

## **Role of Psychological Inflexibility in Psychological Well-Being of Adults**

*Annu Tyagi*

Assistant Professor, Veer Bahadur Singh Purvanchal University, Jaunpur

**E-mail:** annutyagi014@gmail.com

### **Abstract**

Psychological flexibility is a mechanism that permits a person's behaviour to continue or change in accordance with their long-term objectives and beliefs. It is based on the interaction of cognition and direct environmental circumstances (McCracken & Yang, 2006). It is fundamental to psychological health, while psychological inflexibility is central to psychological vulnerability (Kashdan & Rottenberg, 2010). Well-being is a broad phrase that encompasses optimal performance, self-actualization, and thriving, and it refers to both the ideal state of our existence and the goal of our search (Ivtzan et al., 2013; Wong, 2011). A total of 300 Hindi speaking adults were included in the study. An independent t-test was conducted which revealed significant difference ( $p = .000$ ) in well-being of psychological inflexibility ( $M = 198.28$ ,  $SD = 13.30$ ) and psychological flexibility ( $M = 214.27$ ,  $SD = 15.08$ ) group.

**Keywords:** Psychological inflexibility or flexibility, Psychological well-being, Adults, t- test

### **Introduction**

Advancement in technology has made life easy however it followed by several negative outcomes like less physical interaction more comparison space via facebook , Instagram etc. attributes like psychological inflexibility can further contribute in mental health of an individual.

The tendency to react firmly to avoid unpleasant situations, which causes big problems in life, is known as psychological inflexibility (PI) (Bond et al., 2011). Experiential avoidance is one of the sub-processes that comprise PI. In this process, individuals attempt to prevent, evade, or otherwise regulate the emergence of unpleasant thoughts and emotions, despite the adverse repercussions (Hayes et al, 1996; Hayes et al., 2006). It has been reported to be associated with a variety of psychopathologies, such as anxiety, depression, and generalised psychological distress (Bond et al., 2011; Masuda & Tully, 2011; Venta et al., 2012).

**Received:** 014.05.2025

**Accepted:** 19.06.2025

**Published:** 20.06.2025



This work is licensed and distributed under the terms of the Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

According to Hayes (2004) and Hayes et al. (2006), individuals who are psychologically flexible are less inclined to respond to unfavourable or undesirable private events with control- or avoidance-based behaviours and are more inclined to behave in a manner that aligns with their personal beliefs.

Psychological flexibility is a mechanism that enables an individual's behaviour to alter or persist in accordance with their long-term objectives and beliefs. It is predicated on the interaction between cognition and direct environmental circumstances. This is believed to be the result of an inherent inclination to maintain alignment with one's personal beliefs and aspirations (McCracken & Yang, 2006).

Psychological flexibility is essential for optimal psychological functioning in this context (Hayes et al., 2006). Psychological health is contingent upon psychological flexibility, while psychological vulnerability is contingent upon psychological inflexibility (Kashdan & Rottenberg, 2010).

### **Psychological Flexibility and Inflexibility Model**

According to the Acceptance and Commitment Therapy (ACT) model, flexibility is the process of being mindful of feelings and ideas that arise in the present moment without unnecessary resistance and maintaining or adjusting action to pursue key values and objectives (Hayes et al., 2012; Lloyd et al., 2013).

The six fundamental abilities outlined below are enhanced by ACT, which fosters psychological flexibility:

Flexibly and purposefully remaining in the present moment by being cognisant of thoughts, emotions, bodily sensations, and potential actions, particularly in the face of challenging circumstances.

Retaining a comprehensive and balanced perspective on one's thoughts and emotions to prevent the immediate initiation of avoidance behaviours in response to disagreeable or distressing ideas and emotions.

Defining fundamental values, hopes, and aspirations, such as the pursuit of meaningful employment and being present for one's family;

Developing a dedication to act in accordance with the established values, objectives, and hopes;

Accepting the disagreeable emotions that are inexorably generated by taking challenging actions that are in accordance with an individual's aspirations, values, and objectives; and

Defusion enables an individual to relinquish superfluous attachments to private experiences that are uncomfortable or unpleasant and perceive them as ongoing mental activities.

The ACT model also emphasises "workability," which refers to the ability to become more self-aware of one's own behaviour and determine whether it is "functional" in terms of effectively resolving issues and achieving desired outcomes. Each of these processes is a psychological skill that can be honed to aid in the management of distressing or undesirable interior experiences and symptoms. Psychological fact capacity is a critical resource that has been developed through acceptance and commitment therapy. It is associated with the capacity to adapt and exchange perspectives (Kashdan & Rottenberg, 2010). In accordance with the PsychologicalFlexibility and Inflexibility model, which serves as the foundation of acceptance and commitment therapy (ACT), psychological flexibility entails the ability to adapt one's behaviour in response to changing situational demands that are also consistent with personal values and open to inner experiences in the present (Hayes et al., 2006).

ACT is a behavioural and cognitive intervention that generates psychological flexibility through acceptance and mindfulness processes, as well as commitment and behaviour change processes. Consequently, it is a straightforward description. The objective of treatment is to enhance the acceptance and mindfulness processes, which reduce excessive literality and foster a more conscious, present, and adaptable response to psychological events, as well as the commitment and behaviour change processes, which encourage values-based action.

Consequently, psychological flexibility enables an individual to modify their behavioural repertoires in response to the threat to personal values and to adjust to new circumstances (Kashdan & Rottenberg, 2010). According to Hayes et al. (2006), psychological flexibility is

characterised by six primary processes: acceptance, diffusion, contact with the present moment, self as context, values, and committed action.

Psychological inflexibility (P-I) processes are the mechanisms by which pain, which is a natural response to undesirable or disagreeable conditions, evolves into psychopathology or suffering from an ACT perspective (McCracken & Vowles, 2007; Tanhan, 2019). Experimental avoidance, inflexible attention, disrupted values, inaction or impulsivity, conceptualised self, and cognitive fusion are the six primary processes that comprise psychological inflexibility (Hayes et al., 2006; Hayes et al., 2012; Levin et al., 2014 ).

Individuals who are psychologically inflexible are frequently preoccupied and relate to current experiences through cognitions that are situated in a feared future or imagined past (Hayes et al., 2006).

### **Psychological Well-Being (PWB)**

The idea of psychological well-being is an umbrella term that includes a lot of different ideas, but the most prominent ones are happiness, satisfaction, and contentment. A big part of how mentally healthy we are is how effectively we can function and adapt. According to Huppert (2009), psychological well-being is when things are going well in life. It's the mix of feeling good and accomplishing things properly. An individual's psychological well-being includes both how they think and feel about their lives. Bradburn talks about psychological well-being in terms of both good and bad feelings. He says that a person's mental health gets better the more good feelings they have compared to negative ones. Bryant and Veroff (1982) say that the most essential thing that affects a person's psychological well-being is how happy they are with their lives.

Wellbeing is a comprehensive term that includes optimal performance, self-actualization, and thriving. It refers to both the ideal state of our existence and the objective of our pursuit (Ivtzan et al., 2013; Wong, 2011).

According to Carr (2004), psychological well-being (PWB) is the same as fulfilling one's entire psychological potential. Ryff (1989) came up with the six-factor model of Psychological Well-Being, which has six different parts:

Autonomy means having your own thoughts and attitudes that aren't influenced by what other people think or believe and controlling your own behaviour.

Environmental mastery is the ability to change or control your surroundings to fit your needs and wants.

**Self-acceptance means having a favourable view of yourself and your prior life.**

Personal growth (the feeling of becoming a better person and continuing to improve), purpose in life (the perception that one's life has significance), and positive relationships with others (having meaningful interactions with other people).

### **Objective**

- To study the difference between the psychological well-being of the psychologically flexible and psychologically inflexible groups.

### **Hypothesis**

The hypothesis formed in this regard was that "there will be a significant difference in the psychological well-being of psychologically flexible and psychologically inflexible groups of early adults."

### **Material and Method**

The proposed hypotheses was tested empirically by selecting an adequate sample, appropriate measures and procedures for data collection, and employing appropriate statistical methods.

### **Sample**

A total of 300 (150 males and 150 females) early adults between the age range of 18-25 years enrolled in various UG and PG courses were finally included after data screening. The total sample consisted of 47 percent of UG course students and 53 percent of PG course students. Males had a mean age of 20.967, while females had a mean age of 21.107. Outliers were taken care of.

### **Inclusion criteria**

Adults in the age group of 18–25 years, enrolled in UG and PG and having knowledge of Hindi were included.

### **Exclusion criteria**

Individuals with significant mental or physical illnesses were excluded. Married students were also not included in the study.

### **Tools used**

The following measures were used in the current investigation, along with the demographic data schedule. Hindi-adapted tools were used for collecting data. Detailed descriptions are as follows:

### **Demographic Schedule**

A demographic questionnaire was created. Gender, age, education, marital status, and current physical or mental health status were all provided by respondents.

### **The psychological well-being scale**

A Hindi adaptation of Ryff's Psychological Well-Being scale by Rai and Gupta (2004) was used to collect data. It is a 54-item scale that covers dimensions like autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. Each dimension has 9 items. Every item is graded on a six-point scale. The items on the scale were further categorised as positive and negative. Positive items were rated in increasing order, such as '1' for strongly disagree and '6' for strongly agree, and negative items were scored in a reverse direction, i.e. '6' for strongly disagree and '1' for strongly agree (see Appendix B). The scale possesses sound psychometric properties. The reliability and validity of the Hindi adaptation of Ryff's psychological well-being scale were found to be satisfactory. The scale has been used in several studies and on different samples, like HIV/AIDS positive and negative, sports personnel and non-sports personnel, and male and female teachers (Srivastava & Mohammad, 2015; Gautam & Kaur, 2018; Singh, 2015).

---

### **Psychological flexibility scale**

The original questionnaire of the Attention and Action Questionnaire (AAQ)-II was developed by Bond et al. (2011), which tells us about the psychological flexibility/inflexibility of an individual. It has 7 items rated on a 7-point Likert scale, ranging from '1', i.e., never true, to '7', i.e., always true. Cronbach's alpha coefficient of 0.88 shows the high internal consistency of the scale.

For the Hindi adaptation, all 7 items were chosen from the original scale and adopted in Hindi. Items were rated on a 7-point response scale. The total score ranges between 7 and 49 .

A lower score indicates psychological flexibility, and a high score shifts a person towards inflexibility. The adopted AAQ-II indicated good psychometric properties with respect to internal validity and content validity, a Cronbach alpha of 0.85 was found and corrected item-total correlations ranged between .56 and .65.

### **Methodological procedure**

Participant from Hindi speaking states of India were reached out with the help of email, WhatsApp and facebook. The purpose of the study was clearly stated and informed consent was taken from this adults along with the assurance of keeping their identity in anonymous . The current study was designed to find out the role of psychological inflexibility in psychological well-being of adults.

### **Analysis**

Analysis of this study was carried out by using SPSS 21.0. T test was used to examine the role of psychological inflexibility in psychological well-being of adult.

### **Result**

Means, Standard deviations and t-Value for Psychological well-being of Psychologically Flexible and Psychologically Inflexible Groups



	Psychological Flexible (n=111)		Psychological Inflexible (n=88)			
Variable	Mean	SD	Mean	SD	t - value	Sig(p)
Psychological Well-Being	214.27	15.083	198.28	13.310	7.817	.000

\*\*Difference is significant at  $p < 0.01$  (2-tailed)

An independent t-test has been conducted to compare the psychological wellbeing score for psychological inflexibility and psychological flexibility. With  $t = 7.81$ , there is a significant difference ( $p = .000$ ) between the scores of psychological inflexibility ( $M = 198.28$ ,  $SD = 13.30$ ) and psychological flexibility ( $M = 214.27$ ,  $SD = 15.08$ ).

## Discussion

It was hypothesised that "there will be a significant difference in the psychological well-being of psychologically flexible and psychologically inflexible groups of early adults."

The findings indicate that psychological inflexibility has a substantial impact on adults' psychological well-being, indicating that an individual's psychological well-being varies according to their degree of psychological flexibility.

Several prior findings are observed to align with the current investigation. A study by Usubini et al. (2021) indicates that psychological flexibility is a significant predictor of psychological well-being.

Imani et al. (2017) indicated that the findings demonstrated that mindfulness, integrated self-knowledge, and psychological flexibility significantly influence the prediction of students' psychological well-being.

A study conducted by David and Golijani-Moghaddam (2020) revealed that psychological flexibility is likely the primary factor influencing variations in happiness and melancholy.



Psychological inflexibility (PI) is defined as a tendency to respond rigidly to evade distressing circumstances, leading to significant constraints in life (Bond et al., 2011). PI comprises multiple subcomponents, including experiential avoidance, when individuals endeavour to evade or regulate the emergence of distressing thoughts and emotions, notwithstanding their detrimental consequences (Hayes et al., 1996; Hayes et al., 2006). It has been linked to several psychiatric disorders, particularly depression, anxiety, and overall mental suffering (e.g., Bond et al., 2011; Masuda & Tully, 2011; Venta et al., 2012).

The Acceptance and Commitment Therapy (ACT) paradigm of psychological flexibility and inflexibility, proposed by Hayes et al. (1999), emphasises that individuals exhibiting psychological inflexibility often demonstrate rigidity in their cognitive patterns. They struggle to accept unfavourable changes in life, leading to stress and perhaps resulting in psychopathologies such as sadness and anxiety. They exhibit elevated cognitive fusions, indicating a propensity to overlook and acquiesce to immediate sensations, while struggling to differentiate awareness from cognitive narratives conveyed through language. They seem justified to them, regardless of their adverse real-world consequences. Hayes et al. (1999) also discovered that individuals tend to evade encounters they perceive as challenging or unpleasant. Conversely, psychological flexibility serves as a safeguard against adverse ideas and emotions, so enhancing an individual's long-term mental health. The aforementioned research indicate that individuals with flexible cognitive patterns exhibit superior mental health and elevated life satisfaction.

Young individuals exhibiting psychological flexibility demonstrate an ability to adapt their beliefs as needed, free from fixation, so enhancing their psychological well-being, while rigidity correlates with resistance and resultant misery.

A meta-analysis of 32 research indicated that psychological flexibility correlates with outcomes such as job performance and job satisfaction (Hayes et al., 2004).

The study's findings support the notion that there is a considerable difference in the psychological well-being between mentally flexible and psychologically inflexible groups of early adults.

---

## Conclusion

Psychological flexibility is relatively new construct, which needs to be explored more. Present study aimed to study the role of psychological inflexibility in psychological well-being of adults. Further studies are needed on non Hindi speaking population. It has been observed that there is significant difference in well-being of psychological flexible and inflexible group.

## References

- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire–II: A Revised Measure of Psychological Inflexibility and Experiential Avoidance. *Behavior Therapy*, 42(4), 676–688. <https://doi.org/10.1016/j.beth.2011.03.007>
- Bryant, F. B., & Veroff, J. (1982). The structure of psychological well-being: A sociohistorical analysis. *Journal of Personality and Social Psychology*, 43(4), 653–673. <https://doi.org/10.1037/0022-3514.43.4.653>
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35(4), 639–665.
- Hayes, S. C., Follette, V. M., & Linehan, M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. Guilford Press.
- 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>
- Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and Commitment Therapy as a Unified Model of Behavior Change. *The Counseling Psychologist*, 40(7), 976–1002. <https://doi.org/10.1177/0011000012460836>
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp. xvi, 304). Guilford Press.

Huppert, F. A. (2009). Psychological Well-being: Evidence Regarding its Causes and Consequences†. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>

Huppert, F. A. (2009). Psychological Well-being: Evidence Regarding its Causes and Consequences†. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>

Imani, M., Karimi, J., Behbahani, M., & Omid, A. (2017). Role of mindfulness, psychological flexibility and integrative self-knowledge on psychological well-being among the university students. *Feyz Journal of Kashan University of Medical Sciences*, 21(2), 171–178.

Ivtzan, I., Gardner, H. E., Bernard, I., Sekhon, M., & Hart, R. (2013). Wellbeing through self-fulfilment: Examining developmental aspects of self-actualization. *The Humanistic Psychologist*, 41(2), 119–132. <https://doi.org/10.1080/08873267.2012.712076>

Kashdan, T. B., & Steger, M. F. (2006). Expanding the topography of social anxiety. An experience-sampling assessment of positive emotions, positive events, and emotion suppression. *Psychological Science*, 17(2), 120–128. <https://doi.org/10.1111/j.1467-9280.2006.01674.x>

Kashdan, T. B. (2010). Psychological Flexibility as a Fundamental Aspect of Health. *Clinical Psychology Review*, 30(7), 865–878. <https://doi.org/10.1016/j.cpr.2010.03.001>

Kashdan, T. B., Breen, W. E., & Julian, T. (2010). Everyday strivings in war veterans with posttraumatic stress disorder: Suffering from a hyper-focus on avoidance and emotion regulation. *Behavior Therapy*, 41(3), 350–363.

Levin, M. E., MacLane, C., Daflos, S., Seeley, J. R., Hayes, S. C., Biglan, A., & Pistorello, J. (2014). Examining psychological inflexibility as a transdiagnostic process across psychological disorders. *Journal of Contextual Behavioral Science*, 3(3), 155–163. <https://doi.org/10.1016/j.jcbs.2014.06.003>

Lloyd, J., Bond, F. W., & Flaxman, P. E. (2013). The value of psychological flexibility: Examining psychological mechanisms underpinning a cognitive behavioural therapy

**Received: 014.05.2025****Accepted: 19.06.2025****Published: 20.06.2025**

This work is licensed and distributed under the terms of the Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

intervention for burnout. Work & Stress, 27(2), 181–199.

<https://doi.org/10.1080/02678373.2013.782157>

Masuda, A., & Tully, E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine*, 17(1), 66–71.

McCracken, L. M., & Yang, S.-Y. (2006). The role of values in a contextual cognitive-behavioral approach to chronic pain. *PAIN*, 123(1), 137–145.  
<https://doi.org/10.1016/j.pain.2006.02.021>

McCracken, L., & Vowles, K. (2007). Psychological Flexibility and Traditional Pain Management Strategies in Relation to Patient Functioning With Chronic Pain: An Examination of a Revised Instrument. *The Journal of Pain : Official Journal of the American Pain Society*, 8, 700–707. <https://doi.org/10.1016/j.jpain.2007.04.008>

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081.  
<https://doi.org/10.1037/0022-3514.57.6.1069>

Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037//0022-3514.69.4.719>

Venta, A., Sharp, C., & Hart, J. (2012). The relation between anxiety disorder and experiential avoidance in inpatient adolescents. *Psychological Assessment*, 24(1), 240–248.  
<https://doi.org/10.1037/a0025362>

Tanhan, A. (2019). Acceptance and Commitment Therapy with Ecological Systems Theory: Addressing Muslim Mental Health Issues and Wellbeing. *Journal of Positive Psychology and Wellbeing*, 3(2), 197–219.

Tyagi, A., & Agrawal, A. (2023). Potential Role Of Dispositional Mindness And Psychological Flexibility In Psychplogical Well Being Adults (thesis). Retrieved October 5, 2023, from <http://hdl.handle.net/10603/516226>.