



## A focused attention intervention for coping with ostracism



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### ARTICLE INFO

#### Article history:

Received 19 April 2013

Available online 8 September 2013

#### Keywords:

Focused attention

Ostracism

Recovery

### ABSTRACT

Ostracism—being excluded and ignored—thwarts satisfaction of four fundamental needs: belonging, self-esteem, control, and meaningful existence. The current study investigated whether training participants to focus their attention on the here-and-now (i.e., *focused attention*) reduces distress from an ostracism experience. Participants were first trained in either focused or unfocused attention, and then played Cyberball, an online ball-tossing game for which half the participants were included or ostracized. Participants reported their levels of need satisfaction during the game, and after a short delay. Whereas both training groups experienced the same degree of need-threat in the immediate measure, participants who were trained in focused attention showed more recovery for the delayed measure. We reason that focused attention would not reduce the distress during the ostracism experience, but it aided in recovery by preventing participants from reliving the ostracism experience after it concludes.

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### 1. Introduction

Ostracism—being ignored and excluded—causes pain and distress (Williams, 2009). Studies using the Cyberball ball-tossing game, which manipulates ostracism versus inclusion (Williams, Cheung, & Choi, 2000) consistently demonstrate that ostracism results in lower self-reported levels of belonging, self-esteem, control, meaningful existence, and occasionally worsened mood. Notably, research has shown that the immediate experience of ostracism is threatening even under illogical circumstances: by a computer (Zadro, Williams, & Richardson, 2004), by despised outgroup members (Gonsalkorale & Williams, 2007), and when financially benefited (van Beest & Williams, 2006). This speaks to the strength and robustness of the distress caused by ostracism, and to the argument that the immediate response resembles a reflexive, pre-cognitive reaction (Williams, 2009).

Studies have also shown that recovery from Cyberball-induced ostracism can occur relatively quickly (from 4 to 45 min), but varies as a function of individual differences and situational factors. For instance, those higher in social anxiety take longer to recover (Zadro, Boland, & Richardson, 2006), and it takes longer to recover from ostracism attributed to permanent, compared to temporary stigma (Wirth & Williams, 2009).

Since Eisenberger, Lieberman, and Williams's (2003) research showing activation of the dorsal anterior cingulate during ostracism, it is acknowledged that ostracism is akin to physical pain. To date, methods to buffer the initial (reflexive) experience of ostracism have largely been unsuccessful (Williams, 2009), with the exception of taking large and continuous doses of acetaminophen (DeWall et al., 2010), and stimulating the right ventrolateral prefrontal cortex (RVPF) (Riva, Romero Lauro,

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DeWall, & Bushman, 2012). The RVPF cortex is the region of the brain that deals with coping with pain and unexpected occurrences: the greater the activation of the RVPF, the better the coping. However, prudence suggests that habitual use of acetaminophen should be discouraged in the absence of strong medical indications as reported by Barret (1996). In the same vein, the brain stimulator used by Riva et al. (2012) casts doubt regarding the accessibility and convenience of that method for the general public. These issues call for a better solution.

Research has shown that both long and brief interventions based on focused attention (e.g., through breathing meditation, called mindful breathing) help people cope with negative emotional events (Eberth & Sedlmeier, 2012; Hölzel et al., 2011; Keng, Smoski, & Robins, 2011). However, no study has directly tested whether a focused attention induction may be a potential candidate to aid people coping with social distress. A large body of research supports the efficacy of mindfulness-based interventions on general distress, but not on distress incurred from social exclusion (Keng et al., 2011). The goal of the present study is to test the hypothesis that a focused attention induction can help people cope with the distress of ostracism.

We chose a brief induction that while efficient, is admittedly an inexact proxy for mindfulness training. The simplest definition of mindfulness is focused attention to the present moment in an open, curious, and non-judgmental manner (Kabat-Zinn, 1990, 1994, 1996). Our present study models the effects of first-time instruction based on focused breathing. It is well recognized in the mindfulness literature that bringing attention to the breath is a good method for subsequently increasing awareness and focusing the mind. At the beginning, it is usually recommended to start practicing mindfulness of the breath because it is such a natural and practical event. Accordingly, we choose the breath as a focus for meditation. The primary goal is a calm, non-judging awareness, allowing thoughts and feelings to come and go without getting caught up in them, which, subsequently leads calmness and acceptance (Kabat-Zinn, 1990, 1994, 1996).

Here we sought to examine the effects of a 12-min experiential induction of focused attention using ongoing mindfulness of breath instructions in participants who were subsequently either included or ostracized while playing Cyberball. The effects of the focused attention induction were compared to the effects of an unfocused attention induction both on reports of how participants felt during the ostracism experience, and how they felt after a brief passage of time. The first assessment has been used as a proxy for immediate reactions, and the second assessment has been used as an indication of recovery (Wirth & Williams, 2009).

## 2. Method

### 2.1. Participants and design

Forty-eight undergraduate students from the University of Lille participated in the study (32 females and 16 males,  $M_{age} = 23.25$  yrs;  $SD = 7.01$ ). A  $2$  (induction: focused attention, unfocused attention)  $\times$   $2$  (inclusionary status: ostracism, inclusion)  $\times$   $2$  (time of measurement: immediate, delayed) factorial design was employed, with repeated measures on the third factor. Maintaining the male/female ratio, eight females and four males were randomly assigned to each of the four between-subject conditions.

### 2.2. Inductions

Participants were seated on a comfortable chair in front of computer. They were instructed to listen to one of the two inductions (recorded instructions): *focused attention* (FA) or *unfocused attention* (UA), which were borrowed from McHugh, Procter, Herzog, Schock, and Reed (2012) (the instructions are provided in the appendix of their paper). The FA induction consisted of focusing on the actual sensations of breath entering and leaving the body. Participants were told that there was no need to think about the breath – just experience the sensations of it; and when they noticed that their awareness was no longer on the breath, gently bring their awareness back to the sensations of breathing. The goal is to have participants direct their attention and awareness to the breath. This form of training has been suggested to generate greater attention to stimuli in the current environment by anchoring people's attention to the breath, which is a natural object of meditation (Kabat-Zinn, 1990, 1994, 1996). In the UA induction, participants were told to let their mind take them wherever it went as they normally would throughout the day; think about whatever came to mind. This condition should be highly similar to the natural state in which people are everyday and constitutes an appropriate control group since it represents the exact opposite of being mindful, which involves directing attention towards the object(s) of focus in the present moment and limiting ruminative thinking (Kabat-Zinn, 1990, 1994, 1996). Variants of these instructions for both control and experimental inductions were repeated every 30–60 s for 12 min.

### 2.3. Dependent variables

After the induction, participants responded to five questions (used by Dickenson, Berkman, Arch, & Lieberman, 2013) about their subjective experience during the exercise that inquired, on a 4-point scale, with 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly, the extent to which they agree or disagree with the following statements: “I was able to follow the instructions, I felt calm and relaxed, I felt spiritual. I felt in control, and I enjoyed this experience.” The

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