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Decentering as a Facilitator of Psychological Well-Being

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Abstract

The current study examined one's ability to decenter (i.e., to take a third-person perspective of one's experiences) and its relationship with psychological well-being (levels of positive affect, life satisfaction, negative affect, depression, anxiety, and stress). The two dimensions of decentering are intentional decentered perspective and non-reactivity to thought content. The study also determined which of these two components is a stronger predictor of positive psychological outcomes. One hundred forty-nine college students completed measures of decentering (overall decentering, intentional decentered perspective, and non-reactivity) and psychological well-being (positive affect, life satisfaction, negative affect, depression, anxiety, and stress). Results indicated that overall decentering was a statistically significant predictor of all the various forms of psychological well-being. Higher levels of overall decentering were associated with higher levels of life satisfaction and positive affect as well as lower levels of negative affect, depression, anxiety, and stress. In regard to the relative impact of the two components, non-reactivity to thought content was the stronger predictor of the psychological outcomes.

Decentering as a Facilitator of Psychological Well-Being

Mindfulness is the awareness associated with purposefully and nonjudgmentally being attentive to experiences as they occur in the moment Kabat-Zinn, Lipworth, & Burney (1985). A variety of beneficial psychological outcomes have resulted from psychotherapies focused on training patients to engage in mindfulness including reduced depression, mood disturbances, and stress (Brown & Ryan, 2003). Patients have also demonstrated positive physiological and medical outcomes such as lower blood pressure and improved immune functioning (Kabat-Zinn, 1985; Carlson, Speca, Faris, & Patel, 2007) following mindfulness therapies. Researchers, however, are still unclear about *why* and *how* these practices help people and improve their well-being. Current researchers, however, have begun identifying the elements of mindfulness that may be responsible for these empirically demonstrated positive outcomes.

One of these critical psychological processes is "decentering." Bernstein and his colleagues' defined decentering as "an individual's capacity to shift experiential perspective from within one's subjective experience onto that experience" (Bernstein et al., 2015, p.1).

When individuals engage in mindfulness practices, they display an increased capacity to take an objective and third-person perspective of their thoughts, emotions, and lives. In other words, they "take a step back" from internal experiences to view them with an open mind. A decentered person shifts rapidly from being angry to being able to see one's self as a person who is having angry thoughts (and as someone who can choose to act on the anger or not). Decentering is the ability to objectively view thoughts and feelings as events rather than truths about the self.

Changing the content of one's thoughts was believed to be the crucial component in preventing relapse from depression. In cognitive therapy, a technique known as cognitive

restructuring is used to elicit this thought change. However, extant research suggests that altering the content of one's thoughts may not be the critical component that leads to the beneficial results found in cognitive therapy (Baer, 2010). Notably, Barber and DeRubeis (1989) stated: "cognitive therapy does not reduce the tendency for depressives to generate negative thoughts in distressing situations, but rather it inculcates a set of skills that help them to deal with these thoughts when they do occur" (p. 450). One of the skills that Barber and DeRubeis are referring to that helps patients cope with negative thoughts is decentering. Decentering is indirectly targeted in cognitive therapy through cognitive techniques such as self-monitoring and exercises that restructure thoughts because having psychological "distance" is suggested to be necessary to accurately observe, explain, and reflect on internal experiences (Naragon-Gainey & DeMarree, 2016; Herbert & Forman, 2011).

The purpose of the current study was to examine the construct of decentering and its relationship with psychological well-being. More specifically, it aimed to determine which of the two dimensions of decentering is most predictive of psychological outcomes. Although the study is correlational in nature, it may contribute to our understanding of decentering and may offer suggestions on which aspects of decentering to focus on in psychotherapeutic interventions that incorporate this metacognitive process.

Concept of Decentering

Definition. Decentering is the ability to objectively view thoughts and feelings from a third-person perspective so that they can be considered as events rather than truths about the self. In 1990, Safran and Segal defined decentering as a mental process of "stepping outside of one's immediate experience, thereby changing the very nature of that experience" (Safran & Segal, 1990, p. 117). A decentered person shifts rapidly from being angry to being able to see one's self

as a person who is having angry thoughts (and as someone who can choose to act on the anger or not). In 2016, Naragon-Gainey and DeMarree defined decentering as "a present-moment awareness of one's mental experience, marked by a detached observer perspective" (p. 935).

Decentering-related constructs. Decentering terms that have been used to refer to the construct of decentering include: cognitive (de)fusion; cognitive distancing; (dis)identification; meta-awareness; metacognition; metacognitive awareness; mindfulness; (non)reactivity; psychological distance; self-as-context; self-distanced perspective; self-referential processing (Bernstein et al., 2015; Naragon-Gainey & DeMarree, 2016). Regardless of the term used, in essence, the construct of decentering involves using an objective, psychologically distant perspective to analyze one's thoughts, feelings, and emotions.

In developing a model of mechanisms by which mindfulness interventions work, Shapiro, Carlson, Astin, & Freedman (2006) asserted that mindfulness facilitates a fundamental shift in perspective which they refer to as *reperceiving*. They defined reperceiving as a change in relation to perceived experience. They described it with a helpful example:

> If we are able to see *it*, then we are no longer merely *it*; i.e., we must be *more* than *it*. Whether the *it* is pain, depression, or fear, reperceiving allows one to dis-identify from thoughts, emotions, and body sensations as they arise, and simply be with them instead of being defined (i.e., controlled, conditioned, determined) by them. (p. 378)

This example also corresponds nicely with Hadash and colleagues' (2017) account of decentering in that when one 'dis-identifies' from thoughts, emotions, and bodily sensations (internal experiences) they will become less 'controlled, conditioned, and determined' by (reactive to) the internal experience because they can 'see it' (meta-awareness).

Two dimensions of decentering. The present study is premised on the model of metacognitive processes of decentering developed by Bernstein, Hadash, Lichtash, Tanay, Shepherd, and Fresco in 2015. They originally proposed that there are three metacognitive processes that underlie decentering: meta-awareness (being aware of mental processes), dis-identification from internal experience (experiencing one's inner states as separate from the self), and reduced reactivity to thought content. When testing this model, however, Hadash, Lictash, and Bernstein (2017) arrived at only two factors. They administered a collection of self-report measurements that tapped into the construct of decentering to a total of 362 adults of the University of Haifa community. These were the EQ-D Experiences Questionnaire - Decentering Subscale (Fresco et al. 2007), TMS-D Toronto Mindfulness Scale-Decentering Subscale (Lau et al. 2006), DDS Drexel Defusion Scale (Forman et al. 2012), CFQ Cognitive Fusion Questionnaire (Gillanders et al. 2014), MAQ Metacognitive Awareness Questionnaire (Teasdale et al. 2001). The group was randomly divided into two sub-samples: sub-sample 1 for exploratory factor analysis (EFA) and sub-sample 2 for confirmatory factor analysis (CFA). The measures were translated into Hebrew and then back-translated.

Analyses revealed that the two-factor model was the best fit for CFA testing since there was no covariation between the factors that would require merging the factors into one factor. Furthermore, the two-factor model accounted for more variance than any of the other attempted models. The EFA and CFA results persuaded Hadash and his colleagues that the only empirically valid and theoretically interpretable explanation was two orthogonal factors: Factor I (intentional decentered perspective) & Factor II (automatic reactivity to thought content). The first factor happened to be composed of items from the Drexel Defusion Scale (DDS) while the second factor was composed of items from the Cognitive Fusion Questionnaire (CFQ).

Intentional decentered perspective reflects the more *voluntary* aspect of decentering. It occurs when someone takes a third-person perspective of their thoughts, feelings, and emotions. For example, imagine you always wore yellow sunglasses and forgot you were wearing them. Having a decentered perspective is like taking off your glasses and holding them several inches away from your face; then you can see how they make the world appear to be yellow instead of only seeing the yellow world (Forman et al., 2012). The purpose is to recognize the process of thinking as it occurs. A decentered perspective allows you to see yourself having an emotion, thought, or physical sensation rather than simply experiencing it. Suppose you dropped your cell phone and the thought "I'm such an idiot" arose. When you decenter yourself, you will have the ability to recognize it is as just a thought that you had about yourself but that the thought may or may not indicate something true about yourself (Forman et al., 2012).

The second component, automatic reactivity to thought content, occurs when one engages in the habit of immediately responding or reacting to the thought. It reflects the more *automatic* aspect of decentering. One automatically acts on thoughts as though they were true (Gillanders et al., 2014). When you dropped your cell phone, for example, and the thought "I'm such an idiot" arose, this automatically causes you to engage in a host of other thoughts that follow a trend of negative self-judgment and anxiety (e.g., "I can't believe I am so clumsy", "I should have bought that protective case", etc.).

To examine the correlations between these two factors and criterion variables such as mindlessness, positive and negative affect, rumination, depression, and anxiety, Hadash et al. (2017) also administered the following measures: MAAS Mindful Attention and Awareness Scale (Brown & Ryan, 2003), PSWQ Penn State Worry Questionnaire (Meyer et al., 1990), RSQ-RRS Response Styles Questionnaire-Ruminative Responses Scale (Nolen-Hoeksema &

Morrow, 1991), WBSI White Bear Suppression Inventory (Wegner & Zanakos, 1994), PANAS The Positive and Negative Affect Schedule (Watson et al., 1988), BAI Beck Anxiety Inventory (Beck et al., 1988), PHQ-9 Patient Health Questionnaire (Kroenke et al., 2001). Only Factor I (DDS; intentional decentered perspective) was positively related to positive affect and only Factor II (CFQ; automatic reactivity to thought content) was positively related to negative affect, worry, rumination, thought suppression, anxiety and depression.

Naragon-Gainey and DeMarree (2016) arrived at a similar two-factor solution when they utilized four of the five measures of decentering used by Hadash and colleagues (2017) with an English-speaking sample in the United States. They labeled the factors as "observer perspective" (conceptually similar to intentional decentered perspective) and "reduced struggle with inner experience" (conceptually similar to automatic reactivity to thought content). Likewise, the first factor included items from the DDS and the second from the CFQ. Thus, the present study used the DDS and CFQ to measure these two dimensions of decentering.

Consistent with the positive character of decentering, Naragon-Gainey and DeMarree (2016) labeled the second factor in the positive direction ("reduced struggle with inner experience") rather than in the negative direction as Hadash et al. (2017) did (automatic reactivity to thought content). To facilitate the discussion of this second factor, the current study followed Narragon-Gainey and DeMarree by labeling it as "non-reactivity to thought content". This also entailed reverse-scoring the items of the Cognitive Fusion Scale (CFS). Thus, higher scores would mean less reactivity.

According to Naragon-Gainey and DeMarree (2016) and Fresco and his colleagues (2007), the Experiences Questionnaire-Decentering subscale (EQ-D) measures decentering from a broad perspective that does not evaluate deeper components or processes underlying the overall

construct. This questionnaire subscale was used in the current study to measure overall decentering. Table 1 below lists the decentering variables and their definitions as they were used in the current study.

Table 1

Definitions of Decentering and its Dimensions

Variable	Definition	Operationalization
Decentering	"Stepping outside of one's immediate experience, thereby changing the very nature of that experience" (Safran & Segal, 1990, p. 117)	Agreement with statements describing distant perspective on thought, self-acceptance, slowing thought, awareness of thought. (EQ-D)
Intentional Decentered Perspective	Purposefully experiencing internal states as separate from one's self. Linked to experiencing sensations, emotions, and thoughts from a third-person perspective.	Perceived ability to generally defuse from hypothetical negative thoughts, feelings, and sensations. (DDS)
Non-Reactivity to Thought Content	Automatically reducing the effects of thought content on other mental process such as attention, cognitions, emotions, motivation, and others.	Disagreement with statements describing struggle with, entanglement in, or emotional impact of thoughts. (CFQ)

Present Study

The current study examined the relationship between decentering and psychological well-being. The following were the research questions and predictions posed:

Research question 1. Is one's ability to decenter or take an objective and third-person perspective of one's experiences correlated with higher levels of positive affect and life satisfaction, and lower levels of negative affect, depression, anxiety, and stress?

Hypothesis 1. When measured as an overall construct using the EQ-D, it was hypothesized that higher levels of decentering will be correlated with higher levels of positive affect and life satisfaction, and lower levels of negative affect, depression, anxiety, and stress.

These predictions were based on some past research. Puckett, Mereish, Levitt, Horne, & Hayes-Skelton (2018) found that higher levels of decentering measured by the EQ-D were associated with lower levels of psychological distress (depression, anxiety, and stress). Furthermore, Fresco et al., (2007) found that decentering measured using the EQ-D had a significant negative correlation with experiential avoidance, brooding rumination, emotion suppression, and self-report measures of current depression and anxiety symptoms. If these studies found decentering to be correlated with lower levels of negative psychological outcomes, in the current study, it is anticipated that it would also be correlated with higher levels of positive psychological well-being (positive affect and life satisfaction).

Research question 2. Which of the two components of decentering is more critical in fostering various types of psychological outcomes? Which of the two is more strongly correlated with higher levels of positive affect and life satisfaction, and lower levels of depression, anxiety, and stress?

Hypothesis 2. With regards to the relative impact of the two components of decentering, it was hypothesized that higher levels of intentional decentered perspective will be more predictive of positive psychological outcomes (higher levels of life satisfaction and positive affect). On the other hand, it is hypothesized that higher levels of non-reactivity to thought content will be more predictive of reduced negative psychological outcomes (lower levels of negative affect, depression, anxiety, and stress). Avoiding being reactive and drawn to one's thoughts and feelings is expected to minimize negative psychological outcomes.

These predictions were based on findings from Hadash et al., (2017) where intentional decentered perspective was positively correlated with positive affect but not significantly correlated with depression and anxiety, whereas non-reactivity to thought content was negatively correlated with negative affect, depression, and anxiety (or automatic reactivity to thought content was positively correlated with those negative outcomes).

Method

Participants

Participants were recruited from Eastern Illinois University's upper-level Psychology courses offered during the Spring semester of 2019. In total, two hundred and forty-eight students took part in the research. Of the 248 participants, 169 students completed all the scale items in the survey. From this sample, 12% (n = 20) were excluded due to unusually short or long duration of responding (less than 5 minutes, or more than 45 minutes). None of the remaining participants provided problematic responses (e.g., answering all items with "number 1"). The final total of 149 participants met the minimum sample size requirement of 88 participants to achieve desired power of .90 with an anticipated medium effect size to perform each multiple regression (with two predictors) at an alpha level of .05.

The final sample consisted of 25 males (17%) and 124 females (83%), with an age range of 18 to 59 (M = 21.91, SD = 4.4, Mdn = 21). There were 14% freshmen, 19% sophomore, 36% juniors and 31% seniors. The sample consisted of 75% Whites/Caucasians (n = 112), 15% Blacks/African Americans (n = 22), 4% Hispanics (n = 6), 3% Asian Americans (n = 4) and 3% Multi-ethnics (n = 5).

Materials

Experiences Questionnaire-Decentering subscale. The Experiences Questionnaire-Decentering subscale (EQ-D; Fresco et al., 2007) was used to measure the overall decentering construct. It is composed of 11 items which require respondents to rate how often statements describing distant perspective on thought, self-acceptance, slowing thought, awareness of thought apply to them on a 5-point Likert scale ranging from 1 = never to 5 = all the time. In the Forman et al., (2012) study the internal consistency analysis yielded Cronbach alphas of .84, .85, and .86.

Drexel Defusion Scale. The Drexel Defusion Scale was utilized to assess intentional decentered perspective (DDS; Forman et al., 2012). The DDS is a 10-item self-report scale that asks participants to rate their ability to "defuse" from unpleasant internal experience on 6-point Likert scale where 0 = not at all to 5 = very much. The scale includes an introductory four-paragraph statement defining defusion in lay terms. Participants rated their level of ability to defuse from ten scenarios describing unpleasant internal experiences (e.g., having thoughts such as "no one likes me", "I'll never make it", feelings of sadness, etc.). In the Forman et al., (2012) study the internal consistency analysis yielded Cronbach's alphas of .75, .76. and .79.

Cognitive Fusion Scale. The Cognitive Fusion Scale (CFQ; Gillanders et al., 2014) was used to measure non-reactivity to thought. The CFQ is a 7-item self-report scale that asks

participants to rate the extent to which statements that reflect cognitive fusion are true about them on a 7-point Likert scale. Cognitive fusion is "the tendency for behavior to be overly regulated and influenced by cognition" (Gillanders et al., 2014, p. 84). The items on the CFQ reflect automatic reactivity to thought content (e.g., "I tend to get very entangled with my thoughts", "It's such a struggle to let go of upsetting thoughts even when I know that letting go would be unhelpful"). The CFQ exhibited Cronbach's alpha values between .71 and .88 (Gillanders et al., 2014). As earlier mentioned, the items were reverse-scored so that higher scores indicate non-reactivity.

Satisfaction with Life Scale. The Satisfaction with Life Scale (SWLS: Diener, Emmons, Larson, & Griffin, 1985) was used to measure one component of positive psychological outcomes (Life satisfaction). The SWLS is a 5-item test with a 7-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree, where higher scores were translated as greater individual satisfaction with one's life. The purpose of the SLWS is to provide an idea of how much the respondent is satisfied with his/her life at the present moment. The overall score is determined by adding across the items. The higher the SWLS score, the more satisfied the individual is with his/her life. The SWLS displayed strong psychometric properties with Cronbach's alpha values between .79 and .89 in multiple samples (Larson, Diener, & Emmons, 1985).

Positive and Negative Affect Schedule. The Positive and Negative Affect Schedule (PANAS; Watson, Clarke, & Tellegen, 1988) was used to measure experiences of positive and negative affect. The PANAS is a 20-item measure with a 5-point Likert scale, where 1 = very slightly or not at all and 5 = extremely. All twenty items ask the respondent to use the Likert scale to rate the extent to which they felt the given emotion during the past week. Ten of the

items measure positive affect while the other ten measure negative affect. Individual scores range from 10 to 50, with a separate scoring being provided for positive and negative subscales where higher score indicate higher level of positive and negative affect. The PANAS displayed strong psychometric properties with Cronbach's alpha of .86 for positive affect and .87 for negative affect (Watson et al., 1988). Furthermore, Watson and colleagues' wrote that the PANAS is "internally consistent and has excellent convergent and discriminant correlations" (1988, p. 1069).

Depression, Anxiety, and Stress Scale. The Depression, Anxiety, and Stress Scale (DASS; Lovibond & Lovibond, 1995) was used to assess psychological suffering. For this study, the shorter 21-item version was used, where each item is a symptom of one of the negative psychological traits. Participants were asked to use a 4-point severity/frequency scale, where 1 = did not apply to me at all and 4 = applied to me very much or most of the time, to rate how much they have experienced each symptom in the last week. The subscales for the DASS are depression, anxiety, and stress. The score for each subscale is calculated by summing the scores for items relevant to the subscale. Results from previous studies have found good evidence that the scales are stable over time, as well as good construct and convergent validity for the depression and anxiety subscales (Luke et al., 2010).

Procedure

All participants were administered the survey through Qualtrics, an online survey data collection system. Students were recruited through the Eastern Illinois University psychology psychology courses where professors offered extra credit for participation. After giving consent, participants were asked to provide demographic information including age, gender, student status, etc. After these two sections of the survey were completed, participants were presented

with the six aforementioned scales in a counterbalanced fashion. After completion of scales, participants were debriefed and thanked for their participation. Most participants completed the study within 30 minutes.

Results

Internal Consistency of the Scales

Cronbach's alpha coefficients were computed to assess the internal consistency of each scale and subscale used in the study. These values are presented in Table 2 and they demonstrated good to excellent internal consistency (> .8 is good and > .9 is excellent; George & Mallery, 2003) across all the measures. Many of the Cronbach's alpha values were comparable or higher than those reported in previous studies.

Characteristics of the Study Sample

The mean scores and standard deviations for decentering and the psychological outcomes can be found in Table 2. All the decentering measures (overall decentering, intentionally decentered perspective, and non-reactivity to thought content) yielded means that were less than one unit above the midpoint of the scale ranges suggesting that the participants are moderately decentered.

The average scores for satisfaction with life and negative affect were less than one unit above the midpoint indicating that participants are leaning towards slightly being more satisfied with life while also having some experience of negative affect. The average positive affect score was very slightly below the midpoint.

Lastly, the subscale scores for depression, anxiety, and stress were each less than one unit above the midpoint. This result suggests that the participants are leaning towards experiencing slightly above moderate levels of depression, anxiety, and stress.

Table 2

Means, Standard Deviations and Cronbach's Alphas (N = 149)

Variable	*M*	*SD*	95% CI	Cronbach's *a*
EQ (Overall Decentering)	30.69	7.73	29.44 – 31.94	.87
DDS (Intentional Decentering)	34.92	8.16	33.60 – 36.24	.79
CFQ (Non-Reactivity)	28.21	9.74	26.63 – 29.79	.94
SWLS (Life Satisfaction)	16.49	6.00	15.52 – 17.46	.84
PANAS (Positive Affect)	29.98	7.57	28.75 – 31.20	.87
PANAS (Negative Affect)	23.44	8.10	22.13 – 24.75	.87
DASS (Depression)	12.66	5.06	11.84 – 13.48	.91
DASS (Anxiety)	12.91	4.55	12.18 – 13.65	.80
DASS (Stress)	14.47	4.44	13.75 – 15.19	.84

Note: EQ = Experiences Questionnaire, DDS = Drexel Defusion Scale, CFQ = Cognitive Fusion Questionnaire, SWLS = Satisfaction with Life Scale, PANAS = Positive and Negative Affect Scale, DASS = Depression, Anxiety, and Stress Scale.

Bivariate Correlations in the Components of Decentering

This study investigated the association of decentering with various psychological outcomes. However, before examining those relationships, the correlations of the three measures of decentering were examined. As shown in Table 3, these measures were significantly intercorrelated.

Overall decentering showed moderate positive correlations with intentionally decentered perspective and non-reactivity to thought content suggesting that overall decentering could be comprised by both components within its construct. The moderate correlation, however, may be due to the fact that the decentering components were not subscales of the overall decentering scale used in the study (Experiences Questionnaire). While intentional decentered perspective

and non-reactivity are also moderately positively correlated, the shared variance is only 30% ($r^2 = (.55)^2$). This indicates that the two are related but that they assess distinct components of the same construct of decentering.

Table 3

Zero-Order Correlations Amongst Decentering and its Dimensions (N = 149)

	Decentering	1	2	3
1	Overall Decentering (EQ)	--	.58**	.57**
2	Intentional Decentered Perspective (DDS)		--	.55**
3	Non-Reactivity to Thought Content (CFQ)			--

*$p < .05$, **$p < .01$, ***$p < .001$ (two-tailed)

Note: EQ = Experiences Questionnaire, DDS = Drexel Defusion Scale, CFQ = Cognitive Fusion Questionnaire

Research Question 1: Overall Decentering and Psychological Outcomes.

The first research question examined the relationship between overall decentering and the various psychological outcomes. Satisfaction with life and positive affect were hypothesized to have positive relationships with overall decentering while negative affect, depression, anxiety, and stress were hypothesized to be inversely related with it.

As shown in Table 4, as anticipated, overall decentering was associated with higher levels of life satisfaction and positive affect. In contrast, it was correlated with lower levels of negative affect, depression, anxiety, and stress.

Table 4

Zero-Order Correlations Between Overall Decentering and Psychological Outcomes (N = 149)

Psychological Outcomes	Correlation with Overall Decentering
Life Satisfaction	.45 ***
Positive Affect	.59 ***
Negative Affect	-.53 ***
Depression	-.52 ***
Anxiety	-.43 ***
Stress	-.47 ***

*$p < .05$, **$p < .01$, ***$p < .001$ (two-tailed)

Research Question 2: Intentionally Decentered Perspective and Non-Reactivity to Thought Content on Various Psychological Outcomes.

The second research question focused on the relative impact of intentionally holding a decentered perspective versus being nonreactive to thought content on various psychological outcomes. Before this was directly addressed, zero-order correlations between each of the two dimensions of decentering and the psychological outcomes were examined. These are shown in Table 5. Both dimensions were associated with higher levels of life satisfaction and positive affect. They were also correlated with lower levels of negative affect, depression, anxiety, and stress. However, for all psychological well-being variables, the correlations with non-reactivity were higher than the ones with intentional decentered perspective.

Table 5

Zero-Order Correlations Between Intentional Decentered Perspective and Non-Reactivity to Thought Content with Psychological Outcomes (N = 149)

Psychological Outcomes	Correlation with Intentional Decentered Perspective	Correlation with Non-Reactivity to Thought Content
Life Satisfaction	.33 ***	.49 ***
Positive Affect	.42 ***	.49 ***
Negative Affect	-.44 ***	-.61 ***
Depression	-.41 ***	-.62 ***
Anxiety	-.32 ***	-.52 ***
Stress	-.36 ***	-.62 ***

*$p < .05$, **$p < .01$, ***$p < .001$ (two-tailed)

Six separate multiple regression analyses were then conducted to determine the extent to which an intentionally decentered perspective versus non-reactivity to thought content were predictive of the six psychological outcomes. The results are shown in Table 6.

In the first multiple regression predicting life satisfaction, non-reactivity was predictive but intentionally decentered perspective was not. Less reactivity to thought content was associated with experiencing more satisfaction with life.

For positive affect (the second multiple regression), both components of decentering were predictive, but non-reactivity was a stronger predictor (higher standardized beta value) than intentional decentered perspective. In other words, both components are associated with experiencing positive affect, but non-reactivity showed a stronger relationship.

For each of the remaining four multiple regression analyses on negative affect, depression, anxiety, and stress, non-reactivity was predictive but intentional decentered

perspective was not. Being non-reactive to one's thoughts and emotions was associated with experiencing less negative affect, depression, anxiety, and stress. In sum, the multiple regression analyses results exhibited a trend indicating that non-reactivity rather than intentional decentered perspective was the better, if not the only predictor of the psychological outcomes.

Table 6

Summary of Multiple Regression Analyses Between the Components of Decentering and Psychological Outcomes (N = 149)

Decentering	*B*	*SE B*	*β*
Satisfaction with Life			
Intentional Decentered Perspective	.07	.06	.10
Non-Reactivity to Thought Content	.27	.05	.43***
Positive Affect			
Intentional Decentered Perspective	.20	.08	.22*
Non-Reactivity to Thought Content	.29	.07	.37***
Negative Affect			
Intentional Decentered Perspective	-.15	.08	-.15
Non-Reactivity to Thought Content	-.44	.07	-.52***
Depression			
Intentional Decentered Perspective	-.06	.05	-.10
Non-Reactivity to Thought Content	-.29	.04	-.56***
Anxiety			
Intentional Decentered Perspective	-.03	.05	-.05
Non-Reactivity to Thought Content	-.23	.04	-.49***
Stress			
Intentional Decentered Perspective	-.02	.04	-.03
Non-Reactivity to Thought Content	-.27	.04	-.60***

*$p < .05$, **$p < .01$, ***$p < .001$

Note: Life Satisfaction R^2 = .24; adjusted R^2 = .23; Positive Affect R^2 = .28; adjusted R^2 = .27; Negative Affect R^2 = .38; adjusted R^2 = .37; Depression R^2 = .39; adjusted R^2 = .38; Anxiety R^2 = .27; adjusted R^2 = .26; Stress R^2 = .38; adjusted R^2 = .37.

Discussion

This study investigated the relationship between decentering and psychological well-being in its positive and negative forms. Overall decentering was associated with higher levels of life satisfaction and positive affect, and lower levels of negative affect, depression, anxiety, and stress. Given that the study is primarily correlational, it cannot be established whether these beneficial psychological outcomes are a consequence of one's ability to take a step back from one's thoughts and feelings. It is at least predictive of psychological well-being.

The results of the study also indicate that both intentional decentered perspective and non-reactivity to thought content were associated with the various psychological outcomes in the expected directions. These findings are different from those obtained by Hadash and colleagues (2017) who found that intentional decentered perspective was associated only with positive psychological outcomes while non-reactivity to thought content was predictive only of negative outcomes. This discrepancy might be due to the fact that the DDS (the measure of intentional decentered perspective) and CFQ (the measure of non-reactivity) scores were not correlated in their study (r = .07, n.s.), allowing for differential correlations with other variables. In contrast, in the present study, there was a moderate positive correlation between these scores (r = .55, p < .01). This is somewhat similar to findings from Naragon-Gainey and DeMarree (2016) where the DDS and CFQ scores were also positively correlated but weaker (r = .28, p < .01). As in the present study, both intentional decentered perspective and non-reactivity were predictive of negative psychological outcomes. Naragon-Gainey and DeMarree did not present participants with measures of positive outcomes. It is unclear as to why the correlation between the DDS and

CFS scores was higher in the current study. This might be a function of the differences in sample characteristics. The other two studies had samples that were larger and more diverse. The current sample was primarily composed of college students enrolled in psychology courses. Many have earned extra course credit for participating in the study or were members of the subject pool. As such, they are likely to be experienced survey takers who might have been responding in socially desirable ways on the DDS and CFQ. Hence, the moderate positive correlation between the two scale scores. Future studies could take this into account by incorporating a measure of socially desirable responding and controlling for the variable during data analysis.

Although both dimensions of decentering were predictive of all the psychological outcomes (based on the zero-order correlations), non-reactivity to thought content proved to be a stronger correlate of well-being than intentional decentered perspective. This implies that not being automatically consumed by one's thoughts and emotions might be more critical in facilitating well-being than being able to actively distance one's self from these thoughts and feelings. Perhaps the skill of avoiding automatic reactions to thoughts and feelings should be targeted and cultivated more than the skill of actively taking a step back from them. This should, however, be tested experimentally in future studies by independently manipulating these two factors and assessing their relative impact on psychological well-being. According to Hadash, Plonsker, Vago, & Bernstein (2016), one way decentering can be induced is by "instructing participants to relate to their experience as distant and passing events, without controlling them, identifying with them or considering them as a part of themselves" (p. 861

Although factor analyses by Bernstein and colleagues (2015) as well as Naragon-Gainey and DeMarree (2016) have arrived at two orthogonal processes based on self-report measures, it

is unclear whether behaviorally they are true separate processes. If they are, do they follow a sequence? Given that non-reactivity was a stronger predictor in the current study, does this imply that learning how to engage in automatic reactions to thoughts and feelings comes before knowing how to actively take a step back? Would it also be sufficient simply to learn how to become non-reactive?

Even though the internal consistency of the measures used in the present study ranged from good to excellent, a limitation of this study was the use of self-report scales itself. Self-report measures are the most common way of gauging decentering-related constructs because of the metacognitive nature of the concepts. Future studies should avail of emerging implicit or behavioral measures of decentering. In 2016, Hadash et al. elicited fear through short videos and audio and measured the participants' cognitive associations between the self and the fear experienced. They found preliminary experimental and correlational evidence that the Single Experience & Self Implicit Association Test (SES-IAT) measures the degree of identification with fear as well as negative self-referential evaluation of fear.

In conclusion, data from self-reports of people's ability to decenter showed that higher levels of overall decentering were associated with higher levels of life satisfaction and positive affect as well as lower levels of negative affect, depression, anxiety, and stress. Furthermore, results indicate that non-reactivity to thought content was the stronger predictor of the psychological outcomes. Some of the implications of these findings were discussed and future studies using implicit and behavioral measures in an experimental setting should be conducted to test these insights.

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