

## Factors Influencing Psychological Flexibility in Adults With Generalized Anxiety Disorder: A Qualitative Study

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### ABSTRACT

**Objective:** The aim of this study was to explore the factors influencing psychological flexibility in adults diagnosed with Generalized Anxiety Disorder (GAD).

**Methods and Materials:** This study employed a qualitative design using semi-structured interviews with 33 adults clinically diagnosed with GAD and residing in the United States. Participants were recruited through purposive sampling, and data collection continued until theoretical saturation was reached. Interviews lasted 45–70 minutes and were conducted either face-to-face or via secure online platforms. All interviews were audio-recorded, transcribed verbatim, and analyzed thematically using NVivo 14 software. To enhance rigor, multiple researchers coded the data, discrepancies were resolved through discussion, and reflexive memos were maintained throughout the process.

**Findings:** Analysis revealed three overarching themes with multiple subthemes. The first theme, cognitive–emotional regulation, included maladaptive thought patterns, emotional awareness deficits, avoidance versus acceptance struggles, lack of self-compassion, and attempts at cognitive reframing. The second theme, interpersonal and social contexts, encompassed the role of social support, interpersonal conflicts, role expectations, and experiences of stigma. The third theme, coping strategies and resources, highlighted the use of mind–body practices, behavioral adaptations, professional help-seeking, lifestyle adjustments, values orientation, and resilience-building. Participant quotations illustrated the tension between inflexibility (e.g., catastrophic thinking, self-criticism, concealment of symptoms) and adaptive coping strategies (e.g., mindfulness practices, values-driven actions).

**Conclusion:** This study provides an in-depth understanding of the multifaceted factors influencing psychological flexibility in adults with GAD. Findings underscore the interplay between cognitive-emotional processes, interpersonal dynamics, and coping resources, suggesting that interventions should not only

target individual-level mechanisms such as acceptance and reappraisal but also address relational support and stigma reduction. Enhancing flexibility through mindfulness, self-compassion, and values-based strategies may improve resilience and functioning in this population.

**Keywords:** *Psychological flexibility; Generalized Anxiety Disorder; Qualitative study; Semi-structured interviews; Mindfulness; Acceptance and Commitment Therapy; Coping strategies.*

## 1. Introduction

Generalized Anxiety Disorder (GAD) is one of the most prevalent and impairing anxiety disorders, characterized by chronic worry, cognitive inflexibility, and heightened distress in response to uncertainty. Research shows that individuals with GAD struggle not only with excessive rumination and negative anticipation but also with reduced capacity to adaptively regulate their emotions and behaviors in everyday contexts (Hoge et al., 2020; Huang et al., 2021). In recent years, the construct of *psychological flexibility*—the ability to stay open to internal experiences while pursuing personally meaningful goals—has gained attention as a central mechanism underlying resilience and well-being in the context of anxiety disorders (Masuda et al., 2025; Noruzi et al., 2024). Understanding the factors that shape psychological flexibility in adults with GAD is thus essential for both theoretical refinement and clinical practice.

Psychological flexibility is defined within Acceptance and Commitment Therapy (ACT) as the capacity to accept unwanted internal experiences, maintain present-moment awareness, and act in alignment with personal values (Kaynakçı et al., 2025). This concept has been widely applied in studies of anxiety, depression, and stress-related disorders, as well as in populations with chronic health conditions (Hebert & Best, 2021a, 2021b). Evidence suggests that psychological inflexibility, characterized by experiential avoidance and cognitive fusion, plays a key role in the persistence of anxiety symptoms (Büyüköksüz & Kayaalp-pehlivan, 2025; Nikzadi et al., 2023). For instance, individuals who become entangled in their thoughts or who rigidly avoid feared situations often experience worsening anxiety and reduced quality of life. Conversely, enhancing flexibility may allow patients to tolerate uncertainty, confront stressors, and engage in value-driven behavior despite ongoing symptoms (Özkan, 2025).

The COVID-19 pandemic highlighted the importance of psychological flexibility as a buffer against distress. Studies during this period showed that flexible individuals were better able to manage stress, reduce avoidance, and adapt to rapidly changing environments (Huang et al., 2021; Wielgus

et al., 2020). Other work confirmed that psychological flexibility mediated the relationship between stress and anxiety, indicating its role as a transdiagnostic mechanism (Pang et al., 2021). In populations with suspected COVID-19 infection, higher flexibility was linked with lower levels of anxiety and depressive symptoms, further underscoring its protective function (Pang et al., 2021; Piguet et al., 2021).

Recent investigations have expanded our understanding of flexibility in clinical anxiety. For example, Bijulakshmi and Kumar (Bijulakshmi & Kumar, 2024) demonstrated that individuals with anxiety disorders generally score lower on measures of flexibility compared to the general population, confirming its diagnostic relevance. Similarly, Nikzadi et al. (Nikzadi et al., 2023) identified specific components of psychological flexibility that predicted both anxiety and insomnia severity, suggesting overlapping pathways with sleep disturbances. Shabkolaei et al. (Shabkolaei et al., 2024) found that Acceptance and Commitment Therapy significantly reduced cognitive fusion and social anxiety in women with GAD, directly targeting inflexibility mechanisms.

Cross-sectional and intervention studies also provide insight into contextual influences. Browning et al. (Browning et al., 2023) examined the role of flexibility among individuals experiencing racial microaggressions, showing that those with greater flexibility reported fewer obsessive-compulsive symptoms. Similarly, Oliveira et al. (Oliveira et al., 2025) explored shame and anxiety in adolescent athletes, finding that mindfulness and flexibility buffered the impact of psychosocial stress. These findings highlight the diverse social and cultural contexts in which flexibility operates.

Mindfulness-based approaches are frequently examined in connection with flexibility. A growing body of research shows that mindfulness enhances present-moment awareness and decreases avoidance, thereby strengthening psychological flexibility (Aldiqs et al., 2025; Hammerstein et al., 2019; Heredia et al., 2024). For example, Aldiqs et al. (Aldiqs et al., 2025) reported that Mindfulness-Based Cognitive Therapy reduced anxiety symptoms in individuals with comorbid substance use disorder, illustrating the

transdiagnostic potential of mindfulness practices. Similarly, Dörner et al. (Dörner et al., 2024) showed that mindfulness training was associated with lower depression and anxiety symptoms in patients with implantable cardioverter-defibrillators. Research on mindfulness-based relapse prevention in substance use populations has also indicated high acceptability and preliminary reductions in anxiety symptoms (Hammerstein et al., 2019).

Within anxiety disorders specifically, Hoge et al. (Hoge et al., 2020) demonstrated that mindfulness-based treatments reduced interpretation bias and improved outcomes for adults with GAD. Karbasdehi et al. (Karbasdehi et al., 2024) compared mindfulness to positive psychology training in students with GAD symptoms, finding significant improvements in emotion regulation strategies such as reappraisal and suppression. Collectively, these studies confirm that mindfulness strengthens flexibility and may serve as a core pathway for therapeutic change (Tan et al., 2023).

Psychological flexibility is not only an individual trait but also influenced by cultural, relational, and environmental contexts. For instance, Özkan (Özkan, 2025) emphasized the role of self-compassion and social anxiety in shaping flexibility, while Tan et al. (Tan et al., 2023) reported associations between flexibility, caregiver burden, and emotional well-being in dementia caregivers. Research in diverse settings further confirms the universality of these mechanisms. Saraswati et al. (Saraswati et al., 2024) demonstrated that yoga enhanced mental well-being and adaptive coping in athletes, aligning with flexibility principles. Likewise, Taha and Elhay (Taha & Elhay, 2022) showed that mindfulness, perceived social support, and flexibility predicted psychological symptoms among nursing students.

Emerging work in medical and psychosomatic contexts extends this picture. Hebert and Best (Hebert & Best, 2021a, 2021b) found that flexibility improved coping in patients with functional somatic and autoimmune disorders. Головачева (Головачева, 2023) reported that interdisciplinary treatment integrating CBT and mindfulness was effective for chronic migraine patients, demonstrating clinical utility beyond psychiatry. These findings indicate that flexibility is a cross-cutting resilience factor applicable across physical and mental health domains.

Several authors have investigated the mechanisms by which inflexibility perpetuates anxiety. Noruzi et al. (Noruzi et al., 2024) identified transdiagnostic processes such as cognitive fusion and avoidance as key mediators in GAD,

depression, and OCD. Masuda et al. (Masuda et al., 2025) reported that psychological inflexibility and lack of mindful awareness were associated with higher distress in Black American adults, highlighting disparities and culturally specific vulnerabilities. Büyüköksüz and Kayaalp-pehlivan (Büyüköksüz & Kayaalp-pehlivan, 2025) further demonstrated that inflexibility contributes to anxiety via its interplay with mindfulness, emotion regulation, and self-compassion. Collectively, these studies underscore that inflexibility acts as both a vulnerability factor and a therapeutic target.

Despite the accumulating evidence, gaps remain in understanding *how* adults with GAD experience flexibility and what contextual factors support or hinder it in everyday life. Much of the existing research is quantitative, cross-sectional, or intervention-based, which may not capture the nuanced lived experiences of patients. As Browning et al. (Browning et al., 2023) and Masuda et al. (Masuda et al., 2025) emphasize, qualitative insights are needed to uncover the subtle interpersonal, cultural, and emotional factors that shape flexibility. Moreover, studies often focus on specific interventions (e.g., mindfulness, ACT) rather than exploring the broader ecosystem of influences in participants' daily contexts (Karbasdehi et al., 2024; Shabkolaei et al., 2024).

The present qualitative study seeks to address these gaps by exploring the factors influencing psychological flexibility in adults diagnosed with GAD.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a qualitative research design with an exploratory orientation, aiming to identify factors influencing psychological flexibility in adults diagnosed with Generalized Anxiety Disorder (GAD). A purposive sampling strategy was used to ensure that participants had direct experience with the phenomenon under investigation. The sample consisted of 33 adults (aged between 21 and 58 years) residing in the United States, all of whom had received a clinical diagnosis of GAD from licensed mental health professionals. Recruitment was conducted through mental health clinics, counseling centers, and online support groups related to anxiety disorders. Inclusion criteria required participants to be adults over 18 years old, fluent in English, and willing to share personal experiences in an interview setting. Exclusion criteria included comorbid severe psychiatric conditions (e.g., psychosis) that could impair communication. Sampling continued until theoretical

saturation was achieved, meaning no new themes or concepts emerged from the data.

## 2.2. Measures

Data were collected through semi-structured, in-depth interviews, which allowed participants to openly share their experiences while giving the researchers flexibility to probe into relevant areas. An interview guide was developed based on existing literature on psychological flexibility and GAD, covering topics such as coping strategies, emotional regulation, interpersonal relationships, and experiences with acceptance and avoidance. Each interview lasted between 45 and 70 minutes and was conducted either face-to-face or via secure online video conferencing platforms, depending on participants' preference and geographical accessibility. All interviews were audio-recorded with informed consent and subsequently transcribed verbatim for analysis.

## 2.3. Data analysis

The data analysis followed a thematic analysis approach, which is particularly suited to identifying patterns of meaning across qualitative data. The transcripts were imported into NVivo 14 software to facilitate systematic coding, categorization, and retrieval of data segments. The analysis involved several stages: (1) familiarization with the transcripts through repeated reading, (2) initial open coding of meaningful units of text, (3) grouping codes into broader categories and subthemes, and (4) refinement of categories

into overarching themes that reflected factors influencing psychological flexibility in adults with GAD. To ensure rigor, two independent researchers coded a subset of transcripts and discussed discrepancies until consensus was reached, enhancing inter-coder reliability. Reflexivity was maintained throughout the process by acknowledging researchers' preconceptions and documenting analytic decisions in memos.

## 3. Findings and Results

The study sample comprised 33 adults diagnosed with Generalized Anxiety Disorder (GAD), all residing in the United States. Participants ranged in age from 21 to 58 years, with a mean age of 36.4 years. Of the participants, 19 were female (57.6%) and 14 were male (42.4%). In terms of educational background, 11 participants (33.3%) held a high school diploma, 14 participants (42.4%) had completed undergraduate degrees, and 8 participants (24.3%) had attained graduate-level education. Regarding marital status, 12 participants (36.4%) were single, 16 participants (48.5%) were married, and 5 participants (15.1%) were divorced. Employment status varied, with 18 participants (54.5%) employed full-time, 7 participants (21.2%) employed part-time, and 8 participants (24.3%) currently unemployed. These demographic characteristics illustrate the diversity of the sample and highlight that the findings capture experiences across different age groups, genders, and social contexts.

**Table 1**

*Themes, Subthemes, and Concepts on Factors Influencing Psychological Flexibility in Adults with GAD*

Main Themes (Categories)	Subthemes (Subcategories)	Concepts (Open Codes)
1. Cognitive–Emotional Regulation	Maladaptive Thought Patterns	Catastrophic thinking; Excessive worry; Rumination; Overgeneralization
	Emotional Awareness	Identifying emotions; Difficulty labeling feelings; Emotional suppression; Avoidance of distress
	Acceptance vs. Avoidance	Fear of uncertainty; Experiential avoidance; Efforts to control anxiety; Struggle with letting go
	Self-Compassion	Harsh self-criticism; Self-blame; Limited kindness toward self; Desire for inner acceptance
	Cognitive Reframing	Reappraisal attempts; Challenging negative thoughts; Perspective-taking
	Social Support	Family encouragement; Peer understanding; Sense of belonging; Isolation when unsupported
2. Interpersonal and Social Contexts	Interpersonal Conflict	Misunderstanding in relationships; Fear of rejection; Communication difficulties
	Role Expectations	Pressure from family roles; Workplace demands; Gender role norms
	Stigma and Judgment	Anxiety-related stigma; Feeling misunderstood; Hiding symptoms from others
	Mind–Body Practices	Relaxation techniques; Breathing exercises; Yoga and mindfulness; Meditation routines
3. Coping Strategies and Resources	Behavioral Adaptation	Routine building; Time management; Problem-solving strategies
	Professional Help-Seeking	Therapy attendance; Medication use; Trust in mental health professionals

Lifestyle Adjustments	Sleep hygiene; Balanced diet; Physical activity; Limiting stimulants
Personal Values	Clarity of personal values; Motivation to act consistently; Engagement in meaningful activities; Value-driven decision-making
Orientation	
Resilience-Building	Learning from setbacks; Gradual exposure; Strengthening coping confidence

### Theme 1: Cognitive–Emotional Regulation

**Maladaptive Thought Patterns.** Participants consistently described pervasive negative thinking styles. Catastrophic thinking, excessive worry, and rumination were dominant features. One participant noted, “*I always imagine the worst-case scenario, like if my boss doesn’t reply to my email in five minutes, I’m convinced I’m about to be fired.*” These accounts demonstrate how overgeneralization and cognitive distortions undermine psychological flexibility.

**Emotional Awareness.** Many participants reported difficulties in identifying and labeling their feelings, often resulting in emotional suppression. They described tendencies to “push away” or “ignore” distressing emotions rather than process them. As one interviewee expressed, “*I feel something heavy in my chest, but I don’t even know if it’s sadness or fear—I just shut it down.*” This lack of emotional clarity impeded adaptive regulation.

**Acceptance vs. Avoidance.** The tension between accepting anxiety and avoiding it was repeatedly emphasized. Participants reported fear of uncertainty, experiential avoidance, and attempts to rigidly control their anxiety. One participant shared, “*If I start to feel anxious, I immediately distract myself with my phone because sitting with the feeling feels unbearable.*” Such accounts reveal how avoidance strategies limit flexibility in responding to internal experiences.

**Self-Compassion.** A number of participants highlighted harsh self-criticism and limited self-kindness. Self-blame for their anxiety was common, reinforcing negative cycles. One participant reflected, “*I tell myself I should be stronger, that I’m weak for feeling anxious all the time.*” Conversely, those who expressed even small degrees of self-acceptance described feeling more resilient in managing their disorder.

**Cognitive Reframing.** Several participants described efforts to challenge and reframe negative thoughts, albeit with varying success. This included perspective-taking and active reappraisal. For example, one participant noted, “*I try to remind myself that missing one deadline doesn’t mean I’ll fail at everything in life—it’s just one task.*” Such attempts represent seeds of flexibility within otherwise rigid cognitive patterns.

### Theme 2: Interpersonal and Social Contexts

**Social Support.** Supportive relationships emerged as a protective factor for psychological flexibility. Participants valued family encouragement, peer understanding, and a sense of belonging. One interviewee remarked, “*When my partner tells me it’s okay to feel anxious, I feel less pressure to hide it.*” Conversely, absence of support led to withdrawal and isolation.

**Interpersonal Conflict.** Conflict within relationships often intensified anxiety and reduced flexibility. Participants described frequent misunderstandings, fear of rejection, and communication barriers. One participant explained, “*I avoid telling my friends about my anxiety because I’m scared they’ll think I’m too much to handle.*” These experiences highlight the role of interpersonal dynamics in shaping coping responses.

**Role Expectations.** Participants discussed pressures arising from family roles, workplace demands, and gender norms. These expectations often clashed with their capacity to manage anxiety. As one participant stated, “*At work I’m supposed to be confident and decisive, but inside I’m battling panic—I feel like a fraud.*” Such pressures exacerbated feelings of rigidity and inflexibility.

**Stigma and Judgment.** Experiences of stigma were frequently reported, with participants feeling misunderstood or judged by others. This led to concealing symptoms and avoiding disclosure. One participant shared, “*I don’t tell people I’m in therapy because they might think I’m unstable.*” This concealment reinforced cycles of avoidance and limited openness.

### Theme 3: Coping Strategies and Resources

**Mind–Body Practices.** Several participants reported practicing relaxation techniques, breathing exercises, mindfulness, and yoga. These methods provided a sense of grounding. One participant explained, “*When I focus on my breath, it gives me a few moments of peace, like I’m not drowning in my thoughts.*” Such practices were described as increasing flexibility and emotional balance.

**Behavioral Adaptation.** Structured routines, time management, and problem-solving strategies helped participants regain a sense of control. One participant noted, “*I make a daily list, and even if I only finish half, it makes me feel less chaotic.*” These adaptations supported functioning despite anxiety.

**Professional Help-Seeking.** Many participants sought therapy, medication, or other professional support, often reporting trust in mental health professionals as a crucial factor. One participant said, “*My therapist helps me see patterns I never noticed—I can stop spiraling earlier now.*” This reliance on professional care provided scaffolding for greater flexibility.

**Lifestyle Adjustments.** Healthy lifestyle changes, including improved sleep hygiene, balanced diet, and regular exercise, were cited as beneficial. For instance, “*When I cut down on caffeine, my anxiety dropped a little, and that gave me hope.*” Participants emphasized the cumulative benefits of small lifestyle shifts.

**Personal Values Orientation.** Clarity of personal values and striving for value-driven decisions enhanced participants’ motivation to face anxiety. One participant reflected, “*I remind myself that being present for my children matters more than my fear—it keeps me going.*” Engagement in meaningful activities was described as central to building flexibility.

**Resilience-Building.** Experiences of learning from setbacks, gradual exposure to feared situations, and strengthening coping confidence emerged as powerful strategies. As one participant explained, “*The more I push myself to attend social events, the easier it becomes—each small success makes me braver.*” This process underscored resilience as a dynamic element of flexibility.

#### 4. Discussion and Conclusion

The findings of this qualitative study shed light on the complex factors influencing psychological flexibility in adults diagnosed with Generalized Anxiety Disorder (GAD). Through the lived experiences of participants, three overarching themes emerged: cognitive-emotional regulation, interpersonal and social contexts, and coping strategies and resources. Each theme provides valuable insights into how individuals with GAD navigate internal distress, manage external demands, and attempt to engage in meaningful, value-driven living despite anxiety. These findings align with and expand upon previous literature, offering new perspectives for clinical practice and future research.

The first major theme highlighted the centrality of cognitive and emotional processes in shaping psychological flexibility. Participants described difficulties with maladaptive thought patterns such as catastrophic thinking, rumination, and overgeneralization. These findings resonate

with earlier quantitative studies demonstrating that cognitive fusion and experiential avoidance are core processes linking inflexibility to anxiety severity (Nikzadi et al., 2023; Noruzi et al., 2024). Similarly, Büyüköksüz and Kayaalp-pehlivan (Büyüköksüz & Kayaalp-pehlivan, 2025) found that inflexible cognitive patterns, coupled with low mindfulness and poor emotion regulation, directly contributed to higher levels of anxiety in adults. The narratives of participants in the current study vividly illustrate how these processes operate in daily life, often trapping individuals in cycles of worry and self-blame.

Another subtheme was emotional awareness, where many participants struggled to identify and label their feelings. This mirrors findings from research showing that low dispositional mindfulness is associated with poor recognition of emotional states and heightened anxiety (Dörner et al., 2024; Oliveira et al., 2025). In contrast, studies such as Heredia et al. (Heredia et al., 2024) demonstrated that mindfulness-based training enhances dispositional awareness and workplace well-being, suggesting that interventions targeting emotional clarity may foster flexibility in GAD populations.

The struggle between acceptance and avoidance emerged as a recurrent theme. Many participants expressed fear of uncertainty and reliance on avoidance strategies, findings that align with Karbasdehi et al. (Karbasdehi et al., 2024), who reported that mindfulness interventions increased cognitive reappraisal and reduced suppression among students with GAD symptoms. Acceptance, as emphasized in ACT-based frameworks, is a cornerstone of flexibility (Kaynakçı et al., 2025). Our findings suggest that while some participants attempted acceptance strategies, avoidance remained dominant, underscoring the need for targeted interventions.

Self-compassion was also identified as a critical factor. Harsh self-criticism and self-blame were common, reducing participants’ ability to cope flexibly. This resonates with Özkan (Özkan, 2025), who reviewed evidence linking self-compassion to greater flexibility and lower social anxiety. Browning et al. (Browning et al., 2023) similarly noted that self-kindness buffered against distress in populations facing racial microaggressions. These parallels emphasize the universal role of self-compassion in strengthening psychological resilience across contexts.

Finally, cognitive reframing attempts were described by several participants as tools to manage distress. Although not always successful, these efforts reflect the importance of reappraisal as a flexible coping mechanism. Hebert and Best

(Hebert & Best, 2021b) highlighted that reframing contributed to improved well-being among individuals with chronic disorders, while Karbasdehi et al. (Karbasdehi et al., 2024) confirmed its role in reducing anxiety-related suppression. The present study supports the relevance of reappraisal in GAD and adds qualitative depth by illustrating both the challenges and benefits participants experience when engaging in this process.

The second theme highlighted the importance of social environments in shaping psychological flexibility. Supportive social relationships emerged as protective, with participants reporting that encouragement from family and peers provided reassurance and reduced isolation. This aligns with Taha and Elhay (Taha & Elhay, 2022), who found that perceived social support predicted psychological well-being alongside mindfulness and flexibility in nursing students. Similarly, Tan et al. (Tan et al., 2023) showed that caregivers with higher flexibility and social support reported less burden and fewer depressive symptoms, reinforcing the buffering role of supportive networks.

Conversely, interpersonal conflict and role expectations acted as barriers to flexibility. Many participants described pressures to conform to workplace demands or family responsibilities despite experiencing high anxiety. These pressures contributed to rigid coping and avoidance, paralleling findings from Masuda et al. (Masuda et al., 2025), who reported that external stressors such as racial disparities exacerbated inflexibility in Black American adults. Browning et al. (Browning et al., 2023) also highlighted how external stressors such as microaggressions interact with internal inflexibility, leading to poorer psychological outcomes.

Stigma and judgment were frequently reported, with participants concealing symptoms to avoid negative evaluation. This phenomenon echoes findings from studies showing that stigma is linked to avoidance and reduced openness to internal experiences (Shabkolaei et al., 2024). Moreover, the concealment of mental health difficulties may perpetuate cycles of inflexibility and limit opportunities for growth. The present study highlights the everyday struggles of adults with GAD in navigating stigma, complementing prior evidence from cross-cultural research (Saraswati et al., 2024).

The third theme captured diverse coping strategies and resources used to enhance psychological flexibility. Mind-body practices such as breathing exercises, yoga, and mindfulness were widely reported as beneficial. This aligns with Saraswati et al. (Saraswati et al., 2024), who

demonstrated the positive impact of yoga on athletes' mental well-being. Similarly, Hammerstein et al. (Hammerstein et al., 2019) found that mindfulness-based relapse prevention was feasible and acceptable among patients with alcohol use disorder, reducing anxiety symptoms. These findings collectively suggest that mind-body interventions can enhance flexibility across both clinical and non-clinical populations.

Behavioral adaptation strategies, including structured routines and problem-solving, also supported flexibility. Such strategies parallel findings by Huang et al. (Huang et al., 2021), who identified psychological flexibility as a mediator between stress and anxiety during the pandemic. Establishing daily routines and concrete problem-solving methods may reduce uncertainty and thereby foster adaptability in anxious individuals.

Professional help-seeking emerged as a crucial support system. Many participants credited therapy and medication for improvements in coping and flexibility. Shabkolaei et al. (Shabkolaei et al., 2024) and Kaynakçı et al. (Kaynakçı et al., 2025) both demonstrated that structured ACT-based interventions significantly reduced anxiety and enhanced flexibility. Our findings confirm that professional interventions provide scaffolding for patients' own attempts to cultivate adaptability.

Lifestyle adjustments such as improved sleep hygiene, balanced diet, and exercise were also reported. These strategies, though less studied in the flexibility literature, parallel findings that holistic approaches enhance resilience and reduce anxiety (Heredia et al., 2024). Participants in this study described lifestyle improvements as incremental yet meaningful steps toward more flexible living.

Finally, orientation toward personal values and resilience-building were essential components of flexibility. Participants emphasized the importance of acting in line with core values, echoing ACT's theoretical framework (Kaynakçı et al., 2025). Masuda et al. (Masuda et al., 2025) similarly emphasized the role of values-driven action in reducing distress among minority groups. Resilience-building through gradual exposure and small successes aligns with findings from Piguet et al. (Piguet et al., 2021), who examined adolescent populations and highlighted the capacity for interventions to strengthen adaptive processes.

Overall, the results of this study integrate with a robust body of literature affirming that psychological flexibility is a multifaceted construct influenced by cognitive-emotional, social, and behavioral factors. The qualitative accounts extend prior quantitative findings by illustrating the daily

struggles, contextual barriers, and personal resources that shape flexibility in adults with GAD. These findings reinforce the notion that flexibility is not merely an individual trait but a dynamic capacity situated within broader relational and cultural contexts (Masuda et al., 2025; Özkan, 2025).

## 5. Limitations & Suggestions

Despite its contributions, this study has several limitations. First, the sample was limited to adults residing in the United States, which restricts generalizability to other cultural settings where social support, stigma, and coping practices may differ. Second, the study relied on self-reported experiences through interviews, which may be subject to recall bias or social desirability effects. Third, while thematic saturation was achieved, the qualitative design does not allow for quantification of the prevalence of themes or causal inference. Finally, although efforts were made to ensure reflexivity, researcher bias may have influenced interpretation of participants' narratives.

Future research should expand the cultural scope of qualitative investigations on psychological flexibility, particularly in non-Western contexts where collectivist values and different stigma dynamics may shape experiences. Longitudinal qualitative studies could capture how flexibility evolves over time, especially in response to therapeutic interventions. Combining qualitative and quantitative approaches may also yield richer insights, integrating statistical modeling with lived experiences. Further, research should examine the intersection of psychological flexibility with social determinants such as race, socioeconomic status, and gender, which remain underexplored in GAD populations.

From a clinical perspective, the findings highlight the importance of targeting maladaptive thought patterns, avoidance behaviors, and self-criticism through therapeutic approaches such as ACT and mindfulness-based interventions. Practitioners should integrate strategies that strengthen emotional awareness, self-compassion, and values-driven action, while also considering the social and cultural contexts of patients. Building supportive networks, addressing stigma, and promoting holistic lifestyle changes may further enhance psychological flexibility in adults with GAD.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contributed in this article.

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