

Oxytocin and Interpersonal Relationships

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Abstract The neuropeptide oxytocin (OT) has emerged as a potent modulator of diverse aspects of interpersonal relationships. OT appears to work in close interaction with several other neurotransmitter networks, including the dopaminergic reward circuit, and to be dependent on sex-specific hormonal influences. In this chapter, we focus on four main domains of OT and interpersonal relationships, including (1) the protective effect of OT on an individual's ability to withstand stress (i.e., stress buffering), (2) the effect of OT on emotion recognition and empathy, (3) OT's ability to enhance social synchrony and cooperation among individuals, and (4) the effect of OT on an individual's perception of social touch. We then illustrate the connection between OT and loneliness while grieving the loss of a loved one. We finish by discussing the clinical potential of OT, focusing on its potential role as an adjunct to psychotherapy, its enhancement through sex-specific hormonal influences, and the difficulties that present themselves when considering OT as a therapy. Overall, we argue that OT continues to hold strong therapeutic promise, but that it is strongly dependent on internal and external influences, for instance the patient's personal past experiences and interaction with the therapist in order to provide the best possible therapy.

Keywords Oxytocin • Psychotherapy • Social relationship • Social synchrony • Social touch • Stress

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1 The Role of Oxytocin in Non-kin, Interpersonal Relationships

Research surrounding the role of oxytocin (OT) in social neuroscience has exploded in recent years, evolving from initial studies shedding light on OT's contribution to mother–infant bonding (see for instance Fahrbach et al. 1986; Kendrick et al. 1987; Newton and Newton 1967; Pedersen and Prange 1985) and social memory in animals (see for instance Dantzer et al. 1987; Popik and Vetulani 1991). More recent studies have focused on social neuroscience paradigms to explore OT's role on behaviors such as empathy (Hurlemann et al. 2010), or even OT's ability to increase an individual's tendency to anthropomorphize inanimate objects (Scheele et al. 2015). Our current ability to employ OT in an experimental setting is in part due to the ease and harmlessness of its administration and use. By far the most common method of application, intranasal oxytocin spray has been consistently shown to increase cerebrospinal fluid oxytocin levels in both humans (Striepens et al. 2013) and macaques (Freeman et al. 2016; for studies including aerosolized OT, see Chang et al. 2012; Dal Monte et al. 2014; Modi et al. 2014), indicating that OT most likely enters the brain and has a direct effect on central OT levels.

Interestingly, OT effects seem to have a strong reward-based component, as authors consistently show that the dopaminergic and oxytocinergic pathways share several common realms. OT's positive effect on bonding behavior appears to be dependent on a dopaminergic pathway, suggesting a strong reward component in feelings of love and interpersonal relationships (Kendrick 2004). Altogether, findings suggest that arginine-vasopressin/oxytocinergic pathways influence partner preferences, but their specific interactions with other neurotransmitter and hormonal systems such as dopamine, serotonin, and sex steroids are still elusive (Hurlemann and Scheele 2016).

This chapter aims to explore the role of OT in non-kin, interpersonal relationships, with the ultimate goal of examining OT's potential in treating psychiatric

disorders characterized by difficulties in forming or maintaining meaningful bonds. Relationship formation is an innately social process, and while there are cognitive aspects involved, such as a learned evaluation or labeling of another individual's facial emotion (cognitive empathy), there is no aspect that is completely unhinged from a social element. To this end, findings regarding OT's effect on social realms within relationships differ. We focus on four main areas that are most important to inducing and maintaining relationships, including the protective effect of OT on an individual's ability to withstand stress (stress buffering), the effect of OT on emotion recognition and empathy, OT's ability to enhance social synchrony and cooperation among individuals, and the effect of OT on an individual's perception of social touch. Following this, OT's role following the loss of a loved one and in loneliness is outlined. Finally, the potential for OT as an augmentation of psychotherapy, along with the possible modulation of OT via hormonal pathways, and lastly the roadblocks still in place before OT can be considered a viable treatment option are discussed.

1.1 The Effects of Oxytocin in a Social Versus Nonsocial Setting

The exponential amount of social neuroscience literature has allowed an initial differentiation between OT's effects in social versus nonsocial settings. Whereas studies report a plethora of findings surrounding the nasal administration of synthetic OT in social settings, findings of oxytocinergic effects in nonsocial settings are fewer and further between.

Initial literature focused on OT's effects on prosocial behavior, and nasal delivery of OT was found to reduce amygdala activity while viewing emotional faces (Domes et al. 2007a, b; Kanat et al. 2015) and to improve emotion recognition and mind reading (Domes et al. 2007a, b; Lischke et al. 2012; Schulze et al. 2011).

In an early study of OT's effect on learning in a social versus nonsocial feedback setting, we found that while participants performed significantly better under OT when given social feedback (i.e., a smiling or frowning face following a correct or incorrect response during a memory task), they fared no better than participants given placebo when they received nonsocial feedback (i.e., a red or a green light) (Hurlemann et al. 2010). The beneficial effect of OT was therefore specifically limited to the social condition, even given a completely nonsocial task. In this pioneer study, we were able to show an isolated effect of OT on a social setting, therefore providing a basis for further research, in which we showed that OT has a vital influence on the perception of interpersonal relationships, described in the following sections. The finding that OT can augment social but not nonsocial feedback was recently replicated in a functional magnetic resonance imaging (fMRI) study that traced the effect to increased activity in the amygdala, hippocampus, parahippocampal gyrus, and putamen and increased connectivity between the amygdala, insula, and caudate, suggesting that OT increased emotional significance and feelings of reward following social feedback (Hu et al. 2015).

Interestingly, Rimmele and colleagues showed that OT selectively increased participants' feelings of familiarity with a face, but not a nonsocial object, while it did not influence the recollection of the face (Rimmele et al. 2009). Two further studies provide evidence that OT shapes perception of biological, but not non-biological, motion. Alpha/mu and beta electroencephalography (EEG) ranges, which decrease while observing biological motion (Perry et al. 2010; Ulloa and Pineda 2007), were even further reduced when participants were given OT (Perry et al. 2010). Keri and Benedek showed that OT not only modulated perception of biological versus non-biological motion, but also enabled participants to recognize increasingly reduced biological qualities, thereby showing heightened sensitivity to the biological motion. The authors postulate a lack of OT effect on brain regions responsible for non-biological motion (Keri and Benedek 2009). Both studies avoided using an explicitly and immediately recognizable human form, instead employing a type of stick-figure made of up dots on a screen, therefore differentiating between the recognition of human qualities and an effect of motion. Taken together, the studies listed above present a strong case for the role of OT in influencing social and biological stimuli important to strengthening interpersonal bonds.

1.2 Oxytocin and the Mirror Neuron Network

First described in the ventral premotor cortex (PMC) of the monkey brain (di Pellegrino et al. 1992; Gallese et al. 1996), mirror neurons have remained a source of controversy and interest for human social cognition research. In humans, mirror neurons have been described as a system comprising the inferior frontal gyrus (Kilner et al. 2009), inferior parietal cortex (Chong et al. 2008), dorsal PMC (Molenberghs et al. 2012), the supplemental motor area and medial temporal lobe (Mukamel et al. 2010), and the superior parietal lobe (Iacoboni et al. 1999). Collectively, the mirror neuron network (MNN) has been found to respond during social processing, specifically fear processing (Becker et al. 2012; Mihov et al. 2013) and empathy (Brown et al. 2013), for instance.

Initial findings suggest that the MNN is at least in some capacity regulated by the oxytocinergic system. Healthy participants given OT show a reduced ability to control motor imitation (De Coster et al. 2014) as well as a reduced ability to suppress somatosensory regions while viewing biologic motion (Perry et al. 2010). In psychiatric patient populations, reduced OT appears to influence MNN dysfunction, such as in autism spectrum disorder (Odent 2010; Brang and Ramachandran 2010) or anorexia nervosa (Odent 2010).

In support of the effect of OT on MNN activity is the hypothesis that endogenous OT secretion may be increased when a person is being imitated (Aoki and Yamasue 2015; Aoki et al. 2014). Furthermore, both OT (Aoki et al. 2014) and being imitated (Delaveau et al. 2015) activate the right insula, indicating a possibly reciprocal relationship between OT and the MNN to increase prosocial behavior. In a study of patients with autism spectrum disorder, viewing the face of an unfair player during a ball toss game activated the right insula following exogenous OT administration,

suggesting support for the notion that OT is vital to feelings of social judgments (Andari et al. 2016).

In a romantic relationship setting, feelings of love and of understanding are based in part on a reciprocal interaction between two partners who share an extreme familiarity with one another's thoughts and actions. Given OT's role in the MNN, and the MNN's role in increasing feelings of reciprocity, OT modulation on the MNN is an important avenue with which to improve relationship formation and maintenance.

1.3 Oxytocin and Romantic Relationships

A landmark study showed that while OT did not increase total communication during a couple's conflict, it did increase positive communication in relation to negative communication (Ditzen et al. 2009). This suggests that OT changes a person's willingness to communicate, but instead it causes a new evaluation of stimuli to make the person's communication more socially productive. It did not cause participants to handle irrationally, but instead to better direct their communication.

Perhaps because of its utmost importance or its close connection to the mechanisms underlying addiction and reward (Insel and Young 2001), love, pair bonding, and the role of OT in relationships have been a consistent focus of study for the past several years. In one study involving patients with autism spectrum disorder, patients given OT showed increased blood-oxygen-level dependent (BOLD) response in regions important to face processing, including the inferior occipital gyrus and fusiform gyrus, thereby presenting a response more typical of healthy individuals (Andari et al. 2016). As the authors point out, OT increased social adaptation by improving social judgment. Furthermore, patients in a ball-toss game showed increased mid-orbitofrontal cortex (OFC) response when presented with a fair partner and increased insula response when presented with an unfair partner (Andari et al. 2016).

Increasingly, OT has been shown to have a facilitative effect on interpersonal relationships, correlating with nonverbal affection (Gonzaga et al. 2006) and increasing empathy (Schneiderman et al. 2014a; Hurlemann et al. 2010) and trust (Kosfeld et al. 2005; Baumgartner et al. 2008; Krueger et al. 2012). Findings show that OT may even enable relationship formation with objects (Fürst et al. 2015) and facilitate approach in women by reducing personal space between participants and a male experimenter (Preckel et al. 2014). In a study of OT's effect on male-female attraction, males given OT rated unfamiliar females as being more attractive than under placebo (Striepens et al. 2014). Interestingly, however, this effect was not mirrored by increases in dopaminergic activity, as detailed below. It could therefore be that OT acts as a mediator of approach, making it easier for males and females to build social bonds, but in a less rewarding sense than a romantic or sexual attraction would provide. Support for this notion comes from another study showing that males given OT are affected differently according to whether or not they are in a monogamous relationship, and pair-bonded males keep a greater distance between themselves and an attractive woman (Scheele et al. 2012). Indeed, males who receive OT prior to viewing

their female partner's face in a photograph rate her as more attractive compared to an unfamiliar woman. On the neural level, this effect was paralleled by enhanced activity in the ventral tegmental area and nucleus accumbens (Scheele et al. 2013). Altogether, the findings speak for OT's potential to ease bonding between men and women, but at the same time to maintain and strengthen romantic bonds in an approach and avoidance setting by not jeopardizing an already existing relationship.

One pioneer theory surrounding OT's influence on partnership proposes that OT, along with vasopressin, could be released when an organism feels safe, and therefore increases intimacy among individuals via vagus and sympathetic nerve stimulation (Porges 1998). OT has indeed been suggested to contribute to its own release in a positive feedback loop (Moos et al. 1984). Grewen et al. postulate a kind of cycle of increasing OT levels: where there are high OT levels, there is a greater partner bond, and where there is a greater partner bond, the partners engage in physical contact and show emotional support more often, in turn increasing OT levels. Interestingly, the study shows an isolated effect of OT on physiological parameters, such as systolic blood pressure, in that blood pressure decreased only during the period of increased OT – it was not the direct human contact that improved health, but rather the indirect increase of OT through contact (Grewen et al. 2005).

Other findings support oxytocinergic interaction with further neurotransmitter systems. As mentioned above, the rewarding aspects of loving relationships are likely mediated by dopaminergic pathways (Kendrick 2004) and so far the only positron emission tomography (PET) study to use the d2-receptor radioligand [11C]raclopride found an increased perfusion rate in the striatum but this enhanced striatal activity was not accompanied by an altered endogenous dopamine release in the striatum or pallidum following intranasal administration of OT (Striepens et al. 2014). Instead the authors observed an increased [11C]raclopride binding and thus reduced dopamine release in the right dorsomedial prefrontal gyrus and superior parietal gyrus. The absence of an OT effect on striatal dopamine release could be related to the lack of a salient social context, as highly attractive, but unfamiliar faces instead of bonding-specific stimuli (e.g., the participant's romantic partner or own child) were used in that study. However, it is also conceivable that OT interacts with other neurotransmitter systems to produce the bonding-related effects. The rewarding properties of social interaction could also be mediated by the coordinated activity of OT and serotonin in the nucleus accumbens (Dölen et al. 2013). In fact, another human PET study observed a modulatory impact of OT on serotonin signaling (Mottolise et al. 2014).

Genetic variations in the OT receptor have been found to contribute to cross-cultural differences in social behavior and relationships. Variants of the OT single nucleotide polymorphisms (SNPs) rs7632287 (Walum et al. 2012), rs53576 (Ditzen et al. 2012), and the cumulative risk of oxytocin receptor (OTR) variants rs13316193, rs2254298, rs1042778, rs2268494, and rs226849 (Schneiderman et al. 2014b), for example, have a negative impact on social relationships.

Studies of endogenous OT levels have found that new lovers show higher levels OT than singles do, and that these levels correlate with positive relationship traits, such as affectionate touch and synchrony (Schneiderman et al. 2012). At the early stage of romantic love, individuals whose partners had higher OT levels also showed greater

empathy (Schneiderman et al. 2014a) and OT concentrations are more tightly coupled with biomarkers of the reward (beta endorphin) and stress-response systems (interleukin-6, IL-6) (Ulmer-Yaniv et al. 2016). Furthermore, positive romantic interactions with a partner could have a cumulative effect on OT levels, both at a resting state but also following physical contact and emotional support (Grewen et al. 2005; Holt-Lunstad et al. 2011). In addition, whereas positive relationships can have a beneficial effect on health, couple conflicts can increase sympathetic activity (Ditzen et al. 2013). OT seems to strengthen the positive aspects of intimate couple relationships, for example by dampening increased sympathetic activity and increasing positive behavior during couple conflict (Ditzen et al. 2009, 2013). Interestingly, participants in romantic relationships who recalled more conflict memories of their current romantic partner under OT compared to placebo were more likely to separate from their partner during the following 18 months (Cardoso et al. 2016a).

Despite the vast evidence supporting a facilitative role of OT in relationships, there are some findings suggesting that this facilitation is strongly dependent on the context of the relationship. For example, Cardoso et al. (2016a) also observed that OT not only decreased the recall of conflict memories of past romantic partners but also reduced affiliation memories of current romantic partners. The authors point out that this effect was more pronounced in individuals in a longer relationship, possibly suggesting that the OT effect is moderated by the relationship duration. Furthermore, in individuals prone to physical aggression, OT increased the probability that they would engage in various aggressive behaviors after two provocation tasks (DeWall et al. 2014). Also, Liu et al. found that even though OT increased participants' preference for someone they were introduced to following OT administration, the effects of OT were limited to participants merely wanting to get to know another person of either sex better – participants did not show an increased heterosexual romantic interest in the person *per se* (Liu et al. 2013a). These findings may appear to be contradictory at the surface, but as Carter suggests in line with the “calm and connection” model (Uvanas-Moberg et al. 2005), the role of OT and other neuropeptides could lie in paving the way for behaviors beneficial to forming relationships by blocking negative, defensive behaviors that make relationships difficult to create and sustain (Carter 1998). This hypothesis would make relationship formation dependent on the context and external factors, rather than on an intrinsic ability of OT to create bonds. It is noteworthy, however, that there is also an opposing interpretation of OT's function in human pair-bonding. In accordance with observations that elevated plasma OT may index relationship distress in women (Taylor et al. 2010; Tabak et al. 2011), Taylor et al. (2006) put forth a “tend and befriend” model of affiliative responses to stress. This model proposes that social stress due to perceived gaps in positive social relationships is accompanied by elevations in plasma OT to prompt affiliative efforts aimed at restoring positive social contacts. Positive social contacts in turn may lead to a reduction of stress responses.

1.4 *The Protective Effects of Oxytocin on Stress Response*

Although the common wisdom that married couples live longer is likely based on a multitude of psychological, social, physiological, and epidemiological factors, there is evidence that it is the case, and that being married presents a protective effect on an individual's health (see for instance King and Reis 2012). OT has been found to vary according to relationship quality (Light et al. 2005; Grewen et al. 2005) and according to the element of social support in a stressful context (Heinrichs et al. 2003). The following section will therefore examine the role of OT in enhancing individual ability to withstand stress, and how OT and stress are linked in interpersonal relationships.

Not just limited to the psychological realm, psychosocial stress can have dangerous physiological effects. Consistent with the assumptions of the “tend and befriend” model, some studies have reported that acute stress can induce the release of endogenous OT. For instance, both physical stressors such as heavy exercise (Hew-Butler et al. 2008a, b), uncontrollable noise (Sanders et al. 1990), listening to unpleasant music (Jezova et al. 2013), abdominal surgery (Nussey et al. 1988), or psychosocial stress induced by the Trier Social Stress Test (TSST) (Engert et al. 2016; Jong et al. 2015; Pierrehumbert et al. 2010) have been found to be associated with an increase in peripheral OT concentrations (plasma or saliva).

By contrast, there are also several studies that failed to detect significant changes in OT concentrations following physical (Altemus et al. 1995, 2001; Chicharro et al. 2001; Forsling and Williams 2002) or psychosocial stress (Cyranowski et al. 2008; Ditzen et al. 2007; Doom et al. 2016; Grewen and Light 2011; Heinrichs et al. 2001; Jansen et al. 2006; Moons et al. 2014; Smith et al. 2013). It is currently unclear which factors mediate these divergent findings. One possibility is that these heterogeneous observations are related to methodological problems of the OT measurement (McCullough et al. 2013).

Another explanation is that stress affects OT concentration differently in men and women. In fact, in some studies OT elevations were only evident in women, but not in men (Sanders et al. 1990; Seltzer et al. 2013). An obvious mechanism for these sexual dimorphic effects is differences in gonadal steroids such as estrogen and indeed women using hormonal contraception (Pierrehumbert et al. 2010) and postmenopausal women on estrogen replacement therapy show higher baseline OT plasma concentrations (Light et al. 2005). On the other hand, the hormonal status of women does not unequivocally affect the stress-induced OT response (Altemus et al. 2001; Engert et al. 2016). However, in contrast to the model proposed by Campbell (2010), Taylor et al. (2006) postulate that OT specifically signals relationship distress. In women who were on hormonal therapy, Taylor and colleagues observed no significant changes of OT concentrations after psychosocial stress, but elevated plasma OT was significantly associated with gaps in social relationships (but see also Smith et al. 2013). Along these lines, Tabak et al. (2011) asked women who had recently experienced interpersonal harm to focus their attention on problematic qualities of a single relationship. They found that the task-induced elevated OT reactivity, but not baseline OT levels, were associated with

increased post-conflict anxiety and decreased levels of forgiveness. Thus, relationship distress could sensitize the OT system for subsequent stressful experiences.

Despite the controversies regarding stress-induced OT release, there is strong evidence that OT has a protective effect on health. In animals, OT reduces the risk of atherosclerosis by reducing interleukin (IL)-6 secretion in macrophages and endothelial cells, both *in vitro* and in mice with greater levels of atherosclerosis due to conditions of social isolation (Szeto et al. 2008; Nation et al. 2010). Moreover, people with higher levels of endogenous OT show faster rates of healing (Gouin et al. 2010). Partner studies show that endogenous OT correlates with greater partner support (Light et al. 2005; Grewen et al. 2005), and with physiological parameters including lower risk of infection and some cancers (Uvnäs-Moberg et al. 2015), lower systolic blood pressure (Light et al. 2005; Grewen et al. 2005), and lower levels of noradrenaline, illustrating a potentially (cardio)protective mechanism of partnerships (Grewen et al. 2005).

Coronary heart disease (Kivimäki et al. 2012), cancer (Cohen et al. 2007), and major depression (Krishnan and Nestler 2008) are among the illnesses most often associated with stress. Increased neural activity in response to psychosocial stress has been found in the cingulate and insular cortices, precuneus, hypothalamus, and frontotemporal regions (Dedovic et al. 2009, 2014; Soliman et al. 2011). Resilience to psychosocial stress tremendously varies between individuals, and has become an increasingly salient focus of stress research. In particular, the role of social support as a counter mechanism to social stress, and the potential augmentation of social support through OT is an interesting therapeutic approach.

Findings in monogamous and highly social prairie voles show that the voles provide social support to stressed conspecifics and even present a similar increase in corticosterone and fear response, paralleled by increased activity in the anterior cingulate cortex (ACC) (Burkett et al. 2016). When given an OT-receptor (OTR) antagonist, the voles showed no such response, suggesting a role of OT in empathy and social support in stressful circumstances (Burkett et al. 2016). In humans, however, findings are somewhat murkier.

Genetic studies demonstrate a link between OTR polymorphisms and stress reactivity. For instance, individuals with one or two copies of the A allele (rs53576) exhibited higher heart rate responses during a startle anticipation task (Rodrigues et al. 2009). Participants with the GG/AG genotypes reported seeking more emotional social support in times of distress (Kim et al. 2010) and during social support interactions (Kanthak et al. 2016) and a stronger attenuation of the cortisol response to psychosocial stress (Chen et al. 2011). However, there are also studies showing that G/G individuals have significantly higher sympathetic cardiac reactivity in response to a psychological stressor (Norman et al. 2012) and are more reactive to ostracism (i.e., higher cortisol response) (McQuaid et al. 2015). These conflicting findings could be reconciled by taking into account moderator variables. It seems that the OTR gene variant interacts with rejection sensitivity (Auer et al. 2015), maltreatment history (Hostinar et al. 2014), as well as gender and poststressor levels of plasma OT (Moons et al. 2014).

Several studies used intranasal OT as a pharmacological probe to examine possible anti-stress effects of OT. It has been found that exogenous OT inhibits the hypothalamic–pituitary–adrenal (HPA) axis and reduces baseline cortisol concentrations, and this effect was attenuated in men with early parental separation (Meinlschmidt and Heim 2007). By contrast, a recent study did not detect any significant effect of OT baseline cortisol in men and women (Wirth et al. 2015), although it should be noted that this study did not assess early lifetime experiences.

Importantly, exogenous OT reduced cortisol stress response during the TSST when participants received social support from a friend (Heinrichs et al. 2003). However, if social support is not available OT may enhance self-referential processing and thereby the subjective awareness of the stressor (Eckstein et al. 2014). In fact, a meta-analysis of the OT effect on cortisol response to laboratory tasks revealed a modest, nonsignificant effect size (Cardoso et al. 2014b). The OT effect was larger in response to challenging laboratory tasks that produced a robust stimulation of the HPA axis. Furthermore, interindividual differences such as emotion regulation abilities (Quirin et al. 2011) and early life stress (Grimm et al. 2014) have been identified as additional moderator variables of the OT effect. Also, one study found a dose-dependent OT effect such that 24 international units (IU) reduced the cortisol response to physical stress, while there was no effect of 48 IU (Cardoso et al. 2013). In line with the “tend and befriend” model, OT given to women in distress increases the motivation to affiliate with the experimenter (Cardoso et al. 2016b). Against this theoretical background, it seems likely that anti-stress and anti-nociceptive effects (Eisenberger et al. 2011; Younger et al. 2010) of social support provided by the romantic partner are mediated by oxytocinergic mechanisms. Future pharmacological studies are warranted to test this hypothesis.

1.5 Oxytocin’s Influence on Emotion Recognition and Empathy

At the core of both romantic and unromantic relationship formation is the ability to recognize social signals in the form of emotions in another individual. In a further step, an empathic response to these emotional signals is more likely to maintain and strengthen a bond than an unempathic response. OT’s ability to influence emotion recognition and enhance empathy is thus a core building block of healthy interpersonal relationships. In a pioneer study, we found that OT increased emotional empathy in men while they viewed photographs of people in different contexts, but had no effect on their ability to correctly recognize the emotion shown (i.e., cognitive empathy) (Hurlemann et al. 2010). In a recent review, Gonzalez-Liencrens et al. (2013) suggest that the difference in OT’s effect on the emotional or affective versus the cognitive component of empathy could be explained by interactions with other neurochemical pathways, and that OT is likely more important to emotional empathy, with opioids, dopaminergic, and serotonergic pathways also playing a part. An interaction

between OT and dopamine has been especially present in the literature surrounding social cognitive behavior and interpersonal relationships (Gonzalez-Liencrez et al. 2013; Kendrick 2004).

In a meta-analysis of single-dose OT administration and facial emotions, OT was shown to increase emotion recognition, specifically for happy (Marsh et al. 2010; Shahrestani et al. 2013) and fearful faces (Shahrestani et al. 2013; Fischer-Shofty et al. 2010). When presented with a neutral face that morphed to show either a happy or an angry expression, participants given OT gazed at the happy face more than at the angry face (Domes et al. 2013). OT additionally slowed reaction time in participants presented with ambiguous emotions that represented fearful faces, but also increased accuracy overall in terms of correct classification of an ambiguous face showing either positive or negative emotions (Di Simplicio et al. 2009).

The increase in emotion recognition applies to a variety of paradigms, including masked (Schulze et al. 2011) or dynamic faces (Lischke et al. 2012), and participants given OT recognize emotions at a lower intensity and direct more attention to facial stimuli than do those given placebo (Prehn et al. 2013). In a related finding, participants given OT rated emotions (happiness, excitement, sadness, fear, anger, surprise, and disgust) more intensely than under placebo (Cardoso et al. 2014a). Both findings support the notion that OT increases emotional salience. Interestingly, this lowered threshold for recognition could represent a trade-off for accuracy, as participants actually performed worse when it came to emotion identification (Cardoso et al. 2014a).

OT furthermore intensifies the perception of emotion when accompanied by a gentle human touch: researchers found that when given OT and while being touched gently, participants rated frowning faces more negatively and smiling faces more positively (Ellingsen et al. 2014). OT widened the gap between how the positive and negative emotions were perceived, which could be interpreted as being facilitative of group survival – whereas bonds between individuals perceived as friendly grow stronger, the mental distance between perceived adversaries grows farther apart. This notion is supported by findings showing that OT increases ethnocentric, in-group bias and out-group derogation, specifically by increasing in-group favoritism (De Dreu et al. 2011; for a review see De Dreu and Kret 2016). Feelings of in-group favoritism could, in a more general sense, be manifested in altruistic behavior towards someone a person or participant feels pity for, or feels the need to protect compared to someone the participant perceives as a threat. In a recent study, we collaborated to show that participants were more willing to make altruistic monetary decisions following OT administration (Hu et al. 2016). This effect was traced to the temporo-parietal junction, which is important to theory of mind and mentalizing (Schaafsma et al. 2015; Schurz and Perner 2015; Schurz et al. 2014; Frith and Frith 2006).

We additionally showed that the effect of OT's influence on sociality in altruistic settings even extends to more abstract settings, as we found when participants were asked to donate money to either a social or ecological charity. We found that although OT did not cause participants to behave irrationally and donate significantly greater sums of money, it did cause a shift in donations from ecological to social charities, suggesting that OT's effects on prosocial behavior even extend to a more

abstract definition of interpersonal relationships in the form of a charity to help others (Hurlemann and Marsh 2016; Marsh et al. 2015).

Genetic findings suggest that variations in the OTR have crucial effects of empathy in healthy populations. Participants carrying the G allele of the rs53576 polymorphism show greater empathic accuracy (Rodrigues et al. 2009; Laursen et al. 2014) and empathy (Bakermans-Kranenburg and van Ijzendoorn 2008; Tost et al. 2010; Smith et al. 2014), for example, than A allele carriers. The association between the OTR genotype and empathic concern seems to be moderated by gender (Christ et al. 2014) and culture values (Luo et al. 2015). In men, the influence of the OTR gene on cognitive empathy as measured by the “Reading the Mind in the Eyes Test (RMET)” was also dependent on fetal testosterone, indexed by the second-to-fourth digit ratio (Weisman et al. 2015). In terms of in-group favoritism, participants with the OTR rs53576 G/G allele activated the ACC and supplementary motor area when viewing members of their own racial group in pain (Luo et al. 2015), both of which regions have been associated with the brain’s pain and empathy for pain (Singer et al. 2004). Participants with the A/A allele showed the greatest response in the nucleus accumbens to out-group pain, an area that is associated with feelings of reward (Luo et al. 2015; Pedersen et al. 2011). Furthermore, G/G participants perceived the pain of in-group others more intensely than participants with the A/A allele.

Studies of exogenous OT administration in patient populations have been somewhat mixed. Intranasal OT administration in patients with schizophrenia has been shown to increase ability to comprehend indirect emotion expression (Davis et al. 2013; Guastella et al. 2015; Woolley et al. 2014), as well as emotion recognition, perspective taking, and social cognition (Averbeck et al. 2011; Gibson et al. 2014; Pedersen et al. 2011; for a review see Tan et al. 2016). Patients were also more adept at social perception, including identification of kinship and intimacy following OT (Fischer-Shofty et al. 2013). On the other hand, findings show no effect of OT on emotion recognition (Horta de Macedo et al. 2014). Interestingly, Goldman et al. (2011) found a dose- and subset-dependent relationship between OT and fear recognition: whereas 10 IU of OT in schizophrenic patients actually decreased emotion recognition, it improved following 20 IU OT in polydipsic patients after the authors isolated a fear-identification bias (Goldman et al. 2011). Interestingly, findings suggest that OT most influences higher-order cognitive emotional processing in schizophrenia, as opposed to more basic, affective processes (Guastella et al. 2015; Davis et al. 2013).

1.6 Oxytocin Induces Social Synchrony and Cooperation

Social synchrony and the coordination of the behaviors of different people in a group are often apparent although unconscious (LaFrance 1979; Noy et al. 2011; Schmidt and Richardson 2008; Richardson et al. 2007; Tognoli et al. 2007; Sebanz et al. 2006; Chartrand and Bargh 1999; Bernieri and Rosenthal 1991; Bernieri et al. 1988). Social synchrony can have the effect of increasing reciprocity and feelings

of familiarity, and although the evolutionary benefits to social synchrony revolve in large part around survival in group settings, it is also key building block of modern, interpersonal relationships.

Initial studies show that OT improves paired performance in a computerized drawing task (Arueti et al. 2013) and enhanced alpha-band interbrain neural oscillations during a coordination task (Mu et al. 2016). Findings in military veterans who have been in life-threatening combat situations additionally show synchrony among non-related, non-romantically involved participants presumably highly practiced in working together (Levy et al. 2015). When combat veterans were exposed to short videos of social scenes and of combat scenes, both produced social synchrony in neural regions related to social processing, as measured by magnetoencephalography (MEG). Combat veterans given placebo showed increased response to combat scenes in regions included in the mirror neuron network, but were comparable to controls when given OT. The authors suggest that the MNN “selectively responds to social synchrony pending OT intake and prior social-group experiences,” and that OT had an anxiolytic effect on combat veterans (Levy et al. 2015). Further evidence for a close link between OT and social synchrony comes from a recent study showing that synchronous social interactions evoke heightened endogenous OT release in dyadic partners (Spengler et al. 2017). Subsequently, elevated OT levels among highly synchronized interacting partners can enhance emotion transmission of social information since OT made signals of happiness and fear more salient in both facial and vocal expressions.

1.7 Oxytocin Modulates the Experience of Social Touch

Recent research has shown that neural response to human social touch differs remarkably based on the specific type of touch, the person perceived to be doing the touching, and the characteristics of the person being touched. For instance, the sensual caress of the romantic partner is experienced as highly pleasant, while the same touch by a stranger can be aversive. Unsurprisingly, tactile physical affection positively correlates with overall relationship and partner satisfaction (Gulledge et al. 2004). In heterosexual males, being touched by an attractive woman activates the somatosensory cortex differently than by another man (Gazzola et al. 2012). Whereas several different nerve endings can perceive touch, social touch is found to differentially activate the unmyelinated, C-tactile afferents (Löken et al. 2009) and project to the insula. Further areas that are important to processing the emotional value of social touch include the pregenual ACC and the OFC (Scheele et al. 2014a).

Findings support an effect of social touch on OT concentrations and an effect of OT on the perceived touch itself. Studies have found increased endogenous OT release following a massage (Morhenn et al. 2012; Turner et al. 1999; Wikström et al. 2003), and “warm touch” between married participants (Holt-Lunstad et al. 2008). Interestingly, the context of touch seems to be vital to the release of OT: Morhenn and colleagues found that OT was only increased if the participant experienced an act of trust prior to a massaging touch, but not when there was no prior trust question (Morhenn

et al. 2008). Furthermore, the participants who experienced an act of trust and were given a massage following it also showed vast increases in generosity during a game involving monetary sacrifice, leading the authors to postulate that OT increased gratitude in the participants (Morhenn et al. 2008).

The effects of OT on how social touch is perceived seem to be additionally dependent on context factors such as the relationship between the two participants involved in the touch. One study found no OT effect on pleasantness ratings of the touch (Ellingsen et al. 2014). However, this study did not control for gender-related influences. We therefore examined how male participants responded differently to touch delivered from a female versus a male (Scheele et al. 2014a). Overall, the male participants consistently rated the touch as being more pleasant when they believed it was given by a woman than another man, and this effect was magnified in the group given OT. This effect was traced to the pregenual ACC, which has previously been found to be involved in pleasant skin-to-skin touch (Lindgren et al. 2012; Rolls et al. 2003). Interestingly, the OT effect on pleasantness ratings also negatively correlated with autistic traits in the male participants, indicating that those participants with higher levels of autistic traits benefited less from OT, perhaps because they displayed a lower sensitivity to OT's effects in this specific domain. Furthermore, the magnifying effect of OT on pleasantness ratings was only found in response to perceived female touch, and OT had no effect when the male participants thought they were being touched by another male.

The results of the studies detailed above suggest that the effects of OT are strongly dependent on context, including gender but also interactions with other psychological frameworks, such as levels of trust or familiarity with the person giving the touch.

1.8 Oxytocin, Loss of a Loved One, and Loneliness

Despite very early suggestions in the literature that OT could influence psychological illness in the face of loss of a loved one or early dysfunctional relationships (see for example Pedersen and Prange 1985), it is only recently that researchers have placed a stronger focus on the physiological (detrimental) effects of such loss. No longer is there a clear definition between mind and body when it comes to love; whereas the protective effects of relationships were reported above, there are also substantial negative effects of the loss of such a relationship. Acute grief following the loss of a romantic relationship has been linked to the pain network, including the anterior cingulate cortex and insula (Najib et al. 2004), indicating that the suffering following such a loss can have vast physiological consequences. As Carter and Porges write, “a ‘broken heart’ or a failed relationship can have disastrous effects; bereavement disrupts human physiology and might even precipitate death. Without loving relationships, humans fail to flourish, even if all of their other basic needs are met” (Carter and Porges 2013). Yet it is not only a failure to flourish: several studies have shown that grief following loss can have even damaging effects. For instance, in socially monogamous

prairie voles, isolation leads to physiological, metabolic, and hormonal changes that are commonly found in major depression (Grippe et al. 2007a, b, 2012). Indeed, the unexpected death of a loved one is associated with elevated risk for the onset of multiple psychiatric disorders, in particular major depressive disorder, panic disorder, and posttraumatic stress disorder (Keyes et al. 2014). Loss of a loved one can result in social isolation and chronic feelings of loneliness. In a recent meta-analysis, loneliness and social isolation were shown to result in a 26% increase in morbidity and mortality (Holt-Lunstad et al. 2015). Among its many implications, loneliness leads to increased risk for coronary heart disease and stroke (Valtorta et al. 2016), major depression (Cacioppo et al. 2010), cognitive decline (Shankar et al. 2013), and dementia (Holwerda et al. 2014).

Exogenous OT has been found to counteract the physiological, but not the behavioral, effects of social isolation in prairie voles (Grippe et al. 2012). In a further study building on these findings, both male and female prairie voles were found to respond to chronic social isolation by down-regulation of OTR expression, but in females, OT secretion was also greater, suggesting that females present with a better buffer against the detrimental effects of social isolation (Pournajafi-Nazarloo et al. 2013). Additional findings suggest a role of OTR gene methylation in social anxiety disorder, suggesting a strong epigenetic component in reduced OTR expression in deficient social abilities (Ziegler et al. 2015).

In humans, pathological or dysfunctional relationships show correlations with OT levels. Patients with borderline personality disorder (BPD), an illness characterized in part by disorganized attachment representations and an inability to form stable interpersonal relationships, show lower OT plasma levels (Bertsch et al. 2013; Jobst et al. 2016). In a recent study examining the effect of OT on volitional and emotional ambivalence, participants who were told to imagine their partners' infidelity were less aroused following OT administration (Preckel et al. 2015). This could indicate that OT strengthened perception of the bond with the partner, shown by reduced emotional ambivalence, such that OT could have an overall positive effect on the relationship despite a negative framework.

Interestingly, very recent findings show that plasma OT is actually increased in patients diagnosed with complicated grief compared to bereaved individuals diagnosed with major depressive disorder and bereaved but healthy controls, suggesting that OT plays a specific role in the loss of a social relationship, but not in a general increase in sadness overall (Bui et al. 2016). These findings appear on the surface to be contradictory to what one might expect. However, we suggest two possible explanations: For one, the oxytocinergic pathway could present a mechanism of (over)-compensation via up-regulation following a sudden disruptive social event. Second, it could be that OT response is increased due to the chronic stress involved in complicated grief. The question therefore remains open, what the acute, potentially protective effects of intranasal OT administration could be. Indirect evidence in support for the idea that OT could have beneficial effects after the loss of a relationship comes from a recent study showing that OT may enhance the cognitive control of food craving in women (Striepens et al. 2016). Thus, improved emotion regulation abilities could help to cope with the emotional turmoils following the dissolution of relationships.

2 Translating Nasal Oxytocin to the Clinic

Amidst the multitude of studies that aim to determine OT's effects on interpersonal relationships (and vice versa), the question arises how OT could be used in a clinical context. Unfortunately, methodological issues make efforts to hone in on OT's exact role in the social neuroscience literature difficult to achieve. The relationship between peripheral and central OT concentrations is not clear (Carson et al. 2015; Kagerbauer et al. 2013), and peripheral OT levels are still difficult to measure persuasively (McCullough et al. 2013). Indeed, the implications for a possible enhancement of positive relationship qualities are vast. Given that the threshold for pain is higher given social support, OT could be a valuable add-on therapy in chronic or acute pain situations if its application were to enhance the perception of social support, especially considering its own analgesic qualities (Goodin et al. 2014; Madrazo et al. 1987; Paloyelis et al. 2016).

Findings from the literature show that OT is clearly not a cut and dried monotherapy option, despite OTR polymorphisms being implicated in several psychiatric illnesses characterized by social and interpersonal deficits (for a review, see Aspe-Sanchez et al. 2015). But could OT be used as an add-on, or augmentation, to improve the efficacy of current therapeutic methods? The following section aims to elaborate on how far OT has already begun to establish its role as a viable treatment option in problems of interpersonal relationships, and to explore the most promising avenues for OT's use in the future.

2.1 *Oxytocin as a Potential Adjunct to Psychotherapy*

So far, studies aiming to augment psychotherapy with OT and improve treatment efficacy have had somewhat mixed results. On the one hand, OT seems to show either no or even detrimental effects when paired with psychotherapy. For instance, OT combined with social cognition training over 6 weeks showed no effect of OT on social cognition, symptom severity, or social functioning in patients with early psychosis (Cacciotti-Saija et al. 2015). Patients with major depression showed increased anxiety during therapy when given OT prior to a "first contact" session (MacDonald et al. 2013), and in a study of exposure therapy for arachnophobia, OT was found to reduce treatment response (Acheson et al. 2015).

On the other hand, OT appears to have a beneficial effect on context- and symptom-specific domains. In patients with schizophrenia, long-term OT daily over 4 months improved emotional processing without concurrent psychotherapy (Brambilla et al. 2016) and when paired with social cognitive training over 6 weeks, OT improved empathic accuracy (Davis et al. 2014). Additionally, OT combined with exposure therapy lead to patients with social anxiety disorder showing improved positive evaluations regarding appearance and speech performance over 5 weeks (Guastella et al. 2009), and

depressed patients showing fewer nonverbal flight behaviors and improved theory of mind over a single therapy session (MacDonald et al. 2013).

One of the most important realms of OT's augmentation of psychotherapy, however, could well be in its potential to enhance therapeutic alliance, or the positive and productive relationship between the therapist and the patient. Successful psychotherapy relies on communication and understanding between the patient and therapist and on the patient's perception of different aspects of the therapist's character, for example trustworthiness (Horvath and Greenberg 1989; Ackermann and Hilsenroth 2003). As OT has been found to enhance trust in others (Baumgartner et al. 2008; Kosfeld et al. 2005), it is highly conceivable that it could enhance therapeutic alliance and therefore positively impact a psychotherapy session by effectively magnifying desirable traits in the therapist as perceived by the patient.

Although the studies above present a foggy picture of OT's potential use in the augmentation of psychotherapy in terms of concrete functions, there is reason to believe that it could have an overlying umbrella function of enhancing therapeutic alliance. There are still too few studies to define clear circumstances and parameters under which OT's mechanisms can best be manipulated in a therapeutic setting. It is probable that OT affects isolated functions, such as emotion recognition, and that this effect is not seen in studies examining a broad category, such as social cognition. It could also be that even these very isolated functions are dependent on an interaction with context, and that OT's effect on exposure therapy in arachnophobia lacked a social element that is per se included in exposure therapy with speech giving. Methodological issues are most likely a large source of conflict between study findings. Overall, the beneficial effects of OT speak for its potential role in psychotherapy augmentation, despite the differing findings in the literature (Hurlmann 2017).

2.2 A Hormonal Boost of Oxytocin Effects?

Several studies have shown sexually dimorphic effects of OT on behavioral and neural changes in various domains ranging from social approach/avoidance behavior (Preckel et al. 2014; Scheele et al. 2012) and social perception (Fischer-Shofty et al. 2012) to moral decision-making (Scheele et al. 2014b). One interesting approach to explaining these differences is the possible influence of hormones on OT's effects. For instance, estrogen has been found to moderate OT activity, availability, and receptor binding (Amico and Hempel 1990; Amico et al. 1981, 1997, 2002; Insel and Young 2001; Light et al. 2005; Petersson et al. 1999). In a recent experiment, Karlsson and colleagues provided evidence for a direct link between androgen and OT receptors and the expression of social behaviors, and that the androgen receptor plays a role in OTR expression (Karlsson et al. 2016).

In humans, sex differences have been found in neural regions associated with empathy and the MNN (Brown et al. 2013; Cheng et al. 2009). Interestingly, in an early study, we showed that males displayed levels of empathy roughly equal to those displayed by females only after males were administered with intranasal OT, suggesting

that not only are there inherent sex differences in empathic behavior, but also that these sex differences are mediated by OT (Hurlemann et al. 2010). Importantly, sex differences in OT binding are dependent on menstrual cycle. Rats in the estrus phase show greater OTR binding levels in several forebrain areas compared to rats in non-estrus phase, and rats with maternal experience showed higher levels of OTR binding in the medial amygdala compared to rats with no previous maternal experience (Dumais et al. 2013).

Previous findings have laid the foundation for newer studies that are increasingly taking sex differences and more specifically female participants' menstrual cycles into account. However, exogenous hormonal modulation, i.e., hormonal contraception, has also been shown to crucially affect bonding-related OT effects (Scheele et al. 2016). Specifically, in women not using hormonal contraception OT enhanced a positive bias in the attractiveness perception of the partner and boosted the neural response to the partner's face in reward-associated brain areas, that is the nucleus accumbens and ventral tegmental area, while there was no such effect in women using hormonal contraception. Given that women using hormonal contraception had lower estradiol plasma levels and that an estrogen pretreatment in female mice enhances anxiolytic OT actions (McCarthy et al. 1996), a combined estradiol-OT treatment could potentially yield more robust prosocial effects.

2.3 Difficulties of Oxytocin Therapy

One of the greatest difficulties in proposing a future clinical, therapeutic role for OT in improving dysfunctional interpersonal relationships and prevent social isolation after loss of a loved one is the current inability to accurately and precisely define risk, for the most part because the exact mechanisms of OT's effects are still unknown (Hurlemann 2017). As discussed above, the potential for negative effects of OT have been increasingly apparent, for example as a function of personality traits of participants (Bartz et al. 2010), in-group/out-group factors (for a review, see De Dreu and Kret 2016), or context (Olff et al. 2013; Scheele et al. 2012).

Reports of decreased cortisol levels following intranasal OT (Cardoso et al. 2013; Ditzen et al. 2009; Meinschmidt and Heim 2007) are countered by reports of unchanged (Burri et al. 2008; de Oliveira et al. 2012a, b; McRae-Clark et al. 2013; Simeon et al. 2011) or even increased cortisol levels (Weisman et al. 2013). More worrisome are reports of transient angiogenesis when OT is given as an adjunct to psychotherapy (MacDonald et al. 2013). Interestingly, while OT was shown by our lab to increase initial both feelings of social stress and stress-related response in the cingulate and precuneus, it was not found to increase cortisol levels in our paradigm (Eckstein et al. 2014), providing support for the suggestion that OT serves to increase a processing bias while reflecting on one's own negative feelings (Bryant et al. 2012; Liu et al. 2013b) while not actually increasing cortisol-based stress-response per se. The lack of increased cortisol levels following OT in our study could mean that an increase

in awareness of the stressor on behalf of the participant neutralizes the buffering effects of OT when the participant is given social support (Eckstein et al. 2014).

Despite the plethora of findings suggesting a positive, protective effect of OT in romantic relationships, some findings seem glaringly contradictory. For instance, two studies have found that plasma OT correlates with stress or anxiety in relationships (Marazziti et al. 2006; Taylor et al. 2010), suggesting that romantic relationships in humans are far from clear cut, but rather represent a double-edged sword, resulting in both happiness but also distress in partners. Moreover, increased OT levels following couple conflicts correlate with increased anxiety and reduced willingness to forgive (Tabak et al. 2011). Taylor and colleagues suggest that endogenous OT is a marker of relationship distress and cortisol stress response and with a less positive relationship overall (Taylor et al. 2006). Even in a non-romantic context, participants given OT report feeling less emotional support when faced with a computer, rather than a human experimenter, while relating negative emotional memories (Cardoso et al. 2016b). Indeed, a recent study found that OT facilitates feelings of social stress, mirrored by increases in activity in the precuneus and cingulate cortex, suggesting an increased self-referential processing bias that could have potentially damaging effects during psychotherapy (Eckstein et al. 2014; Hurlemann 2017).

3 Concluding Remarks

The understanding of OT has evolved from having a purely hormonal effect to taking a central role in the social neuroscience of interpersonal relationships via its neurotransmission. It has only begun to be explored as a potential therapeutic option for patients with difficulties in forming and maintaining interpersonal relationships. Methodological issues and conflicting findings in general hamper efforts to clearly define its role in the future of treatment augmentation, although this currently appears to be the most promising use of OT in a clinical setting (for a review, see Striepens et al. 2011). Additionally, the effects of OT seem to be strongly dependent on sex and context, for instance (Hurlemann 2017). Overall, findings speak for OT as a helpful tool for maintaining relationships rather than forming current ones (Hurlemann and Scheele 2016). This speaks for its potential in augmenting a psychotherapeutic relationship, which is strengthened over several therapy sessions. More specifically, OT's potential as an enhancer of therapeutic alliance is not to be overlooked as a core future use of OT in psychotherapy. A therapist's personal qualities as perceived by the patient are of utmost importance to a successful psychotherapy session (Ackermann and Hilsenroth 2003), and an enhancement of this perception could improve psychotherapy efficacy.

Furthermore, OT seems to act as a magnifier of self-referential processing, so that individuals give emotional experiences more salience (Hurlemann and Scheele 2016). OT's effect is therefore less dependent on an intrinsic ability of OT to act as a prosocial or antisocial influence, but more as an enhancer of feelings in social settings (Eckstein and Hurlemann 2013). This helps to explain conflicting findings of both positive and negative effects of OT in social settings. This also means that OT's use in a therapeutic

setting would be necessarily dependent on the patient's previous experiences and thought processes when he or she entered therapy, so as not to exacerbate any tenuous psychiatric conditions he or she may have. It is clear that the clinical perspectives of OT deserve attention and far more research in both healthy and psychiatric populations, as it has already begun to show great potential as a therapeutic agent.

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