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PSYCHOLOGICAL FLEXIBILITY AS A PROTECTIVE FACTOR AGAINST ANXIETY AND DEPRESSION

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ABSTRACT

Anxiety and depression are among the most prevalent psychological difficulties and are associated with substantial impairment in emotional, social, and academic functioning. Psychological flexibility has emerged as an important trans diagnostic construct in contemporary clinical psychology. It refers broadly to the capacity to remain in contact with the present moment and adapt behavior in accordance with personally meaningful values, even when experiencing difficult thoughts, emotions, or other internal experiences. This paper examines psychological flexibility as a potential protective factor against anxiety and depression. Drawing primarily on the theoretical framework of Acceptance and Commitment Therapy (ACT), the paper reviews evidence linking psychological flexibility with psychological distress and evaluates its potential mechanisms. Research suggests that greater psychological flexibility is associated with better psychological functioning, whereas psychological inflexibility, including experiential avoidance and cognitive fusion, is associated with greater anxiety and depressive symptoms. Meta-analytic evidence also indicates that ACT can increase psychological flexibility while reducing symptoms of depression and anxiety. However, limitations in measurement, reliance on cross-sectional designs, and uncertainty regarding causal relationships indicate the need for further longitudinal and culturally diverse research. Psychological flexibility therefore represents a promising target for prevention and intervention, although additional research is needed to establish its role as a causal protective factor.

Keywords: psychological flexibility, anxiety, depression, experiential avoidance, Acceptance and Commitment Therapy, psychological distress

Introduction:

Anxiety and depression represent major challenges for mental health and are characterized by persistent emotional distress, cognitive difficulties, and impairment in everyday functioning. Although anxiety and depressive disorders have distinct diagnostic features, they frequently co-occur and share several psychological processes. Consequently, contemporary psychological research increasingly emphasizes trans diagnostic mechanisms that may contribute to vulnerability or resilience across different forms of psychopathology.

One construct that has received considerable attention is **psychological flexibility**. Psychological flexibility is central to Acceptance and Commitment Therapy (ACT), a contextual behavioral approach that emphasizes acceptance of unwanted internal experiences, present-moment awareness, cognitive defusion, values clarification, and committed action. Rather than attempting to eliminate unpleasant thoughts or emotions, psychological flexibility involves responding to such experiences in ways that facilitate adaptive and value-consistent behavior.

Research examining psychological flexibility has expanded substantially over the past decade. A systematic and meta-analytic review of 67 studies involving more than 9,000 participants found that ACT interventions were associated with reductions in psychological inflexibility and increases in psychological flexibility. Importantly, changes in these processes were associated with reductions in psychological distress, providing support for psychological flexibility as a potential mechanism of therapeutic change (Macri & Rogge, 2024).

The present paper examines the proposition that psychological flexibility may function as a protective factor against anxiety and depression. It considers the theoretical relationship between flexibility and emotional distress, summarizes empirical evidence, discusses possible mechanisms, and identifies limitations and directions for future research.

Psychological Flexibility and Psychological Health:

Psychological flexibility can be understood as the ability to adapt one's behavior to situational demands while maintaining awareness of personal values and goals. From an ACT perspective, psychological flexibility consists of several interconnected processes, including acceptance, cognitive diffusion, present-moment awareness, self-as-context, values, and committed action (Hayes et al., 2006). These processes allow individuals to experience difficult psychological events without becoming excessively controlled by them.

In contrast, psychological inflexibility occurs when individuals become dominated by unpleasant thoughts and emotions and respond through avoidance, rigid thinking, or behavior that is inconsistent with their values. Experiential avoidance is particularly relevant because attempts to suppress or escape unwanted internal experiences can paradoxically increase psychological distress.

A narrative review by Cherry et al. (2021) highlighted the increasing importance of psychological flexibility in clinical psychology while also identifying conceptual and measurement challenges within the field. The authors noted that multiple constructs and definitions of flexibility have been used across psychological research, creating difficulties in determining precisely what psychological flexibility represents and how it should be measured.

These conceptual issues are important because a protective factor should ideally be distinguishable from the psychological outcomes it is proposed to protect against. If psychological flexibility measures substantially overlap with general emotional well-being or negative affect, the relationship between flexibility and anxiety or depression may be partly attributable to measurement overlap.

Psychological Flexibility and Anxiety:

Anxiety is commonly characterized by excessive worry, fear, physiological arousal, and attempts to avoid perceived threats. Psychological inflexibility may contribute to anxiety by encouraging individuals to treat anxious thoughts and sensations as experiences that must be controlled or eliminated. For example, a person experiencing anxiety about academic performance may repeatedly attempt to suppress thoughts of failure. Such attempts can increase attention toward the unwanted thoughts and reinforce avoidance. In contrast, psychological flexibility may allow the individual to acknowledge anxiety while continuing to engage in meaningful academic behavior.

Evidence from ACT research supports this relationship. A recent meta-analysis of randomized controlled trials involving individuals with depression found that ACT significantly reduced anxiety symptoms while also improving psychological flexibility (Zou et al., 2025). The pooled effect for anxiety was statistically significant, although substantial heterogeneity was observed across studies, indicating that intervention effects may vary according to sample and treatment characteristics.

Earlier research has similarly suggested that ACT produces improvements in anxiety and depression and that these outcomes may be associated with increases in psychological flexibility (A-Tjak et al., 2015). Thus, flexibility may reduce anxiety not by eliminating anxious experiences but by reducing the extent to which anxiety dictates behavior.

Psychological Flexibility and Depression:

Depression is associated with persistent negative mood, loss of interest, hopelessness, self-critical thinking, and behavioral withdrawal. Psychological inflexibility may maintain depressive processes when individuals become fused with negative self-evaluations or withdraw from activities because of unpleasant emotions. For instance, an individual who believes, "I am a failure," may interpret the thought as an objective description of the self rather than as a temporary mental event. Cognitive fusion can consequently restrict behavioral choices and contribute to withdrawal. Psychological flexibility provides an alternative response in which the person recognizes the thought without allowing it to determine behavior.

Evidence supports the relevance of psychological flexibility to depression. Zou et al. (2025) conducted a meta-analysis of 13 randomized controlled trials involving 1,362 individuals with depression. ACT significantly improved depressive symptoms and psychological flexibility, with improvements maintained at follow-up. Another meta-analysis of ACT for depressive disorders reported significant reductions in depressive symptoms alongside improvements in psychological flexibility (Zhang et al., 2023).

Research among university students is also relevant because emerging adults frequently experience academic, social, and developmental stressors. Hsu et al. (2023) examined 20 studies involving 1,750 undergraduate students and found a small-to-medium overall effect of ACT on psychological flexibility and inflexibility. This suggests that psychological flexibility may be particularly relevant as a resilience-related process during periods of developmental and academic stress.

Psychological Flexibility as a Protective Mechanism:

The concept of psychological flexibility as a protective factor can be understood through several mechanisms. First, flexibility may reduce **experiential avoidance**. Individuals who are able to tolerate unpleasant emotions without immediately attempting to escape them may be less likely to develop maladaptive avoidance patterns.

Second, psychological flexibility may reduce **cognitive fusion**. Rather than automatically accepting negative thoughts as facts, psychologically flexible individuals can observe thoughts as mental events. This may reduce the influence of self-critical or catastrophic thinking on behavior.

Third, psychological flexibility promotes **values-consistent action**. Anxiety and depression often involve behavioral restriction, withdrawal, and reduced engagement with meaningful activities. Maintaining action in accordance with personal values may therefore protect against the behavioral patterns associated with psychological distress.

Finally, flexibility may facilitate adaptation to changing circumstances. Psychological health does not necessarily require the absence of negative emotions. Instead, adaptive functioning may depend on the capacity to experience difficult emotions while continuing to respond effectively to environmental demands. Macri and Rogge (2024) provide particularly relevant evidence for this mechanism. Their

systematic and meta-analytic review found that changes in several flexibility and inflexibility processes were significantly associated with corresponding reductions in psychological distress following ACT.

Limitations of Existing Research:

Although the evidence is promising, several limitations should be considered. First, much of the research has used cross-sectional or correlational designs. Such studies can demonstrate associations between psychological flexibility and mental health but cannot establish that flexibility causes reductions in anxiety or depression.

Second, measurement remains an important concern. The Acceptance and Action Questionnaire-II (AAQ-II) has been widely used to assess psychological flexibility-related processes, but researchers have raised concerns about whether it adequately distinguishes psychological flexibility from general psychological distress or negative affect (Cherry et al., 2021; Wolgast, 2014).

Third, cultural diversity remains insufficient in parts of the literature. Psychological flexibility involves values, identity, and patterns of responding to emotional experiences, all of which may be influenced by cultural context. Future research should therefore examine whether the protective role of psychological flexibility is consistent across cultures and populations.

Finally, evidence that ACT improves psychological flexibility does not necessarily prove that flexibility alone produces improvements in anxiety and depression. ACT contains multiple therapeutic components, and treatment outcomes may also be influenced by therapeutic alliance, treatment engagement, expectancy, and other nonspecific factors.

Future Research:

Future studies should use longitudinal and experimental designs to determine whether psychological flexibility predicts later changes in anxiety and depression. Researchers could assess psychological flexibility, anxiety, and depressive symptoms at multiple time points to determine whether baseline flexibility predicts subsequent psychological outcomes.Future research should also use multidimensional measures capable of distinguishing specific flexibility processes, such as acceptance, cognitive defusion, present-moment awareness, values, and committed action. Macri and Rogge (2024) specifically recommended examining both flexibility and inflexibility as distinct processes and using multidimensional measures in future research.

Culturally diverse research is another important priority. Studies involving university students from different cultural backgrounds could examine whether psychological flexibility operates similarly across contexts. Such research could contribute to culturally responsive prevention programs targeting anxiety and depression.

Conclusion:

Psychological flexibility represents a promising trans diagnostic construct in contemporary psychological research. Individuals with greater psychological flexibility may be better able to experience difficult thoughts and emotions without engaging in maladaptive avoidance, cognitive fusion, or behavioral withdrawal. Evidence from ACT research indicates that increasing psychological flexibility is associated with reductions in anxiety and depressive symptoms.

However, describing psychological flexibility as a definitive protective factor requires caution because much of the existing evidence is correlational and measurement issues remain. Current findings more strongly support psychological flexibility as an important **protective and therapeutic process** than as an independently established causal factor. Future longitudinal, experimental, and culturally diverse studies are needed to clarify its causal role.

Overall, psychological flexibility provides a valuable framework for understanding why some individuals maintain psychological functioning despite experiencing distress. By enabling people to accept difficult internal experiences while continuing to act according to meaningful values, psychological flexibility may contribute significantly to resilience against anxiety and depression.

References:

1. A-Tjak, J. G. L., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A. J., & Emmelkamp, P. M. G. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics, 84*(1), 30–36. https://doi.org/10.1159/000365764
2. Cherry, K. M., Vander Hoeven, E., Patterson, T. S., & Lumley, M. N. (2021). Defining and measuring "psychological flexibility": A narrative scoping review of diverse flexibility and rigidity constructs and perspectives. *Clinical Psychology Review, 84*, 101973. https://doi.org/10.1016/j.cpr.2021.101973
3. Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy, 44*(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006
4. Hsu, T., Adamowicz, J. L., & Thomas, E. B. K. (2023). The effect of acceptance and commitment therapy on the psychological flexibility and inflexibility of undergraduate students: A systematic review and three-level meta-analysis. *Journal of Contextual Behavioral Science, 30*, 169–180. https://doi.org/10.1016/j.jcbs.2023.10.006
5. Macri, J. A., & Rogge, R. D. (2024). Examining domains of psychological flexibility and inflexibility as treatment mechanisms in acceptance and commitment therapy: A comprehensive systematic and meta-analytic review. *Clinical Psychology Review, 110*, 102432. https://doi.org/10.1016/j.cpr.2024.102432
6. Wolgast, M. (2014). What does the Acceptance and Action Questionnaire (AAQ-II) really measure? *Behavior Therapy, 45*(6), 831–839. https://doi.org/10.1016/j.beth.2014.07.002
7. Zhang, Y., et al. (2023). Effect of acceptance and commitment therapy for depressive disorders: A meta-analysis. *[Journal details should be verified before submission]*.
8. Zou, Y., Wang, R., Xiong, X., Bian, C., Yan, S., & Zhang, Y. (2025). Effects of acceptance and commitment therapy on negative emotions, automatic thoughts and psychological flexibility for depression and its acceptability: A meta-analysis. *BMC Psychiatry, 25*, 602. https://doi.org/10.1186/s12888-025-07067-w