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From Spiritual Well-Being to Psychological Resilience: The Mediating Roles of Self-Control and Dispositional Hope

Üniversite Öğrencilerinde Manevi İyi Oluş ile Psikolojik Dayanıklılık Arasındaki İlişkide Öz Kontrol ve Sürekli Umudun Aracılık Rolü

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ABSTRACT

Psychological resilience has increasingly become indispensable in today's world, which is challenged by destructive conditions such as wars, infectious diseases, and natural disasters. Spiritual well-being, psychological resilience, hope, and self-control are central constructs within positive psychology, extensively studied in both clinical and general populations. While prior research has predominantly focused on individuals with illnesses, these constructs are relevant across all individuals, including university students. The present study investigates the relationships among spiritual well-being, psychological resilience, and the potential mediating roles of self-control and dispositional hope. Building on theoretical frameworks the study hypothesizes that higher levels of spiritual well-being are associated with greater psychological resilience, and that self-control and dispositional hope serially mediate this association. Data were collected from university students who had a mean age of 22.35 years (SD = 5.15) through validated self-report measures assessing spiritual well-being, psychological resilience, dispositional hope, and self-control. The serial mediation model demonstrated an adequate fit to the data. Spiritual well-being was not directly related to psychological resilience; rather, its effect was fully transmitted (indirect-only) through self-control and dispositional hope, with self-control influencing resilience serially via dispositional hope. By extending research on positive psychological constructs beyond clinical contexts, this study contributes to a comprehensive understanding of how individual strengths support adaptive coping and personal growth, providing implications for interventions aimed at promoting mental health and well-being among university students.

Keywords Psychology of religion, psychological resilience, spiritual well-being, dispositional hope, self-control, serial mediation

ÖZET

Savaşlar, bulaşıcı hastalıklar ve doğal afetler gibi olumsuz yaşantılar günümüz dünyasında psikolojik dayanıklılığı giderek vazgeçilmez hale getirilmiştir. Bu çalışmada da hem klinik hem de genel popülasyonlarla çalışılan ve pozitif psikolojinin temel kavramları olan psikolojik dayanıklılık, manevi iyi oluş, umut ve öz kontrol kapsamlı bir şekilde incelenmiştir. Daha önceki araştırmalar ağırlıklı olarak kronik hastalığı olan bireylere odaklanmış olsa da bu kavramlar üniversite öğrencileri de dahil olmak üzere tüm bireylere uyarlanabilir. Bu araştırmanın amacı üniversite öğrencilerinde manevi iyi oluş ile psikolojik dayanıklılık arasındaki ilişkide öz kontrol ve sürekli umudun ve seri aracılık rolünü incelemektir. Çalışma, kuramsal çerçevelere dayanarak kesitsel araştırma deseniyle, daha yüksek düzeyde manevi iyi oluşun daha yüksek psikolojik dayanıklılıkla ilişkili olduğunu ve öz kontrol ile sürekli umudun bu ilişkiye seri biçimde aracılık ettiğini varsaymaktadır. Veriler, yaş ortalaması 22,35 (SD = 5,15) olan (N = 452) üniversite öğrencilerinden, manevi iyi oluş, psikolojik dayanıklılık, sürekli umut ve öz kontrolü değerlendiren geçerli öz bildirim ölçekler aracılığıyla toplandı. İlgili seri aracılık modeli, öz kontrol ve sürekli umut aracılığıyla ortaya çıkan dolaylı etkinin anlamlı olduğu bulgusuyla verilere yeterli düzeyde uyum sağladığını göstermiştir. Sonuç olarak; bu araştırma, olumlu psikolojik kavramlar üzerine yapılan araştırmaları klinik bağlama ek olarak, bireysel güçlü yönlerin uyumlu başa çıkma ve kişisel gelişimi nasıl desteklediğine dair kapsamlı bir anlayışa katkıda bulunmakta ve üniversite öğrencileri arasında ruh sağlığı ve refahını desteklemeyi amaçlayan müdahaleler için çıkarımlar sunmaktadır.

Anahtar Kelimeler Din psikolojisi, psikolojik dayanıklılık, manevi iyi oluş, sürekli umut, öz kontrol, seri aracılık.

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1. Introduction

The concept of "spiritual well-being" is considered a relatively more recent construct in literature compared to "religion" and "spirituality" (Ellor & McGregor, 2011). From a historical stand, research on religion, spirituality, and aging has evolved through several major phases, beginning with a predominantly sociological focus (1890–1945), followed by the integration of religion into scientific inquiry (1946–1976), the conceptualization of spiritual well-being as a measurable construct (1977–1990), and, since the 1990s, an increasing scholarly emphasis on spirituality rather than traditional religiosity (Ellor, 2024). Defined as a construct that encompasses all aspects of an individual's life, spiritual well-being was emphasized that separating this need from the individual's physical and social needs would neither be beneficial nor meaningful and could lead to misinterpretations regarding both the individual and God (White House Conference on Aging, Washington, D.C., 1971). Moreover, spiritual well-being was identified as one of nine essential domains required by older adults (Committee on Legal Services for the Elderly and Their Estates, 1972).

Moberg (1984) argues that the need to conceptualize and measure spiritual well-being emerged largely due to the limited incorporation of religion within scientific research. Moberg (1971), conceptualizes the primary goal domains of spiritual well-being as assistance in cultivating a satisfying philosophy of life, educational growth, enrichment of quality of life, and therapeutic support. Hungelmann et al. (1985) defines spiritual well-being as a state of harmony between the self, nature/others, and a transcendent or supreme being, which is not constrained by time or space. Ellor (2024) cited that while interpreting the concept of spiritual well-being, she refers to psychological well-being and the concept of "happiness" used in naming psychological well-being, and in fact states that the essence of spiritual well-being is "spiritual happiness". Furthermore, spiritual well-being fosters meaning, connectedness, and psychological adaptation across diverse life contexts (de Brito Sena et al., 2021; Ryff, 2021). In this regard, Fisher (1998) argued that spiritual health develops through existential growth across four domains: personal, interpersonal, environmental, and transcendent.

After spiritual well-being notion, Stewart et al. (1997) note that psychological resilience is conceptualized in various ways within the literature, with these differing definitions grounded in theories of psychological and human development. They define psychological resilience as an individual's capacity to manage life's changes, challenges, and threats, while remaining adaptable and capable of growth over time. Masten (2001) posits that psychological resilience stems from individuals' adaptive capacity, enabling them to effectively overcome challenging life events through the proper functioning of this skill. Masten et al. (2021) highlights that researchers have increasingly conceptualized psychological resilience as a dynamic, adaptable, and evolving process. In this context, psychological resilience refers to an individual's capacity to adapt effectively to challenges that threaten functioning, survival, and developmental processes. Richardson (2002) adopts a distinct perspective on psychological resilience, introducing the concept of "biopsychospiritual homeostasis." This concept characterizes the harmony in "mind, body, and spirit through the relationship between psychological resilience and spiritual well-being." Indeed, it has been reported that engagement in religious or spiritual practices across different groups is associated with variations in psychological resilience and hope scores (Eryücel, 2018).

Hope is conceptualized as a positive psychological resource embedded within individuals' cognitive, emotional, and motivational systems, shaping their subjective experiences and fostering the expectation that future outcomes will be

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more favorable (Peterson & Seligman, 2004; Seligman & Csikszentmihalyi, 2000). Snyder et al. (1991) define hope as "a positive motivational state characterized by a sense of agency, the motivation to achieve goals, and pathways the perceived capacity to identify routes toward goal attainment". In addition to that, Snyder (2002), based on specific interviews, asserts that hope extends beyond mere thoughts that delineate specific individual goals. Lopez et al. (2004), explain that, within the hope theory, goals may vary over the short or long term and differ with respect to their likelihood of attainment. Within the framework of positive psychology, hope is most commonly conceptualized as dispositional hope, a relatively enduring cognitive-motivational trait that facilitates goal attainment (Snyder, 2002)., Moreover, hope is conceptualized as a multidimensional construct encompassing cognitive, emotional, social, spiritual, behavioral, and environmental dimensions (Pleeging, 2022), whose integration provides a more comprehensive understanding of hope (Schrank et al., 2008), its association with self-control in health-related behaviors is particularly noteworthy (Vohs & Schmeichel, 2002).

In addition to that, as a cognitive-motivational resource, dispositional hope may explain how spiritual well-being is translated into greater psychological resilience by relating goal-directed motivation and effective pathway thinking. Finally, dispositional hope theory, developed by Snyder (2002), conceptualizes hope as a cognitive-motivational construct consisting of two main components: "agency (goal-directed determination) and pathways (perceived ability to generate routes to achieve goals)." According to this theory, hopeful individuals not only set clear goals but also believe in their capacity to initiate and sustain actions toward those goals, while also identifying alternative strategies when obstacles arise. Thus, hope is viewed as a dynamic cognitive process that enhances goal pursuit, coping, and psychological well-being.

Given its role in regulating adaptive responses and maintaining goal-oriented behavior, self-control may function as an important psychological resource that contributes to resilience. Individuals can possess the autonomy to determine both the timing and manner in which they pursue or relinquish their goals (Shamloo & Cox, 2010). On the other hand, self-control is characterized by the regulation of an individual's impulses and desires, channeling behaviors into socially and personally acceptable forms (Rounding et al., 2012). A straightforward way to conceptualize self-control is as the ability to align one's behaviors with personal intentions and goals despite the presence of competing desires or motivation (Henden, 2008). Mahoney and Thoresen (1972), link self-control is closely associated with "freedom and self-actualization", suggesting that autonomous individuals regulate their own behavior, take responsibility for their actions, and avoid becoming dominated by themselves or their environment. Baumeister et al. (2010) stated that religion can contribute to the self-regulation conflict inherent in social life. Within the context of religion and self-control, religious beliefs and practices may enhance self-regulation and contribute to guiding behaviors toward socially and morally appropriate forms (Rounding et al., 2012). Through effective regulation of emotions, thoughts, and behaviors, self-control may supported psychological resilience by helping individuals cope with stress, maintain adaptive responses, and persist toward valued goals despite challenges. Thus, self-control represents an important internal resource that may facilitate resilience in the face of adversity.

Recent studies has highlighted spiritual well-being, psychological resilience, hope, and self-control as key variables that are extensively examined and discussed within literature. The levels of spiritual well-being, psychological resilience, and perceived social support among women with cancer (Azizi et al., 2021) have been shown to predict their overall level of hope (Mahdian & Ghaffari, 2016; Soyer Er & Erkan, 2023). Duran et al. (2020), in a study

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examining the association between spiritual well-being and psychological resilience among hemodialysis patients, identified a moderately positive correlation. Moreover, it was reported that interventions grounded in positive psychology were beneficial for individuals undergoing cancer treatment (Tian et al., 2024) and positive psychology constructs, including spiritual well-being and levels of hope, are diminished in individuals with mild cognitive impairment and dementia, particularly among clinical populations experiencing cognitive decline. (dos Santos et al., 2018).

Despite growing evidence regarding the role of spiritual well-being, dispositional hope, and self-control in psychological functioning, previous research has largely examined these constructs independently or within clinical samples. The combined contribution and underlying mechanisms of these positive psychological resources in explaining psychological resilience remain insufficiently explored. Building on the premise that positive psychology constructs are relevant to all individuals, regardless of health status, this study aims to examine the mediating roles of hope and self-control in the relationship between spiritual well-being and psychological resilience among university students. The psychological resilience of university students facing challenging circumstances can be strengthened through personal resources, such as self-confidence and self-regulatory capacities, as well as supportive social networks. Recent studies among university populations highlight the protective role of internal psychological assets and social support in facilitating resilience and adaptive functioning (Fang et al., 2025). Examining resilience-related psychological constructs among university students is particularly important, as identifying the factors that contribute to adaptive functioning may inform the development of preventive and intervention-based approaches. The present study has an importance of studying the relationship between spiritual wellbeing, psychological resilience, dispositional hope, and self-control. In the literature there are some researches about these variables separately, yet all variables together can be seen at one unique investigation. In addition, serial mediation methods can contribute to the current study value.

The following hypotheses were tested in line with the objectives of the study:

Hypothesis 1. Spiritual well-being predicts psychological resilience.

Hypothesis 2. Spiritual well-being predicts psychological resilience through dispositional hope.

Hypothesis 3. Spiritual well-being predicts psychological resilience via self-control.

Hypothesis 4. Dispositional hope and self-control mediate the relationship between spiritual well-being and psychological resilience.

2. Methodology

2.1. Research Design

The present study employed quantitative research design using a serial mediation model. Following Hayes (2018), a serial multiple mediator model (Model 6) was estimated, in which the mediators are causally linked in a specified sequence between X and Y. It was conducted with a sample of 452 undergraduate students from a public university, and the model was tested using AMOS software. This study employs a serial mediation model to examine the role of dispositional hope and self-control in the relationship between spiritual well-being and psychological resilience, with

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self-control and dispositional hope acting as mediators both separately and sequentially (i.e., spiritual well-being → self-control → dispositional hope → psychological resilience).

2.2. Participants

The sample of this study consisted of 452 undergraduate students from a public university. The table 1 presents an analysis of the information regarding the participants in this study as below.

Table 1

Demographic Characteristics of Study Participants

Variables	Category	N	%
Gender	Female	333	73.7
	Male	119	26.3
Faculty	Theology	237	52.4
	Education	106	23.5
	Science & Literature	72	15.9
	Administrative & Economic	37	8.2
Grade	Preparation class	74	16.4
	1st Grade	42	9.3
	2nd Grade	83	18.4
	3rd Grade	162	35.8
	4th Grade	91	20.2
Age		M	SD
		22.35	5.15

Note. n = frequency; % = percentage, M = Mean, SD = Standard deviation.

See Table 1 for detailed information on the demographic characteristics of the participants. As shown in Table 1, out of a total of 452 participants, 119 (26.3%) are male and 333 (77.7%) are female. Participants ranged in age from 1st grade to 4th grade in different faculties. Participants consist of different faculties like Faculty of Theology (52.4%), Education (23.5%), Science (15.9%), and Economy (8.2%), in the University. However, the average age of the participants is 22.35 and the standard deviation is 5.15.

2.3. Data Collection Tools

Dispositional Hope Scale (DHS) was developed by Snyder, Harney et al. (1991) and adapted into Turkish by Tarhan and Bacanlı (2015), consists of twelve items on two dimensions with “agency” and “pathway”. Items are rated on an eight-point Likert scale ranging from 1 (definitely false) to 8 (definitely true), producing scores between 8 and 64. Higher scores indicate greater dispositional hope. Tarhan and Bacanlı (2015) describe four items in the scale as filler items and the filler items were not included to the statistical acounting. Tarhan and Bacanlı (2015), reported that Turkish version of the DHS has acceptable reliability (Cronbach alpha: 0.84) and validity “(CFA: GFI = 0.96, AGFI = 0.92, NNFI = 0.94, RFI = 0.90 CFI = 0.96, and RMSEA = 0.077)”. In the present study, the DHS has acceptable Cronbach alphas; 0.75 for agency 0.81, for pathway, respectively.

The Brief Multidimensional Self-Control Scale (BMSCS) was developed by Nilsen et al. (2020) and adapted to Turkish by Koç, Şimşir Gökalp, & Seki (2023). The scale consists of eight items and two dimensions as “inhibition” and “initiation” with a five-point Likert scale (1=strongly disagree and 5=strongly agree). Exploratory and confirmatory factor analyses supported the structures across samples and internal consistency was acceptable “(CFI = .95 – .96, TLI = .94 – .95, RMSEA ≈ .05 – .06, SRMR < .05)”. Alpha coefficients for the sub-dimensions of the scale ranged from 0.77 to 0.88 and total scale reliability is .80.

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Spiritual well-being scale (SWS) was adapted from the 12-item FACIT-Sp-12 which was originally developed to assess the spiritual well-being of people with cancer and chronic illnesses (Bredle et al., 2011). Although initially studied in cancer populations, spiritual well-being is a broader psychological resource relevant to coping and resilience among university students. It was adapted into Turkish culture by Arslan & Yıldırım (2021). This five-item unidimensional scale is rated on a 5-point Likert scale (0 = not at all, 4 = very much). The internal consistency reliability of the scale was originally "0.90", and Cronbach's α for the present study was 0.80.

Psychological Resilience Scale for Adults was developed by Friborg et al. (2003) and adapted to Turkish by Basım & Çetin (2011). The scale includes 33 items with 6 subfactors rated as positive or negative. Factor analysis of the scale confirmed the fit of the original's 6-dimensions: perception of self, perception of future, structured style, social competence, family cohesion, and social resources ($\chi2$ = 1104, df = 480, $\chi2$/df = 2.3; RMSEA = 0.055; TLI = 0.90; CFI = 0.91). Alpha coefficients for the sub-dimensions of the scale ranged from 0.66 to 0.81 and the test-retest reliability of the factors ranged from 0.68 to 0.81.

2.4. Data Analysis

The analysis for this study was conducted in sequential steps with the design of structural equation modelling. First, descriptive statistics including means, standard deviations, skewness (-.52 to .08), and kurtosis (-.31 to .76), as well as Pearson correlations, were calculated for all variables. Additionally, various measures of reliability (including Cronbach's alpha) were calculated during this step. Second, a two-step approach was employed to examine the study hypotheses in accordance with Anderson and Gerbing's (1988) recommendations, using AMOS 24 to assess the mediating role of dispositional hope and self-control in the association between spiritual well-being and psychological resilience. Initially, the measurement model was tested, followed by testing of the hypothesized model and assessment of the indirect associations. The acceptable fit criteria were defined as "RMSEA and SRMR values less than 0.08 and GFI, TLI, CFI, NFI, and IFI values greater than 0.90", as suggested in previous literature (Hoyle & Panter, 1995). The significance of the mediating variable was examined using a bootstrapping method with 5,000 samples, which produced 95% confidence intervals (CI) for the indirect effects. Indirect effects with bootstrapped 95% CIs that did not include zero were considered to be statistically significant according to Hayes (2018). All statistical analyses were performed using IBM SPSS Statistics 25 and 24th version of AMOS.

2.5. Research Ethic Clearance

Permission for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Burdur Mehmet Akif Ersoy University on December 3, 2024, with decision number GO 2024/852. In addition to that, informed consent forms were obtained from the participants, and permission was obtained from the developers or adapters of the scales used.

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3. Results

Table 2

Descriptive Statistics and Correlations

	Descriptive Statistics					Correlation		
Variable	Mean	SD	Skewness	Kurtosis	α	1	2	3
Spiritual Well-being	3.43	.77	-.44	-.31	.80	–		
Psychological Resilience	115.71	18.64	-.40	.76	.91	.48**	–	
Dispositional Hope	44.66	10.78	-.52	.31	.90	.60**	.62**	–
Self-Control	25.95	4.94	.08	.04	.73	.54**	.37**	.53**

Note. ** p < .01

Table 2 provides descriptive statistics, reliability coefficients, and bivariate correlations for all variables. All variables demonstrated skewness (-.52 to .08) and kurtosis values (-.31 to .76) suggesting normality of distribution. Reliability results with a range of .73 and .91 value were highly above Nunnally's (1978) suggestion of .70 criteria. As shown in Table 3, spiritual well-being was positively correlated with psychological resilience (r = .48, p < .01), dispositional hope (r = .59, p < .01), and self-control (r = .54, p < .01). Psychological resilience was positively associated with dispositional hope (r = .62, p < .01) and self-control (r = .37, p < .01). A positive correlation was found between dispositional hope and self-control (r = .53, p < .01). Moreover, normality has been provided.

Table 3

Model Fit Indices

Goodness of fit index	Value
X^2	105.43
Sd	38
CFI	.976
TLI	.965
NFI	.963
SRMR	.034
RMSEA	.063

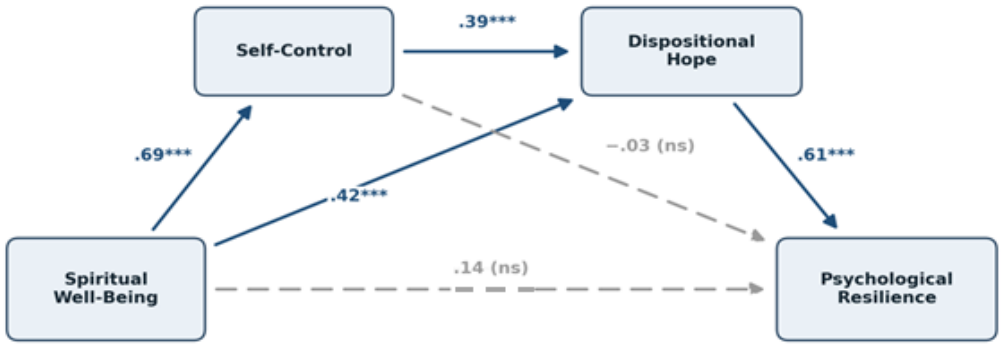
Note. ** p < .01

We evaluated a measurement model that encompassed four latent variables (spiritual well-being, psychological resilience, dispositional hope, and self-control) and eleven observed variables (two parcels for spiritual well-being, initiation and inhibition subscales for self-control, agency and pathways subscales for dispositional hope, and Personal Competence, Social Competence, Structured Style, Family Cohesion, Social Resources). The model demonstrated a good and acceptable fit (Karagöz, 2016; Koçak, 2025), with a χ2 (38, N=452) = 105.43, χ2/df = 2.77; RMSEA = 0.063, SRMR = 0.034, TLI = 0.965, CFI = 0.976, NFI = 0.963. Moreover, because of same findings of structural values, it did not added to the model.

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Figure 1

Structural Equation Modeling for the Serial Mediation Model



Note. * p < .05, ** p < .01

The indirect-only mediation model showed that higher spiritual well-being was associated with higher self-control (β = .69, p < .001) and higher dispositional hope (β = .42, p < .001). Higher self-control was, in turn, associated with higher dispositional hope (β = .39, p < .001). As expected, higher dispositional hope was associated with higher psychological resilience (β = .61, p < .001). By contrast, self-control was not directly associated with psychological resilience (β = −.03, non significant), and the direct effect of spiritual well-being on psychological resilience was non-significant (β = .14, non-significant). Thus, the relationship between spiritual well-being and psychological resilience was fully mediated (indirect-only), with self-control and dispositional hope operating serially. The standardized serial indirect effect (spiritual well-being → self-control → dispositional hope → psychological resilience) was .161, 95% BC CI [.087, .272]. All standardized structural path coefficients are presented in Figure 1.

Table 4

Mediation Analysis

Effect Type	Path	Estimate (β)	95% BC CI Lower	95% BC CI Upper	p
Direct effect	SWB → PR	.143	-.015	.300	.071
Specific indirect effect	SWB → DH → PR	.256	.154	.385	<.001
Specific indirect effect	SWB → SC → PR	-.021	-.142	.083	.664
Specific serial indirect effect	SWB → SC → DH → PR	.161	.087	.272	<.001
Total indirect effect	SWB → PR through SC and DH	.396	.268	.537	<.001
Total effect	SWB → PR	.539	.459	.614	<.001

Bootstrap analyses with 5,000 resamples (bias-corrected 95% CIs) were conducted to test the significance of the indirect effects (see Table 4). The total effect of spiritual well-being on psychological resilience was significant (β = .539, 95% BC CI [.459, .614]), whereas its direct effect was not (β = .143, 95% BC CI [−.015, .300]), indicating an indirect-only (full) mediation. The total indirect effect was significant (β = .396, 95% BC CI [.268, .537]). Among the specific paths, the indirect effect through dispositional hope was significant (SWB → DH → PR: β = .256, 95% BC CI [.154, .385]), as was the serial path through self-control and dispositional hope (SWB → SC → DH → PR: β = .161, 95% BC CI [.087, .272]). In contrast, the specific indirect effect through self-control alone was not significant (SWB → SC → PR: β = −.021, 95% BC CI [−.142, .083]).

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Based on Table 4, the indirect effects were significant whereas the direct effect was not. The direct effect of spiritual well-being on psychological resilience was non-significant (β = .143, 95% BC CI [−.015, .300]). The total indirect effect was significant (β = .396, 95% BC CI [.268, .537]), and the total effect was significant (β = .539, 95% BC CI [.459, .614]). Because the direct effect was non-significant while the indirect effects were significant, the pattern reflects indirect-only mediation.

4. Discussion

This study explores the association of spiritual well-being with psychological resilience, with a particular focus on the serial mediating roles of dispositional hope and self-control. The findings of this study demonstrated that spiritual well-being positively predicts individuals' psychological resilience, with dispositional hope and self-control serving as serial mediators in this relationship. In other words, The findings suggest an indirect-only mediation pattern rather than partial mediation. Consistent with prior research, our findings suggest that spiritual well-being is positively associated with psychological resilience, highlighting the protective function of spiritual resources in coping with stress and adversity (Basım & Çetin, 2011; Arslan & Yıldırım, 2021). Individuals who have a higher level of spirituality from the way of well-being can show a psychological resilience and adapt to the changing world situations. So, this investigation tested the role of the dispositional hope and self-control as mediators in the relationship between spiritual well-being and psychological resilience.

The first finding shows that spiritual well-being predicts psychological resilience H1 (It predicts from the way of total effect not the direct effect). The finding that spiritual well-being predicts psychological resilience is consistent with previous research indicating that spirituality serves as an important psychological resource in coping with adversity. Individuals with higher levels of spiritual well-being tend to experience greater meaning in life, more adaptive coping strategies, and better psychological adjustment (Koenig, 2012; Pargament, 2007). Therefore, spiritual well-being may be consisted with pyschological resilience by providing individuals with a sense of purpose, dispositional hope, and inner strength during challenging life circumstances. At that point, a study (Tosun, 2025) examining intrinsic religious orientation have shown that internalized spiritual beliefs are positively associated with life satisfaction and may function as a psychological resource that strengthens resilience, highlighting the potential role of spiritual well-being in promoting adaptive psychological outcomes.

Second finding demonstrated that dispositional hope has a mediator role in the relationship between spiritual well-being and psychological resilience supporting H2. Because of that, developing the dispositional hope in trauma victims through psychotherapeutic coping techniques against traumatic experiences like war and natural disasters especially earthquake can be associated with their both psychological resilience and spiritual well-being level as well. Both alone and combined with antidepressants, cognitive-behavioral therapy and life review interventions such as mindfulness significantly decreased hopelessness and increased psychological resilience in older adults (Hernandez & Overholser, 2021). On the other hand, supporting the present study, hope found as a related variable with the spiritual well-being in cancer patients (Cheng et al., 2023). These results confirm that hope is a significant determinant of psychological resilience supporting the literature (Satici, 2016).

Contrary to H3, self-control did not independently mediate the relationship between spiritual well-being and psychological resilience: once dispositional hope was accounted for, self-control was not directly associated with

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psychological resilience (β = −.03, non significant), and the specific indirect effect through self-control alone was non-significant (SWB → SC → PR: β = −.021, 95% BC CI [−.142, .083]). Rather than exerting an independent effect, self-control appears to contribute to resilience distally, by associating dispositional hope (see H4). This is consistent with views that self-regulatory capacity supports goal-directed, hopeful thinking, which in turn underlies resilience. With related to the present study, an experimental study examined the efficacy of using brief willpower enriching exercises to enhance psychological resilience, self-control (Morrison & Pidgeon, 2017). Furthermore, increasing psychological resilience in individuals will help more psychological resources for their self-control (Chen et al., 2024). In turn, social support and self-control mediated the association between physical exercise and psychological resilience (Shi et al., 2026). Consequently, the heart of self-control as an inhibitory cognitive control (Inzlicht et al., 2014) can be related to cognitive processes as well. Therefore, developing self-control in individuals through cognitive therapy techniques may have a role on the spiritual well-being and psychological resilience.

The final finding demonstrated that self-control and dispositional hope serially (indirect-only) mediated the association between spiritual well-being and psychological resilience, supporting H4. Specifically, greater spiritual well-being was associated with stronger self-control, which fostered greater dispositional hope (Simpson et al., 2020) which in turn is related to greater psychological resilience (SWB → SC → DH → PR: β = .161, 95% BC CI [.087, .272]). Moreover, dispositional hope has a significant positive correlation with the level of psychological resilience in patients (Zhong et al., 2021). Because the direct effect of spiritual well-being on resilience was non-significant, the mediation was indirect-only (full) rather than partial. Thus, dispositional hope functioned as the proximal mechanism, whereas self-control operated as an antecedent of hope rather than as an independent predictor of resilience.

This aligns with theoretical models positing that spiritual practices foster adaptive cognitive and spiritual processes, including goal-directed thinking, persistence, and behavioral regulation (Tarhan & Bacanlı, 2015; Koç, Şimşir Gökalp, & Seki, 2023). By nurturing dispositional hope and self-control, spiritual well-being may indirectly buffer against the adverse effects of traumatic experiences and facilitate psychological resilience in life.

5. Conclusions and Recommendations

Ultimately, this study is consistent with the serial mediation model, which involves dispositional hope and self-control in the relationship between spiritual well-being and psychological resilience. In conclusion, the present study underscores the significance of spiritual well-being in increasing psychological resilience and highlights dispositional hope and self-control as key mechanisms in this association. These insights contribute to a more nuanced understanding of the psychological processes linking spirituality to adaptive functioning and suggest practical pathways for interventions aimed at enhancing psychological resilience. As a part of the recommendation in the present study, positive psychology or spiritual oriented therapy methods may strength the psychological resilience through improving internal motivations like dispositional hope and self-control.

While the present study offers valuable insights into the mediating roles of hope and self-control in the association between spiritual well-being and psychological resilience, several limitations should be acknowledged. First, cross-sectional design prevents drawing causal inferences regarding the directionality of the observed relationships. Longitudinal or experimental studies are needed to clarify whether spiritual well-being indeed increases psychological resilience through increases in dispositional hope and self-control, or whether resilient individuals are more likely to

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report greater spiritual well-being. Second, the study relied exclusively on self-report measures, which may be subject to social desirability bias and common method variance. Incorporating multiple data sources, such as behavioral assessments or informant reports, could provide a more robust evaluation of the constructs examined. Cultural and religious contexts can significantly shape both spiritual well-being and psychological resilience, and thus future research should replicate these findings in more diverse samples across different age groups, cultural backgrounds, and religious affiliations.

However, the present study's sample consisted of a relatively homogeneous group of university students from a specific region of Türkiye, which may limit the generalizability of the results. Accordingly, generalizability to populations differing by age, education, and socio-cultural background is limited. For instance, choosing about half of the participants from faculty of theology can be accepted as a limitedness of the study. The overrepresentation of theology students may have elevated spiritual well-being levels in the sample and, consequently, strengthened the observed relationships and statistical estimates within the proposed model. Likewise, because of approximately three quarters of the sample consist of females, the high proportion of female participants may have influenced the magnitude of the relationship between spiritual well-being and psychological resilience, potentially affecting the strength of the observed findings. Finally, while dispositional hope and self-control were examined as mediators, other potential psychological mechanisms—such as meaning in life, optimism, or social connectedness were not addressed in the current study. Exploring these additional pathways may provide a more comprehensive understanding of how spiritual well-being can be associated with psychological resilience.

Future studies should aim to employ longitudinal designs, diversify sampling strategies, and incorporate multi-method approaches to strengthen validity. Furthermore, intervention-based research could evaluate whether programs designed to contribute to spiritual well-being, while simultaneously cultivating dispositional hope and self-control, effectively promote psychological resilience in clinical and non-clinical populations.

This study can make a significant contribution to the literature by demonstrating how spiritual well-being and psychological resilience can be associated each other in university students. The research reveals that dispositional hope and self-control mediate the impact of spiritual well-being on psychological resilience. These findings offer valuable insights for individual counseling practices, guiding interventions aimed at developing psychological resilience, spiritual well-being, and mental health. In conclusion, addressing dispositional hope and self-control is crucial for improving spiritual well-being and resilience among university students. Interventions focusing on spiritual processes can help mitigate the effects of spiritual well-being, leading to better psychological resilience outcomes. This study enriches the spiritual well-being and psychological resilience literature and provides valuable insights for counseling and preventive interventions. Further research should explore the complex relationships between psychological resilience factors and spiritual well-being to develop more effective interventions.

Declaration of Conflicts of Interest

The author affirms that they have no conflicts of interest related to this publication.

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Declaration of Generative AI Use

A generative artificial intelligence tool has been used to a limited extent for grammar checking and sentence corrections.

Ethical Statement

This research involved the collection of data from human participants through a survey. Only voluntary participants were included in the data collection process. Permission for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Burdur Mehmet Akif Ersoy University on December 3, 2024, with decision number GO 2024/852. In addition to that, informed consent forms were obtained from the participants, and permission was obtained from the developers or adapters of the scales used.

Author Contributions

In this research, the first author and the second author each contributed 50%.

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