self-report inventory for assessing five personality traits: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism.

Sample Characteristics

The Compassion Altruism Scale, with subscales for Altruism to Family, Friends, and Strangers. This scale was developed by the authors for this study. It is the degree of distress a person is likely to feel, upon witnessing a distressing event.

Comparison of Contemplative Practitioners versus General Population

We first compared the full sample of compassionate practitioners to the general population sample on traits related to empathy and guilt, depression (CESD), and the Big Five personality factors. Table 1 presents independent samples t-tests for these comparisons.

Results

Compassion Altruism, Guilt, Depression and Contemplative Practices

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