



The relative benefits of nonattachment to self and self-compassion for psychological distress and psychological well-being for those with and without symptoms of depression

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Objectives. Self-compassion represents a way of interacting with the self involving kindness and a balanced approach to negative self-related stimuli that has shown to contribute to reduced depression, anxiety and stress, and increased psychological well-being. Due to the potential barriers towards self-compassion for people with depressive symptoms, the objective of the present study was to investigate whether the emerging construct of 'nonattachment to self', which reflects a flexible and balanced approach to all self-related stimuli, may be more beneficial for positive psychological outcomes than self-compassion, for individuals with depressive symptoms.

Method. A sample 388 participants (consisting of 71 men, 317 women) aged from 18 to 77 ($M = 35.33$, $SD = 10.81$) completed an online questionnaire measuring levels of self-compassion, nonattachment to self, depressive symptoms, and well-being.

Results. Higher levels of both nonattachment to self and self-compassion were related to reduced psychological distress and increased psychological well-being. However, for people with at least mild depressive symptoms, nonattachment to self was found to be a stronger predictor of reduced psychological distress and increased psychological well-being than self-compassion.

Conclusion. In conclusion, the present study suggests both nonattachment to self and self-compassion are associated with better mental health in non-clinical populations. Further, for individuals experiencing at least mild symptoms of depression, self-compassion may be less beneficial than taking a more nonattached stance towards the self. The findings have implications for the way we conceptualize self-focused attention and suggest assisting individuals to let go of their fixated, self-focused attention may be especially beneficial for individuals with depressive symptoms.

Practitioner points

- The notion of letting of attachment to the separate static self lies at the core of Buddhist psychological teachings and recent research suggests it can have a positive impact on individuals psychological well-being and ill-being

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- Given the barriers to self-compassion experienced by individuals with depressive symptoms, nonattachment to self may represent a healthy interaction with the self than is met with less resistance than self-compassion.
- Due to the balanced stance of nonattachment to self towards positive and negative self-related stimuli, it may be prove to be a valuable approach to treating individuals who feel conflict with taking any form of positive or kind stance towards the self.

The way individuals interact with their notion of self lies at the core of their well-being and quality of life (Kyrios et al., 2016). A person's sense of self and fixations on self-focused thoughts and feelings are associated with a range of negative psychological symptoms such as depression and anxiety (Kyrios et al., 2016, Lemogne et al., 2009). A number of theories have outlined specific ways of interacting with the self that are seen as beneficial for mental health and can possibly ameliorate the impact of negative mental health symptoms. Constructs from within the Buddhist psychological literature, such as self-compassion, have been identified as a healthy way of interacting with the self that relates to positive psychological outcomes and benefits in a range of life situations (Macbeth & Gumley, 2012). More recently, the construct of 'nonattachment to self' has been studied as a potentially beneficial method of interacting with the self that is aimed at relinquishing all attempts to control the self-concept, whether good or bad (Whitehead, Bates, Elphinstone, Yang, & Murray, 2019). The present research seeks to compare self-compassion and nonattachment to self in relation to psychological distress and psychological well-being for individuals with and without depressive symptoms.

Constructs like self-esteem were once seen as an ideal that could allow individuals to feel good about themselves, with theory suggesting it to be a protective factor against negative mental health outcomes such as depression (e.g., Murrell, Meeks, & Walker, 1991). However, self-esteem has been criticized as a measure of a healthy sense of self due to it being a highly transient state based on factors such as social comparison (e.g., Deci & Ryan, 1995; Wood, Giordano-Beech, & Ducharme, 1999) and others' evaluations of the self (Neff, 2003). More recently, the construct of self-compassion has been identified as a more helpful approach to self that is not solely focused on feeling good about the self but encourages taking a kind stance towards one's self and adopts a balanced view of negative self-evaluations (Neff, 2003, 2008). One view of self-compassion that has received a lot of attention has been Neff's (2003) model of self-compassion. Neff's (2003) widely used model identifies self-compassion as consisting of a continuum of across three areas: a) kindness towards the self versus self-judgement, b) common humanity versus isolation, and c) mindfulness versus over-identification.

Interventions based on developing self-compassion have been associated with a range of positive psychological outcomes (Shonin, Van Gordon, & Griffiths, 2014; Wayment, Bauer, & Sylaska, 2014; Woodruff et al., 2014). A meta-analysis of 14 studies found that self-compassion, measured by the self-compassion scale (Neff, 2003), was consistently related to reduced symptoms of depression, anxiety, and stress (MacBeth & Gumley, 2012). Additionally, an inability to be self-compassionate is associated with heightened vulnerability to depression (Krieger, Altenstein, Baettig, Doerig, & Grosse Holtforth, 2013; Krieger, Berger, & Holtforth, 2016). Adopting a more open and kinder view of the self appears to reduce negative mental health symptoms and improves resilience and positive affective states (MacBeth & Gumley, 2012). However, some limitations to the benefits of self-compassion have also been explored.

A recent meta-analysis on self-compassion-based therapies conducted by Wilson et al. (2018) found that the interventions played a significant role in increasing levels of self-

compassion and reducing negative mental health symptoms such as depression and anxiety. However, when comparing these interventions to other interventions utilizing different therapies, they found that there was no significant difference in their effectiveness in increasing levels of self-compassion and reducing depression and anxiety. The authors concluded that although self-compassion-based therapies could positively impact levels of self-compassion and reduce symptoms of depression and anxiety, these therapies may not specifically target self-compassion any more than other therapies. However, due to the lack of uniformity in what constitutes a self-compassion based therapy in Wilson et al.'s study, conclusions about the comparison between self-compassion therapies and other therapeutic modalities must be interpreted with caution (Kirby & Gilbert, 2019).

Nonattachment and nonattachment to self

Nonattachment is another construct related to self-compassion with its base in Buddhism. Nonattachment refers to the subjective quality of flexibly interacting with experience without fixation, or the need for experience to be any particular way (Sahdra, Shaver, & Brown, 2010; Bates et al., 2020). Nonattachment has recently been shown to have psychological benefits (Ju & Lee, 2015; Sahdra, Ciarrochi & Parker, 2016; Tran et al., 2014), with individuals who are more nonattached tending to have higher levels of psychological and subjective well-being (Sahdra et al., 2010; Whitehead et al., 2019) and fewer negative mental health symptoms (Tran et al., 2014; Whitehead et al., 2019). Nonattachment has also been linked with greater relationship harmony (Wang, Wong & Yeh, 2015) and more prosocial behaviours such as empathy and kindness (Sahdra, Ciarrochi, Parker, Marshall, & Heaven, 2015). More recently, nonattachment has been investigated in terms of its direct relationship to the self (see Whitehead et al., 2018a; Yang, Fletcher, Michalak, & Murray, 2020; Yang, Fletcher, Whitehead, & Murray, 2019).

Letting go of attachment to the separate, static self is a concept that has been central to Buddhist and Hindu texts stretching back more than 3,500 years. A central theme within Buddhism and Hinduism is that there is no separate, static self that exists independently of anything else (Hanh, 1999; Shonin et al., 2014). Thus, becoming fixated on such an ever-changing self and the belief that happiness arises from fulfilling the desires of such a constructed self is seen as an underlying aspect of individual suffering (Dalai Lama, 2009; Shonin et al., 2016; Van Gordon et al., 2018). Recently, the notion of being nonattached to the self has been studied from the perspective of Western psychology. Whitehead et al. (2018a) developed the nonattachment to self (NTS) scale as a measure of the extent to which an individual fixates on their self-related thoughts, feelings, and concepts. Importantly, however, NTS does not dictate a detachment or removal of self, but an engagement with the self-concept without rigidity or fixation (Yang et al., 2018b). Individuals who score highly on NTS can flexibly engage with self-related thoughts, feelings, and definitions without fixation or the need for them to be any way in particular. Research has shown that any fixation on the self can be detrimental and can result in negative mental health outcomes (Mor & Winquist, 2002). Therefore, letting go of attachment to the self-concept theoretically reduces the negative impact that such fixation may have. NTS is a quality related to self-compassion but is differentiated through a neutral valence towards all self-related phenomena whether negative or positive (Whitehead et al., 2019). In contrast to Neff's (2003) definition of self-compassion that takes a kind stance towards the self, NTS involves an open acceptance of any self-related

thought or feeling, whether good or bad. This distinction may be of particular importance when attempting to assist people who may find it difficult to benefit from self-compassion.

Barriers to self-compassion

Despite its documented benefits for individuals' mental health and well-being, several barriers to benefitting from self-compassion have been identified. One potential barrier to being self-compassionate is that it can be a difficult concept to engage with, especially for those already experiencing negative mental health symptoms (Pauley & McPherson, 2010), or who hold a view of self that may be in opposition to taking a self-compassionate stance (Robinson et al., 2016). Individuals with clinical levels of negative mental health symptoms, such as depression, may find it difficult to display any self-compassion due to their negative sense of self and the effects of their symptoms (Gilbert, McEwan, Matos, & Ravis, 2011). Research has also shown the relationship between self-compassion and depressive symptoms among depressed individuals to be weak and that higher levels of self-compassion do not predict less self-focused rumination (Krieger et al., 2013). An individual's ability to display self-compassion is directly related to their own feelings of worthiness (Donald et al., 2018). Thus, for individuals who experience symptoms that impact their feelings of self-worth, self-compassion may be a difficult concept to engage with and may be met with active resistance (Gilbert et al., 2011).

Another potential barrier to being self-compassionate lies in an individual's views about what it means to be self-compassionate. Robinson et al. (2016) investigated the impact of individuals' views about self-compassion on their ability to draw psychological benefit from it. The authors found that, although individuals mostly viewed self-compassion in positive terms associated with greater emotional well-being, some individuals who were already low on self-compassion tended to align self-compassion with self-indulgence, low motivation, and other more negative qualities. Similarly, Gilbert et al. (2011) found that individuals could demonstrate a fear of being self-compassionate, which contributed to negative attitudes towards the self, and symptoms of depression, anxiety, and stress. Boykin et al. (2018) further found that a fear of self-compassion in women who had suffered early childhood maltreatment had a negative impact and caused their symptoms of PTSD in later life to be more severe.

One possible way of addressing the potential barriers towards self-compassion may be through helping individuals develop NTS. In contrast to self-compassion, NTS does not necessitate a positive interaction with self. NTS reflects a more flexible and less fixated stance towards the self, allowing all self-focused thoughts and feelings to be as they are. This stance towards the self may not be in opposition to feelings of low self-worth or hopelessness, and thus, they may not be met with active resistance. For example, an individual who views themselves as fundamentally flawed may actively resist against the notion of being kind or compassionate to themselves as this is in direct contrast to their existing self-concept. That same individual may feel less resistance to the notion of understanding and accepting the thought 'I am flawed', and remove resistance against it, potentially assisting in letting it pass without the rumination and attachment.

One instance where taking a nonattached view towards self may be more helpful than taking a positive, or self-compassionate stance towards self could be when individuals experience excessive negative self-related thoughts and feelings, such as guilt or self-judgment. Individuals experiencing high levels of self-criticism can display an aversion

towards self-compassion (Gilbert et al., 2011) due to the self not being seen as worthy of compassion, or self-compassion being seen as a sign of weakness (Gilbert & Procter, 2006). Pauley and McPherson (2010) showed that individuals with depression found it difficult to display self-compassion due to their negative self-concept and the effects of depressive symptoms. In cases where individuals have an aversion towards any positive self-focus, taking a non-valenced and nonattached approach towards one's self may be more accessible and realistic, and thus more beneficial, than attempts to engage in any positive self-focus.

The aim of the present study was to compare the relative contributions of NTS and self-compassion to psychological well-being and psychological distress. A further aim was to examine whether the relative contributions of NTS and self-compassion differ depending on individuals' levels of depressive symptoms. The relative contributions of NTS and self-compassion were compared for those experiencing at least mild depressive symptoms and those who reported depressive symptoms in the 'normal' range. Based on the aforementioned research, it was hypothesized that NTS and self-compassion would both predict increased well-being and decreased psychological distress. It was further predicted that NTS would make a stronger positive contribution to psychological well-being and a stronger negative contribution to psychological distress than self-compassion for those that have at least mild depressive symptoms.

Method

Participants and procedure

The sample consisted of 388 participants (consisting of 71 men, 317 women) aged from 18 to 77 ($M = 35.33$, $SD = 10.81$). This sample was originally used in the validation of the nonattachment to self scale (see Whitehead et al., 2018b). All respondents were first-year psychology students from a mid-sized metropolitan university in Australia who completed an online questionnaire at a time and place of their convenience. Student received course credit for their participation. Eighty per cent of participants were born in Australia or New Zealand, 4.4% in the United Kingdom, 1.3% from India, 1.3% South Africa 1% from Iran 1% from Malaysia, and 11% other.

Materials

Self-compassion

The self-compassion scale short form (Raes, Pommier, Neff, & Van Gucht, 2011) was used in the present study and is a 12-item version of the of the original self-compassion scale (SCS; Neff, 2003). The short form measures six components of self-compassion (Neff, 2003). Three two-item subscales are positively worded: *Self-Kindness*, *Common Humanity*, *Mindfulness*, and three are negatively worded: *Isolation*, *Over-Identification*, and *Self-Judgment*. All items (e.g., 'I'm tolerant of my own flaws and inadequacies') are rated on a Likert scale capturing the frequency of experiences from 1 (almost never) to 5 (almost always). The short form of the SCS was part of a larger questionnaire and was chosen due its brevity to avoid questionnaire fatigue (Hayes, Lockard, Janis & Locke, 2016). Neff (2020) states the SCS-SF is appropriate to use as a total measure of self-compassion and has a near perfect correlation with the long form but may not reliably measure the six subscales. However, recent research (Bates, Elphinstone & Whitehead, 2020; Hayes et al. 2016) shows that the structure of SCS-SF is best captured by a two-factor solution consisting of the positively worded items (self-compassion) and negatively

worded items (self-criticism/coldness). In line with these findings, supplementary analyses were also conducted using these two the subscales of the SCS-SF. [Correction added on 15 March 2021, after first online publication: the last two sentences in this section were omitted and have been added in this version.]

Nonattachment to self

The nonattachment to self (NTS) scale (Whitehead et al., 2018b) captures the extent of fixation on self-related concepts, thoughts and feelings, and a capacity to flexibly interact with these concepts, thoughts and feelings without clinging to or avoiding them. The NTS scale has 7 items (e.g., 'I can observe the positive and negative thoughts I have about myself with engaging in them') measured on a scale from 1 (strongly disagree) to 7 (strongly agree).

Psychological well-being

Psychological well-being was measured by a 30-item version of the Psychological Well-being (PWB) Scale (Ryff, 1989). The PWB scale yielded a total score by summing the 30 items capturing the six dimensions of *autonomy*, *purpose in life*, *environmental mastery*, *positive relationships with others*, *personal growth*, and *self-acceptance*. All items (e.g., 'I like most aspects of my personality') are rated on a 6-point scale from 1 (strongly disagree) to 6 (strongly agree).

Depression, anxiety, and stress

The anxiety and stress subscales of the Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) were used as a measure of psychological distress. The items for anxiety (e.g., 'I felt that I was using a lot of nervous energy') and stress (e.g., 'I felt that I was rather touchy') were measured on a scale from 0 to 3 capturing the frequency with which these symptoms were experienced over the previous two weeks.

Depressive symptoms

The depression subscale of the DASS was used to create two groups based on the scoring set out by Lovibond and Lovibond (1995). The depression subscale of the DASS consists of seven items (e.g., 'I felt down-hearted and blue') measured on a scale from 0 to 3. The depressive symptoms group consisted of 106 participants (20 male, 86 female, *Mean age* = 36.87, *SD* = 10.89) with at least mild symptoms of depression (scores 5-21), while the low level of depressive symptoms consisted of 282 participants (51 male, 231 female, *Mean age* = 31.17, *SD* = 9.46) determined to be in the 'normal' range with scores (0-4).

Results

All means and standard deviations fell within expected parameters, all internal reliabilities were excellent, and all correlations between the measures were in expected directions (see Table 1).

To test the first hypothesis, two multiple regression analyses were conducted with NTS and self-compassion entered as the independent variables and psychological distress and PWB entered as dependent variables (see Table 2). Supporting expectations, results

Table 1. Means and standard deviations, and internal reliability coefficients and intercorrelations between the NTS, self-compassion, PWB, and psychological distress

	Mean (SD)	NTS	SC	PWB	PD	Depression
NTS	31.63 (8.26)	(.88)				
SC	37.57 (8.28)	.72**	(.88)			
PWB	131.04 (18.55)	.66**	.67**	(.92)		
PD	8.44 (8.26)	-.49**	-.51**	-.51**	(.93)	
Depression	3.28 (4.15)	-.48**	-.51**	-.61**	.80**	(.91)

Note. NTS = nonattachment to self, PWB = psychological well-being, PD = psychological distress, SC = Self-compassion. Internal reliability coefficients appear unitalicized in parentheses.

** $p < .001$.

Table 2. Relative contributions of nonattachment to self and self-compassion to psychological distress and psychological well-being for those with and without symptoms of depression

Measures	B	SE	β	Part	F	R ²
Total sample						
Psychological distress						
Self-compassion	-.32	.06	-.32**	-.22		
NTS	-.26	.06	-.27**	-.19		
					78.75**	.29**
Psychological well-being						
Self-compassion	1.03	.14	.39**	.27		
NTS	1.01	.14	.38**	.27		
					204.07**	.51**
Normal dep symptoms						
Psychological distress						
Self-Compassion	-.25	.04	-.40**	-.30		
NTS	-.09	.04	-.14*	-.10		
					43.02**	.24**
Psychological well-being						
Self-Compassion	.85	.15	.36**	.27		
NTS	.77	.15	.33**	.25		
					89.29**	.39**
At least Mild Dep Symptoms						
Psychological distress						
Self-Compassion	.09	.17	-.07	.05		
NTS	-.36	.16	-.29*	-.22		
					3.34*	.06*
Psychological well-being						
Self-Compassion	.63	.28	.23*	.18		
NTS	1.06	.26	.42**	.32		
					28.44**	.36**

Note. NTS = nonattachment to self.

N = 388, ** $p < .001$, * $p < .05$.

indicated that both NTS and self-compassion uniquely and significantly contributed to variation in psychological distress and PWB, with self-compassion being a stronger overall contributor to both PWB and psychological distress.

To test the second hypothesis, participants were split into two groups, at least mild depressive symptoms ($n = 106$) and normal levels of depressive symptoms ($n = 282$). Results revealed that the relative contributions of NTS and self-compassion to psychological distress and PWB differed depending on the level of depressive symptoms experienced. For participants experiencing low levels of depressive symptoms, self-compassion was a stronger predictor of reduced psychological distress than NTS. Further, as expected, for participants experiencing at least mild symptoms of depression, NTS was a stronger predictor of reduced psychological distress than self-compassion, with self-compassion not significantly explaining any variance in psychological distress. Results further showed that self-compassion was a slightly stronger predictor of PWB than NTS in the low symptoms group and, as expected, NTS was stronger predictor of PWB for those experiencing at least mild symptoms of depression.

To further investigate the impact of depressive symptoms on the relationships of self-compassion and NTS to PWB and psychological distress, moderation analyses using standardized variables were conducted. To investigate any possible moderation effect of depressive symptoms on the relationship of self-compassion with PWB and psychological distress, two separate regression analyses were conducted. In each, self-compassion and depression were entered at stage one of the regression and the interaction term (self-compassion*depression) entered at stage two. Results of stage one revealed both self-compassion and depression significantly predicted PWB ($R^2 = .561$, $F(2, 385) = 246.47$, $p < .001$) and psychological distress ($R^2 = .662$, $F(2, 385) = 377.02$, $p < .001$). When an interaction term was entered at stage two of the analyses, results revealed that the interaction predicted significant additional variance in PWB ($\Delta R^2 = .007$, $\Delta F(1, 384) = 6.66$, $p = .01$, $b = -.08$, $t(384) = -.258$, $p = .01$) and psychological distress ($\Delta R^2 = .02$, $\Delta F(1, 384) = 19.49$, $p < .001$, $b = -.12$, $t(384) = -4.42$, $p < .001$).

To determine any moderation effect of depressive symptoms in the relationship of NTS with PWB and psychological distress, a further set of two regression analyses were conducted. In each of these analyses, NTS and depressive symptoms were again entered at stage one of the regression and the interaction term (NTS*depression) entered at stage two. Results of stage one revealed both NTS and depression significantly predicted PWB ($R^2 = .552$, $F(2, 385) = 237.11$, $p < .001$) and psychological distress ($R^2 = .660$, $F(2, 385) = 374.36$, $p < .001$). At the second stage of the analysis, results revealed the interaction term predicted significant additional variance in PWB ($\Delta R^2 = .01$, $\Delta F(1, 384) = 8.25$, $p = .004$, $b = -.10$, $t(384) = -2.87$, $p = .004$) but not in psychological distress ($\Delta F(1, 384) = .030$, $p = .862$). Examination of the interaction effects showed that as depressive symptoms increased, the positive impact of self-compassion on PWB and psychological distress reduced. Additionally, when depressive symptoms increase, the positive relationship of NTS to PWB reduced, however, the level of depressive symptoms had no significant impact on the relationship between NTS and reduced psychological distress.

To investigate whether the results differed based on the factor structure of the SCS-SF, further analyses were conducted using the subscales of self-compassion and self-criticism/coldness. The analysis revealed no difference when using the two subscales. NTS was a stronger predictor of PWB and reduced psychological distress than both positive self-compassion and self-criticism/coldness for those with depressive symptoms (see Tables S1–S2 for the full analysis).

Discussion

The aims of this study were to determine whether NTS and self-compassion significantly predicted reduced psychological distress and increased psychological well-being, and whether the relative contributions of NTS and self-compassion differed depending on an individual's level of depressive symptoms. Supporting expectations, both NTS and self-compassion explained significant variance in psychological distress and psychological well-being in the total sample. Also as expected, NTS explained significantly more variance in psychological distress and PWB than self-compassion for individuals that were experiencing at least mild symptoms of depression, with self-compassion not significantly predicting variance in psychological distress. In contrast, for individuals experiencing low levels of depressive symptoms, self-compassion explained considerably more variance in psychological distress and slightly more variance in PWB than NTS. Moderation analyses revealed that depressive symptoms moderated the relationship of self-compassion to PWB and psychological distress and moderated the relationship of NTS to PWB but not psychological distress.

The findings support previous research on the benefits of self-compassion for mental health and show that taking a kinder stance towards the self can assist in experiencing well-being and ameliorating negative mental health symptoms (Krieger et al., 2016; Macbeth & Gumley, 2012). However, the results indicate that individuals' levels of depressive symptoms can impact the possible benefits of being self-compassionate for improving psychological health. Feeling self-compassionate when you are feeling, even mildly depressed, may be met with resistance and may not assist in reducing unhelpful psychological strategies such as rumination that can underlie psychological health (Krieger et al., 2013). Perhaps, individuals with symptoms of depression experience reduced feelings of self-worth (Donald et al., 2018) which can lead to fear of and aversion to self-compassion (Gilbert et al., 2011), reducing their capacity to benefit from it. In contrast, for individuals experiencing minimal depressive symptoms, self-compassion was shown to be an important quality for reduced psychological distress and increased psychological well-being. As these individuals are not experiencing symptoms that may be in conflict with self-compassion, there may be less resistance to being self-compassionate and reduced fear about what it means to show self-compassion. For these individuals, self-compassion can be a useful strategy relating to increased pervasive well-being and reduced negative mental health symptoms.

Another possible explanation of the findings might be that individuals who have more depressive symptoms may be used to, or conditioned to have a more critical self-concept, and may find that self-compassion does not fit with this view or their expectation about how an individual relates to their self (Campion & Glover, 2017). For these individuals, self-compassion may be viewed as self-indulgence (Robinson et al., 2016) or may trigger uncomfortable feelings such as guilt or vulnerability (Campion & Glover, 2017). Being more nonattached to the self, rather than focusing on positive elements of the self, like positive affirmation or being kind to the self, may be an important factor when assisting individuals with negative self-focused attention. Private, self-focused attention, regardless of valence has shown to relate to negative affective experiences such as depression and anxiety (Mor & Winquist, 2002). For individuals who struggle to take a positive or compassionate stance to themselves due to engrained negative attitudes towards the self, reducing self-focus and being nonattached to self-focused thoughts and feelings has the potential to be an important process to benefit their quality of life.

The findings of the present study also support the underpinnings of ontological addiction theory (OAT), that the belief and subsequent addiction to the self as the

centrepiece of experience lies at the core of suffering (Shonin et al., 2014; Van Gordon et al., 2018; Wu, Gao, Leung, & Sik, 2019). OAT suggests that any experience that reifies the self as the centre point of experience that is independent from all other experience, leads to an addiction to this independent self that causes impaired functioning (Shonin et al., 2014; Van Gordon et al., 2018). Perhaps, for individuals with depressive symptoms, even measures of self-compassion may be more likely to capture a sense of ontological addiction than taking a more nonattached stance towards the self. For individuals with relatively healthy attitudes and thoughts about the self, self-compassion may represent a healthy way of interacting with the self that assists individuals in many aspects of their life, whereas for others whose self-focus lies at the core of their suffering, self-compassion may represent another form of ontological addiction which may limit any potential to draw benefit from it.

The present findings have implications for understanding how a person's relationship with their self can impact their well-being, and specifically how this may differ depending on individuals' levels of depressive symptoms. The study shows that in addition to benefits of taking a compassionate stance towards the self for mental health and ameliorating the impact of negative mental health symptoms, taking a non-valenced, nonattached stance towards the self, can also be beneficial. Taking a more nonattached view of self may not be in direct opposition to a negative self-focus and thus may not be met with resistance, allowing more helpful modes of self-interaction such as curiosity and self-reflection. These findings provide further support for the study of constructs associated with the contemplative traditions from a Western psychological perspective, and suggest that NTS may be an important area of future study within the self-concept literature.

The findings also have implications for the development of interventions specifically designed to address psychopathological symptoms that may limit taking positive attitudes towards the self. Developing interventions to grow NTS may assist individuals to utilize self-focused thoughts and feelings, as phenomena to learn and grow from rather than to engage with. Through practicing NTS, it may be possible to transcend the fixation on the self that underlies suffering and move towards an understanding of the self as not better or worse, but as interdependent, and not different to anything, or anyone else (Neff, 2008).

When drawing conclusions from the present study, several factors need to be considered. As the sample consisted of university students with considerably more women than men, future research would benefit from larger, more representative samples. The results also stem from cross-sectional analyses, and thus, the causal impact of NTS and self-compassion cannot be determined. Causality, and any potential benefits of interventions to cultivate NTS, requires further longitudinal studies. Additionally, as this study did not use a clinical sample, the findings in relation to depressive symptoms may not be generalizable to a clinical population and future research utilizing clinical population is needed. However, a recent study (Yang et al. 2020) compared NTS and self-compassion in a clinical sample of people diagnosed with bipolar disorder. Similarly to the present study, they found that when compared to self-compassion, NTS predicted unique variance in reducing unipolar depression symptoms and was the only significant predictor of reduced symptoms of mania.

Another consideration of the present study is the use of the short form of the self-compassion scale. The short form has been less widely studied than the longer form of the SCS (Neff, 2003) and does not reliably capture the six subscales present in the long form of the scale (Neff, 2020). It is also noteworthy that there are different definitions of self-compassion within the current psychology literature. Neff's (2003) self-compassion scale, which conceptualized self-compassion as including a kindness towards one's self, has

come under criticism. It is argued that although kindness may be related to compassion, they are distinct constructs (e.g., Gilbert, Basran, MacArthur, & Kirby, 2019). Future research utilizing the long form of the self-compassion scale and alternative measures of self-compassion, such as Gilbert et al.'s (2011) fears of compassion scales or the Sussex-Oxford compassion scales (SOCS; Gu, Baer, Cavanagh, Kuyken, & Strauss, 2020) may provide further insight into the mechanisms of self-compassion, and may further elucidate the relationship of NTS to measures of self-compassion that do not measure self-kindness.

In conclusion, the present study provides support for the benefits of NTS and self-compassion in reducing psychological distress and promoting PWB in non-clinical populations. The results further show that for individuals experiencing at least mild symptoms of depression, self-compassion may not be as beneficial as taking a more nonattached stance towards the self. The findings have implications for the way we conceptualize self-focused attention and suggest assisting individuals to let go of their fixated, self-focused attention may be beneficial for mental health, especially for individuals experiencing negative mental health symptoms.

Conflicts of interest

The authors declare no conflicts of interest.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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Supporting Information

The following supporting information may be found in the online edition of the article:

Table S1 Relative contributions of nonattachment to self and positive self-compassion to psychological distress and psychological wellbeing for those with and without symptoms of depression.

Table S2 Relative contributions of nonattachment to self and self-criticism/coldness to psychological distress and psychological wellbeing for those with and without symptoms of depression.