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The Protective Role of Spirituality, Mindfulness, and Hope in Depression: A Cross-Sectional Study Among Afghan University Students

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- Afghanistan
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Abstract: Depression has been reported as a major concern among university students across the globe. However, there has been a lack of research on depression in Afghanistan. The present study aimed to investigate the protective effects of spirituality, mindfulness, and hope against depression among 450 undergraduate and master's students selected from four universities in Kabul during the academic year 2025. The participants were young adults with a majority falling in the range of 18-22 years old, i.e., 43.1% of the sample population. Three questionnaires were used: BDI II for depression, SWBS for spirituality, FFMQ for mindfulness, and AHS for hope. Correlation analysis revealed that all three variables had significant negative correlations with depression. Simple linear regression analyses showed that higher levels of spirituality (β = –0.243, p < .001), mindfulness (β = –0.202, p < .001), and hope (β = –0.333, p < .001) were each uniquely associated with lower levels of depression. These variables explained 5.9%, 4.1%, and 11.1% of the variance in depression, respectively. Among them, hope was the strongest individual predictor of depression. These findings underscore the role of positive psychology resources, particularly hope, as protective factors in the difficult circumstances of Afghanistan. Although a cause-effect relationship cannot be established based on the current cross-sectional design, it provides a foundation for future longitudinal research and the design of culturally appropriate interventions to incorporate hope, spirituality, and mindfulness in the mental health promotion of Afghan higher education students.

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INTRODUCTION

Depression is one of the most prevalent mental health disorders and a significant source of disability, which affects 5% of the adult population and has significant individual, social, and familial impacts in relation to productivity and quality of life (GBD, 2022; World Health Organization, 2021). The evaluation of the global burden of depression has indicated a significant contribution of depression to Years Lost Due to disability (DALY), thereby requiring

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multi-level interventions for the prevention and reduction of the burden of depression. Although pharmacological and psychotherapeutic interventions are effective in relieving depression, the relapse rates are considerable. Thus, in the last decade, the focus has been on primary and secondary prevention methods. In this regard, the field of positive psychology has shown considerable promise in the development of protective psychological resources, which are associated with a reduced probability of depression. Three of the most prominent constructs in this area are spirituality, mindfulness, and hope, which are associated with depression in a protective capacity through distinct theoretical and empirical routes (Koenig, 2018; Seligman & Csikszentmihalyi, 2000). Significant evidence supports each of these concepts as being related to lower levels of depression. Spirituality and religiosity tend to be related to positive mental health outcomes, acting as systems of meaning and support, although this can vary depending on the culture and individual interpretation (Koenig, 2018). Mindfulness, through several methods including decreased rumination, has shown significant efficacy in treating and preventing depression through methods such as Mindfulness-Based Cognitive Therapy (Kuyken et al., 2016). Hope, defined as goal-directed thinking and striving, consistently predicts lower levels of depression (Snyder, 2002). While the majority of research on these concepts has been done individually or within Western cultures, there is a need to investigate these concepts collectively within non-Western cultures that have experienced conflict to understand how they might be functioning in different cultural environments. This study aims to fill three specific gaps in the existing body of knowledge. First, while the buffering effects of spirituality, mindfulness, and hope have been established in separate bodies of knowledge in Western culture, there is a lack of research on all three constructs simultaneously in non-Western cultures in conflict-affected countries such as Afghanistan. Most of the existing body of knowledge has examined these constructs in isolation or in pairs (Satici et al., 2022; Schutte & Malouff, 2019). Second, there is a lack of empirical data from non-Western cultures in conflict-affected countries that are predominantly Muslim. The body of knowledge has been predominantly based on WEIRD populations (Henrich et al., 2010). This is a critical gap in knowledge because mental health paradigms cannot be generalized across cultures without taking into account local culture and context (Kohrt et al., 2020; Miller & Rasmussen, 2017). Third, as a result, there is a lack of culturally contextualized evidence to support preventive interventions for vulnerable populations such as Afghan university students. To effectively develop interventions for mental health issues, there is a need to understand in detail how protective factors function in a specific cultural context (Bernal & Sáez-Santiago, 2006; Kirmayer & Swartz, 2013). This understanding is currently lacking for Afghan university students. Examining these three constructs simultaneously in Afghan society addresses a critical contextual gap. Afghan society is defined by a rich spiritual and religious heritage (The World Factbook: Afghanistan, 2013). However, for over four decades, Afghan society has been plagued by conflict and displacement, resulting in socioeconomic instability and trauma—powerful risk factors for depression in young people (Jobson et al., 2024; UNHCR, 2023). The students in this setting are not only burdened by academic demands but also by the psychological effects of chronic trauma and an uncertain future (Miles et al.,

2021; Scholte, 2004). Thus, in this setting, it becomes not only scientifically relevant but also a practical imperative to examine indigenous protective resources such as spirituality, which has strong indigenous and Islamic roots in this culture, as well as more universally relevant constructs such as mindfulness and hope. Culturally relevant research is critical in generating evidence to guide practical and feasible mental health promotion approaches in this resource-scarce and humanitarian setting (Kirmayer & Swartz, 2013; Ventevogel, 2018).

Theoretical Integration of Constructs

Theoretical approaches propose that spirituality, mindfulness, and hope could each be a protective factor for depression through different mechanisms. Spirituality is a meaning-making framework that can protect against depression by acting as a buffer against stress (Koenig, 2018). Mindfulness is the practice of being aware in the current moment and decreases rumination (Kuyken et al., 2016). Hope is a mechanism of goal-oriented thinking that promotes resilience (Snyder, 2002). Although these constructs have been well researched in Western cultures, their role in conflict-affected countries such as Afghanistan has yet to be explored.

Conceptual Framework

Based on the theoretical foundations and findings of the previous research in the positive psychology domain, the conceptual framework of the current research investigates the relationship between spirituality, mindfulness, hope, and depression. In the conceptual framework of the current research, spirituality, mindfulness, and hope are considered predictor variables, while depression is considered the outcome variable. The conceptual framework of the current research is underpinned by the assumption that positive psychological resources can play a significant protective role in the reduction of depression among Afghan university students. The conceptual framework of the current research is shown in Figure 1.

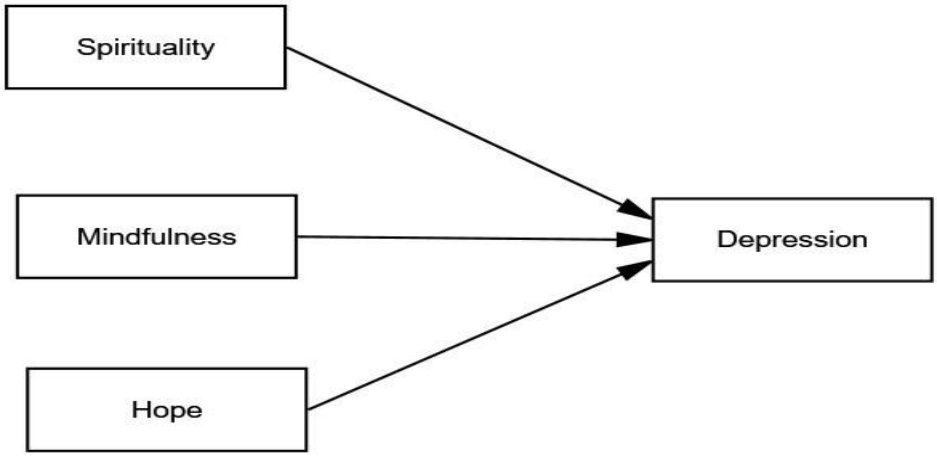

Figure 1. *Conceptual model of the protective role of spirituality, mindfulness, and hope in depression among Afghan university students*

The main objective of this study was to investigate the protective effects of spirituality, mindfulness, and hope against depression among Afghan university students.

Specific Hypotheses

On the basis of the theoretical and empirical background, the following hypotheses were formally tested in this study:

H_1: There is a significant negative relationship between spirituality and depression.

H_2: There is a significant negative relationship between mindfulness and depression.

H_3: There is a significant negative relationship between hope and depression.

Exploratory Analysis

Although the basic relationships between these constructs and depression are well established, the cultural and contextual aspects of these constructs among Afghan university students were not sufficiently established to formulate any hypotheses. These aspects were explored to gain new and unique insights.

RESEARCH METHOD

The research design used in this study was quantitative, cross-sectional, and correlational predictive to investigate the hypothesized relationship that exists between spirituality, mindfulness, hope, and depression. The research methodology used in the study had various elements that are discussed in the following subsections.

Population and Sampling

The research design of the current study was cross-sectional, correlational, and predictive. The target population of the study was all the undergraduate and master's students in the four public universities of Kabul, namely, Kabul University, Kabul University of Education, Kabul Polytechnic University, and Kabul Medical University-Ibn Sina, during the 2025 academic year. Using a formula for multiple regression analysis with a medium effect size, a power of 0.95, and three predictor variables, as proposed by Cohen (1992), the minimum number of samples required was calculated to be 373. Considering the possibility of incomplete responses, 480 questionnaires were sent, and 450 fully completed questionnaires were analyzed (response rate = 93.8%). Multistage cluster sampling was used as the research design. Four public universities were the primary clusters. In the second stage, two faculties were randomly selected from each of the four universities. In the third stage, three classes were randomly selected from each faculty. All students present in the selected classes who met the inclusion criteria were invited to participate. Inclusion criteria were: (1) provision of informed consent, (2) age between 18 and 40 years, and (3) self-reported absence of a formal diagnosis of severe psychiatric disorders (e.g., psychotic disorders, bipolar disorder). Exclusion criteria included: (1) failure to complete more than 20% of questionnaire items, and (2) self-reported current use of antidepressant medications.

Data Collection

The data collection was conducted personally between March and December 2025. Before administering the data collection instruments, necessary permission was sought from relevant university authorities. The data collection exercise was entirely voluntary, with confidentiality and anonymity ensured. Detailed instructions were provided on the purpose of the data collection exercise and procedures for completing the questionnaires. The questionnaires took approximately 15-20 minutes to complete.

Instrumentation

All scales were conducted using standardized self-report methods that have demonstrated reliability and validity in both international and regional studies. The Depression Scale was measured by the Beck Depression Inventory–Second Edition (Beck et al., 1996). It is a 21-item scale that assesses cognitive, affective, and somatic symptoms experienced over the past two weeks. Scores range from 0 to 63. Higher numbers indicate greater symptom severity. Though the measure was developed in 1996, it is still one of the most commonly used and well-validated scales measuring depression in the world. Comprehensive reviews from today's world support the psychometric quality of this measure across cultures (Wang & Gorenstein, 2013). In addition, the Persian version of the BDI-II was used (Ghassemzadeh et al., 2005). In the present study, the measure had excellent reliability (Cronbach's alpha = .85).

The mindfulness level was measured using the Five Facets Mindfulness Questionnaire (Baer et al., 2006). It has 39 items that measure the five facets of mindfulness: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. A total mindfulness score was obtained. Higher scores indicate greater mindfulness. The FFMQ is a gold standard measure that has been developed and validated since its inception in 2006. Its use has been documented in recent meta-analyses and psychometric studies on its cross-cultural use (Lilja et al., 2020; Raman et al., 2024). The Persian version of the FFMQ was used (Khanjani et al., 2022). It had excellent internal consistency in the present study (Cronbach's $\alpha = 0.86$).

The assessment of hope was conducted using the Adult Hope Scale (Snyder et al., 1991), a 12-item scale consisting of eight substantive and four filler items. The rating scale ranges from 1 (definitely false) to 4 (definitely true) on a 4-point Likert type scale. The range of total scores is between 8 and 32. Higher scores indicate more goal-directed thinking. The AHS was first developed in 1991; however, this measure is still considered a standard instrument in positive psychology studies. Recently, several studies have confirmed its validity and applicability in different cultural contexts (Nooripour et al., 2022; Redlich-Amirav et al., 2018; Vinueza-Solórzano et al., 2023). The internal consistency of this scale was also high in this study (Cronbach's alpha = 0.71).

Spiritual Well-Being was measured by the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982), which is a 20-item scale that measures both Religious Well-Being and Existential Well-Being. A high score indicates high perceived spiritual well-being. Although the SWBS was

developed in 1982, it is still used in multicultural research. The SWBS has been validated recently in different cultural and religious contexts (de Jager Meezenbroek et al., 2012; Gomez & Fisher, 2003; Sharif Nia et al., 2022). The SWBS showed good internal consistency reliability in the present study (Cronbach's α = 0.80).

For scales that do not have a previously validated Persian version, a rigorous forward-backward translation procedure was carried out according to guidelines provided by Brislin (1970). This includes: (1) translating the scales from English to Persian by a bilingual psychologist, and (2) translating them back to English by a second bilingual expert, followed by (3) comparing the original and back-translated versions of the scales by the research team. As the primary aim of the current study was to investigate structural relationships, and considering the well-established factorial validity of the scales in previous research with diverse samples, the psychometric properties of the scales were relied upon. The excellent internal consistency indices found in the current study also support the reliability of the scales in the current Afghan context.

Data Analysis

The analysis of the collected data was done using IBM SPSS statistics software version 26. The assumptions of normality and multicollinearity were met for all the variables in the study. The analysis was done in two phases: first, computing descriptive statistics and calculating the Pearson correlation coefficient for all the variables in the study. Second, performing simple linear regression analysis to assess the unique contribution of each independent variable (spirituality, mindfulness, and hope) in predicting the occurrence of depression, which was the dependent variable in the study. The preliminary analysis that included the control variables (age, education level, and marital status) was found to be non-significant and was excluded in the final analysis for the purpose of parsimony. The significance level for the analysis was set at .05.

Ethical Considerations

Ethical clearance was obtained from the internal research committee of the universities that participated in the study. The study was conducted ethically in accordance with the ethical standards laid down by various countries around the world as per the Declaration of Helsinki (World Medical Association, 2013). The participants were fully informed regarding the purpose of the study. The participants were free to withdraw from the study at any time. No personal information was collected from the participants. The data was collected only for academic purposes.

FINDINGS

The study included 450 university students. The majority of participants were young adults, with 43.1% aged 18–22 years and 32.7% aged 23–27 years. Only 18.9% were aged 28–35 years, and 5.3% were aged 36–40 years, indicating that the sample was predominantly in early

adulthood. Regarding educational level, most participants were enrolled in bachelor's programs (71.8%), while 28.2% were pursuing a master's degree, suggesting that the majority of the sample were undergraduate students. Participants were recruited from four universities, showing a relatively balanced distribution: Kabul University (26.9%), Kabul Education University (20.9%), Polytechnic University (26.0%), and Ibn Sina Medical Sciences University (26.2%). Regarding monthly income, 31.6% of participants reported earning less than 5,000 AFN, 40.0% between 5,000 and 10,000 AFN, and 28.4% more than 10,000 AFN, indicating moderate socioeconomic diversity in the sample. (see Table 1).

Table 1. *Demographic information of Participants (N=450)*

Characteristic	Category	Frequency	Percent
Age	18–22	194	43.1
	23–27	147	32.7
	28–35	85	18.9
	36–40	24	5.3
Education Level	Bachelor	323	71.8
	Master	127	28.2
University	Kabul University	121	26.9
	Kabul Education University	94	20.9
	Polytechnic University	117	26.0
	Ibn Sina Medical Sciences University	118	26.2
Monthly Income (AFN)	<5000	142	31.6
	5000–10000	180	40
	>10000	128	28.4

Descriptive statistics for the study variables' reliability are provided in Table 2. As can be seen in Table 2, participants reported moderate levels of depression symptoms (M = 30.04, SD = 6.86). Mindfulness levels were reported to be quite high (M = 69.39, SD = 9.21), while Spiritual Well-Being was reported at a moderate to high level (M = 115.27, SD = 11.51). Finally, Hope levels were reported to be generally positive (M = 30.12, SD = 3.42). All the scales reported acceptable to good reliability levels, with Cronbach alpha ranging from .71 (Hope) to .86 (Mindfulness). These reliability levels are considered acceptable for research purposes, according to Nunnally and Bernstein (1994), who consider a reliability level of .70 or higher acceptable for research purposes. The corrected item-total correlations reported acceptable levels for each of the scales, ranging from .321 (Hope) to .420 (Depression). The ranges of the reported sales for the participants were quite acceptable for research purposes, ranging from 19 to 61.

***Table 2**. Descriptive statistics among variables (N = 450)*

Variable	M	SD	Range	Number of Items	Reliability (α)	Range of Corrected Item-Total Correlation	Average Corrected Item-Total correlation
Depression	30.04	6.86	42	21	.85	.334–.494	.420
Mindfulness	69.39	9.21	56	39	.86	.237–.471	.322
Hope	30.12	3.42	19	20	.71	.223–.408	.321
Spiritual Well-Being	115.27	11.51	61	12	.80	.261–.417	.358

Correlation between demographic and psychological variables is depicted in Table 3. Depression was found to be negatively correlated with spiritual well-being (r = −.23, p < .01), mindfulness (r = −.19, p < .01), and hope (r = −.32, p < .01). This shows that depression has a negative relation with these protective factors. Spiritual well-being and mindfulness were found to be positively correlated with hope (r = .35 and r = .30, p < .01). This shows that these protective factors complement each other. Demographic variables were not found to be correlated with depression and other psychological variables. This shows that age, education, university, and income do not influence the results.

***Table 3**. Correlations among variables (N = 450)*

Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1. Age	—							
2. Education	0.02	—						
3. University	–0.02	0.03	—					
4. Monthly Income	0.04	0.04	0.01	—				
5. Depression	0.07	0.05	0.03	0.03	—			
6. Spiritual WB	0.02	–0.06	–0.08	0.07	–0.23**	—		
7. Mindfulness	0.05	0.02	0.00	–0.03	–0.19**	0.00	—	
8. Hope	0.02	–0.07	–0.01	–0.05	–0.32**	0.35**	0.30**	—

N**ote.** N = 450. p < .01.

Simple linear regression analyses (as show in Table 4).

***Table 4.** Simple Linear Regression Analyses Predicting Depression (N = 450)*

Independent Variable	**Dependent Variable**	**B**	**SE**	***β***	**T**	**Sig.**	**R**	**R^2**	**F**
Mindfulness	Depression	−0.120	0.028	−0.202	−4.357	.000	.202	.041	18.984
Spiritual Well-Being	Depression	−0.181	0.034	−0.243	−5.295	.000	.243	.059	28.039
Hope	Depression	−0.667	0.089	−0.333	−7.472	.000	.333	.111	55.835

Note. Dependent variable = Depression. *B* = unstandardized coefficient; *SE* = standard error; *β* = standardized coefficient.

Each predictor significantly predicted depression in separate model. Spiritual well-being (β = −.243, p < .001), mindfulness (β = −.202, p < .001), and hope (β = −.333, p < .001) were all negatively associated with depressive symptoms. Hope had the strongest effect, explaining

11.1% of the variance in depression (R^2 = .111), followed by spiritual well-being (5.9%) and mindfulness (4.1%). These results highlight the protective role of hope, mindfulness, and spiritual well-being against depression.

DISCUSSION

The current study was designed to explore the potential protective psychological resources of spirituality, mindfulness, and hope against depression in Afghan university students. The findings supported all three hypotheses of the study. The simple linear regression analysis indicated that spirituality, mindfulness, and hope were significantly and negatively related to depression in the sample. Among these three factors, hope was found to be the strongest protective factor against depression, accounting for 11.1% variance in depression, followed by spirituality (5.9%) and mindfulness (4.1%). The role of spirituality as a protective factor was also evident in the present study as a significant predictor (β = -0.243). This is a well-established global phenomenon (Koenig, 2018). What is more, the present study also established the specific relevance of the global phenomenon to the Afghan context. The strength of the association is also consistent with that found in other Muslim-majority countries that have been affected by war and conflict (Punamäki et al., 2001; Rayan et al., 2020). Such resonance is significant given the sociocultural context of Afghanistan as a whole. In a society that has been plagued by war and conflict for decades, spirituality is a crucial coping tool that helps individuals find meaning and purpose in life. However, the dual nature of spirituality as a construct should also be noted. While positive spirituality is a coping tool that helps individuals cope with adversity, spiritual struggles or conflicts that might be heightened in a war context might actually add to the adversity experienced by the individual (Exline, 2013).

Significantly, the construct of mindfulness also showed a strong protective effect (β = -0.202). Such a finding not only validates the construct of mindfulness but also affirms the cross-cultural generalizability of the core mindfulness constructs, such as the reduction of ruminative thinking proposed by Kuyken et al.(2016). Although the effect size found within our sample is strong, it may also be a function of the difficulty in being present in the moment when faced with the overwhelming contextual stressors. Nevertheless, the finding points to the potential benefit that could be gained from the inclusion of mindfulness-based skills within culturally adapted mental health promotion interventions targeting the youth of Afghanistan. The result that hopes emerged as the strongest predictor (β = –0.333) offers a crucial finding. This is consistent with the strong evidence from Western literature, where hope has been long recognized as a significant correlate of resilience and reduced depression (Snyder, 2002). It is also consistent with evidence from non-Western cultures, which have also identified hope as an important factor of resilience (Satici et al., 2022). The finding in Afghanistan defies the assumption that hope would be completely eliminated under conditions of extreme adversity. Rather, it suggests that in situations where there are severe external constraints, the cognitive-motivational concept of hope, which comprises the will

(agency) to achieve goals and the ways (pathways) to achieve them, may be an even more important psychological resource to mitigate hopelessness and promote mental health.

In light of the proportion of variance accounted for by these factors, it is also crucial to place these factors within a more general understanding of mental health within an ecological context. All factors accounted for a significant proportion of the variance, yet a considerable proportion remains unexplained. This is consistent with an understanding of the ecology of distress within humanitarian settings, where structural stressors such as poverty, security concerns, and a lack of opportunities are considered to be strong predictors of mental health outcomes, as well as individual-level psychological factors (Miller & Rasmussen, 2017). Depression among students in the present setting is likely the result of a complex interplay between a number of factors. As such, any intervention that is culturally appropriate is likely to need to bolster these intrinsic protective factors, particularly the construct of hope, as well as the structural factors that contribute to well-being.

CONCLUSION

The purpose of the current study was to investigate the individual protective effects of spirituality, mindfulness, and hope in relation to depression in Afghan university students. The findings showed that hope had the strongest effect, emphasizing the potential of thinking about the future and the motivational power of goal-oriented thinking even in the most adverse of circumstances. Spirituality also had a strong effect, emphasizing the vital role of meaning systems in the lives of people. Mindfulness had a smaller but still significant effect, which supports the cross-cultural validity of attentional and self-regulatory skills. In general, it can be said that the findings of the current study highlight the need for developing multi-component and culturally appropriate approaches to mental health promotion in Afghanistan. These approaches can include the development of hope in young people (to promote agency and pathways thinking), spirituality (to promote meaning and communities), and mindfulness (to promote emotional regulation). Future research should focus on developing a longitudinal approach to understanding the causal role of the protective factors and how they interact with each other and adversity in the lives of young people in Afghanistan.

Limitations of the Study

There are a number of limitations that need to be considered when interpreting the present research:

1. The nature of the research design makes it difficult to establish cause and effect.
2. The use of self-report measures may lead to overestimation of the relationships between the variables.
3. The sample participants were drawn from a student population within a university setting in Kabul and therefore may not be representative of the wider population within Afghanistan.

4. The present research did not examine negative spiritual experiences that may also be relevant.
5. A large proportion of the variance was not accounted for by the predictor variables, indicating that other factors such as direct exposure to trauma, the nature of the participants' socioeconomic difficulties, and their social support networks were not examined.
6. The measurement tools that were employed are outdated as they were developed a number of decades ago. Future research may benefit from the use of more contemporary scales that have been developed more recently.

Recommendations

On the basis of the results and limitations, the following recommendations can be proposed:

1. Longitudinal studies can be conducted to establish temporal precedence and causal relationships.
2. Using multiple methods to assess the construct can be beneficial.
3. The study can be replicated using more diverse samples from Afghanistan.
4. The mechanisms through which hope exerts its strong protective effect can be examined.
5. The development and evaluation of culturally adapted interventions that can be used to foster hope, spiritually sensitive support, and mindfulness can be beneficial.
6. The inclusion of comprehensive measures of trauma history, socioeconomic stress, and social ecology can be beneficial in understanding the interplay between individual resources and contextual factors.

AUTHORS' CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

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No funding is available for the manuscript.

DATA AVAILABILITY

The data of this research are accessible upon reasonable request from the corresponding author.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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