A registered replication study on oxytocin and trust

Fehr, Ernst ; Declerck, Carolyn H ; Boone, Christophe ; Pauwels, Loren ; Vogt, Bodo

1   **A registered replication study on oxytocin and trust**

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3   **Carolyn Declerck[1], Christophe Boone[1], Loren Pauwels[1], Bodo Vogt[2], Ernst Fehr*[3]**

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5   [1] Faculty of Business and Economics, University of Antwerp, Belgium

6   [2] Chair in Empirical Economics and Health Economics, Otto-von-Guericke-University

7   Magdeburg, Germany

8   [3] Laboratory for Social and Neural Systems Research, Dept. of Economics, University of Zurich,

9   Switzerland

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11   Corresponding author: Ernst Fehr (ernst.fehr@econ.uzh.ch)

12

13   **In an influential paper, Kosfeld et al. (2005) showed that intranasal administration of**

14   **Oxytocin (OT) increases the transfers made by investors in the trust game – suggesting that**

15   **OT increases trust in strangers. While subsequent studies investigating the role of OT in the**

16   **trust game found inconclusive effects on the trusting behavior of investors, they deviated**

17   **from the Kosfeld et al. study in an important way as they did not implement a minimal social**

18   **contact between the investors and the trustees in the trust game. Here, we will carry out a**

19   **large double blind and placebo controlled replication study of the effects of OT on trusting**

20   **behavior that implements the minimal social contact condition and compares it with a no-**

21   **social-contact condition. The sample generates a power of more than 95% to detect a true**

22   **effect of OT on trusting behavior in the trust game.**

23   All positive human relationships involve trust, making it one of the most widely-studied topics

24   in the social sciences. To learn more about the biological basis of trust, researchers have

25   investigated the potential causal link with the hormone oxytocin (OT), a neuropeptide with a

26   central role in regulating social approach and attachment behaviors in many non-human

27   mammals[1–3]. In humans, OT is mostly known for its functions in childbirth and breastfeeding,

28   but it can also alleviate social stress, for example, by lowering salivary cortisol levels[4], increasing

29   parasympathetic control of the heart[5], and attenuating amygdala activation in response to

30   seeing faces[6,7]. It is therefore possible that OT could reduce social apprehension between

31   strangers and facilitate trust.

32   This question has sparked more than a decade of research ever since the first report that

33   administering a single dose of intranasal OT (compared to placebo) increases the willingness to

34   trust in a dyadic economic game with real monetary stakes[8]. In this game, two anonymous

35   players are assigned the role of either an investor or a trustee, and both the investor and the

36   trustee have the same monetary endowment. The investor can transfer money from his

37   endowment to the trustee, knowing that the transferred amount will be multiplied by a factor

38   of three. The trustee, who now enjoys a substantial financial advantage, can honor the

39   investor's decision with a back transfer, thus sharing the proceeds of the investment. When the

40   investor entrusts a large amount and the trustee is fair by sending back, say, 50% of the

41   available amount, both earn a higher income. However, the trustee can also act selfishly and

42   keep everything for himself, making the investor worse off than if he had not trusted at all. The

43   highly interdependent nature of this game thus places the burden of uncertainty on the

44   investor, because the investor does not know how the trustee will respond to his transfers. If

45   both players are selfish and know that their partner is selfish the investor will transfer nothing

46   because he or she knows that the trustee will maximize self-interest and return nothing. This

47   solution is, however, suboptimal because it reduces the payoffs for both the investor and the

48   trustee relative to what they could have earned if the investor trusts fully and the trustee

49   behaves trustworthily.

50   Money transfers in the trust game indicate that investors are willing to tolerate a certain

51   level of uncertainty. Interestingly, the worry that another person may not reciprocate appears

52   to influence transfers beyond the perceived riskiness of the game[9,10], i.e., it is not just the risk of

53   losing money but the fear of being cheated (i.e., betrayal aversion) that inhibits the investors'

54   trust. Kosfeld et al.[8] hypothesized that if trust entails overcoming the fear of betrayal in order

55   to attain a profitable interaction, the psychophysiological mechanisms underlying trusting

56   decisions might be similar to those underlying social attachment in other mammals and,

57   therefore, OT might facilitate trusting behavior - a view that is consistent with the results in

58   Kosfeld et al.[8]

59   Cited more than 1600 times in the Web of Science (and more than 3500 times in Google

60   Scholar, as of August 22, 2018), the Kosfeld et al.[8] study has become a classic reference in both

61   theoretical and empirical studies on human social behaviors, including not only trust, but also

62   social cognition[11-13], empathy[14,15], and group dynamics[16,17]. However, the mounting popularity

63   of studying OT in the social sciences is currently associated with waves of criticism, because

64   papers often have suffered from small sample size, low statistical power, inflated effect sizes,

65   inconsistent experimental procedures, and publication bias[18,19]. Other critics have pointed out

66   that there is no overarching theory to explain the diverse findings resulting from intranasal OT

67 administration[20]. More specifically, Nave and colleagues[21] have raised doubt on the robustness

68 of the oxytocin-trust association, pointing out that six studies failed to replicate the initial

69 findings reported by Kosfeld et al.[8]. These studies were, however, not direct replications, i. e.,

70 they did not use the same methods and procedures as the original study.

71   To move forward with a research paradigm on the biological basis of trust that includes a

72 role for OT, it is essential to clarify whether OT increases trust, and if so, to establish the

73 conditions under which this is the case. Because animal research has documented that OT is

74 primarily a social bonding hormone that activates socio-emotional neural pathways in the

75 brain[22,23], we would also expect the effect of OT in humans to be limited to social situations

76 where initiating or establishing partnership is important to realize synergy. The Kosfeld et al.

77 study[8] already suggested this: OT increased trusting decisions in the trust game, but did not

78 augment risk-taking in an identically framed risk game played against a computer. To enhance

79 the saliency of the social context, participants in the trust game had some minimal social (face-

80 to-face) contact with each other in groups prior to playing the game against someone whose

81 exact identity would not be revealed. Importantly, the social contact had to be minimal to avoid

82 elevating trust to a level beyond which no further increase could reasonably be expected after

83 OT administration. The following two conditions thus needed to be fulfilled: (i) the social

84 contact took place before participants knew they would play the trust game so that they could

85 not communicate about it, as communication is known to substantially increase cooperation in

86 social dilemma games (such as the trust game)[24]. (ii) Social contact was not intense enough to

87 cause strong feelings of social familiarity, as this might also generate a ceiling effect in trust.

88   Despite the enormous resonance of the Kosfeld[8] et al. study, the minimal social contact

89   feature of the study has often been overlooked or neglected. In fact, replication studies so far

90   neglected several key features of the trust game played in Kosfeld et al.[8] Of the six studies that

91   entered the meta-analysis in Nave et al.[21] – in addition to the Kosfeld[8] et al. study – four studies

92   had fictional partners[25-28], one was completely devoid of human contact with other

93   participants[29], and participants' previous experience in a dictator game was likely to confound

94   the decision to trust in the sixth study[30]. In this last case, the investor was matched with a

95   partner whom he had been enticed to treat unfairly in an immediately preceding dictator game,

96   which probably altered the investors' beliefs about this partner's trustworthiness. Thus each of

97   the six additional studies in Nave et al.[21] had one or more problematic features.

98   The importance of establishing some minimal social contact with real partners was

99   corroborated in a large (N = 254) behavioral study[31] in which participants, who did not know

100   each other's identity, needed to trust each other to jointly solve a coordination game. In this

101   two-person simultaneous move game, participants had the choice of playing a safe strategy

102   which ensured a low positive payoff without any (social) risk, but they also could achieve a high,

103   mutually advantageous, payoff if they played the alternative strategy and the partner matched

104   their choice. However, if the partner did not match their choice of the alternative strategy the

105   participants earned much less than what they would have earned under the safe strategy. Thus,

106   the alternative strategy was risky and the players' had to trust that the partner matched their

107   risky choice when playing the alternative strategy.

108   It turned out that intranasal OT significantly increased coordination on the mutually

109   beneficial alternative strategy, but only if participants first had the opportunity to introduce

110   themselves to the whole group of participants from which one was randomly drawn to become

111   the partner. Without this prior contact, OT significantly reduced coordination on the alternative

112   strategy.[31] Since the publication of this study, increasing evidence suggests that OT's function is

113   not always consistent with facilitating social approach, but that administering intranasal OT can

114   also lead to parochial, competitive, and envious behaviors and behaviors that appear to be

115   driven by schadenfreude[16,17,32], which have an anti-social dimension. This points to the need of

116   examining the conditions under which – and how – OT modulates social behavior[33,34].

117   A current leading theory to account for why OT can stimulate both prosocial and anti-social

118   behaviors rests on neurological evidence that OT modulates mesolimbic dopaminergic neurons,

119   thereby affecting both incentive motivation as well as attention re-orienting. By boosting the

120   dopaminergic signal in the mesolimbic network, OT is thought to enhance the salience of social

121   cues that emphasize the value of approach behavior[7,35,36]. Framing the effects of OT in terms of

122   assigning salience to social cues highlights the importance of establishing minimal social contact

123   prior to engaging in an interdependent exchange. We propose that minimal social contact is the

124   cue that enhances the prosocial approach potential of OT and reduces social apprehension,

125   thereby enhancing trust in an environment where approach behavior is a precondition for a

126   mutually advantageous exchange.

127   The purpose of the proposed study is therefore twofold. First, we want to resolve the

128   conflict regarding the impact of intranasal OT on trusting decisions by conducting a controlled

129   replication experiment of the Kosfeld et al.[8] study with sufficient statistical power. Second, we

130   will investigate the importance of providing social cues by differentiating between a minimal

131   social contact and a no contact environment. Both conditions involve real and anonymous

132   partners, but differ in the degree to which it is possible to establish minimal social contact: in

133   the minimal contact condition the matched players in the trust game will know that they saw

134   each other while waiting together with several others in a common room (following similar

135   procedures as in Kosfeld et al.[8]), while in the no contact condition the players do not meet and

136   hence have no concrete social cue to relate to each other. To summarize, we propose a 2x2

137   experimental design with OT versus placebo as the main factors in the first dimension and "no

138   contact" versus "minimal social contact" being the main factors in the second. The primary

139   hypotheses are that OT increases trust in the minimal social contact condition, and that this

140   effect of OT on trust is more pronounced than in the no contact condition. Thus, the proposed

141   design enables us to examine the role of OT for investors' trusting behavior in the trust game

142   and the extent to which this measure of trust is jointly affected by OT and minimal social

143   contact. We believe that these questions are of primary importance for the field of OT research

144   but, naturally, our design does not allow us to make broad conclusions about the general

145   effects of OT on social cognition, empathy or behavior in other experimental paradigms.

146

147   **Methods**

148   *Study sample and determination of sample size*

149   We will conduct the study in two different locations: in Antwerp, Belgium (n = 352) and in

150   Magdeburg, Germany (n = 352) with a total of 704 student participants between 18 and 25

151   years old. According to the *a priori* power analysis presented in detail below and the robustness

152   check reported in Supplementary Information 1 and 2, a sample size of n = 704 will provide a

153   statistical power of more than 95% for all main hypotheses and also exceeds the sample size

154   recommendations of Nave et al.[21].

155   The sample size for this study is determined based on a series of power analyses in G*Power

156   3.1.9.2 28 and the effects reported in Kosfeld et al.[8]. This paper reported three effects:

157   (i)   Comparing a placebo and an OT group in a trust experiment with minimal social contact

158   corresponded to an effect size d = 0.514 (r = 0.249 in a common effect size language).

159   (ii)   They compared the OT group in the trust experiment to the OT group in a risk

160   experiment in which they hypothesized OT would not exert an influence. This yielded an effect

161   size of d = 0.701 (r = 0.331), which corresponds to an intermediate effect[37].

162   (iii)   To bolster their results, Kosfeld et al.[8] assessed the global difference between all four

163   experimental groups under consideration (trust/Placebo, trust/OT, risk/Placebo, and risk/OT) to

164   ensure a family-wise error of α = 5%. The reported findings correspond to an η^2 = 0.071 (r =

165   0.267).

166   Kosfeld et al.[8] were forced to use non-parametric tests in their study because their sample

167   did not comply with assumptions made in parametric tests. Specifically, the smallest sample

168   size in testing (i)-(iii) was n=29. They thus applied Mann-Whitney-U tests in (i) and (ii), but

169   implemented Kruskal-Wallis-H for comparison (iii). Our study will overcome these drawbacks

170   because we will recruit a large sample that will enable us to use OLS regression techniques.

171   Given our 2x2 experimental design, the test that would corresponds to (i) compares trust in the

172   minimal social contact condition between the OT and the Placebo group. The test most similar

173   to (ii) compares trust under OT between the no-contact and the minimal social contact

174   condition, and a test similar to (iii) examines whether the trust levels in the four conditions

175   differ from each other. Note, however, that the tests described in (ii) and (iii) in the Kosfeld

176   study[8] are about comparisons between a *trust* and a *risk* game, which differ substantially from

177   the current design which does not have a *risk* game (i.e., a game played against a computer).

178   Our second factor (minimal social contact versus no contact) establishes variation *within* a trust

179   game played with real partners.

180   We base our a priori power analysis on the effect size d = 0.514, reported in test (i) of

181   Kosfeld et al.[8] and the requirement of a one-tailed test, which is justified when testing a

182   directional[38] hypothesis. The power analysis shows that with α = .05, β = .95, and a one-tailed t-

183   test we must recruit 166 observation units to detect a significant difference of OT in the

184   minimal contact condition of the proposed experiment (i.e., replicating effect (i), see

185   Supplementary Table 1). Since the proposed experiment will also include a no contact

186   condition, the total necessary sample size is 166×2 = 332. Because we plan to have 16

187   participants per session with 22 sessions we will have n = 352 participants per location, which

188   gives us in total n = 704 observations. Based on the reported effect size in result (i) of Kosfeld et

189   al.[8], the overall sample size of n = 704 will provide a statistical power of 99.65%.

190   However, because of publication bias and other reasons the first results of a study design

191   such as Kosfeld et al.[8] may overstate the true effect size, we conduct a further robustness check

192   in our a priori power analysis by applying Simonsohn's "small telescopes" approach for

193   replication studies[39]. Instead of pondering whether or not it is adequate to assume an effect

194   size of 0.514, the small telescopes approach assesses whether the replication is sufficiently

195   powered so that it is able to detect an effect reported in an original study that may have been

196   "small" or "underpowered". In addition, it differentiates noisy replication effects (yielding p >

197 .05) from those that genuinely indicate the effect is undetectably different from zero.

198 Specifically, the small telescopes method first ask what effect size d* would give the original

199 study 33% statistical power. Then, in a second step, one computes the number of observations

200 that is necessary to achieve 80% power to detect the relatively small effect size d* in the

201 replication study. According to this method, already an overall sample size of n = 488 yields an

202 adequate replication of the Kosfeld study[8] (see Supplementary Table 2).

203

204 Exclusion criteria

205 We limit recruitment to male participants for several reasons. First, the main motivation for the

206 study is to replicate the Kosfeld et al.[8] study, which was conducted only with males. Second, we

207 know from the previous literature that sex-specific gonadal steroids influence OT-receptor

208 binding in the brain, and that intranasal oxytocin can affect the behavior of males and females

209 differently, even in opposite directions[40]. Such inter-individual differences might introduce

210 excessive noise in the data which could obscure the results. Third, for practical reasons (given

211 that oxytocin induces labor), we wanted to avoid having to administer pregnancy tests to all

212 female participants, which would be required by Ethics Commissions. Finally, in pilot studies

213 (see Supplementary Table 3a) conducted to develop an appropriate minimal social contact

214 condition that avoids ceiling effects, we noted that the gender composition of the social group

215 had a significant impact on subsequent trusting behavior (Supplementary Table 3b).

216   Other exclusion criteria for participation include (1) psychiatric disorders that may impact

217 the expected effects of OT in healthy populations, and (2) somatic conditions that may impact

218 effective absorption of intranasal OT. To identify psychiatric symptoms, online registration will

219   include a questionnaire with the following items: (a) Have you ever been diagnosed with a

220   psychiatric disorder? (b) Have you experienced recurrent problems with substance abuse? (c)

221   Are you currently or have you in the past been seeing a psychiatrist, psychologist, or

222   psychotherapist? (d) Do you currently or have you in the past taken psychoactive medication,

223   i.e., sleep medication, anxiety medication, antipsychotics, or antidepressants? If the answer is

224   "yes" to any of these questions, the participant will be contacted by a certified psychologist

225   who will conduct a structured interview to determine if the condition meets diagnostic criteria

226   for psychiatric disorders in DSM-IV. Based on the psychologist's diagnostic report we will

227   consider the following disorders as exclusion criteria for the current study: psychotic disorders

228   or mood disorders with psychotic features; major depressive or (hypo)manic episode;

229   generalized anxiety disorder; panic disorder; agoraphobia or social phobia; obsessive

230   compulsive disorder; alcohol abuse and dependence, and non-alcoholic psycho-active

231   substance use disorder.

232   To identify somatic conditions, we query participant's history of nasal diseases by (i) asking if

233   participants ever had surgery on the nose and (ii) by administering a standardized and validated

234   questionnaire for subjective assessment of nasal obstruction (NOSE)[41,42]. Participants who have

235   had surgery on the nose or who score in the "severe" range on the NOSE questionnaire[41] are

236   excluded from further data analysis.

237   Via a post experimental questionnaire, we identify two *post hoc* exclusion criteria: (1)

238   suffering from a common cold or allergic rhinitis on the day of the experiment, which will be

239   assessed subjectively using the standardized Visual Analogue Scale (VAS). The VAS comprises a

240   10 point scale whereby the extreme cases are given by "nose feels extremely clear," (= 0) and

241 "nose feels extremely blocked." (= 10). The score on this scale has been shown to correlate

242 specifically with inspiratory flow in the upper nasal cavity[43,44]. Participants who have a score ≥ 8

243 on the VAS are considered to have severe nasal obstruction[43] and will be removed from the

244 data before analyses. We also assess (2) compliance with the online registration instructions to

245 abstain for at least 12 hours from alcohol, non-prescription drugs, and heavy smoking (>20

246 cigarettes) prior to attending the experiment. Because of the anti-diuretic properties of OT, we

247 ask participants to restrict their general consumption of liquids (e.g. water) two hours prior to

248 the experiment to prevent an inadvertent increase of the possibility of water intoxication.

249 Participants who indicate on the day of the experiment that they drank more than one liter in

250 the hour preceding the experiment will not be allowed to self-administer the spray and will no

251 longer be included in the dataset. We will also exclude participants from the dataset based on

252 their answer to specific questions regarding tobacco-, alcohol- and drug use. We will exclude

253 the data of participants who smoked > 20 cigarettes or drank any alcohol on the day of the

254 experiment, and of participants who used non-prescription (recreational) drugs on the day or

255 the night before the experiment. We deliberately collect information about these behaviors

256 immediately after the experiment (i.e., after participants have been paid) so that they have no

257 incentive to lie.

258   A final criterion is participants' understanding of the trust game instructions. We will check

259 this by letting them compute the monetary payoffs for both players in two hypothetical

260 examples of the trust game. Both examples need to be solved correctly to be included in the

261 data analyses.

262   Participants will be recruited by e-mail and announcements posted on the university's

263   electronic learning platform (Antwerp), or via an existing participant pool platform

264   (Magdeburg) that introduces the study as "The psychobiological foundations of decision-

265   making". Participation will be voluntary, and all participants will sign an informed consent form.

266   The proposed study will be carried out with the approval of the Medical Ethics Commissions of

267   the Universities of Antwerp and Magdeburg.

268

269   **Study design**

270   We will test the combined effects of OT and minimal social contact on trust in a 2×2 factorial

271   design (OT/placebo x minimal social contact/no contact), where each treatment is a between

272   factor. Participants' level of trust (the dependent variable) will be assessed with a single

273   decision in a dyadic incentivized trust game (similar to Berg and colleagues[45]). Trust is measured

274   by how many euros participants in the role of the investor are willing to transfer to another

275   participant, the trustee. Measuring trust with a single decision (rather than averaging several

276   consecutive decisions) has the advantage that it prevents hedge betting and may thus

277   encourage intuitive thinking, which is the decision making type OT is most likely to influence,[7,47]

278   rather than complicated deliberation.

279   The trust game is programmed in z-tree [47], and played on computers linked in a local

280   network. The script will be made accessible via the Open Science Framework. Each person in a

281   dyad is assigned the role of an investor or a trustee. As in Kosfeld et al.[8], both the investor and

282   the trustee receive an initial endowment of 12 euros, and the investor can decide to send 0, 4,

283   8, or 12 euros to the trustee. The experimenter triples each euro the investor transfers, and this

284   amount is added to the initial 12 euro endowment of the trustee. Then the trustee has the

285   option of sending back any amount between zero and the total amount available to him. The

286   experimenter does not triple the back transfer. The investor's payoff corresponds to the initial

287   endowment minus the transfer to the trustee, plus the back transfer from the trustee. The

288   trustee's payoff is given by his initial endowment plus the tripled transfer of the investor, minus

289   the back transfer to the investor.

290   Each participant will play this game twice, with two different partners: first as an investor,

291   and then as a trustee. This ensures that for every investment decision there is also a trustee

292   who decides on a back transfer. The first game in the role of the investor occurs without

293   knowing that there will be a second game in the role of a trustee, and no feedback will be given

294   in between games. In both roles, participants play the trust game for real money.

295   Participants will be randomly assigned to one of the four treatment conditions (no

296   contact/Placebo, no contact/OT, minimal social contact/Placebo, minimal social contact/OT)

297   but randomization will be stratified based on participants' social value orientation (SVO) which

298   will be measured during registration two weeks prior to the experiment with an online survey.

299   This stratification ensures that the distribution of individuals' SVOs will be the same in each

300   treatment condition. SVO is a relatively stable personality feature describing a person's intrinsic

301   willingness to behave prosocially[48], that has been found to predict trusting decisions[49] and

302   sensitivity to social cues[50]. OT/placebo administration will be double blind following a

303   randomized block design (with a block corresponding to a session).

304

Spray administration

A recent study investigating the dose dependency of oxytocin reports that a dose of 24 IU OT is more effective in triggering an amygdala response and eliciting fear reduction compared to either lower (12 IU) or higher (48 IU) doses[51], although this contradicts an earlier study in which 8 IU was found to be the most effective[52]. The latter study, however, made use of a Breath Powered device for OT administration which is likely to have increased absorption significantly. Because the aim of the study is to replicate the Kosfeld et al.[8] study as close as possible, we will have participants self-administer 24 IU OT or a placebo by means of a metered finger sprayer (see Supplementary Figure 1). The solutions, containing 1 ml of either syntocinon (Novartis) or an isotonic solution with no active ingredient, are prepared by the pharmacy of the University Hospital pharmacy.

   As accumulating evidence suggests that the most likely uptake of intranasal OT into the brain occurs directly via the olfactory or trigeminal nerve (rather than via the circulatory system)[53], participants will receive detailed written and oral instructions (following the guidelines of Guastella et al.[54], see Supplementary Table 4) to make sure that the spray reaches the posterior upper end of the nasal cavity where absorption can take place. All experimenters will train themselves to use the spray bottles properly. During the experimental session we will have a ratio of one supervisor for 4 participants. The supervisor will take notes on any problems participants may be experiencing with the spray and rate whether they properly self-administered the spray on a 5 point likert scale. If participants are rated as non-compliant with the rules for self-administration (category 5) or the self-administration is judged as problematic by the supervisor (category 4) the participant is ruled out from data analysis. Participants

327 themselves will also report on a 5 point likert scale the discomfort they experienced (if any)

328 from the spray. Scores on this scale will not serve as exclusion criteria, but will be used in

329 further exploratory analyses to assess if nasal spray discomfort might interfere with proper OT

330 administration and affect the behavioral results.

331

332 **Experimental procedures**

333 Participant recruitment will start at least two weeks prior to the experiment. Registration

334 occurs online and includes filling out the triple dominance measure for social value orientation

335 (SVO)[48;] the inclusive generalized trust scale[49], a measure of risk attitude[55], and two

336 questionnaires assessing attitudes towards social contact (the shortened version of the Autism

337 Spectrum Questionnaire (ATQ10)[56] and the sociability dimension of the HEXACO scale[57]. The

338 trust and risk measures will serve as control variables when testing the primary (*a priori*)

339 hypotheses (described in the next section), while the other variables will serve as moderators in

340 further exploratory analyses.

341 On the day of the experiment, participants will arrive at the agreed upon time and meeting

342 point. They will be escorted individually to a cubicle in the computer room, at which point they

343 will be asked to sign the informed consent. They will not talk to anyone (except to the room

344 supervisor, if necessary). To guarantee anonymity, their names will from then on be replaced by

345 a self-made, retrievable code through which they can be identified during the remainder of the

346 study.

347 Participants begin by filling out a 30-item multidimensional mood state (MDMS)

348 questionnaire[58] and subsequently receive guidelines for spray administration. Participants will

349   then self-administer three puffs of the nasal spray in each nostril, and, following the procedures

350   of Kosfeld et al.[8], wait 50 minutes before continuing with decision-making in the trust game.

351   During this waiting period the procedures for the no-contact and the minimal social contact

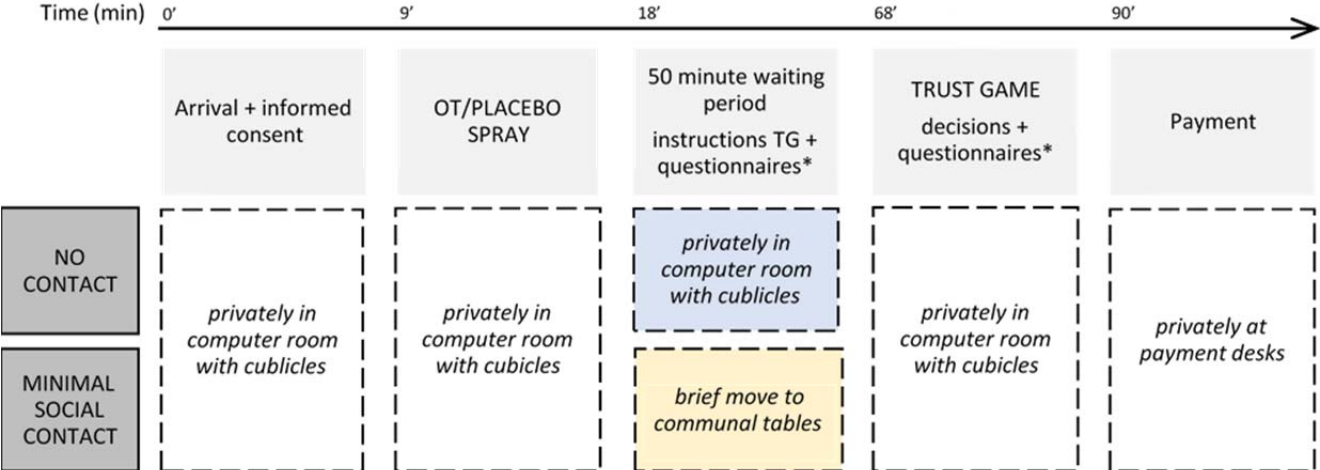352   condition will differ (see Figure 1).

353
354   **Figure 1.** Condensed overview showing the main difference between the no-contact condition and the
355   minimal social contact condition. The top arrow represents the time (in minutes) elapsed. The light
356   grey boxes below describe the procedures, while the dotted-line boxes indicate where the experiment
357   is taking place. The two experimental conditions differ only during the 50 minute waiting period. The
358   questionnaires (indicated by *) are described in the text.
359

360   In the no-contact condition, participants will remain seated in their cubicles for the entire

361   waiting period, and will fill out questionnaires that enable us to measure their negative

362   reciprocity (Global Preferences Scale[55]), personality (the HEXACO-100 personality inventory[57]),

363   fluid intelligence (Raven matrices task), and their level of arousal[59,60]. They will also fill out the

364   MDMS questionnaire for a second time. This will enable us to check for mood changes

365   following nasal spray administration. During the last minutes of the waiting period, they will

366   familiarize themselves with the trust game instructions.

367   In the minimal social contact condition, participants fill out the same questionnaires as in the

368   no-contact condition. However, after 30 minutes into the waiting period, they will move

369   together to a common room, where they will be seated at a communal table. They will be told

370   that they have to sit here for roughly 8 minutes during which they fill out the MDMS and

371   arousal questionnaires. They are told that they can talk quietly to each other, but they are not

372   explicitly encouraged to do so. When they are done they will be guided back (as a group) to

373   their respective cubicles, where they will receive the trust game instructions. From that

374   moment on, the remainder of the experiment proceeds in the exact same way as in the no-

375   contact condition.

376   The written instructions for the trust game will vary slightly between the no-contact and the

377   minimal contact condition. In the no-contact condition, participants will read: *"During the*

378   *study, you will be randomly matched with a participant from another room. Neither before, nor*

379   *after the study will you learn the identity of the other participant. In the same way, the other*

380   *participant will not be informed* about your identity." In the minimal social contact condition,

381   participants will read: *"During the study, you will be randomly matched with one of the*

382   *participants from the other room whom you just met. Neither before, nor after the study will*

383   *you learn the exact identity of the other participant. In the same way, the other participant will*

384   *not be informed about your identity."*

385   After concluding the experiment, participants will answer a post-experimental

386   questionnaire. Importantly, this questionnaire will query participants' beliefs regarding the

387   treatment they received (OT versus placebo) which allows us to test the possibility of a placebo-

388   effect. Finally, a number of questions assess participants' feelings of connectedness with

389   others, which can be used to test if the *minimal social contact* and *no contact* condition differed

390   in this respect.

391   Participants are remunerated for their participation. They receive the earnings from the

392   decisions they made as described in the experimental instructions, plus a 5 euro compensation

393   for filling in the questionnaires.

394

395

396   **Data analysis**

397   *Hypothesis testing*

398   The dependent variable will be the investor's trust level in the various treatment conditions.

399   The main explanatory variables are the treatment conditions. We pool the data obtained in

400   Magdeburg and Antwerp because there is no a priori reason to expect that OT would affect

401   individuals from these two locations differently. In addition, pilot studies conducted during the

402   time span December 2017-March 2018 revealed very similar trusting behaviors between the

403   two locations (Supplementary Table 3a and Supplementary Figure 2). But to be on the safe side

404   we will still control for generalized trust[49] and general risk attitude[55] in our regressions. Adding

405   these two covariates will also reduce the standard errors in our treatment estimates – thus

406   allowing sharper estimates – and correct for potential imbalances in the samples that occur

407   through imperfect randomization. We do not plan to include social value orientation[48] as a

408   covariate because we control for SVO via stratified randomization. We will run the following

409   OLS-regression where T = Trust; OT = Oxytocin treatment; MSC = minimal social contact

410   condition; NoC = no contact condition):

$$T = \beta_o + \beta_1 OT + \beta_2 MSC + \beta_3 OT \times MSC + controls\ (generalized\ trust, risk\ attitude)$$

411   In this regression, the Placebo/NoC treatment is the omitted category and β_0 measures the

412   trust level in this treatment. Neglecting the covariates, the average trust levels in the four

413   treatments are given by the matrix in Table 1:

414

	Placebo (P)	Oxytocin (OT)
No Contact (NoC)	β_o	$\beta_o + \beta_1$
Minimal Social Contact (MSC)	$\beta_o + \beta_2$	$\beta_o + \beta_1 + \beta_2 + \beta_3$

415   **Table 1.** Regression coefficients estimating trust in each of the four experimental conditions
416

417   We test the following *a priori* hypotheses regarding the effect of OT and express them also in

418   terms of the coefficients of the above regression model:

419   **H1:** OT has a positive influence on trust in the MSC condition, i.e., $\beta_1 + \beta_3 > 0$. This is the

420   replication of the Kosfeld et al.[8] study, as delineated in finding (i) in the section on the

421   determination of the sample size.

422   **H2:** The influence of OT on trust in the MSC condition (which is given by $\beta_1 + \beta_3$), is higher than

423   the influence of OT on trust in the NoC condition (which is given by β_1), that is, $\beta_3 > 0$.

424   In addition we formulate a third hypothesis about the influence of the MSC condition:

425   **H3:** In the placebo treatment, Trust is higher in the MSC condition than the NoC condition, i.e.,

426    $\beta_2 > 0$.

427   As we do not have *a priori* expectations about the effect of OT in the NoC condition (i.e.,

428   whether $\beta_1 > 0$), we do not formulate a hypothesis. Similarly, although our design enables us to

429   check whether the influence of MSC on trust levels in the OT treatment (which concerns $\beta_2 +$

430   β_3) will be significantly different from zero, we consider this of secondary interest for the

431   present study.

432   If the analysis yields a non-significant p-value, Bayesian hypothesis testing will be used to

433   assess the relative evidence for the different hypothesis.[61] For example, a Bayesian analysis of

434   H1 ($\beta_1 + \beta_3 > 0$) above computes whether the likelihood (L) of a model that captures the

435   potential effect of OT (β_1) and the interaction effect between OT and MSC (β_3) is sufficiently

436   more likely, given the data, than a model that assumes that both β_1 and β_3 are zero.

437   We will use the "regression BF" function in the Bayes Factor R package, using a JZS/Cauchy

438   prior with a scaling constant of r=0.354, which corresponds to a prior with a medium width. We

439   will also conduct robustness checks using larger values (r=0.5 and r=0.707) corresponding to

440   wider and flatter prior distributions. For each hypothesis we test, we will compute a Bayes

441   factor which provides an indication of how much more likely the hypothesized model is than

442   the null model (i.e., no effect of Oxytocin on trust). We will consider a Bayes factor of 10 as

443   sufficient evidence for the hypothesized model over the null model, a value that is considered

444   "strong evidence" according to Jeffreys' classification system[62, 63].

445   The anonymized dataset generated and analyzed during the current study will be shared

446   publicly.

447

448

449   **References**

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606

607

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611

Author contributions

613 C.D., C.B., B.V. and E.F. developed the idea of a replication study that controls for minimal social
614 contacts; C.D., C.B., B.V. and E.F. designed the study with contributions from L.P.; C.D., C.B., B.V.
615 and E.F. wrote the preregistration report; C.D. and B.V. will supervise and conduct the data
616 collection.

617

Competing interests

619 The authors declare no competing interests

Supplementary Information

Supplementary Table 1. A priori sample size computation using the G*Power 3.1.9.2 28 software[1]

t-tests: Difference between two independent means (two groups)		
Analysis	A priori: compute required sample size	
Input	Tail(s)	**One**
	Effect size d	**0.514**
	α error prob	**0.05**
	Power (1-β error prob)	**0.95**
	Allocation ration N2/N1	**1**
Output	Noncentrality parameter δ	**3.311**
	Critical t	**1.654**
	DF	**164**
	Sample size group 1	**83**
	Sample size group 2	**83**
	Total sample size	**166**
	Actual power	**0.951**

Supplementary Table 2. Simonsohn's small telescopes approach[2] to assess the adequacy of the sample size of a replication study. This method assesses whether the replication study has 80% power to detect an effect size the original study had 33% power to detect.

t-tests: Difference between two independent means (two groups)		
Analysis – Step 1	Compute required effect size for the Kosfeld et al.[3] study with 33 % power	
Input	Tail(s)	One
	α error prob	0.05
	Power (1-β error prob)	0.33
	Sample size group 1	29
	Sample size group 2	29
Output	Noncentrality parameter δ	1.220
	Critical t	1.672
	DF	56
	Effect size d	0.320
Analysis – Step 2	Compute required sample size using d = 0.32	
Input	Tail(s)	One
	Effect size d	0.320
	α error prob	0.05
	Power (1-β error prob)	0.80
	Allocation ration N2/N1	1
Output	Noncentrality parameter	2.502
	Critical t	1.651
	Sample size group 1	122
	Sample size group 2	122
	Total sample size	244
	Actual Power	0.802

25 **Supplementary Table 3.** Mean Investments in the Trust game across 11 pilot sessions

26

27 Supplementary Table 3 documents our effort to develop an experimental design that implements a trust
28 game with and without a minimal social contact condition but which avoids introducing a ceiling effect for a
29 potential impact of OT. For example, in experimental sessions 2, 5 and 7 below (which implemented the
30 Social 1 condition or the Social 1* condition, for a detailed explanation of these conditions see text after
31 Table S3) the average behavioral trust level was 8.875, 10.875 and 9.437, respectively. These trust levels
32 are very high and leave little space for OT to have an effect in these conditions. Therefore, we conducted
33 further pilots with a Social 2 and a Social 3 condition (see pilot sessions 9 – 11) which tried to mitigate
34 these potential ceiling effects while still allowing for minimal social contact among the subjects.

35

#	DATE	Place	N	Condition	Stakes	Show-up fee	Gender	Invest options	Mean investment
1	15-Dec 2017	Antwerp	14	No contact	1pt = 33 c	5 €	mixed	all integers (0 – 12)	8.786
2	15-Dec 2017	Antwerp	16	Social 1	1pt = 33 c	5 €	mixed	all integers (0 – 12)	8.875
3	16-Jan 2018	Magdeburg	16	No contact	1pt = 1€	5 €	mixed	all integers (0 – 12)	7.313
4	17-Jan 2018	Magdeburg	16	No contact	1pt = 33 c	5 €	mixed	all integers (0 – 12)	8.813
5	17-Jan 2018	Magdeburg	16	Social 1*	1pt = 33 c	5 €	mixed*	all integers (0 – 12)	10.875
6	1-Feb 2018	Magdeburg	16	No contact	1pt = 1€	none	mixed	all integers (0 – 12)	6.936
7	1-Feb 2018	Magdeburg	16	Social 1	1pt = 1€	none	mixed	all integers (0 -12)	9.437
8	3-Mar 2018	Magdeburg	16	No contact	1pt = 1€	none	males	0, 4, 8, 12	8.250
9	3-Mar 2018	Magdeburg	16	Social 2	1pt = 1€	none	males	0, 4, 8, 12	7.500
10	16 Mar 2018	Magdeburg	16	Social 3	1pt = 1€	none	males	all integers (0 – 12)	8.100
11	16 Mar 2018	Magdeburg	16	Social 3	1pt = 1€	none	males	0, 4, 8, 12	8.000

36 The social conditions are defined as follows. In **Social 1**, after being seated and having signed the informed
37 consent form in the experimental room, eight participants were called to meet each other briefly (5
38 minutes) in a smaller room (different from the experimental room where the trust game would be played).
39 They were seated at the same table and then asked to formally introduce themselves by name, mention
40 their hobby, and shake hands with each other, following the Prior Contact condition described in Declerck
41 et al. (2010)[3]. In **Social 1*** (pilot session 5), the experimental rooms were separated by gender (i.e., men
42 and women were not seated in the same room when they arrived or when they were performing the trust
43 game). During the social contact moment, four males from one room met four females from another room
44 and introduced themselves following the same procedures as in Social 1. This led to very high trust levels. In
45 **Social 2** (pilot session 9), eight male participants met in the smaller room without introducing themselves.
46 They were seated at the same table and waited together for 5 minutes during which they did not speak

47 with each other. This complete lack of verbal interaction caused a strange and akward situation that was
48 associated with reduced investments. In **Social 3** (pilot session 10 and 11), we combined the procedures of
49 Declerck et al (2010)[3] and Kosfeld et al. (2005)[4]: eight male participants, coming from 2 separate
50 experimental rooms where the trust game was to be played, met in a smaller room. They were not asked to
51 formally introduce themselves, but were told that they were permitted to talk, should they wish to do so.
52 During the 8 minutes that they waited together, they were sitting at the same table and filled out
53 questionnaires (see main text). These procedures were examined once with a "continuous" action space for
54 the investor (i.e., investments from 0 – 12 were possible; in session 10) and once with a restricted
55 investment space (only investments 0, 4, 8 and 12 were possible; session 11). Pilot session 8, which
56 implements the no-contact condition, otherwise matches the procedures of session 11.
57 There were also the **following procedural differences** between the various pilot sessions. In **session 1**
58 **and 2** participants sat in computer rooms without cubicles; in all other session, participants sat in
59 cubicles the entire time, except during the social contact manipulation in the non-experimental
60 ("smaller") room. In **sessions 1-5** participants arrived at an agreed upon place where they waited
61 together until the beginning of the experiment. In **sessions 6-11**, participants were guided immediately
62 to their cubicles upon arrival. This minimizes the contact with other participants before the experiment
63 and increases our control over subjects social contacts. The show up fee was removed in **sessions 6-11**
64 for the following reason. We hypothesized that if subjects receive a show-up fee of €5 they are more
65 willing to take social risks in the trust game, i.e., more willing to send their whole endowment of €12 in
66 the trust game, which exacerbates the ceiling problem discussed above. Instead of giving them a show-
67 up fee of €5 before the trust game we remunerated them ex-post with €5 for filling out questionnaires.
68
69
70 **Supplementary Table 3b.** Mean investments by gender in the mixed gender sessions 1-6
71

#	Condition	Mean all	Males	Females
1	No contact	8.786	10.6 (n=5)	7.8 (n=9)
2	Social 1	8.875	7.0 (n=10)	12.0 (n=6)
3	No contact	7.313	6.5 (n=8)	8.125 (n=8)
4	No contact	8.813	10.5 (n=8)	7.13 (n=8)
5	Social 1*	10.875	10.75 (n=8)	11 (n=8)
6	No contact	6.936	8.75 (n=8)	5.125 (n=8)
7	Social 1	9.437	9 (n=8)	9.875 (n=8)

72
73 The above table shows that in several of the first 6 sessions there were substantial gender differences in
74 trust. To avoid this source of variation we decided to conduct the experiment with only male subjects.
75
76

Supplementary Table 4. Guidelines for OT administration, based on recommendations by Guastella et al., 2013[5].

| 1	If necessary, clear your nose from any obstruction (box of tissues provided).
2	Prime the bottle and complete a test spray in the air.
3	Sit comfortably and keep the head in an upright position.
4	Close one nostril with one finger while administering the spray to the other nostril.
5	Insert bottle 1 cm into the nostril and keep the tip of the bottle at a 45 degree angle into the nose. Aim towards the upper lateral part of the nose (and not towards the middle of the nose).
6	Upon delivery, inhale and breathe in lightly. Do not sniff exaggeratedly.
7	Alternate administrations between nostrils. Allow time between each re-administration to the same nostril of at least 15 seconds.

84   **Supplementary Figure 1**. Technical details of finger sprayer used to deliver OT/placebo. Figure
85   reproduced with permission from Pharma-pack, Wilrijk (Belgium).

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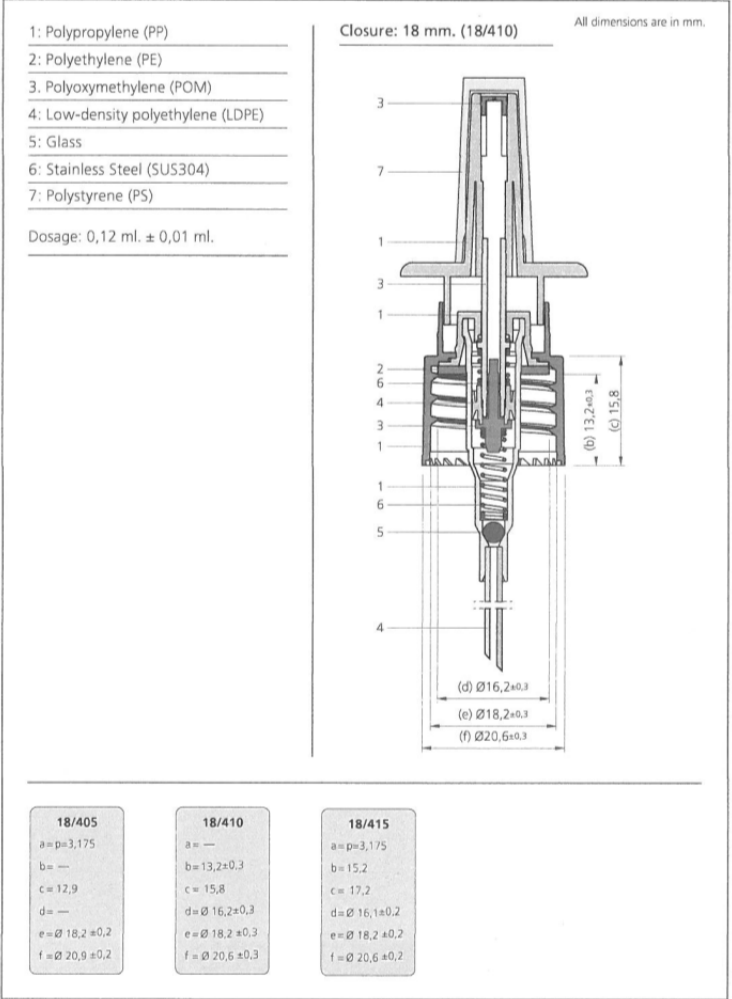
90   **Supplementary Figure 2.** Comparison of the distributions of investment decisions in the pilot
91   studies conducted in Antwerp (N = 14, session 1) and Magdeburg (N = 16, session 4).
92   Experimental conditions are kept the same: no contact, mixed genders, low stakes (1 point = 33
93   cent) but with a show-up fee.
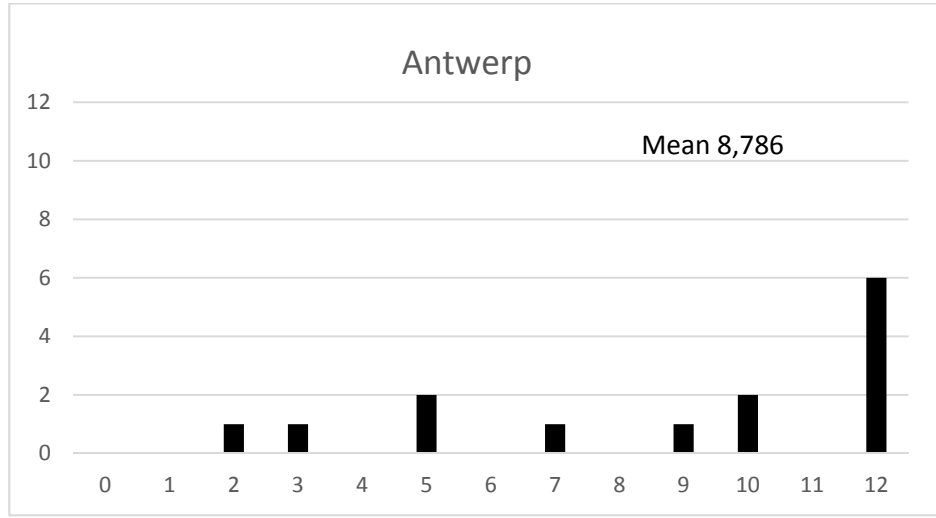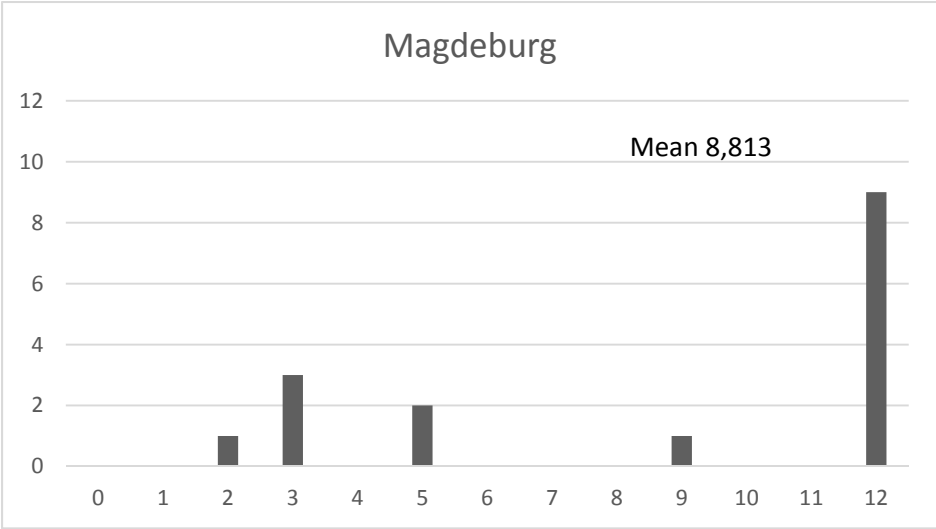
Supplementary References

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