PSYCHOLOGICAL FLEXIBILITY RESEARCH TRENDS

Alrefi ¹

Abstract: This research was aimed to see the research trend of psychological flexibility last ten years. The literature review investigated research trend published in international journals, method in research problems, research method, and result of the research. Therefore, the researcher hope this research can contribute positively to the development of guidance and counseling faculty and can be one of the research development sources in the implementation of guidance and counseling services.

Keywords: Psychological Flexibility, Guidance and Counseling

INTRODUCTION

Traditionally, positive thoughts, emotions, strengths, and satisfaction of psychological needs are the foundation of psychological health. Psychological flexibility is an important component in understanding psychological health. The importance of psychological flexibility was expressed by Kashdan and Rottenberg (2010) which included various human abilities to recognize and adapt to various situations, change mindsets or behaviors when jeopardizing personal or social functions, maintain balance, be aware, open, and commit to appropriate behavior. values that are held fast. Psychological flexibility also correlates positively with self-efficacy (Wei, et al, 2015).

Flexibility has been studied since the late 1940s (Berg in Whiting et al, 2015). Recently flexibility is important for someone so there is an Acceptance and Commitment Therapy approach to improving psychological flexibility (Hayes, et al, 2012). Psychological flexibility does not entirely depend on cognitive flexibility. The construct of psychological flexibility is still in the process of refinement and is an ongoing work over time while cognitive

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flexibility has greater results and evidence than psychological flexibility (Whiting et al, 2015). The construct of cognitive flexibility has a long and well-developed history, whereas psychological flexibility has a more recent history that arises from Acceptance and Commitment Therapy.

Kashdan and Rottenberg (2010) state that psychological flexibility has actually been known for more than 50 decades, but has different names such as resilience and self-regulation. The current literature shows there are similarities and differences in the conceptualization of constructs, there are similarities in behavior changes (actions or thoughts) in response to changes in the environment. Whereas the difference in cognitive flexibility involves adjusting to changes in cues in the environment, while psychological flexibility does not only involve adjusting more aspects.

According to Hayes, et al (2012), psychological flexibility is defined as a person's ability to change or persist in conditions of behavior that benefit personal values. Rutter (2008) describes psychological flexibility as an individual's ability to adapt to stressful or adverse events. Lebh continued Kashdan and Rotterburg (2010) defining psychological flexibility as a measure of how a person: (1) adapts to the demands of the situation, (2) reconfigures mental resources, (3) shifts perspective, and (4) balances desires, needs, and domains life.

Psychological flexibility is more recent than cognitive flexibility and psychological flexibility studies can be done in clinical and non-clinical conditions while cognitive flexibility focuses on neuropsychology which is a clinical part (Whiting et al, 2015).

There are several studies related to psychological flexibility, findings conducted by Foote et al (2016) show that someone who has psychological flexibility can reduce headaches (migraine). Findings from Woldgabreal, Day & Ward (2016) show that psychological flexibility can help a person have prosocial behavior. Psychological flexibility is also closely related to self-efficacy, optimism and hope. The study of Montiel et al (2016) explains that psychological flexibility can prevent increased psychological distress such as anxiety and depression in breast cancer sufferers.

Psychological flexibility is a multi-component construct that is designed to assess the six targeted aspects through Acceptance and Commitment Therapy (ACT) (Bach, Moran & Hayes, 2008). ACT has a theoretical foundation from Relational Frame Theory (RFT). In general, RFT believes
that language and cognition are based on human relations that influence each other. Lack of flexibility in building relationships can lead to psychopathology (Holmes et al, 2004). The indicators of psychological flexibility are as follows:

Psychological flexibility affects individual problems. The relationship between psychological flexibility and psychopathology has been proven in several studies (Kashdan & Rottenberg, 2010), including depression (Bohlmeijer, Fledderus, Rokx, & Pieterse, 2010), eating disorders (Masuda, Price, Anderson, & Wendell, 2010; Bluett, 2010), et al, 2016) and anxiety (Niles, et al., 2014). This reflects the importance of having psychological flexibility in a person.

In measuring psychological flexibility, there are various measurement concepts used including AAQ-16 (Bond & Bunce, 2003); Multidimensional Psychological Flexibility Inventory (Rollof et al, 2018); The Acceptance and
Action Questionnaire Stigma (Levin et al, 2014); The Acceptance and Action Questionnaire for Weight-Related Difficulties (Lillis & Hayes, 2008); Valuing Questionnaire (Smout et al, 2014); and Philadelphia Mindfulness Scale (PHLMS; Cardaciotto et al., 2008).

Based on the above study, the author focuses on looking at the latest 10 years of psychological flexibility research trends. Research trends can be seen in various articles published in international journals.

METHODS
This article aims to look at the variety of psychological flexibility research of the past 10 years, the method of writing in this article by examining research trends published in various international journals. The main focus seen in various articles is the object of research problems, research methods and research results. By looking at these three elements, it can be easier for writers to understand and study psychological flexibility articles. The results of understanding of research trends also make it easier for writers and readers to analyze, study and conduct further research on psychological flexibility.

RESULTS AND DISCUSSIONS
Psychological flexibility research trends in the last 10 years have a variety of different studies, the results of the study of psychological flexibility include health aspects both physical and psychological. The various research trends are presented in table 1.

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<td>flexibility and emotional regulation</td>
<td>4. Development, validity and reliability of psychological flexibility</td>
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<td>6. Development and validation of Multidimensional Psychological Flexibility Inventory (MPFI)</td>
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2. Method

1. Quasi Experiment Method
2. Cross-sectional study

1. Survey and correlation
3. Cross-sectional
4. Correlation
5. Development

1. Snowball data collection method
2. Survey
3. Experimental method
4. Correlational
5. Correlational
6. Development of instruments

3. Result

1. Someone who has greater psychological flexibility can increase the perception of control at work.
2. Psychological flexibility contributes to eating disorders related to cognition
3. Psychological flexibility includes a variety of human abilities to: recognize and adapt to various situational
4. Psychological flexibility correlates with attention but does not have a major impact on depression, anxiety and general disorders.
5. People who are psychologically inflexible have higher emotions and eat irregularly.
6. This finding broadens previous research by showing the role

1. Psychological flexibility is positively correlated with self-efficacy
2. PF prevents increased psychological distress in breast cancer patients and adds to more and more research supporting PF as a general protective factor in different contexts and populations.
3. Acceptance and Commitment Therapy can increase psychological flexibility, by
Trends in psychological flexibility research in the past 10 years indicate the importance of psychological flexibility for further research. The 2008-2010 range Kashdan and Rottenberg (2010) state that psychological flexibility is a fundamental aspect of one's health, this is supported by Masuda et al (2010) research on psychological flexibility contributing to someone who has an eating disorder related to cognition while other studies find the result that psychological flexibility influences one's perception of work (Bond, Flaxman & Bunce, 2008). This means that psychological flexibility is an important component in health, by having psychological flexibility can help someone who has an eating disorder and affects one's perception of work.

In the research trends in the years 2011-2014, there are various kinds of research results regarding psychological flexibility. Masuda and Tully's research (2012) explains that psychological flexibility correlates with attention, but on the one hand, it does not have a major impact on depression, anxiety and general disorders. Another study conducted by Biron and

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### Trends in Psychological Flexibility Research in the Past 10 Years

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In the research trends in the years 2011-2014, there are various kinds of research results regarding psychological flexibility. Masuda and Tully's research (2012) explains that psychological flexibility correlates with attention, but on the one hand, it does not have a major impact on depression, anxiety and general disorders. Another study conducted by Biron and
Veldhoven (2012) shows the role of psychological flexibility in encouraging employees to handle emotions. Nevanpera et al (2013) conducted a study of working women, the results of which showed that psychologically inflexible people had higher emotions and irregular eating.

Research on the development, validity and reliability of psychological flexibility was also conducted by Ben, Bluvstein and Maor (2014), the results of the reliability of the development of psychological flexibility instruments that is equal to $r = 0.918$. More and more research on psychological flexibility has an impact on the benefits of psychological flexibility. Psychological flexibility not only contributes to physical aspects of health but also contributes to psychological aspects, this can be seen by the results of research on psychological flexibility that correlates with attention and emotion. Other research on psychological flexibility is the existence of researchers who develop the validity and reliability of psychological flexibility.

The range of research in 2015-2018 regarding psychological flexibility is presented as follows, Wei, et al (2015) research that explores psychological awareness and flexibility of counselors who take part in training with self-efficacy counseling, the results of the study show a positive relationship between psychological flexibility and self-efficacy. Another study on psychological flexibility and self-efficacy was also carried out by Jeffords, et al (2018) whose results were students who had high psychological flexibility, had high self-efficacy. While students who have low flexibility also have low self-efficacy as well. Montiel, Moya, Venditti and Bernini (2016) conducted research on the contribution of psychological flexibility to predicting adjustment to breast cancer, the results of the study explained that someone who has psychological flexibility can prevent an increase in psychological pressure in patients with breast cancer.

The research conducted by Marshall, Mcclinpsych. Brockman, & Dclinpsych (2016) concerning the relationship of psychological flexibility, self-affection and emotional well-being, the result is a relationship between psychological flexibility, self-affection and emotional well-being. Other research by Wersebe, Lleb, Meyer, Hofer, & Gloster (2017) explains that Acceptance and Commitment Therapy can increase psychological flexibility. Instrument development research was carried out by Rolffs, Rogge, & Wilson (2018) to produce a Multidimensional Psychological Flexibility Inventory (MPFI) psychological flexibility product.
In the 2015-2018 range, research on psychological flexibility is growing, psychological flexibility correlates with self-efficacy, compassion and emotional well-being. Interventions that can be used to increase psychological flexibility are using the Acceptance and Commitment Therapy approach and instruments that can be used to measure psychological flexibility with the Multidimensional Psychological Flexibility Inventory (MPFI).

CONCLUSIONS
Psychological flexibility has become the focus of research studies in the health field, research trends show that psychological flexibility is not only in the physical health field but in the psychic field as well. Psychological flexibility contributes to the field of guidance and counseling, the results of research on prospective counselors indicate that someone who has psychological flexibility correlates with self-efficacy. Apart from correlating with self-efficacy, flexibility also correlates with self-affection and emotional well-being. The results showed that the average subject of psychological flexibility research was adults, and there were not many research subjects for children and adolescents. For this reason, further research can examine the focus of psychological flexibility on children and adolescents.

REFERENCES


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