# Psychological Flexibility Model as a Modern Approach in the Field of Psychological Interventions

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## Abstract

Psychological Flexibility Model (PFM) is considered one of the leading models in the field of mental health, serving as the theoretical foundation for Acceptance and Commitment Therapy (ACT). This model offers ananalysis of the pathological processes underlying psychological inflexibility and its related distress. moreover, it details the corresponding therapeutic processes that foster psychological flexibility, this article explores psychological flexibility model through description and analysis in terms of its most important concepts, its philosophical and theoretical roots, as well as its therapeutic applications, by clarifying the components of the psychological flexibility model and its implications in acceptance and commitment therapy. This review contributes to a growing body of literature on evidence-based psychological interventions. The results emphasize the model's potential to enhance mental health outcomes and provide direction for future research and clinical practice in psychotherapy.

**Keywords:** Psychological flexibility model, Acceptance and commitment therapy, Psychological interventions, Psychotherapy, Mental health.

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## 1. INTRODUCTION

In an era of growing psychological challenges, the promotion of mental health has become a central focus in clinical psychology and behavioral science. with the rising prevalence of mental disorders and chronic psychological distress, the demand for process-based therapeutic approaches has never been more urgent. While traditional cognitive-behavioral treatments have made majoradvances, a fundamental gap persists between alleviating symptoms and developing long-term psychological flexibility. Addressing this gap requires a therapeutic framework that not only targets symptom reduction but also enhances individuals' ability to deal with life's challenges flexibly and purposefully.

The Psychological Flexibility Model has emerged as a robust theoretical and practical framework that deepens our understanding of both human suffering and psychological well-being. this model offers therapeutic strategies that align more closely with the nuances of human experience. Psychological flexibility is not merely a mechanism for immediate symptom relief; it functions as a foundation for sustained mental health and overall well-being, making it an indispensable component of modern clinical practice.

Psychological flexibility does not mean the absence of negative emotions or the avoidance of suffering, but rather the ability of a person to confront these unwanted experiences in a productive manner, while maintaining their connection to their values and personal goals. This is achieved through a range of psychological processes, such as acceptance, cognitive defusion, self as a context, mindful attention, clarity of values, and value-based action.

Empirical research has demonstrated the efficacy of the Psychological Flexibility Model in refining treatment outcomes across a wide range of psychological disorders, including depression, anxiety, and post-traumatic stress disorder, as well as chronic pain and other complex medical conditions. Its applicability extends beyond traditional therapy settings, encompassing individual and group interventions as well as digital therapeutic platforms. This versatility emphasizes its potential to address diverse psychological needs across different populations.

This article explores the theoretical foundations of the Psychological Flexibility Model, examining the core psychological processes it involves and the empirical evidence supporting its effectiveness in clinical practice. Additionally, we will discuss its practical applications in treating psychological disorders and chronic medical conditions while considering future directions for its development within the broader landscape of mental health care.

**2. Psychological Flexibility Model:**

psychological flexibility model (henceforth, PFM) was first developed by Steven Hayes (1980s). Its basic idea was rooted in Relational Frame Theory (RFT), a cognitive theory of language and behavior developed by Hayes and his colleagues. However, (PFM) gained widespread popularity after 1999 thanks to ACT, and subsequently became one of the central concepts in positive and clinical psychology.

According to Hayes et al (2016) (PFM) is an inductive model that is inherently linked to basic human processes, largely derived from laboratory science, it is designed simultaneously to be; a model of psychopathology, a model of mental health, and a model of psychological intervention. While psychological flexibility is defined within this model's framework as: "the ability to fully connect to the present moment as a conscious human being, and to change or continue a behavior when it serves valued ends"(Hayes et al., 2016, p. 62)

The opposite of psychological flexibility is psychological inflexibility which is characterized by a behavioral pattern of excessive control over one's thoughts, and emotions, with a tendency to avoid unpleasant internal experiences at the expense of more effective and valued actions. Flexibility and inflexibility are viewed as opposite ends of a psychological continuum.(Tyndall et al., 2020)

The model represents a scientific approach of understanding mental health as the ability to react effectively to negative experiences rather than seeking to avoid or eliminate them. The model is based on interrelated psychological processes, including conscious acceptance of difficult experiences, focusing on the present moment, cognitive defusion from negative thoughts, and identifying personal values and working to achieve them with flexibility and commitment. The model aims to empower individuals to overcome internal psychological conflicts and direct their efforts towards building a meaningful life, going beyond the traditional approach of only minimizing symptoms.

**3. Acceptance and Commitment Therapy (ACT):**

pronounced "ACT", is a contextual therapy that belongs to the third wave of cognitive behavioral therapies. It provides a transtheoretical model that includes cognitive, behavioral, existential, and humanistic elements. (Christodoulou, 2012)

it is defined as a unique psychological intervention based on experience that uses acceptance and mindfulness strategies, along with commitment and behavior change strategies, to increase psychological flexibility. (Hayes et al., 2006)

Acceptance and commitment therapy is consider as a transdiagnostic therapy that does not focus on a specific disorder or symptom, but rather targets underlying psychological processes that contribute to different disorders, such as experiential avoidance and psychological inflexibility. As such, it can be applied to a wide range of psychological problems, including anxiety disorders, depression, and PTSD. It is also classified as a process-based therapy, which focuses on modifying underlying psychological processes that influence psychological health, rather than limiting itself to fixed techniques for each disorder (Dindo et al., 2017), ACT helps individuals foster acceptance and commitment to personal values, which promotes psychological flexibility and improves quality of life regardless of clinical diagnosis.

**4. Foundations of the model:**

(Hayes et al., 2016)The model appeared in 1986 and is attributed to the work of psychologist Steven Hayes. Its roots lie in many existing theories including an earlier theory developed by Hayes called Relational Frames Theory (RFT) which is a humanistic theory of language and cognition. Other theories that influenced it include the first and second wave behavioral theories, existentialism, and humanistic approaches. Acceptance and commitment therapy was developed over three decades using a cognitive development strategy based on applied behavior analysis (ABA). The model and development methodology were designed as a contextual behavioral science approach (CBS). (Hayes et al., 2016; Luoma et al., 2017)

**4.1 Philosophical roots: functional contextualism**

Hayes and his collegues (Hayes et al., 2006)clarify that the philosophical roots of the model are rooted in the pragmatic philosophy of functional contextualism.

According to (Biglan & Hayes, 1996)Functional contextualism views behavior as everything an organism does, including internal processes such as thinking, remembering, or feeling. This definition of behavior is derived from radical behaviorism, which understands behaviors as “actions in context.” The primary goal of functional contextualism is to predict and influence behavior.

Such a framework seeks to develop an organized system of empirically based concepts and rules that allow behavioral phenomena to be predicted and influenced with precision, scope, and depth.

**Precision**: Meaning that a limited number of concepts are relevant to a particular phenomenon in light of a specific analytic goal.

**Scope**: It means that a wide range of phenomena can be analyzed with a limited number of concepts.

**Depth**: Means that analytical concepts relevant to one level of analysis (e.g., psychological) are consistent with others at other levels (e.g., anthropological).

Thus, ACT shares common philosophical roots with constructivism, narrative psychology, drama, social constructionism, feminist psychology, Marxist psychology, and other contextual approaches, but its unique aims lead to different qualities and different empirical results from these descriptive forms of context, such as that they subjectively assess the complexity of the whole, rather than predict and influence per se. ACT itself reflects its philosophical roots in several ways. It emphasizes actionability as a criterion of truth, and values chosen as a necessary precursor to actionability assessments because values determine the criteria for actionability. Its causal analyses are limited to directly controllable events, and thus it is consciously context-focused. From this perspective, thoughts and feelings do not cause other actions, except as regulated by context. It is therefore possible to move beyond trying to change thoughts or feelings to change overt behavior, to changing the context that causally links these psychological domains. (Hayes et al., 2006)

**4.2 Theoretical roots: Relational Frame Theory (RFT)**

RFT and ACT developed at the same time, which is why it is difficult to trace a line between them. This is in contrast to other analytical traditions, where theory development and applied methods development take different paths and are usually carried out by different laboratories and authors. One of the basic assumptions of the ACT/RFT research program, and in line with functional contextualism, is that the distinction between basic and applied science becomes irrelevant when we assume: a) that the division of reality is permissible only in relation to the achievement of the researcher's purposes, and b) when the analytical goal is one that fully encompasses the logical goal of applied psychological work: the prediction of psychological interactions and their effects. (Vilardaga et al., 2007)

Relational frames theory is a theory that explains how humans learn language and meaning through the evolutionary processes of learning by associating or referring to external and internal events. It provides a basis for understanding language and ideas in a functional behavioral way. (Hayes et al., 2001)

The ACT model can be likened to the top floor of a three-story house. On the next floor is Relational frames theory a behavioral theory of human language and cognition. On the bottom floor is Applied Behavior Analysis (ABA), an active model for predicting and influencing behavior. The foundation of this entire house is the philosophy of Functional Contextualism (CF). (قاصب, 2021)

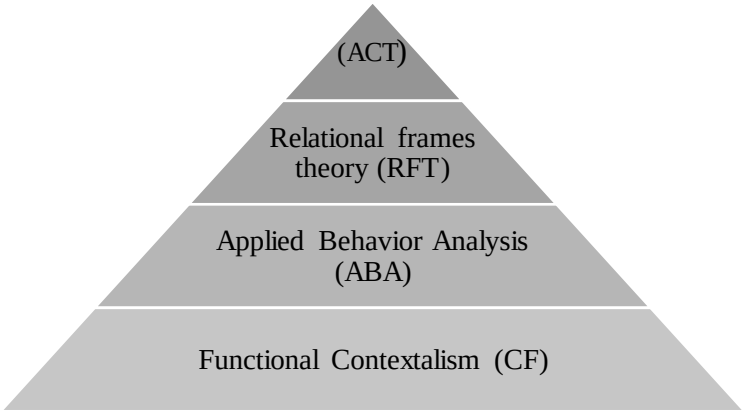



**Fig.1.The Foundation of ACTSource:(قاصب، 2021، ص15)**

Hence, the psychological flexibility model is based on functional contextualism as a philosophical root, where behavior is understood in context and is concerned with its function rather than its form, with a focus on improving a meaningful life. The theoretical root is relational frames theory (RFT), which explains how language and cognitive relationships build connections between concepts, affecting psychological distress and flexibility. The model combines philosophy and theory to develop flexibility that helps individuals modify their thoughts and behaviors to serve their values and goals.

**5. The model core processes:**

The model includes six core processes of psychological flexibility, described as a Hexaflex (Figure 2): Each process is distinct and independent, yet do not exclude one another. This means that each process works in concert with the others. When combined, they form a hexagonal model that represents flexibility, and each process has a corresponding inflexibility model.

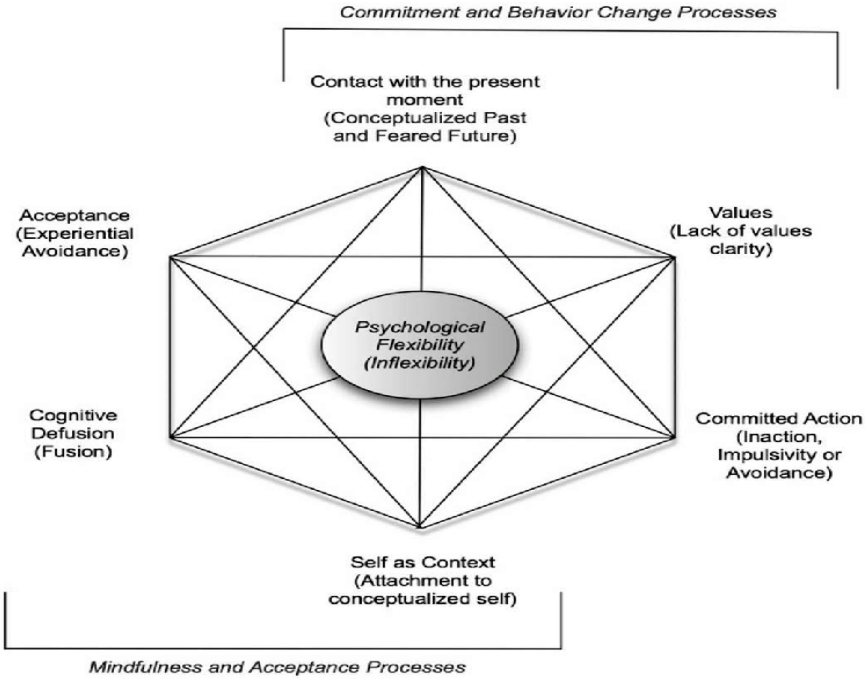



**Fig.2. The ACT model six core processes of psychological flexibility, Source: (Prevedini et al., 2020, p6)**

The figure shows the six core processes of psychological flexibility in the PFM model, divided into mindfulness and acceptance and commitment and behavior change strategies. These include present-moment awareness, values, committed action, self as context, cognitive defusion, and acceptance, all working together to enhance adaptability and well-being.

**5.1 Psychopathology Processes:**

it includes the processes of (Cognitive fusion, experiential avoidance, Inflexible Attention, Lack of Values Clarity/Contact, Attachment to the Conceptualized Self, inaction or impulsivity).

- **Cognitive fusion:**

Cognitive fusion occurs when individuals become entangled with their thoughts, losing awareness of the distinction between thinking and direct experience (Webster, 2011). Instead of recognizing thoughts as passing mental events, they perceive them as absolute truths, which can dominate awareness and influence behavior (Harris, 2009). In depression, this fusion often manifests as persistent negative self-talk, rumination, and fixation on painful memories, such as rejection or failure. Extreme fusion can lead to flashbacks, where distressing

memories feel as if they are happening in the present.

- **Experiential Avoidance:**

Experiential avoidance is the attempt to suppress or modify unwanted sensations, thoughts, feelings, or memories, even if it leads to harmful behavior (Luoma et al., 2017). Depending on problem-solving styles, it arises from the tendency to pre-estimate and avoid painful experiences. Avoidance and fusion accompany each other, as people entangled in hurtful cognitions—i.e., "I am worthless" or remembering rejection—struggle to eliminate them by using ineffective forms of coping such as substance use, sleeping excessively, or distraction(Harris, 2009). But avoidance merely adds to painful sensations, which self-perpetuate and disrupt living.

- **Inflexible Attention:**

This model portrays suffering as caused by an exaggerated focus on the past or the future, which disrupts present-moment awareness. Rigid patterns of attention perpetuated by avoidance and cognitive fusion reinforce repetitive behavior and decrease adaptive functioning. Inflexible attention, as per (Luama et al, 2017), makes people amendable to past experiences and conditioned thoughts in a way that severely limits new possibilities. In depression, this presents itself as rumination of past pain and concern for the forthcoming threat, further deepening distress (Harris, 2009)

- **Lack of Values Clarity/Contact:**

In ACT, values are continuous qualities directing each person to live meaningfully, by shaping behavior. They function as a scale of assessment, which is somewhat verbal but not entirely logical, since it involves choice and creativity. Humans often set goals somewhat thoughtlessly by relying on evaluative reasons such as balancing pros and cons and are frequently driven by avoidance or social acceptability rather than true purpose (Luoma et al., 2017). ACT's goal is to transition behavior from fusion and avoidance into value-driven behavior.

- **Attachement to the Conceptualized Self:**

This refers to rigidly identifying with a fixed idea of oneself based on one's roles, achievements, and traits. This conceptual self is thought to be some ultimate truth, even against all odds, and the individual would defend it even if this judgment would cause pain or diminish their life quality. In depression, individuals often engage directly with self-deprecating thoughts such as, "I am worthless," "I am a failure"; negative self-descriptions; but even positive self-

concepts may be limiting (Harris, 2009). The model calls out three dilemmas: inflexible, disengaged from the present, and creates disruptions in self-protecting mechanisms when experiences contradict what one perceives of oneself.

- **Inaction, Impulsivity:**

Inaction and impulsivity are behaviors based on avoiding doing something than on a conscious and considered decision. Impulsivity involves rash actions to avoid certain discomfort, while inaction includes procrastination or withdrawal from meaningful activities. The two are forms of experiential avoidance of value-oriented behavior. In depression, substance abuse, social withdrawal or isolation, excessive sleeping, or giving up formerly enjoyable activities can occur (Harris, 2009).

**5.2 Therapeutic processes:**

The therapeutic processes of psychological flexibility include: acceptance, cognitive defusion contact with the present moment, values, and committed action. The following is a detailed description of each of these processes:

- **Acceptance:**

In contrast to experiential avoidance, acceptance entails consciously embracing one's experiences without attempting to change them, particularly when doing so results in psychological harm (Hayes et al., 2006). Pain patients are guided to let go of their battle with pain, while anxiety patients are taught to fully experience their anxiety. Acceptance is a tool to improve value-based functioning, not the end in itself. Assuming that lowering one's defenses lessens the impact of experiences, this strategy encourages openness to all of them.(قاصب, 2021)

- **Cognitive Defusion:**

(Twohig & Hayes, 2008) Cognitive defusion is a core component of ACT, which enables people to process their thoughts with greater flexibility and mindfulness, thereby allowing the thoughts to exert less influence on behavior and emotional states. It involves the alteration of the context in which thoughts are branded, neutralizing their automatic influence by viewing thoughts as just mental processes rather than as absolute truths (Towhig & Hayes, 2008). Even though it avoids changing the thought itself, defusion techniques change the way individuals relate to their thoughts, consequently promoting the letting go of the unhelpful thinking (Hayes et al., 2006). It could consist of techniques such as observing thoughts like outside events, repeating a thought aloud until it loses its meaning, or even saying it back in conceptualizations that are neutral. That promotes a tendency to see thoughts as words, whereas other words can still be taken into account as a guide for meaningful action.

- **Contact with the Present Moment**

The psychological model in ACT stresses conscious and full engagement in psychological and environmental experiences while they occur. This process facilitates a flexible range of behaviors that are consistent with personal values, encouraging an engaged response to the world rather than relying on fixed judgments or predictions (Hayes, 2006; Flood, 2016). It promotes "self as process"—a continuous, non-judgmental awareness of thoughts and emotions.

Such an emphasis on contact with a present moment connects directly with mindfulness-based formulations, which teach at least two core skills: full engagement with the present moment and description of that moment without judgment. The techniques involve meditation and mindfulness practices. Unlike some forms of mindfulness-focused stuff that are about controlling one's emotions, ACT is about experiencing all emotions fully and without any resistance (Twohig & Hayes, 2008)The objective is to remain in the present, not distracted by the past or the future, and keep zeroing in on values and meaningful action.

- **Values:**

Values are an integral aspect of psychological flexibility in ACT, serving as guiding principles for one's behavior rather than specific goals (Twohig & Hayes, 2008)Values are distinct from passing thoughts, feelings, or desires, being consciously chosen, unavoidable, and representing the "desirable qualities of ongoing action." They serve as a compass, directing people towards meaningful living.

Values exist in the here and now, but goals exist in the future—once values are known, goals can be set accordingly (Harris, 2009). ACT emphasizes the importance of action occurring within values because doing so fosters balance and harmony with self, and straying from them leads to psychological distress.

- **Self as context:**

Self as context is a key component of the psychological flexibility model; it is known as the observing self—a stable point of view from which all changing experiences are acknowledged and accepted. In contract to the conceptualized self, which resides with concrete thoughts and roles, the self-as-context is pure awareness where one observes their own awareness (قاصب, 2021).

Consistent with the notion of not being content of experience, but instead

context, self as context enables humans to observe their thoughts and feelings with detached, acceptance, and disengagement (Hayes et al., 2006). ACT cultivates this vision through mindfulness practices, metaphors, and experiential methods, allowing individuals to differentiate their identity from temporary experiences and thus become more flexible in their engagement with life.

- **Committed action:**

Committed action refers to a behavior directed by values; it involves taking effective, meaningful, and conscious actions in line with one's values, often requiring skill development (قاصب, 2021).

While it is common for people suffering from various disorders to be aware of the right behaviors to adopt so as to improve their situation, these are frequently obstructed by cognitive barriers. ACT is a way for helping clients move toward committed action via setting value-based goals that are to be enacted gradually, thereby enlarging their behavioral repertoire. Traditional behavioral interventions, such as exposure therapy, become more effective when integrated with committed action.

Commitments are often made publicly with therapists or others, with the level of commitment increasing over time. Through trial and error, individuals refine their behavior patterns, reinforcing long-term change (Twohig & Hayes, 2008).

**6- Applications of the model:**

The psychological flexibility model forms the basis of acceptance and commitment therapy, which has been widely used in the treatment of various mental health conditions. Some uses of the model include:

- **Depressive disorders:**

Acceptance and commitment therapy for depression focuses on accepting negative emotions rather than fighting them, and promoting commitment to behaviors that are consistent with the individual's values. Patients are taught how to deal with depressive thoughts without being drawn into them, with a focus on living meaningfully.

In a systematic review of more than 11 studies, the results showed that acceptance and commitment therapy improves depressive symptoms and psychological flexibility, and is also effective in maintaining improvement. (Zhao et al., 2023)

- **Anxiety Disorders:**

Acceptance and commitment therapy for anxiety disorders emphasizes the

need to teach individuals how to cope with anxious thoughts without avoiding them, and to promote psychological flexibility through techniques such as acceptance and cognitive defusion.

A systematic review was conducted by (Swain et al., 2013)to examine the evidence for acceptance and commitment therapy in the treatment of anxiety, where 38 studies were reviewed, and a spectrum of anxiety disorders were examined as well as test anxiety and public speaking anxiety. The results of the study found preliminary support for acceptance and commitment therapy for anxiety disorders.

- **Posttraumatic stress disorder (PTSD):**

Acceptance and commitment therapy (ACT) is effective in treating post-traumatic stress disorder (PTSD) because it helps patients reframe their relationship with pain rather than resisting or avoiding it, reducing rumination, avoidance, and emotional detachment. By promoting psychological flexibility, ACT enables individuals to accept their traumatic memories without them getting in the way of their lives, and helps them engage in a meaningful life in accordance with their values, improving their quality of life despite the persistence of some symptoms.

(Bean et al., 2017)reviewed the effectiveness of acceptance and commitment therapy (ACT) in the treatment of posttraumatic stress disorder and trauma. The researchers conducted a comprehensive review of the scientific literature, including case studies, individual designs, and randomized clinical trials (RCTs), to evaluate the effectiveness of this treatment in this context. Preliminary evidence from case studies and clinical trials suggests that ACT may help reduce symptoms by promoting psychological flexibility, and may be a promising treatment option for individuals who benefit from an acceptance-based and values-based approach.

- **Addiction and Compulsive Behaviors:**

Acceptance and commitment therapy (ACT) for addiction and compulsive behaviors focuses on reducing avoidance and promoting adherence to healthy behaviors that are consistent with one's values, such as quitting smoking or drug use.

A systematic review study (Díez-Bejarano & Chaves, 2022)investigated the effectiveness of ACT for addiction and assessed changes in patients' symptoms and quality of life after treatment and at follow-up. The study also assessed the

acceptability of this intervention. After analyzing 17 randomized clinical trials, ACT was found to be equally effective in treating substance abuse as empirically validated treatments and more effective than inactive treatment. In addition, it was found that during the follow-up period, ACT showed equal or better results in reducing consumption compared to other forms of treatment. ACT was also more effective than other treatments in producing positive changes in quality of life and dimensions of acceptance and resilience among patients, especially at follow-up. Finally, regarding treatment acceptability, ACT was found to be equally or more satisfactory than the comparator treatments. In conclusion, acceptance and commitment therapy appears to be an effective and acceptable alternative in the treatment of addiction and drug abuse.

- **Eating disorders:**

Acceptance and commitment therapy (ACT) helps individuals accept negative thoughts and feelings about the body and food, with an emphasis on healthy values.

Recently, ACT has been increasingly used to treat eating disorders. In a systematic review, (Onnink et al., 2022)reviewed treatment studies that used three or more ACT interventions with adolescents or adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and a purging disorder spectrum diagnosis. They identified 22 intervention studies with a total of 674 participants. Five of these were randomized controlled trials. While the majority of studies focused on anorexia nervosa, these studies tended to be smaller in number of participants. The results suggested that ACT may show reasonable efficacy for improving symptoms of eating disorders.

- **Chronic pain:**

The model focuses on accepting pain rather than fighting it, with individuals encouraged to engage in meaningful activities despite the pain.

In a study by (Hughes et al., 2017) which aimed to evaluate the effectiveness of acceptance and commitment therapy in treating chronic pain in adults, through a systematic review and meta-analysis of 11 trials. The results showed that the treatment was more effective than traditional treatments or no intervention, especially in the areas of: acceptance of pain and psychological flexibility: large to medium improvements in these measures, and functional performance, anxiety, and depression: small to medium significant improvements in these areas.

- **Psychosis:**

In the context of treating psychosis and hallucinations, acceptance and commitment therapy helps patients accept their psychotic experiences without judging them, Distancing from excessive fusion with their thoughts., and focus on personal values and commitment to meaningful goals. Through these practices, patients can develop a new relationship with their psychotic experiences, which reduces their suffering and increases their ability to engage in daily activities that align with their values and goals.

Studies suggest that the treatment can be effective in reducing symptoms associated with psychosis, such as depression, anxiety, and hallucinations, by promoting psychological flexibility and helping patients cope with their internal experiences in a healthier way.

In a review of the effectiveness of acceptance and commitment therapy (ACT) for psychosis (Wakefield et al., 2018), the available evidence, the quality of this evidence, and the potential benefits of this intervention were reviewed. 13 studies were selected and met the required criteria. The results indicated that current evidence suggests that ACT can be an effective treatment for psychosis, even in short forms, such as 4 inpatient sessions, and in individuals with severe symptoms or complex comorbid conditions. Studies suggest that the treatment can help reduce hospital readmission rates, affect rigidity in people with psychosis, and be beneficial for people with first-time or persistent psychosis.

- **Chronic illness and long-term conditions:**

ACT focuses on helping individuals accept, rather than resist, the difficult feelings and thoughts associated with chronic illness. It teaches patients how to cope with symptoms by promoting psychological flexibility and identifying personal values that motivate them to take meaningful action in their lives, even in the presence of pain or health limitations. The goal is to improve quality of life by accepting what cannot be changed and focusing on what can be controlled.

A systematic review of the use of acceptance and commitment therapy (ACT) in the management of chronic illness and long-term conditions (Graham et al., 2016)included 18 studies, Applications ranged from improving quality of life, symptom control, and reducing psychological distress, across a range of conditions including HIV, cancer, and epilepsy. Results showed promising data supporting the effectiveness of ACT in areas such as parental support for children with long-term conditions, seizure control in people with epilepsy, promoting

psychological resilience, and disease self-management.

- **Applications with Children, Adolescents, and Families:**

ACT helps children, adolescents, and families learn emotional flexibility by accepting painful feelings and acting according to values. ACT is adapted for youth using interactive games, narratives, and exercises to teach about control of emotions and coping with challenges like anxiety and chronic illness. Meditation and self-knowledge are common utilized skills.

For children and families, ACT enhances communication and assists parents in modeling acceptance and intentional behaviors, creating a supportive climate. ACT is still in the developmental stages for children and families, based on research (Coyne et al., 2011; Murrell & Scherbarth, 2006), but is promising. Research suggests that parental involvement is essential in treatment, with the exception of conditions like ADHD or other problems involving confidentiality concerns. Parents are central to establishing a supportive environment, so their participation in therapy is valuable for long-term success.

**7. Comparison with Other models:**

ACT was introduced in 1986 and the first of the "third wave" therapies. Prior to behavioral therapies (1950s-60s), efforts were made to modify behavior by conditioning, whereas the "second wave" (1970s) introduced interventions for the cognitive process, leading to the dominance of Cognitive Behavioral Therapy (CBT).

ACT differs from other mindfulness-based therapies like Dialectical Behavior Therapy (DBT) and Mindfulness-Based Cognitive Therapy (MBCT). While DBT is primarily used for borderline personality disorder and MBCT for stress and depression, ACT is versatile, being used for individuals, couples, and groups with varying clinical conditions without fixed treatment protocols. (Harris, 2011)

Studies indicate that ACT is as effective as CBT in treating mental and physical disorders. Meta-analyses (A-Tjak et al., 2015; Schefft et al., 2023) both show that the two therapies have similar effectiveness, but neither is considerably more effective than the other. A third meta-analysis (Fang & Ding, 2023) found CBT to be superior at reducing anxiety in the short and long term, while ACT was superior at encouraging mindfulness skills. In addition, ACT can be better for psychological resilience in undiagnosed individuals, whereas CBT is better for depression in physically symptomatic subjects. A neuroanalytic comparison (Dijkstra & Nagatsu, 2022) of ACT, CBT, and Morita Therapy (MT) reflects

shared neural mechanisms. CBT restructures unfavorable thoughts to heal depression and anxiety, ACT aids psychological acceptance and chronic pain, and MT manages emotion regulation without resistance, primarily in Asian society. The study suggested that the choice of therapy depends on the nature of the disorder, individual characteristics, and culture.

**8. Empirical support for the model:**

ACT is empirically supported very well by numerous studies and meta-analyses. A comprehensive meta-analysis (Gloster et al., 2020)of 133 studies with 12,477 participants confirmed ACT's effectiveness for anxiety, depression, drug use, chronic pain, and transdiagnostic disorders. It performed better than inactive control conditions and comparably to cognitive behavioral therapy (CBT).

ACT is recognized by major institutions, including the American Psychological Association (APA), Department of Veterans Affairs (VA/DoD), and World Health Organization (WHO), for the treatment of many conditions. It is graded as evidence-based by the California Database of Evidence-Based Practices, UK's NICE, Australian Psychological Society (APS), and many European institutions. While results of research vary, cumulative evidence shows that ACT is an effective and scalable treatment for the future.(*State of the ACT Evidence,* n.d.)

**9. CONCLUSION**

The effectiveness of the psychological flexibility model is demonstrated through the outcomes of acceptance and commitment therapy. It is primarily based on the model, as it is a treatment based on the six processes, Acceptance, Cognitive Defusion, Present Moment Awareness, Self-as-Context, Values Clarity, Committed Action.

The model is centered around the ability to remain open, aware, and oriented toward personal values, even in the face of negative feelings or thoughts. In contrast to traditional approaches that focus on reducing symptoms, PFM seeks to enhance the ability to deal with internal experiences flexibly, allowing individuals to direct their behavior according to their values and long-term goals, rather than being driven by automatic reactions governed by temporary emotions or limiting beliefs.

Research suggests that enhancing psychological flexibility has positive effects on quality of life, coping with stress, and reducing psychological symptoms associated with anxiety and depression. Rather than being preoccupied

with trying to control negative thoughts and feelings, this model allows individuals to move more freely toward a life that is more consistent with their values.

The adoption of PFM in modern psychological practice provides a more adaptive and personalized approach to psychotherapy, making it one of the most promising approaches to achieving sustainable psychological well-being. It represents an important development in psychotherapy, as it aims not only to relieve suffering, but to enable individuals to live richer and more meaningful lives, regardless of the challenges they face.

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