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# The Mediating Role of Psychological Inflexibility between Psychotic Experiences and Mental Well-being in University Students

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## ABSTRACT

Psychotic experiences are manifestations involving subclinical alterations in thought and perception that have been associated with adverse mental health outcomes. University students are in a vital transitional stage characterized by high exposure to internal and external challenges, making them a population at greater risk for mental health problems and with a significant prevalence of psychological difficulties. The probability of presenting psychotic experiences is higher in young people; in university populations, their presence has been associated with lower life satisfaction and self-esteem. However, the mechanisms involved in the relationship between psychotic experiences and mental well-being are not clear. To understand this association, it is useful to explore the role of transdiagnostic factors such as psychological inflexibility, which is defined as the rigid dominance of psychological reactions over chosen values and contingencies in guiding action. This study aimed to explore the mediating role of psychological inflexibility between different subtypes of psychotic experiences (paranoid ideation, bizarre experiences, and perceptual anomalies) and mental well-being in a sample of university students. It was found that psychological inflexibility fully mediates the association of psychotic experiences and their subtypes with mental well-being. These results suggest that the presence of psychotic experiences and the use of psychological inflexibility strategies to cope with them are vulnerability factors linked with lower mental well-being. Interventions that encourage psychological flexibility could promote greater mental well-being in university students with psychotic experiences.

*Key words:* psychotic experiences, psychological inflexibility, mental well-being, university students, mental health.

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### *Novelty and Significance*

*What is already known about the topic?*

- Psychotic experiences are manifestations involving subclinical alterations in thought and perception that have been associated with adverse mental health outcomes in university students.
- The role of transdiagnostic mechanisms such as psychological inflexibility in the relationship between psychotic experiences and mental well-being is not clear.

*What this paper adds?*

- Psychological inflexibility fully mediates the association between psychotic experiences and mental well-being.
- Interventions based on psychological flexibility could promote mental well-being in university students with psychotic experiences.

*Correspondence:* Álvaro I. Langer, Facultad de Psicología y Humanidades, Universidad San Sebastián, Av. Condor 796, Santiago, Chile. Postal code: 8580000. Email: alvaro.langer@uss.cl *Acknowledgments:* This study was funded by ANID-Millennium Science Initiative Program (NCS2021\_081); and Reiner Fuentes and Álvaro Langer were funded by the Chile National Agency for Research and Development (ANID) through the International Doctoral Scholarship 2024 (72240072) and FONDECYT (1221034) respectively.

Psychotic experiences are manifestations involving subclinical alterations in thought and perception, such as paranoid ideation or perceptual anomalies (Hinterbuchinger & Mossaheb, 2021). It is estimated that, in the general population, psychotic experiences have a prevalence between 7% and 26%, being transient in 80% of the people who experience them (Bourgin *et alii*, 2020; Linscott & van Os, 2013, Yates *et alii*, 2021).

These experiences have been associated with greater use of mental health services (Bhavsar *et alii*, 2017), functional difficulties (Maijer *et alii*, 2019), greater stress sensitivity (Devylder *et alii*, 2016), symptoms of depression and anxiety (Deng, Grove, & Deldin, 2020), and suicidal thoughts and behaviours (O'Hare *et alii*, 2024), with a sustained risk over time for the development and persistence of adverse outcomes (Linscott & van Os, 2013; Kelleher, Cederlöf, & Lichtenstein, 2014; O'Hare *et alii*, 2024). Furthermore, psychotic experiences are considered a sign of vulnerability not only for psychotic disorders but also for other mental disorders and a predictive marker of psychopathology independent of general psychological distress (Lindgren, Numminen, Holm, Therman, & Tuulio-Henriksson, 2022). Additionally, recent studies highlight that psychotic experiences represent a valuable and relevant transdiagnostic marker for both clinical practice and public policy formulation (Staines, Hoey, & Cannon, 2024).

Regarding the impact of psychotic experiences on well-being, the available findings are mixed and point to a complex and heterogeneous relationship (Dagnall, Drinkwater, Denovan, & Gascón, 2024; Goulding, 2004; Goulding, 2005; Tabak & Weisman de Mamani, 2013). Studies that have evaluated phenomena often included within psychotic experiences, such as ideas of reference, magical thinking, unusual perceptual experiences, and paranoia, have found in the general population that some of these experiences are negatively associated with different dimensions of subjective and psychological well-being, such as lower self-esteem, presence of meaning, and happiness (Dagnall *et alii*, 2024; Koyanagi, 2017). Other studies have observed that some of these experiences, such as paranormal experiences, are positively associated with elements of well-being, such as a greater search for meaning (Dagnall *et alii*, 2024), and that in certain schizotypal profiles, well-being levels comparable to those of people with a low presence of psychotic experiences can be observed (Goulding, 2004; Lin *et alii*, 2013; Tabak & Weisman de Mamani, 2013). It has also been proposed that it is not only the presence of these experiences that determines their maladaptive potential, but also factors such as the degree of perceived control over them, their emotional evaluation, and the cognitive interpretation attributed to them (Garety, Kuipers, Fowler, Freeman, & Bebbington, 2001; Langer *et alii*, 2015; Preti, Cella, Raballo, & Vellante, 2012). These findings suggest, first, that the presence of psychotic experiences is not linearly or necessarily pathologically related to well-being, and second, that their impact can vary depending on how these experiences are lived, interpreted, or regulated. In this context, it is fundamental to work towards the identification of psychological mechanisms that explain how psychotic experiences can impact well-being.

Building on this, recent research has shown a special interest in the transdiagnostic processes involved in the development and maintenance of psychotic experiences and their association with mental health phenomena (e.g. Núñez, Ordóñez Carrasco, Fuentes, & Langer, 2021). A transdiagnostic process that could be relevant to understanding psychotic experiences is Psychological Inflexibility, which has been defined as “rigid dominance of psychological reactions over chosen values and contingencies in guiding action” (Bond *et alii*, 2011, p. 678). This transdiagnostic process is a central construct in Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 1999; Wilson & Luciano, 2002), the main psychotherapy approach derived from Contextual Behavioral Science (Hayes, Barnes-Holmes, & Wilson, 2012; Hayes *et alii*, 2021).

Psychological inflexibility is considered a transdiagnostic mechanism that underlies the development, maintenance, and exacerbation of a wide range of psychological problems (Levin *et alii*, 2014), with extensive evidence supporting its mediating role with respect to mental health indicators such as self-efficacy, mindfulness, and distress tolerance (Hayes, Ciarrochi, Hofmann, Chin, & Sahdra, 2022). Furthermore, higher levels of psychological inflexibility have been observed to be associated with lower levels of well-being (Ong, Barthelemy, & Hofmann, 2024). Therefore, psychological inflexibility not only contributes to the intensification of distress or symptomatology, but also unfavourably impacts positive functional aspects, which solidifies its status as a relevant construct for a dimensional and comprehensive understanding of mental health (Levin *et alii*, 2014).

Regarding its relationship with psychotic experiences, a recent meta-analysis found that, in both clinical and general populations, psychological inflexibility is associated with psychotic experiences, with a large effect on paranoia, a medium effect on delusions, and a small effect on auditory hallucinations (Pittman, Richardson, & Palmer-Cooper, 2024). Additionally, in the general population, it has been observed that psychological inflexibility partially mediates the relationship between paranoid ideation and symptoms of stress and anxiety, while fully mediating the relationship between paranoid ideation and depressive symptomatology (Núñez *et alii*, 2021).

Given that university students are in a vital transitional stage characterized by high exposure to internal and external challenges (Barrera Herrera & Vinet, 2017; López, Mella, & Cáceres, 2018), they constitute a population especially vulnerable to mental health problems and with a significant prevalence of psychological difficulties (Granieri, Casale, Sauta, & Franzoi, 2022; Langer, Schmidt *et alii*, 2024; Mason *et alii*, 2025; Roest *et alii*, 2025; Sheldon *et alii*, 2021). Additionally, the probability of presenting psychotic experiences is higher in young people (Linscott & van Os, 2013); in university populations, their presence has been associated with lower life satisfaction and self-esteem (Abbott & Byrne, 2012; Weintraub & Weisman de Mamani, 2015). Therefore, university students constitute a particularly relevant group for studying the relationship between psychotic experiences and well-being. Knowing the psychological processes that mediate this relationship is key to advancing towards an integrated understanding of well-being, making it possible to promote a life with meaning while also equipping people to flourish regardless of the presence or absence of psychopathology indicators (Mjøsund, 2021). Such knowledge can be key to the development of interventions adapted to this population.

To date, the mediating role of psychological inflexibility in the relationship between psychotic experiences and mental well-being in university students has not been investigated. In this context, the objective of the present study is to evaluate this mediating role through a cross-sectional design. Based on previous transdiagnostic literature, it is hypothesized that psychological inflexibility will mediate the association for both the general factor (PE) and the proposed subdimensions (i.e. paranoid ideation, bizarre experiences, and perceptual anomalies).

## METHOD

### *Participants*

A non-probabilistic, intentional sampling method was used as part of a longitudinal study with university students in the city of Valdivia, Chile. The sample consists of 122 university students (68.8% women; *M*<sub>age</sub> = 19.82 years; *SD* = 3.66; Range 18-36).

### *Instruments and Measures*

*Community Assessment of Psychic Experiences-Positive Scale* (CAPE-P15; Capra, Kavanagh, Hides, & Scott, 2013). The CAPE-P15 is a self-report instrument that assesses the frequency of psychotic experiences (PE) using 15 items on a Likert scale (1= Never, 5= Very often). The instrument has a general score, obtained by summing all items, and scores for specific dimensions: paranoid ideation (PI, 5 items), bizarre experiences (BE, 7 items), and perceptual anomalies (PA, 3 items). The total and subscale scores of the CAPE-P15 have shown good internal consistency in Chilean adolescents (General factor  $\omega = 0.91$ , PI  $\omega = 0.77$ , BE  $\omega = 0.83$ , and PA  $\omega = 0.88$ ; Núñez, Arias, Vogel, & Gómez, 2015). In the present study's sample, it showed adequate internal consistency (General factor  $\alpha = 0.87$  and  $\omega = 0.91$ ; PI  $\alpha = 0.78$  and  $\omega = 0.84$ ; BE  $\alpha = 0.81$  and  $\omega = 0.89$ ; PA  $\alpha = 0.75$  and  $\omega = 0.77$ ).

*Short Warwick-Edinburgh Mental Wellbeing Scale* (SWEMWBS; Stewart-Brown *et alii*, 2009). The SWEMWBS is a self-report instrument that evaluates mental well-being over the past two weeks using 7 items on a Likert scale (1= Never, 5= Always). Mental well-being is understood as a subjective, multidimensional state that includes emotional, psychological, and social components, encompassing hedonic and eudaimonic dimensions. For this study, a version adapted to the Chilean context by two expert psychologists was used, based on the Spanish validation of the scale (Carvajal, Aboaja, & Alvarado, 2015). In the present sample, the scale showed adequate internal consistency, with an  $\alpha$  of 0.84 and a  $\omega$  of 0.90.

*Acceptance and Action Questionnaire II* (AAQ-II; Bond *et alii*, 2011). The AAQ-II is a self-report instrument that evaluates experiential avoidance and psychological inflexibility using a 7-item Likert scale (0= Never true, 7= Always true). A higher score indicates higher levels of psychological inflexibility. A study of this instrument performed in Chile concluded that it has excellent reliability ( $\alpha = 0.94$ ;  $\omega = 0.94$ ) (Langer, Ponce *et alii*, 2024). In the present sample, this scale showed good internal consistency ( $\alpha = 0.9$ ;  $\omega = 0.95$ ).

### *Procedure*

This study is part of a broader research project designed to evaluate the mental health of university students using a longitudinal methodology. For the second wave, students who had participated at the start (2021) were contacted and invited to complete this new set of questionnaires. The assessments were conducted remotely between June and July 2022. Surveys were accessed via the Qualtrics software suite through email and social media links. All subjects provided informed consent, and the research protocol was approved by the Ethics Committees of the Health Service of the Los Ríos Region, Chile (Ord: 075).

### *Data Analysis*

For the analyses, descriptive statistics were determined first; then, bivariate correlations were calculated between the variables. Considering that the percentage of missing data was very low (there were only four missing data points), the missing values were imputed using the median for the respective item, minimizing the risk of bias and maintaining the interpretability of the results. Second, four simple mediation models were calculated for the different factors of the psychotic experiences variable to test the hypotheses and examine direct, indirect, and total effects between the inquired variables. For each of the models, the independent variables were the total score of the psychotic experiences instrument and its subdimension scores (paranoid ideation, bizarre experiences, and perceptual anomalies); the mediating variable was psychological inflexibility; and the dependent variable was mental well-being.

Four conditions were considered to establish mediation (Baron & Kenny, 1986): (I) the presence of a significant direct effect between the independent variable (X) and the dependent variable (Y), known as *effect c*; (II) a significant relationship between X and the mediating variable (M), known as *effect a*; (III) a significant association between M and Y, controlling for the effect of X, called *effect b*; and (IV) a significant reduction of the initial direct *effect c* when the mediator is included in the model, which gives rise to a new coefficient, known as *c'* (adjusted or residual direct effect).

The mediation model was estimated using the maximum likelihood method. To evaluate the significance of the indirect effects, bootstrap estimates based on 10,000 resamples were used. Confidence intervals were calculated using the bias-corrected method at a 95% confidence level, following the recommendations of Biesanz, Falk, & Savalei (2010) and Preacher & Hayes (2008). This procedure yields a robust estimate, equivalent to the mean of the indirect effects obtained in each resample and its respective confidence interval. The existence of a significant mediating effect is established when this interval does not include the value zero. In addition, the statistical power required to detect the indirect effects was specifically evaluated using a Monte Carlo simulation, considering the observed coefficients in each model (effects a, b, and c') and a significance level of  $\alpha = 0.05$ . After 10,000 simulations per model, the estimated average power to detect indirect effects was 0.76 for the global score of psychotic experiences, 0.78 for paranoid ideation, 0.80 for bizarre experiences, and 0.84 for perceptual anomalies, which indicates an adequate probability of detecting significant effects in the proposed models (Schoemann, Boulton, & Short, 2017).

Reliability analyses and statistical power evaluation were performed in RStudio (version 2024.12.1+563), while mediation models were implemented in SPSS (version 27.0.1.0) using the PROCESS add-on (macro) (version 4.3).

## RESULTS

Descriptive statistics (see Table 1) show positive and moderate correlations between psychological inflexibility and paranoid ideation, bizarre experiences, and perceptual anomalies. At the same time, mental well-being showed a moderate negative correlation with paranoid ideation and bizarre experiences, a low negative correlation with perceptual anomalies, and a high negative correlation with psychological inflexibility.

Table 1. Descriptive statistics and bivariate correlations.

	1	2	3	4	5	6	M	SD	S	K	Min-Max
1. Psychotic experiences	-	.814**	.852**	.555**	.518**	-.428**	24.78	8.63	1.05	.40	15-54
2. Paranoid ideation		-	-.553**	.428**	.553**	-.444**	10.17	3.92	.84	.17	5-21
3. Bizarre experiences			-	.383**	.495**	-.407**	11.11	5.01	1.25	.56	7-26
4. Perceptual anomalies				-	.240**	-.295**	3.49	1.32	3.79	17.06	3-12
5. Psychological inflexibility					-	-.621**	26.9	10.5	-.21	-.91	7-46
6. Mental well-being						-	21.15	4.81	.09	-.34	9-33

Notes: Bivariate correlation analyses are presented above the diagonal; M= Mean; SD= Standard Deviation; S= Skewness; K= Kurtosis; Min-Max= Minimum and Maximum values; \*\*=  $p < .01$ .

As shown in Table 2, non-significant direct effects were observed between the different independent variables and psychological well-being. Regarding the indirect effects, psychological inflexibility mediated all the relationships explored. In all cases, the mediation of psychological inflexibility was total, which means that the indirect effect is

Table 2. Mediation Effects.

Model	a (X→M)	b (M→Y)	a x b (Indirect)	95% CI Bootstraps	c (Total)	c' (Direct)	Type of mediation
PE-tot→PI→MW	-.68**	-.25**	-.17**	[-.25, -.11]	-.25**	-.08	Total
Paranoid ideation→PI→MW	1.41**	-.25**	-.36**	[-.51, -.24]	-.53**	-.16	Total
Bizarre experiences→PI→MW	1.04**	-.26**	-.27**	[-.41, -.18]	-.39**	-.09	Total
Perceptual anomalies→PI→MW	1.76*	-.27**	-.49*	[-1.05, -.11]	-.95*	-.46	Total

Notes: Total mediation is considered when c' is not significant and the CI of the indirect effect does not include 0; \* =  $p < .05$ ; \*\* =  $p < .01$ ; \*\*\* =  $p < .001$ ; PE-tot= Total score of Psychotic Experiences, PI= Psychological Inflexibility, MW= Mental Well-being; CI= Confidence Interval.

significant while the direct effect is not. The path coefficients of the direct and indirect effects of the models are represented in Figure 1. The covariate of sex assigned at birth was not significant in any model. In contrast, the covariate of age yielded significant results. Specifically, in the model featuring bizarre experiences, age significantly affected mental well-being ( $b = 0.22$ ,  $p = .045$ ). Accordingly, in the model including perceptual anomalies, age significantly impacted both psychological inflexibility ( $b = -0.51$ ,  $p = .046$ ) and mental well-being ( $b = 0.25$ ,  $p = .029$ ). The mediation models with covariates explain a variance of 44.9% for the general factor of psychotic experiences, 44.5% for paranoid ideation, 44.1% for bizarre experiences, and 44.8% for perceptual anomalies.

## DISCUSSION

This study examined the mediating role of psychological inflexibility in the relationship between psychotic experiences and mental well-being in a sample of university students. The results showed significant correlations among all variables, with the mediation models indicating that psychological inflexibility fully mediates the relationship between psychotic experiences, the subdimensions of this variable, and mental well-being.

It was found that psychological inflexibility and psychotic experiences (total and subdimension scores) were negatively correlated with mental well-being. Across the subdimensions of the psychotic experiences variable, paranoid ideation was the variable that correlated most strongly and negatively with mental well-being and positively with psychological inflexibility, in line with evidence from previous studies (Pittman *et alii*, 2024; Thompson *et alii*, 2025).

The mediation models indicated significant indirect effects of psychotic experiences on mental well-being via psychological inflexibility. In all cases, the direct effects (c') became non-significant when the mediator was included in the model, which demonstrates a total mediation. This structure was replicated for both the global psychotic experiences score and for each of its subdimensions (paranoid ideation, perceptual anomalies, and bizarre experiences). The covariate of sex assigned at birth had no significant effects in any model; however, age had an effect in the models including bizarre experiences and perceptual anomalies, suggesting that older participants showed greater well-being in these models and that the model featuring perceptual anomalies also showed lower psychological inflexibility. This pattern might reflect that, with increasing age, students tend to report higher levels of well-being in these dimensions; however, this interpretation should be cautiously weighed, given that these are cross-sectional associations and could be possibly influenced by other variables (Rep *et alii*, 2023). While the models presented a coherent structure, in those where age had significant effects (perceptual anomalies and bizarre experiences), its inclusion as a covariate could introduce some instability in

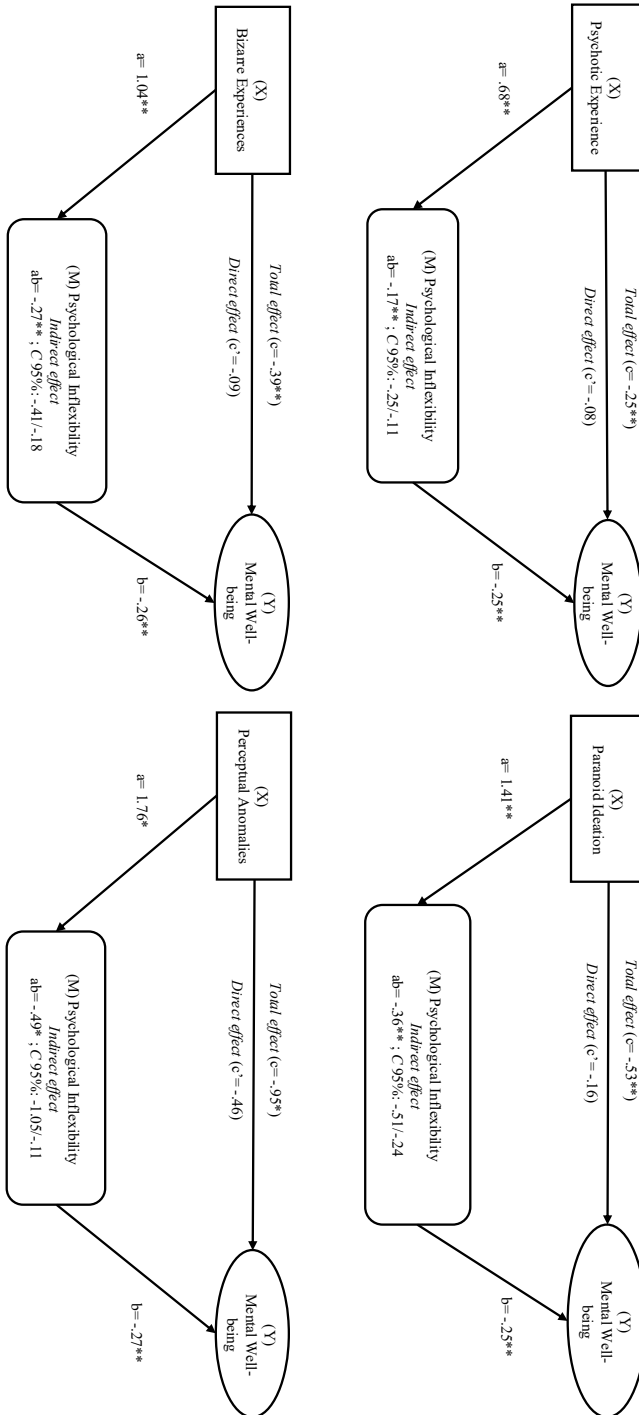


Figure 1. Mediation models.  
 Notes: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

the estimates (Hayes, 2013). In contrast, the models for paranoid ideation and the total psychotic experiences score showed greater stability, which is consistent with previous findings that indicate more robust associations, particularly between paranoid ideation and psychological inflexibility (Núñez *et alii*, 2021; Pittman *et alii*, 2024). Although the results are informative, they should be interpreted with caution.

These results suggest that the impact of psychotic experiences on mental well-being does not occur directly but rather depends on a person's level of psychological inflexibility. This means that, by including psychological inflexibility as a model mediator, the direct link between psychotic experiences and mental well-being disappears, suggesting that distress cannot be directly explained by these experiences and that the way in which they are psychologically managed should also be considered. This aligns with previous research that has documented the role that psychological inflexibility plays as a mediator between psychotic experiences and emotional symptomatology like stress, anxiety, and depression (Núñez *et alii*, 2021). However, to date, this relationship had not been explored in terms of mental well-being, particularly in university populations, which represents a novel contribution of the present study.

Our results suggest that psychotic experiences are not necessarily dysfunctional in themselves and that their mere presence does not necessarily affect mental well-being, but rather that the way people cope with them is what actually impacts well-being negatively. Thus, strategies based on the avoidance and rejection of psychotic experiences (typical of psychological inflexibility) can constitute a mechanism that fosters the interpretation of psychotic experiences as aversive internal events (Núñez *et alii*, 2021). In this context, our findings indicate that psychological inflexibility and its varied manifestations are likely to have a central role in the process of turning these psychotic experiences into sources of subjective suffering.

In line with the above, a recent meta-analysis (Pittman *et alii*, 2024) found that psychological inflexibility has a differentiated impact depending on the type of psychotic experiences undergone, with a large effect on paranoia, a medium effect on delusions, and a small effect on auditory hallucinations. These results are consistent with our findings, where paranoid ideation was the subdimension that showed a greater association with psychological inflexibility and mental well-being. This reinforces the idea that certain forms of psychotic experiences, particularly those associated with perceived threats such as paranoid ideation, can create a sensitisation effect towards inflexible regulation strategies, amplifying their negative impact in the long term.

These findings broaden our understanding of the role that psychological inflexibility plays in the relationship between psychotic experiences and mental health. While previous research has documented the mediating function of psychological inflexibility between psychotic experiences and indicators of psychopathology (Núñez *et alii*, 2021; Staines *et alii*, 2022), the results of the present study suggest that its influence also extends to mental well-being. This reinforces the notion of psychological inflexibility as a transdiagnostic process, relevant not only for explaining the onset or maintenance of psychological distress but also for understanding how certain unusual experiences can affect well-being depending on how they are psychologically managed.

These results have implications for psychological interventions. Given that psychological inflexibility plays a mediating role between psychotic experiences and mental well-being, interventions focused on promoting psychological flexibility, such as ACT, could be especially useful. This therapy works on key processes that promote psychological flexibility, such as acceptance, contact with the present moment, and cognitive

defusion (Hayes, Pistorello, & Levin, 2012), all of which could help university students cope with psychotic experiences in a healthier way. Along these lines, interventions aimed at developing psychological flexibility could be beneficial not only in reducing mental health symptoms but also in lessening the impact of psychotic experiences on well-being. This highlights the relevance of considering transdiagnostic processes like psychological inflexibility in the design of prevention and treatment programs for university populations. Overall, this perspective invites future research to explore interventions that target psychological inflexibility as a mechanism for regulating distress and preserving well-being in contexts of atypical or challenging experiences.

This study has a number of limitations. First, a non-probabilistic, intentional sampling method was used; furthermore, the sample consisted solely of university students who took part in the second wave of a longitudinal study. Therefore, the sample may have overrepresented the students who were the most concerned with their mental health, limiting generalization to the entire university population. Additionally, the measurements were taken in the context of the final phase of the measures imposed in response to COVID-19, influencing the results and rendering the present analysis not necessarily representative of the relationship between these variables in other contexts. Second, a cross-sectional design was used, so it is not possible to infer causal relationships from the models.

Third, although the CAPE-P15 is a widely used tool for evaluating psychotic experiences in the general population, it does not include certain subdimensions such as magical thinking (Lee *et alii*, 2016), which is defined as holding beliefs involving supernatural influences (Unterrainer, Lewis, & Fink, 2014). Importantly, studies have shown that magical thinking is positively associated with dimensions of well-being such as happiness, positive affect, personal growth, environmental mastery, and spiritual-religious well-being (Fumero, Marrero, & Fonseca-Pedrero, 2018; Unterrainer *et alii*, 2014), furthermore, it is considered an adaptive strategy that allows people to make sense of and organize anomalous or difficult-to-explain experiences (Abbott & Byrne, 2012; Mohr & Claridge, 2015; Peters *et alii*, 2014). Therefore, future research could benefit from including instruments that evaluate this and other subdimensions, with the goal of more precisely exploring their link with mental well-being and examining whether psychological inflexibility mediates this relationship in a similar way to what was observed for other psychotic experiences.

Fourth, we assessed psychological inflexibility using the AAQ-II, which has been criticized for its low discriminative capacity with neuroticism/negative affect and general distress (Rocheffort, Baldwin, & Chmielewski, 2018; Tyndall *et alii*, 2019). However, a recent study using network analysis suggests that the psychological inflexibility construct remains independent of general distress variables (Ruiz, Bianchi, Bastidas Suárez, Ramírez, & Peña Hernández, 2024).

Fifth, regarding the sample, 68.8% of the participants are women, which calls for caution when interpreting the results in terms of gender generalization. Although psychological inflexibility is gender invariant in university students (Paladines Costa, López Guerra, Ruisoto, Vaca Gallegos, & Cacho, 2021; Ruiz *et alii*, 2016), it has also been observed that women tend to have higher means in latent trait levels compared to men (Balazszie, Pentek, Vargha, & Szabo, 2019; Langer, Ponce *et alii*, 2024). This suggests that, although the construct is evaluated equivalently across genders, there could be differences in the level of the latent trait, possibly reflecting variations in the way experiential avoidance is experienced or managed and not a bias of the instrument. As

for psychotic experiences, it has been reported that they are significantly more common and distressing in women than in men (Stainton *et alii*, 2021), which raises the possibility that certain associations observed in the mediation models may be partially influenced by the overrepresentation of women in the sample. Therefore, it cannot be ruled out that this overrepresentation amplified the associations between psychotic experiences and psychological inflexibility, influencing the observed patterns. Consequently, it is suggested that future research consider the role of sex through stratified models or the use of sex-balanced samples, in order to evaluate the robustness and generalizability of these findings.

Sixth, given that the models used in our study explain between 11% and 26% of the variance in mental well-being, it could be hypothesised that other unmodeled psychological processes could be contributing to the mechanism, especially in perceptual anomalies, which showed the lowest variance. Similarly, only age and sex were included as covariates, while other relevant factors such as depressive and anxious symptoms, socioeconomic status, or mental health history were not controlled for, which could interfere with the associations. Future research could use collection methodologies such as ecological momentary assessments with specific measures that differentially evaluate both psychological inflexibility processes (e.g. cognitive fusion, avoidance) and psychological flexibility (defusion, openness). Incorporating more precise measures and intensive longitudinal designs could increase explanatory capacity and offer a more complete view of the mechanisms involved in an idiographic way (Ciarrochi *et alii*, 2024; Piccirillo, Beck, & Rodebaugh, 2019). In conclusion, this study found that psychological inflexibility fully mediates the association between psychotic experiences and mental well-being in a sample of university students. This suggests that the presence of psychotic experiences and the use of strategies based on psychological inflexibility promote lower mental well-being. Consequently, interventions aimed at reducing psychological inflexibility could contribute to improving the mental well-being of university students who undergo psychotic experiences.

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