Methods
We conducted an anonymous online survey that included 2490 practitioners and 450 non-practitioners. The study was announced on a variety of listservs.

**Introduction**
For the past five decades, there has been a growing interest in the effects of meditation. In the early 70s, Herbert Benson, father of the acronym relaxation, started using a technique called "contemplative science," as multiple teams have led to an explosion of interest in contemplative traditions and their beneficial effects, including on chronic diseases such as anxiety, depression, substance abuse, chronic pain, immune function, blood pressure, cortisol levels, and telomere activity.

Contemplative practices have traditionally been rooted in religious traditions, in the past several decades, Mahayana or Vajrayana Buddhism has been a key form of modern meditation practice in order to make them more attractive to Western populations. Most popular today are those referred to as "mindfulness." While many traditions share similar goals, such as to develop concentration, deepen understanding and insight, and to cultivate awareness of the interconnectedness of all life and compassion towards self and others, they also exhibit differences, particularly in whether goals are set or not set at all. The need to better understand factors influencing positive outcomes of meditation practice led in our laboratory to the study of contemplative practitioners.

After two decades of studying altruism, empathy, and the empathy-based types of guilt associated with pathogenic or egocentric imaginary crimes, psychological altruism, and multiple psychological problems, we were greatly interested in the experience of Tibetan Buddhists who, suffering from many who escape politically repressive conditions, we found to be less vulnerable to PTSD and depression when regaining to India, despite the severe traumas they had experienced in Tibet. Sophisticated fMRI studies suggested that experienced Tibetans showed signs of enhanced emotion regulation and general well-being. In our first study of 98 Tibetan Buddhist practitioners, they demonstrated significantly lower levels of pathogenic guilt, empathic pathology, depression, and neuroticism, and significantly higher levels of altruism towards strangers. These positive outcomes were predicted by intensity of practice.

The present study was designed to compare secular and religious contemplative practitioners to a normal (non-practicing) sample. Groups included Tibetan and Theravada practitioners (both mindfulness (secular) and Yoga practitioners). We asked: Do practitioners of popular secular "mindfulness" meditation show similar positive outcomes as religious practitioners? Do different religions have different outcomes? Do contemplative practice differences in a religion more likely have a positive impact when compared to secular (non-religious) contemplative practice? The present study begins to shed light on these questions.

**Sample Characteristics**
The Contemplative Practitioner sample (N=2490) was 84.9% female; mean age 52.5 years, range 18-87; predominantly European Americans (51%), Tibetans (19%), Indians (14%), Japanese (6%), and Spaniards (5%). All samples were European-American (78.8%); other ethnicities included Asian/Indian/Pacific Islanders (2.2%), Latin-American (12.2%), and small samples of other and mixed identities. Current religious identities included from 2 to 12, including (in order from 0 to 1) Buddhism (Mahayana and Theravada) (23.2%), Christian (13.5%), Jewish (9.3%), Hindu (8.8%), and other (35.4%). Sample size was highly educated, with 14.2% with a doctoral degree, 35.9% with a masters’ degree, 12.2% with a bachelors degree, and 39.2% with some college education.

The general population sample (N=450) was 85.4% female; mean age 30.4 years, range 18-70; comprised of people from a variety of religious and psychological outcomes the contemplative group. Most of the sample were European-American (94%), Religious identities were 53.8% Christian, 8.4% Jewish, 2.7% Buddhist, 1.3% Muslim, 17.1% none, and 16% other or non-response. The sample was well educated, with 3% having a doctoral degree, 13.8% a masters degree, 33.1% a bachelors degree, and 39.3% with some college education.

**Results**
Contemplative Practitioners versus General Population
We first compared the full sample of contemplative practitioners to the general population sample on traits related to empathy, guilt, depression, altruism, and the Big Five personality factors. Table 1 shows independent samples t-tests for these comparisons. There were significant group differences in all variables compared to the ideologically motivated factor of extraversion and altruism to family. The contemplatives were significantly higher in empathic concern, perspective-taking, empathy-based altruism (guilt over being better off then others), altruism towards strangers, empathy, compassion, empathic concern, empathy, and the general factor of personality. The contemplatives were significantly lower in depression, empathic distress, and the general factor of personality (see Figure 1). These results suggest better psychosocial functioning and positive well-being for the contemplative practitioner group compared to a non-practicing community sample.

Practice Characteristics within Contemplative Practitioner Sample
In the second comparison, we examined the relationships between meditation practice variables and psychological outcomes (depression, guilt, empathy, altruism, and personality factors). The practice variables were: (1) Practice intensity (product of frequency of meditation and duration of practice); (2) How long meditating from "Do not meditate" to "Over five years"; and (3) Strength of Practice (product of intensity and duration of practice). The correlations are shown in Table 2. In general, more intense meditation practice, and meditation over a longer period of time, was associated with higher altruism (especially towards strangers), better psychological functioning, and the general factor of personality. We also looked at the relationship between the most important goal of the meditation practice selected by respondents in a forced choice question, and psychological well-being. For our analyses, we classified the most important goal of meditation as either "self-focused" (relieve, "improve my health, "make me more positive in general," "get out of sadness or cyclic existence," or "improve weight/shape") or "other-focused" ("benevolence towards others,"). Independent samples t-tests were used to compare practitioners with these two groups on psychological outcomes (see Table 3).

The results that participate whose goals of meditation were other-focused were significantly lower in empathic altruism towards strangers, perspective taking (the cognitive aspect to empathy). The 20% of the sample that had stated "mindfulness" was highly educated, with 14.2% with a doctoral degree, 35.9% with a masters’ degree, 12.2% with a bachelors degree, and 39.2% with some college education.

**Comparison of Religious and Secular based Practice Groups on Psychological Outcomes**
We also compared the religious and secular practitioners on the primary goal of meditation (self-focused versus other-focused). A significantly higher percentage of the religious-based practitioners (39.9%) endorsed other-focused goals compared to the secular practitioners (14.6%). We also compared the religious and secular practitioners on the primary goal of meditation (self-focused versus other-focused). A significantly higher percentage of the religious-based practitioners (39.9%) endorsed other-focused goals compared to the secular practitioners (14.6%).