

# Psychological and cognitive flexibility in relationship to age and anxiety.

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## INTRODUCTION:

Psychological Flexibility is linked to health and well-being and is an identified treatment outcome for therapies such as Acceptance and Commitment Therapy (ACT). In the other hand, Cognitive Flexibility is a neuropsychological construct, a component of executive function, that has a significant conceptual overlap with Psychological Flexibility. They both pretend to manifest the ability to change behavior in response to environmental change, and an impairment in both has shown an association with psychopathology. In this study, we meant to clarify the overlap between these two constructs and to discover its relationship with the state-anxiety and age in a normal sample.

## METHOD:

**Sample:** 48 employees of the Ricard Fortuny Hospital (CSSV), with ages between 21 and 59 years old ( $\bar{x}$  =38,21; SD=12,7), 78,6% female and 21,4% male.

**Exclusion criteria:** Acquired brain injury.

Psychopharmacological treatment. Diagnosis in Axis I or II of the DSM-IV

**Measurement instruments:** Subtest of the State-Trait Anxiety Inventory (STAI-R), Acceptance an Action Questionnaire-II (AAQ-II), Trail Making Test A and B (TMTA and TMTB)

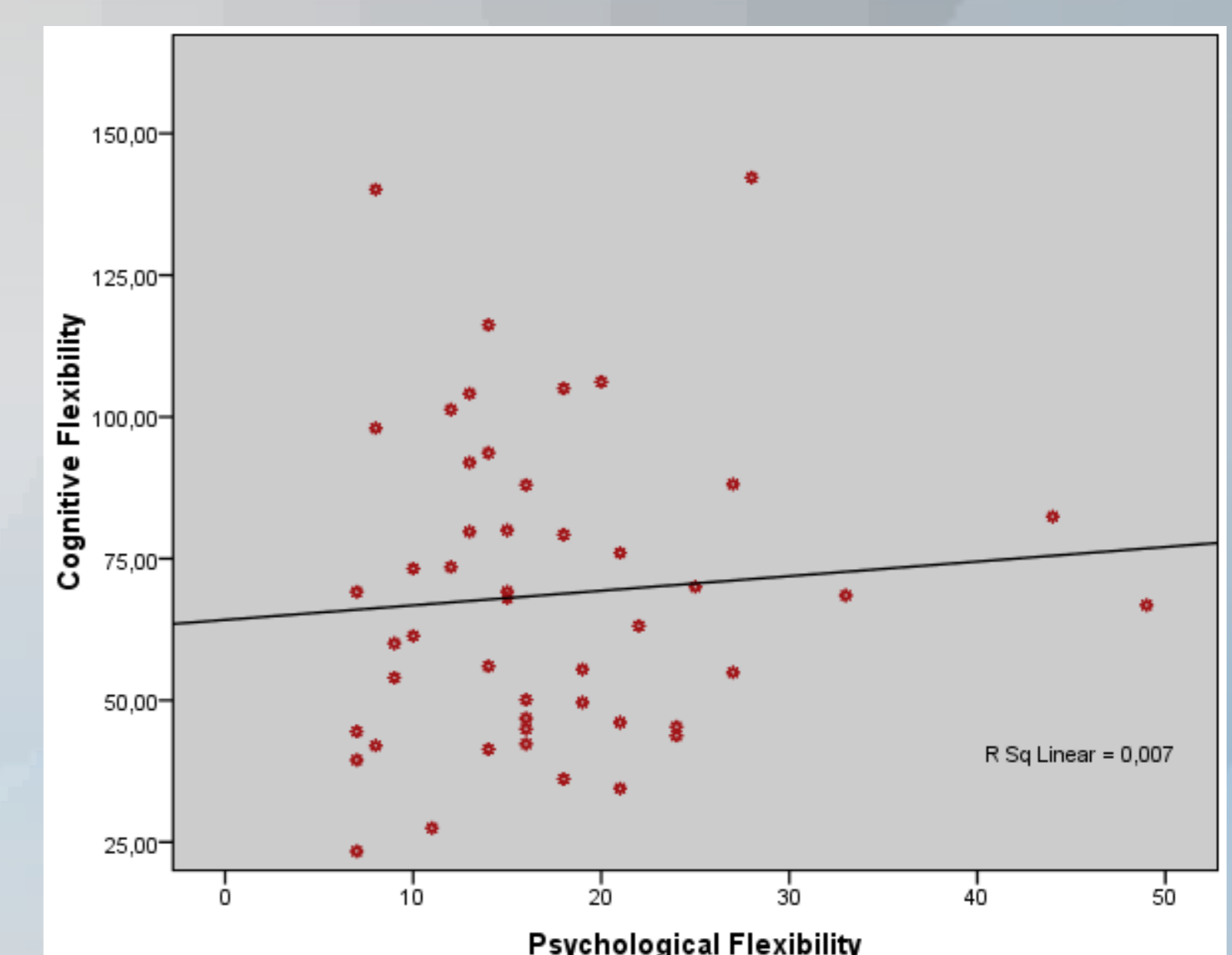
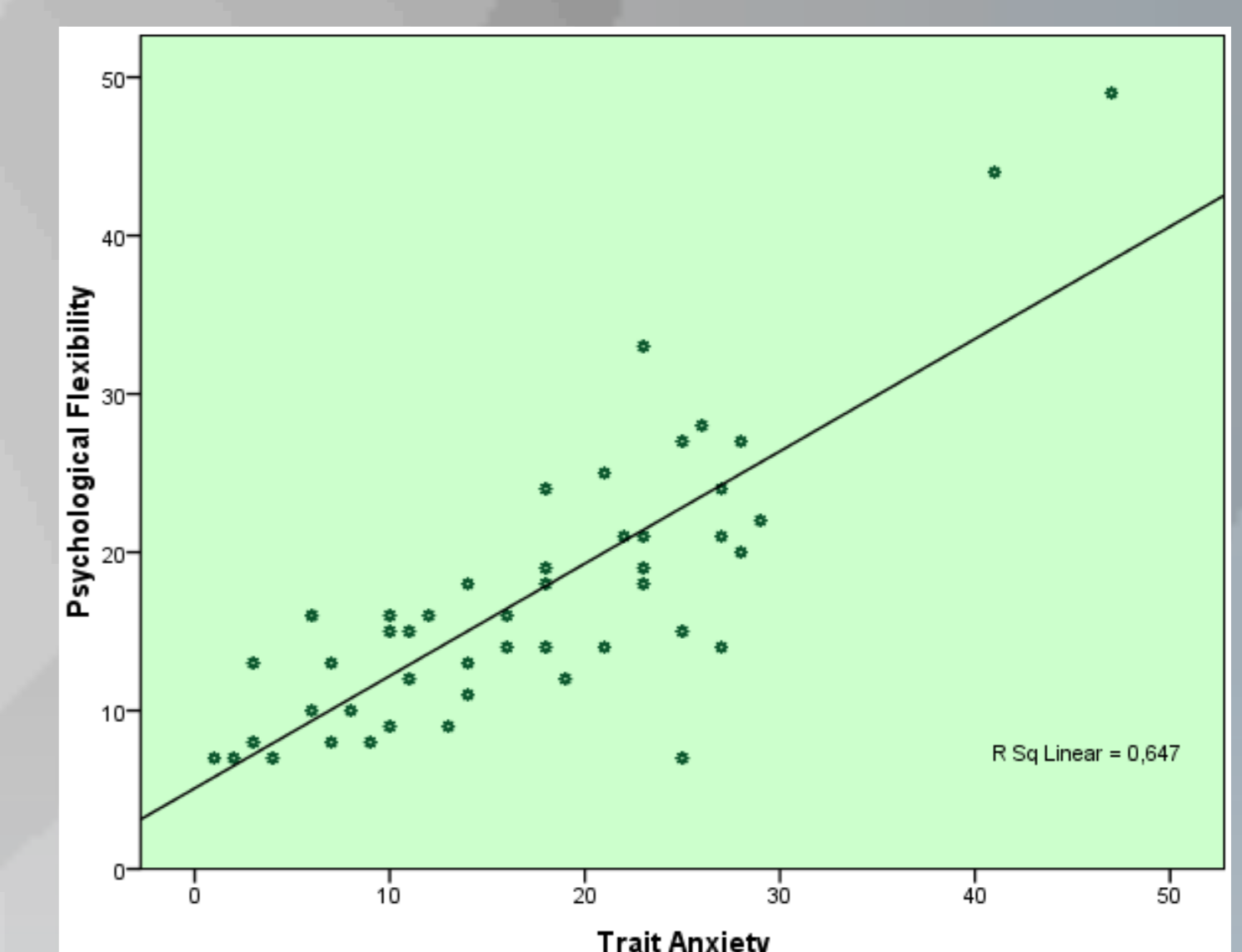
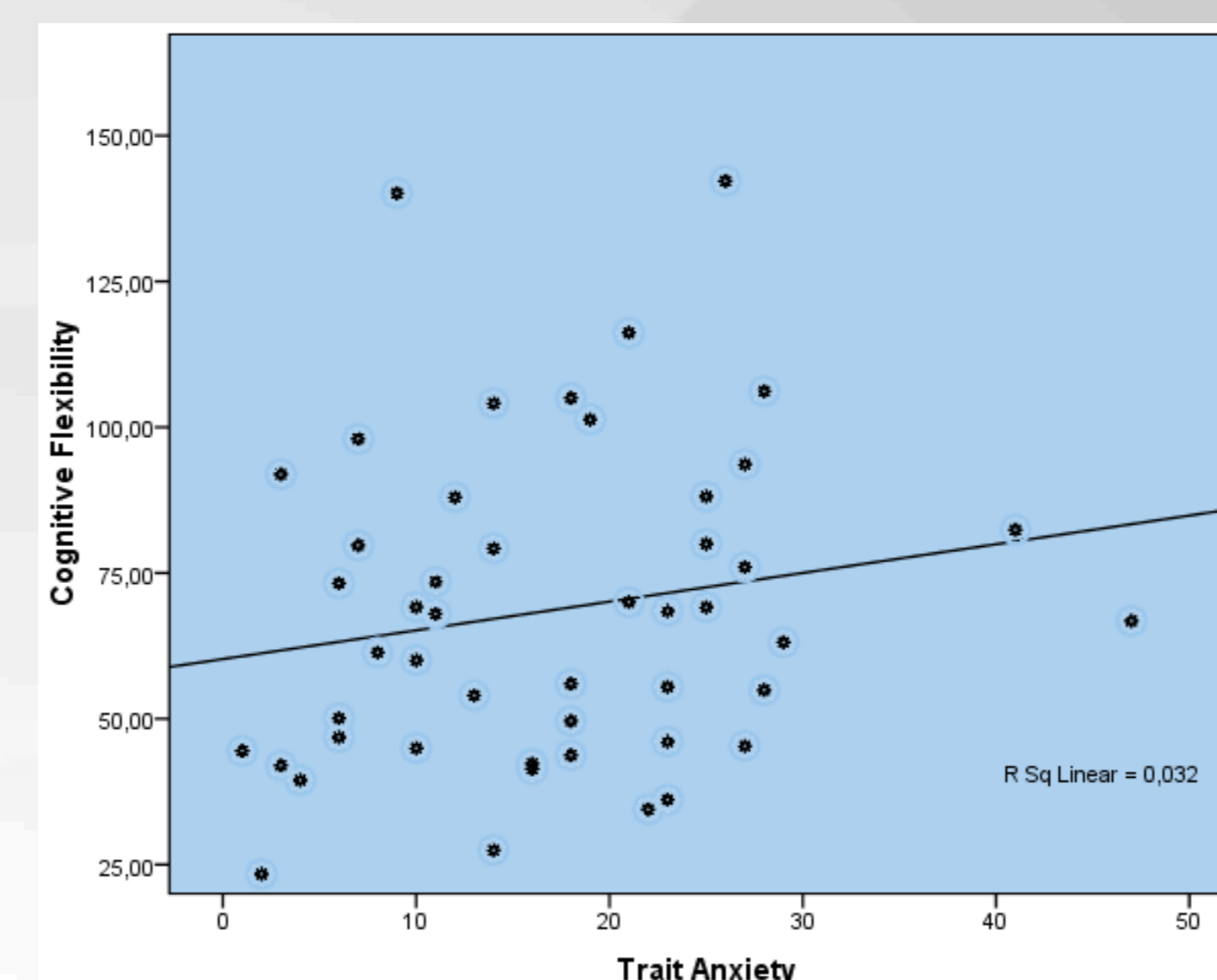
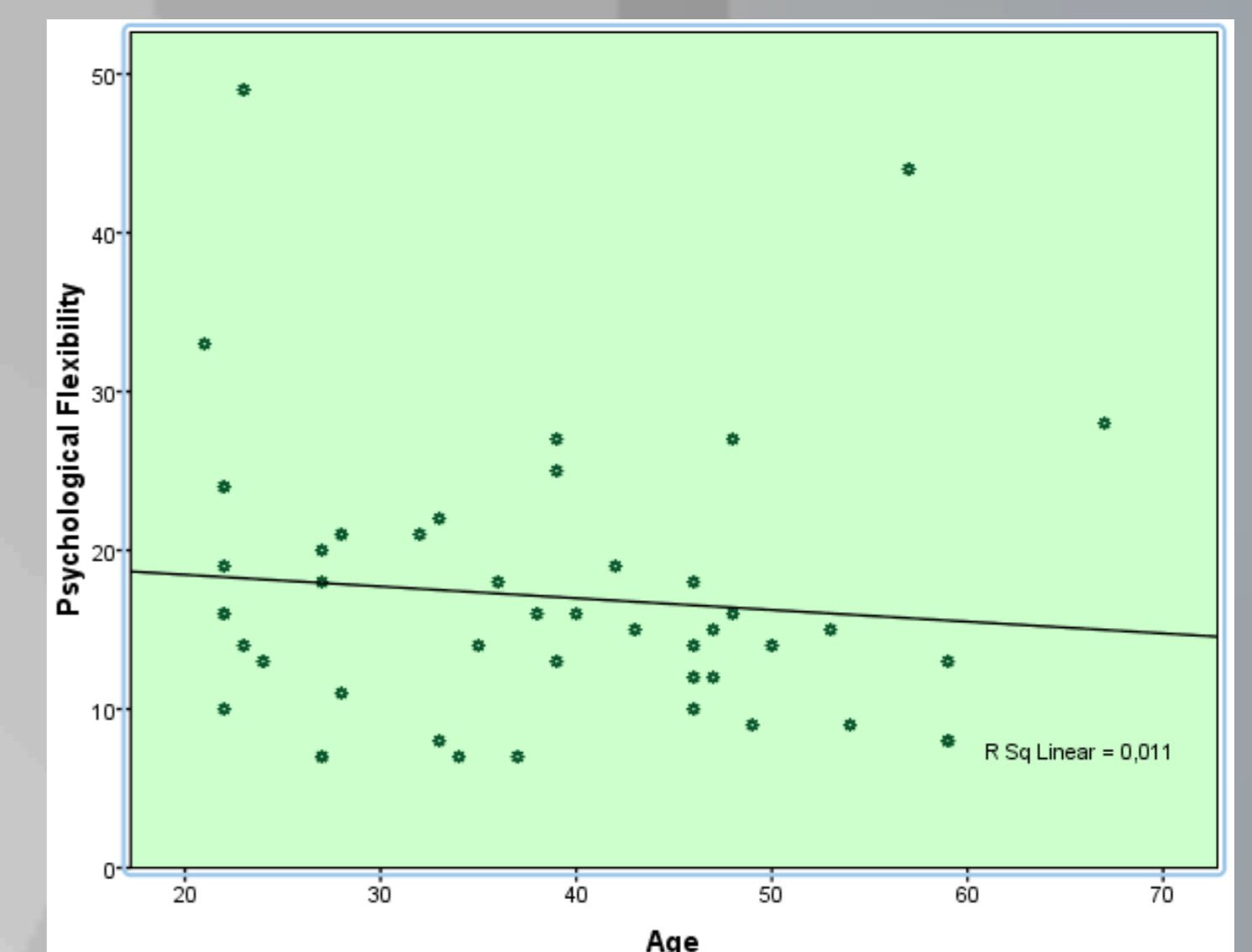
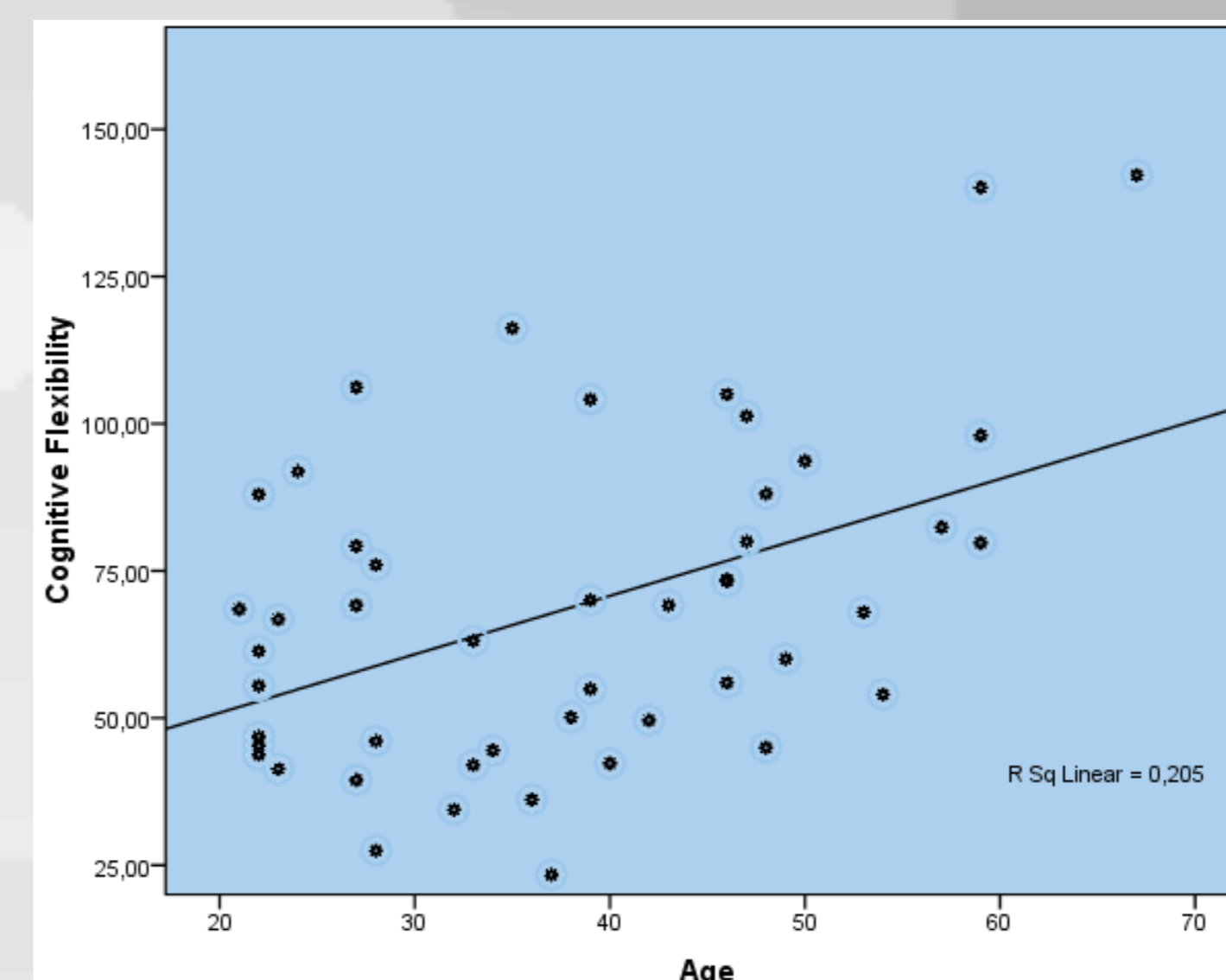
Statistical Analysis: SPSS Statistics 19.0 software

## RESULTS:

A significant relationship was found between age and Cognitive Flexibility ( $p < .001$ ,  $r = .453$ ), but not between age and Psychological Flexibility ( $p = .479$ ). On the other hand, significant relationship was found between anxiety-state levels and Psychological Flexibility ( $p < .000$ ,  $r = .805$ ), while there was none between anxiety-state levels and Cognitive Flexibility ( $p = .222$ ). Lastly, no relationship was found between Psychological Flexibility and Cognitive Flexibility ( $p = .576$ ).

## DISCUSSION:

This study has identified that, although both Psychological and Cognitive Flexibility have definitional and conceptual overlap, only Psychological Flexibility shows a significant relationship with anxiety in a normal sample. On the other hand, we found the widely documented negative relationship between age and Cognitive Flexibility in our sample, while we found no relationship between age and Psychological Flexibility. Finally, our findings reaffirm the results of previous studies suggesting that there is no clear association between Cognitive Flexibility and Psychological Flexibility, and suggest that poor Cognitive Flexibility (common in older adults) may not be an impediment in the application of ACT in older people.



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