

The Impact of Psychological Flexibility on Mental Health of Chinese University Students: A Narrative Review

Xiao Yang¹ , Kartini Ilias^{2*} , Khairil Anuar Md Isa³ , Hai-bin Wang⁴ 
Xiao-Jun Guo⁵

¹Faculty of Health Sciences, Universiti Teknologi MARA, 42300, Cawangan Selangor, Puncak Alam Campus, Puncak Alam, Selangor, Malaysia;
School of Educational Sciences, Huangshan University, ShuaiShui Campus, 245041, Huangshan, Anhui, China

Email: yangxiaophd@gmail.com

²Faculty of Health Sciences, Universiti Teknologi MARA, 42300, Cawangan Selangor, Puncak Alam Campus, Puncak Alam, Selangor, Malaysia;
Business and Consumer Health Sciences (BiZ-HeALTh), Universiti Teknologi MARA, 42300, Cawangan Selangor, Puncak Alam, Campus, Selangor, Malaysia

Email: kartini_ilias@uitm.edu.my

³Faculty of Health Sciences, Universiti Teknologi MARA, 42300, Cawangan Selangor, Puncak Alam Campus, Puncak Alam, Selangor, Malaysia

Email: khairil996@uitm.edu.my

⁴School of Educational Sciences, Huangshan University, ShuaiShui Campus, 245041, Huangshan, Anhui, China

Email: 112029@hsu.edu.cn

⁵Faculty of Health Sciences, Universiti Teknologi MARA, 42300, Cawangan Selangor, Puncak Alam Campus, Puncak Alam, Selangor, Malaysia

Email: guoxiaojun253@gmail.com

ABSTRACT

Psychological flexibility (PF) is a core concept of Acceptance and Commitment Therapy (ACT), the "third wave" of Cognitive Behavioural Therapy, which is closely related to mental health. This review elaborates on the origins, concepts, connotations, and bio-psycho-social significance of Psychological flexibility. By summarising the progress of research in China and abroad, we explore the relevant factors, interventions, and prospects of psychological flexibility affecting the mental health of Chinese university students to provide a basis for enhancing the psychological flexibility and promoting the mental health of Chinese university students. We systematically searched all literature published from March 2004 to March 2024 through PsycINFO, Web of Science, Scopus, and China National Knowledge Infrastructure (CNKI) databases. A total of 12 articles were included based on the inclusion and exclusion criteria. The reviewed articles showed that psychological flexibility is closely related to personality health and coping mechanisms of Chinese university students, and affects existing psychological symptoms and negative behaviours such as stress, pain, anxiety, and depression. Many factors, including sociodemographic factors, will affect psychological flexibility. Therefore, some intervention measures can be implemented to improve

CORRESPONDING AUTHOR (*):

Kartini Ilias
(kartini_ilias@uitm.edu.my)

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psychological flexibility and promote mental health. This review shows that it is necessary to pay attention to the psychological flexibility of Chinese university students and analyse its impact on mental health to develop effective targeted intervention measures.

Contribution/Originality: This study contributes to the existing literature that systematically summarises the impact of psychological flexibility on mental health of university students in the past twenty years. This literature review, which includes both Chinese and international outstanding articles, provides a theoretical basis for subsequently enhancing psychological flexibility to improve the mental health and well-being of Chinese university students.

1. Introduction

The World Health Organisation (WHO) states that overall health is a complete state of coordination and cooperation at four levels: physical, mental, and social (Chirico, 2016). Psychological flexibility (PF), as one of the important factors, has attracted attention in psychology (Kashdan & Rottenberg, 2010). Anxiety and depression affect between 16% and 25.4% of Chinese university students, according to statistics released by the Chinese Centre for Disease Control. Between 20% and 30% of students at Chinese institutions report having mental health issues (Chen et al., 2010; Han et al., 2020).

PF is a core element of Acceptance and Commitment Therapy (ACT). This third-generation cognitive behavioural therapy incorporates mindfulness practices and is rooted in the theoretical framework of the philosophy of functional contextualism and framework theory (McCracken, 2013). The main goals of ACT are to promote acceptance of experience and improve psychological flexibility, thereby encouraging valuable action.

PF is the ability of an individual to experience the present moment and adjust behaviour according to personal values. Research has confirmed that PF plays a positive protective role in the mental health of university students in China. The higher the level, the better the mental health status (Grégoire et al., 2018; Wang, 2015). On the contrary, lower psychological flexibility may lead to aggravation of psychological symptoms and increased Levels of self-anxiety and depression. In addition, PF also plays a mediating role, which may intensify the development of negative emotions and destructive behaviours through the influence of social factors (Li, 2015; Liu & Zhang, 2019).

Therefore, we review the current research on the PF of university students in China and abroad and investigate the specific aspects and mechanisms of PF affecting the mental health of Chinese university students. In addition, we hope to analyse further the relevant factors that influence individual PF and provide a scientific basis for improving PF and promoting mental health.

2. Methodology

The methodological approach used in this work consists of a narrative review, an interpretive-qualitative research form that, when combined with certain aspects of a systemic methodology (Green, 2006; Glende, 2008), can facilitate the synthesis of literature findings regarding a particular theme and advance our understanding of the

subject (Grant & Booth, 2009). Specifically, our methodological research was inspired by the four steps provided by Egger et al. (2001) as follows:

- i. Formation of a working group: made up of three psychological flexibility experts, two of whom have served as psychological counsellors and one as a methodical operator;
- ii. Formulation of the review questions: based on the abstract state of the art regarding psychological flexibility in Chinese university students (concerning its source, meaning, and its impact, influencing factors, intervention strategies, etc.);
- iii. Identification of relevant studies: A thorough search of paper materials in UiTM university libraries and electronic databases like PsycInfo and Web of Science was used to index papers published between March 2004 and March 2024. The Scopus index was also used to confirm the papers' scientific applicability. The China National Knowledge Infrastructure (CNKI) was utilised for Chinese literature. It is the world's largest database of Chinese academic literature, updated regularly and dynamically.
- iv. The final step is the analysis and presentation of the outcomes: we identified a total of 12 articles. The flow diagram of the narrative review is shown in Figure 1.
- v. Three authors have read the previous study, a short review (Hayes, 2023) and a Chinese opinion format (Zhang & Liu, 2019), to address the findings on psychological flexibility.

2.1. Search Strategy Inclusion and Exclusion Criteria

We conducted a systematic search of psychological flexibility using the terms "psychological flexibility," "university students," and "mental health" in March 2024 through PsycINFO, Web of Science, Scopus, and China National Knowledge Infrastructure (CNKI) to find potentially relevant studies for inclusion in Table 1.

Table 1: Search Strategy

Database	Search	Scope	Results (n=)
PsycINFO	('psychological flexibility', 'university students', 'mental health')	Titles and abstracts	25
Web of Science	(ABS ('psychological flexibility', 'university students', 'mental health') OR TITLE ('psychological flexibility', 'university students', 'mental health'))	Titles and abstracts	75
Scopus	(ABS ('psychological flexibility', 'university students', 'mental health') OR TITLE ('psychological flexibility', 'university students', 'mental health'))	Titles and abstracts	81
CNKI 中国知网	Search: 'psychological flexibility', 'university students', 'mental health' 搜索: 心理灵活性、大学生、心理健康	Titles and abstracts	34

We only looked for matches between March 2004 and March 2024. On March 29, 2024, the last search was conducted. With these first search tactics, we looked at the titles and

filtered every article's abstracts. Subsequently, we manually searched the published publications' reference lists, assessing the papers' applicability to the review. We also searched Google Scholar for any additional references that the first search missed in all citations of relevant documents.

2.2. Inclusion and Exclusion Criteria

All articles about young adults (those between the ages of 18 and 26) that were published in Chinese and English between March 2004 and March 2024 and discussed the psychological flexibility of university students were included. However, we should have included reviews, studies where the sample objective was not university students, or reports not published in peer-reviewed scientific publications.

2.3. Article Selection and Data Extraction

Three reviewers separately checked for including all published titles and abstracts to guarantee the narrative review's dependability. The data extracted was as follows: From every document: writers, title, year of publishing, age range, theme (mental health, university students, and psychological flexibility).

In line with the PRISMA flow diagram (Moher et al., 2010), we carried out this narrative evaluation and a descriptive analysis of the features of the included literature. The researchers utilised the JBI critical evaluation checklists for cross-sectional and quasi-experimental studies as a guide while developing a six-item assessment checklist (Moola et al., 2017; Tufanaru et al., 2017). When there were discrepancies in the ratings, three writers collaboratively reached a consensus about the methodological quality of the studies that passed the full-text evaluation.

2.4. Assessment of Methodological Quality

The researchers utilised the JBI critical evaluation checklists for cross-sectional and quasi-experimental studies as a guide while developing a six-item assessment checklist (Moola et al., 2017; Tufanaru et al., 2017). When there were discrepancies in the ratings, three writers collaboratively reached a consensus about the methodological quality of the studies that passed the full-text evaluation in Table 2.

Table 2: Search Evaluation

Author	Q1	Q2	Q3	Q4	Q5	Q6
Hayes et al. (2012)	Y	Y	Y	NA	NA	Y
Scent et al. (2014)	Y	Y	Y	Y	Y	Y
Grégoire et al. (2018)	Y	Y	N	Y	Y	Y
Hsu et al. (2023)	Y	Y	Y	N	U	Y
Larsson et al. (2022)	Y	Y	Y	Y	Y	Y
Hayes et al. (2023)	Y	Y	Y	NA	NA	Y
Zhang et al. (2021)	Y	Y	Y	NA	NA	Y
Wang & Qi (2015)	Y	Y	Y	NA	NA	Y
Zhao (2023)	Y	Y	Y	NA	NA	Y
Zhang & Liu (2019)	Y	Y	N	Y	Y	Y
Zhang et al. (2012)	Y	Y	N	Y	Y	Y
Yang, X. et al. (2019)	Y	Y	N	Y	Y	Y

Notes: Y = Yes; N = No; U = Unclear; NA = Not Applicable

Q1: Were testable hypotheses or research question(s) clearly stated?

Q2: Were university students the population of interest?

Q3: Was a systematic literature review conducted in the research process?

Q4: Was a reliability research design employed?

Q5: Was reliability assessment data provided for this study?

Q6: Was it logical to draw conclusions?

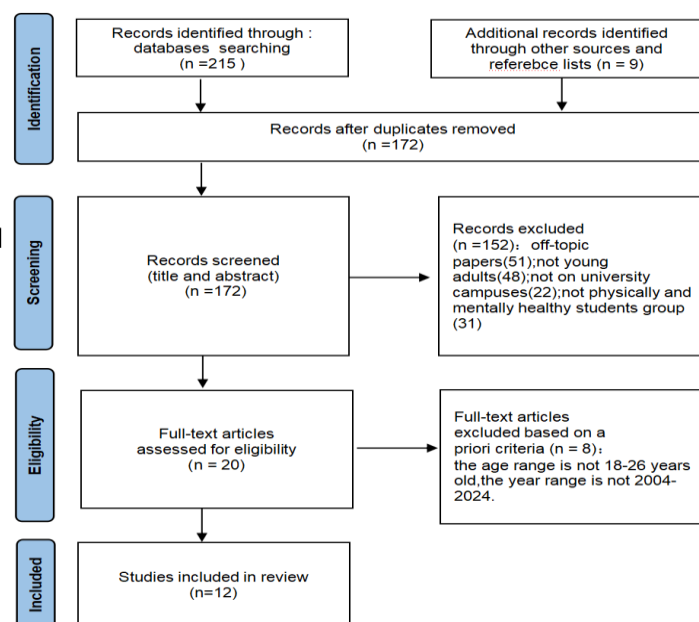
3. Results

Two hundred fifteen results were obtained from the PsycINFO, Web of Science, Scopus, and CNKI database literature searches. Following the elimination of duplicates, 163 papers were found to require screening.

3.1. Search Result

Three reviewers carefully considered all published titles and abstracts for inclusion based on the established criteria. They also successfully reached a consensus on all points of contention. Records that were blatantly off-topic papers and publications that did not specifically target university students or young people were eliminated from the list. Additionally, we eliminated the group of young people not enrolled in university programs and the group of students who are not in good physical and mental health, since, while they may have met our reference goal, they also included a sample target irrelevant to our study. After a thorough analysis, the complete texts of the remaining 17 citations were determined to be qualifying publications. Nine more studies that matched the inclusion criteria were found by looking for supplemental references in all eligible article citations that the first search missed. Three were chosen among the nine extra records that came from different sources. Eight of the twenty publications evaluated for eligibility were deemed ineligible for inclusion. The age range of persons examined in these deleted publications was not limited to young adults (18–26 years old), and the year standard surpasses the previous 20-year mark. In conclusion, the current narrative review comprises 12 articles. The flowchart for study selection is shown in [Figure 1](#).

Figure 1: PRISMA Diagram Showing the Steps in Choosing the Studies



3.2. Psychological Flexibility Definition and Attributes

First appearing in a book titled "Mindfulness and Acceptance: Expanding the Cognitive Behavioural Tradition," the term psychological flexibility (PF) lacked a precise meaning (Hayes et al., 2004a). Psychological flexibility is the capacity to contact the present flexibly, accept one's inner experience without needless struggle, and adhere to behaviours consistent with one's values based on pertinent research, according to Hayes et al. (2006), the founders of ACT, in 2006. Alternatively, modify your actions to align them with your principles. According to Kashdan and Rottenberg's (2010) proposal, the three main components of psychological flexibility are executive function, default mental state and personal traits. By 2011, the ACT psychotherapy model and psychopathology model with psychological flexibility and psychological inflexibility at their foundation had been introduced by McHugh (2011) and Prevedini et al. (2011). The notion of psychological flexibility was brought to China in 2015 by a team led by Professor Zhuohong from the Institute of Psychology, the Chinese Academy of Sciences. According to Hu et al. (2015), psychological flexibility is the capacity of a conscious individual to make behavioural adjustments or maintain attempts to meet predetermined value objectives by more completely contacting the current moment. Wang and Qi (2015) also reviewed the literature on psychological flexibility and health that same year, expanding on the theoretical underpinnings of psychological flexibility, how psychological flexibility promotes health, how psychological rigidity results in psychopathology, and current research trends in this area. While there are some parallels in the definitions of psychological flexibility provided by various researchers throughout the years from 2006 to 2015, numerous vital topics must be explained. Within the Chinese psychological community, they were not adequately acknowledged. Psychological flexibility was first characterised as the capacity to maintain or modify conduct by Zhang and Liu (2019), when they started gaining traction in China. The capacity to maintain or alter conduct was the definition of psychological flexibility given by the Chinese Medical Dictionary in 2019. Psychological flexibility is the capacity to recognise and accept all that a person experiences, including memories, ideas, emotions, and feelings (Zhang et al., 2021). It also refers to the ability to continue or modify behaviour by one's values (Wang & Qi 2015). Then, the concept of psychological flexibility is clear-cut, convincing, and widely accepted in the medical and psychological communities.

At the heart of the Acceptance and Commitment Therapy (ACT) approach is psychological flexibility, which refers to being a conscious individual, meaning being able to face the present flexibly, face and experience without any defense, accept one's own inner experience, and have the ability to do or change according to one's own values (Brenner et al., 2018). The pathological model of acceptance and commitment therapy is the hexagonal model centred on psychological rigidity, which consists of six processes: cognitive fusion, experiential avoidance, fear of the future and conceptualisation of the past, lack of values, attachment to the conceptualised self and inaction, and impulsivity or avoidance (Hayes et al., 2023). This model (Hu et al., 2021) causes psychological rigidity in teenagers, which in turn produces psychological problems. The six processes intended to improve psychological flexibility are its treatment model: acceptance, cognitive dissociation, experiencing the present, using the self as the background, values, and determined actions (Jiang et al., 2019). Six components can increase psychological flexibility while receiving ACT treatment (Hayes et al., 2012; Zhang et al., 2012).

- i. Acceptance: Accept the various experiences of the moment and make space for unpleasant feelings;

- ii. Dissociation: Keep a distance from your thoughts, imagination and memories so that the teenager realises that everything he thinks only exists when he thinks about it, weaken the influence of symbolic meaning;
- iii. Contact with the present: focus on the environment and psychological activities at this moment, without making evaluations, and not be dominated by the conceptualised past and future;
- iv. Use oneself as the scene: learn to observe and describe your inner experience to enhance your awareness and understanding of yourself;
- v. Reshape values: Know what is meaningful to the individual, reshape your values and find the direction of life;
- vi. Commitment to action: Take actions that are meaningful to yourself. Value actions and establish long-term, effective behaviour patterns

3.3. The Impact of Psychological Flexibility on Chinese University Students

3.3.1. Biological Effects

University students' physical health greatly benefits from psychological flexibility, a favourable psychological trait. International researchers have shown that psychological flexibility, acceptance, and commitment to treatment might encourage healthy behaviours in the natural environment ([Cattivelli et al., 2018](#)). According to [Rose et al. \(2018\)](#), acceptance and commitment treatment can lessen psychological discomfort, enhance quality of life, and increase psychological flexibility, all of which can help with the prognosis of chronic illnesses. Adolescents with chronic pain can benefit from acceptance and commitment treatment by improving their psychological flexibility, according to [Hayes et al. \(2023\)](#): every function and the feeling of discomfort. According to [Juncos et al. \(2017\)](#)'s research, acceptance and commitment treatment can also lessen guilt, enhance the quality of music performance, and help music students with their behavioural symptoms of music anxiety by fostering psychological flexibility. According to some researchers, specific improvements in psychological flexibility about value commitments might assist pain sufferers in getting better prognoses ([Foster et al., 2016](#)). According to research by [Beeckman et al. \(2019\)](#), psychological flexibility can help people focus on worthwhile activities and lessen teenagers' chronic discomfort. The relationship between psychological flexibility and long-term health issues was supported by the proposal made by [Densham et al. \(2016\)](#) that psychological flexibility and the level of chronic tiredness are associated. In research on teenage and adult women, [Bluett et al. \(2016\)](#) discovered that psychological flexibility—particularly body image flexibility—affects how well eating disorders are treated. Consequently, a high degree of psychological adaptability can support a person's physical well-being.

3.3.2. Psychological Effects

One of the key elements impacting mental health is psychological flexibility, which is crucial for university students' everyday satisfaction and long-term mental health. An international academic's empirical study has demonstrated a strong positive correlation between students' mental health and psychological flexibility ([Grégoire et al., 2018](#)). [Wersebe et al. \(2018\)](#) highlighted the role that psychological flexibility can play in fostering happiness in their study. According to research from China, psychological flexibility and subjective well-being are strongly correlated; the better one's psychological flexibility ([Yang, C., et al., 2019](#)), the higher one's subjective well-being. Psychological discomfort ([Li et al., 2015](#)) and chronic psychological problems ([Azadeh et al., 2016](#)) are

more common in students who have inadequate psychological flexibility. For instance, psychological flexibility has a predictive influence on both state anxiety and trait anxiety, according to research by [Zhang and Liu \(2019\)](#) on medical graduate students. Social anxiety is more prone to emerge in students who have inadequate psychological flexibility ([Yang, X., et al., 2019](#)). According to [Simon and Verboon \(2016\)](#), there is a strong beneficial relationship between kids' anxiety and psychological flexibility. Consequently, psychological flexibility has a beneficial role in enhancing mental health on an individual basis since it is a healthy state of awareness that always concentrates on the present ([Hayes et al., 2023](#); [Zhao, 2023](#)).

3.3.3 Sociological Effects

Adaptive behaviour and behavioural flexibility can be enhanced by psychological flexibility ([Kamody et al., 2018](#)). According to studies conducted by researchers worldwide ([Hsu et al., 2023](#)), psychological flexibility can successfully lower interpersonal sensitivity and social avoidance behaviour in university students ([Wang et al., 2014](#)). It aligns with research by [Azadeh et al. \(2016\)](#), which suggested that commitment therapy can improve social anxiety disorder teenagers' interpersonal issues by helping female high school students develop more positive personal behaviours consistent with worthwhile life paths through psychological flexibility. Psychological flexibility is an excellent way to manage violent behaviour, as [Zarling et al. \(2015\)](#) also noted in their study. It can dramatically lower physical violence. Chinese researchers have shown that good psychological flexibility is a helpful first step in treating pathological Internet usage in university students and an effective way to lessen reliance on mobile phones ([Ge, 2016](#); [Huang et al., 2017](#)). Additionally, acceptance and commitment therapy can help students perform better academically by increasing psychological flexibility and their perception of the value of education, leading to more robust school participation ([Grégoire et al., 2018](#)) and lower pressure, as noted by [Paliliunas et al. \(2018\)](#) in their study. Consequently, psychological adaptability has some societal importance.

3.4. The impact of psychological flexibility on the mental health of Chinese university students

3.4.1. Sociodemographic Factors

Regarding psychological flexibility and mental health, girls have lower levels than boys ([Chen et al., 2019](#); [Li et al., 2017](#)), and senior university students have lower psychological flexibility and mental health levels than junior students. Family birth and environment affect psychological flexibility ([Hsu et al., 2023](#)). Research by [Brown et al. \(2015\)](#) shows that parents who raise children with low psychological flexibility tend to adopt many inefficient or ineffective parenting methods, significantly reducing children's psychological flexibility.

3.4.2 Personality Factors

Previous research has demonstrated that a healthy personality is inversely associated with mental disorders such as depression ([Hayward et al., 2013](#); [Saleem et al., 2022](#)). University students with D-type personalities, or sad personalities, showed less psychological flexibility, according to Chinese research, Psychological flexibility is decreased in type D personalities due to their propensity for social avoidance, unpleasant emotions, and experience avoidance ([Guo et al., 2015](#)). Psychological adaptability has a

predictive and solid influence on the characteristics of depression and can help university students' personality qualities even more (Yang, X., et al., 2019). According to research on the psychological traits of low-self-esteem individuals, these individuals take safe and conservative approaches and concentrate on avoiding failure because they are incredibly cautious about their safety and lack the courage to attempt new things (Hsu et al., 2023). They behave evasively, negatively, and passively, which exacerbates experience avoidance, resulting in a tendency to worry and limited psychological flexibility (Zhang & Liu, 2019).

3.4.3. Coping Mechanism Factors

The effects of coping methods on mental health might range from positive to negative (Tee et al., 2022). For university students to manage their stressful situations, coping strategies are essential. According to Dyson and Renk (2006), adopting more positive coping methods facilitates people's adjustment to university life. The degree of experiential avoidance is positively correlated with cognitive fusion, and psychological flexibility is negatively correlated with anxiety levels, perceived stress tension, a sense of loss of control, and immature coping strategies among Chinese university students. Psychological inflexibility is a significant factor in unhealthy coping strategies, including self-harm and suicide. Peltz et al. (2020) discovered that cognitive fusion was a positive predictor of suicidal thoughts in college student research. Subjects with a history of self-harm were tracked by Callahan et al. (2021), and those who had self-harmed had more severe psychological rigidity. Bardeen et al. (2016) investigated the relationship between cognitive fusion and experiential avoidance, which can exacerbate the effects of four diseases: PTSD, anxiety, stress, and depression, as well as cause people to adopt inappropriate coping mechanisms. In addition, adolescents who receive family engagement, acceptance and commitment treatment may exhibit less non-suicidal self-harming behaviours (Walser et al., 2015) and have greater psychological flexibility.

3.5. The Intervention of Psychological Flexibility among Chinese University Students

According to research, ACT's depression intervention has comparable positive outcomes to standard CBT (Hsu et al., 2023). In several clinical randomised controlled studies, the prognosis and teenager dropout rates with ACT are better than those of typical CBT or blank groups (Bai et al., 2020). Li (2015) conducted group intervention experiments on university students who exhibited high social avoidance tendencies and discovered that ACT may successfully improve social avoidance. Zhao (2023) discovered that ACT group therapy can assist university students with social anxiety in lessening their anxiety and reducing avoidance. Researchers have used mindfulness recording and self-viewing to help university students become more psychologically flexible (Xu et al., 2018). Stress, anxiety, and sadness are all reduced by gender (Scent et al., 2014). Some academics say music group therapy can help students become more psychologically flexible, relieve psychological stress, and enhance their mental health (Hayes, 2006).

A randomised controlled experiment was carried out on thirty teenagers in psychiatric outpatient clinics by Hayes et al. (2016). Of these, 73.6% of the subjects had depression at a level that fell within the clinical depression diagnostic range. When comparing the ACT group's improvement in depression symptoms before and after therapy, it was shown to be considerably more significant than that of conventional treatment (Zhao, 2023). Assessments of the individuals' general function in both groups during treatment

indicated improvements, but only the ACT group showed consistent alterations. According to a review of research conducted by Hayes et al (2004b), ACT has positive therapeutic benefits for teenage depression, drug misuse, eating disorders, and other issues. In a 10-week experimental investigation of teenagers who have post-traumatic stress disorder (PTSD), researchers discovered that ACT is crucial for both clinical therapy and empirical PTSD research (Woidneck et al., 2014). Hayes (2019) summarised more than 2,000 studies on ACT, of which there were more than 280 randomised controlled trials of ACT, mostly involving adolescents. In terms of anxiety, depression, substance use, chronic pain, etc., the results of ACT are consistent with other evidence-based methods and are just as good (Larsson et al., 2022).

In general, ACT-related theoretical and empirical research is increasing (Hayes et al., 2023). Nonetheless, there is a shortage of empirical research on Chinese university students, and more work needs to be done. There are weaknesses and other problems in the statistical analysis of the data. In the future, ACT must continue to be used. To bolster the empirical evidence supporting the therapeutic impact of ACT, it needs to be frequently employed in clinical practice for teenagers (Ge et al., 2019).

4. Discussion

In terms of sociodemographic factors, boys are more likely to take proactive measures to build closer relationships with others when facing negative emotions (Ran, 2020), while girls are more vulnerable to negative events (Huang et al., 2019) and are easily controlled by adverse stimuli caused by verbal events, leading to psychological pain (Scent et al., 2014). This is because men and women have different physiological characteristics and social roles. This indicates increased psychological flexibility, which helps one deal with unpleasant feelings and thus maintain mental health (Zhang et al., 2021).

In terms of coping mechanisms, experiential avoidance manifests reduced psychological flexibility (Chen et al., 2017). However, avoiding problems cannot fundamentally solve the problem. On the contrary, it will reduce the ability to take practical actions when facing problems, increasing the response rate of destructive behaviours (Yıldız, 2020). A helpful behavioural coping strategy is acceptance and commitment therapy, which aims to increase psychological flexibility. It acknowledges bad experiences, confronts issues head-on, acknowledges the harm that negative emotions inflict, and ends the negative emotions' cycle of rumination (Hsu et al., 2023). This will reduce the number of suicides and other unhealthy coping strategies among university students, increase the focus on the importance of the present, establish healthy values, enhance the capacity to modify one's own behaviour, and increase psychological flexibility to encourage significant adjustments in coping mechanisms.

In terms of personality traits, the use of acceptance and commitment therapy for university students with a severe inferiority complex can effectively reduce the level of experiential avoidance, improve their psychological flexibility, and alleviate their inferiority complex. This is because when people conceptualise the past and fear the future (Hayes et al. 2006), they will further use conceptual language to describe themselves, such as "I am useless", gradually forming a negative self. Hayes et al. (2023) proposed that the way to overcome it is to actively and consciously accept one's own experience and to express past experiences through appropriate narratives to help individuals dissociate cognitive fusion behaviour.

In terms of intervention, ACT, whose core concept is to promote psychological flexibility, is one of the evidence-based therapies approved by the Society of Clinical Psychology for depression, according to the American Psychological Association (APA) (Chen, 2019). Adolescents experiencing depression frequently exhibit cognitive fusion, which includes biased perspectives of facts and other people, self-limiting beliefs, negative self-evaluations, and catastrophizing thoughts. When teenagers adopt these harmful beliefs and assessments, it leads to impulsive or avoidant behaviour resulting from the unpleasant inner feeling. According to ACT (Scent et al., 2014; Hsu et al., 2023), psychological rigidity results from merging persons and cognitive material rather than cognitive content. In order to help clients alter the relationship between their thoughts, feelings, and bodily reactions during intervention, ACT employs cognitive dissociation techniques. This will lessen the influence of these language rules or evaluations on the client's behaviour, increasing the client's psychological flexibility level (Hayes et al., 2012). Improving psychological flexibility and breaking the loop of negative cognition and behavioural avoidance may be how ACT treats teenage depression (Hayes et al., 2006). This is because university students can improve their psychological flexibility and alleviate depressive symptoms through intervention training related to cognitive dissociation and acceptance (Wang & Qi 2015). ACT also exercises awareness through mindfulness exercises, allowing them to flexibly contact the present moment and be aware of some once-neglected feelings and beauty in life, allowing them to become more able to enjoy life in the present and increase positive emotional experiences (Zhang et al., 2021). They will also be more accepting of themselves, feel more at ease, and have more stable emotions when they can manage their own experience from the viewpoint of the observing self and create a wide, safe, and stable inner psychological space for various thoughts, feelings, etc (Larsson et al., 2022). Furthermore, teenagers can focus on things that are truly important to them, automatically ignore the interference of some negative emotions and thoughts, formulate goals and plans based on values, and take corresponding actions, all of which improve self-efficacy, enhance positive emotions, and create a kind of positive reinforcement (Grégoire et al., 2018). This is made possible by clarifying the values and actions committed to ACT. The benefits of ACT, basically behavioural training that increases psychological flexibility, will become more apparent as clients continue using it daily (Zhao, 2023). ACT is also suitable for the treatment of obsessive-compulsive disorder and chronic pain. ACT versus strong. The treatment of obsessive-compulsive disorder is not only suitable for adults (Twohig et al., 2018). However, it is also effective for adolescents.

According to Wang et al. (2014), acceptance and commitment therapy used in group psychological counselling can successfully lessen students' interpersonal sensitivity. Xu (2022) discovered that music therapy can enhance psychological flexibility, lessen stress, and enhance university students' mental health. Overall, the classroom teaching intervention focused on enhancing psychological flexibility proved highly successful, according to Xu et al. (2018). It considerably raised awareness, significantly decreased experiential avoidance, dramatically altered the error coping strategies used by university students, and significantly raised anxiety and sadness levels. It has declined substantially, in line with research conducted abroad. University students with psychological abnormalities can benefit from necessary intervention through a comprehensive programme centred on improving psychological flexibility, according to Lei et al. (2019), this programme consists of three main components: psychological education, which corrects subjects' misconceptions about emotions and thoughts; value search, which gradually shifts the goal of action from meeting others' needs to fulfilling one's desires.

ACT aims to develop more psychological flexibility. ACT creates in order to fulfil its objectives (Hayes et al., 2023; Zhao, 2023). The six main therapeutic processes are (Zhang et al., 2012): values (which are like compass points pointing in the direction of progress), committed action (acting on values), acceptance (actively embracing inner experience), cognitive detachment (keeping distance from one's own thoughts), self-view (comprehensive observation of oneself from different angles), and focusing on the present (conscious, nonjudgmental contact with the internal and external environment). Three modules comprise the six fundamental processes of ACT, which are centred on enhancing psychological flexibility: the "opening," "action," and "overlapping" modules. Acceptance and Cognitive Defusion are two of the "opening" components (Hayes et al., 2023). Through experiential exercises and metaphors, cultivate an open and inquiring attitude towards psychological experience to lessen detrimental reactions to ideas, feelings, and sensations. Values and Commitments are included in the "Action" category. The goal is to boost motivation for meaningful behaviour. Module "Overlap" Keep your attention on the here and now and view yourself from your perspective (Zhao, 2023). They are all covered in the two modules mentioned above and exhibit flexible self-awareness (Villatte et al., 2016).

Thus, Chinese university students should employ metaphor and awareness regarding technology (Yang, X. et al., 2019). Let yourself notice and accept where you are through mindfulness. You may also learn to let ideas, feelings, and impulses come to you without judging them (Hsu et al., 2023). Finally, pay attention to calm, which results from the power being redirected from unmanageable emotions. Using metaphors helps you see issues from many angles, make better-informed decisions, and think through them more thoroughly (Hayes et al., 2023). Focus on building a solid therapeutic alliance, encouraging behavioural shifts via internal cognitive shifts, assisting in establishing your values, resolving to act in a way that is compatible with your values, and living a meaningful life.

5. Conclusion

To summarise, this literature review methodically explains research findings on psychological flexibility and the mental health of university students over the last 20 years. It provides a thorough summary of the definition and contents of psychological flexibility. The impact of health thoroughly examines the variables that influence psychological flexibility, along with the therapeutic strategies and state-of-the-art findings in investigating both physical and mental illnesses. It first offers suggestions for enhancing Chinese university students' psychological flexibility, providing a theoretical path for advancing mental health.

This narrative study emphasises how contemporary university students are particularly vulnerable to a range of mental health problems that impair their cognitive and social capacities due to the growth and transformation of Chinese society. It benefits Chinese university students' mental health to increase psychological flexibility. Although we have seen some success with interventions thus far, we still lack structured intervention strategies and pertinent measuring instruments. Consequently, the primary objective of the next phase for researchers to investigate is how to use psychological flexibility as an entrance point in the context of Chinese culture to produce intervention measures appropriate for the population of university students in our nation.

This narrative review has some limits. The research literature on the psychological flexibility of Chinese university students that we can find is minimal. Many of them are research results on teenagers within the right age range currently receiving an education. We hope that scholars can further research this aspect based on the summary of this article.

6. Suggestion for Future Research

Based on our findings and summary, future research on the psychological flexibility of Chinese university students can include the following aspects. First, empirical research integrates physiological, psychological, and social factors into university students' psychological flexibility. Our priority is to demonstrate the many facets of flexibility that reflect cognitive, behavioural, emotional, and physiological pathways and reflect activity and balance in multiple life domains. Then, I will improve the method of measuring the psychological flexibility of Chinese university students and invent measurement tools that belong to our own culture. Finally, the research on interventions should be enriched to improve flexibility. Significantly, interventions to gain flexibility go beyond relieving people from the pain of disorders and can also enhance Chinese university students' well-being.

Ethics Approval and Consent to Participate

This study was approved by the Ethics Committee of Universiti Teknologi MARA, whose approval number was REC/03/2024 (PG/MR/96) and by Huangshan University. Which approval number was HSU/03/2023 (B03/1478)

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Conflict of Interest

The authors agree that this research was conducted without any self-benefits or commercial or financial conflicts and declare the absence of conflicting interests with the funders.

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