
The Relationship between Mindfulness Practice and Mental Health in Youth: A Mixed-Methods Study in Vietnamese Universities

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Abstract

This study examined the relationship between mindfulness practice and mental health among Vietnamese university students in the context of increasing psychological distress in higher education. Although mindfulness has been widely studied in Western contexts, empirical evidence from Asian societies with living Buddhist traditions remains comparatively limited, particularly studies that integrate standardized quantitative measures with qualitative accounts of students' lived experience.

A sequential explanatory mixed-methods design was employed, with a cross-sectional quantitative phase followed by qualitative interviews. Quantitative data were collected from 412 university students aged 18–25 in Hanoi using the Five Facet Mindfulness Questionnaire (FFMQ), the Depression Anxiety Stress Scales (DASS-21), and the Satisfaction with Life Scale (SWLS). Qualitative data were collected through 20 semi-structured interviews with regular mindfulness practitioners and analyzed using reflexive thematic analysis.

The quantitative findings showed significant negative correlations between total mindfulness and depression ($r = -0.52, p < .001$), anxiety ($r = -0.47, p < .001$), and stress ($r = -0.44, p < .001$), as well as a positive correlation with life satisfaction ($r = 0.41, p < .001$). Multiple regression analyses indicated that non-reactivity and acting with awareness were the strongest mindfulness facets associated with more favorable mental health indicators.

The qualitative findings generated four themes: mindfulness as an emotion-regulation resource, enhanced self-awareness and self-acceptance, transformed coping with academic and social pressures, and spiritual connection with values-based living. The findings suggest culturally responsive implications for mindfulness activities in Vietnamese higher education. Mindfulness may be presented not only as a secular stress-reduction skill but also as a practice that integrates evidence-informed psychological training with Buddhist-informed ethical and contemplative dimensions, including *sati*, *sīla*, *samādhi*, and *paññā*. Because the quantitative phase was cross-sectional, the findings should be interpreted as associations rather than causal effects.

Keywords: Mindfulness; Mental Health; University Students; Emotion Regulation; Buddhism

Introduction

The mental health of young people, particularly university students, has become a critical public-health and educational concern. The transition to emerging adulthood is often accompanied by academic pressure, financial strain, career uncertainty, changing social identities, and heightened expectations from family and society. These factors can increase vulnerability to depression, anxiety, and chronic stress among university students (Auerbach et al., 2016; Regehr et al., 2013). In Vietnam, recent university-based research has also reported substantial levels of student psychological distress, especially during and after the COVID-19 period (Duong et al., 2023; Nguyen et al., 2023). In educational settings where campus counseling services may be limited, underused, or stigmatized, accessible and culturally sensitive approaches to student well-being are increasingly needed.

Mindfulness has received growing attention as one such approach. In contemporary psychology, mindfulness is commonly defined as awareness that arises through intentional, present-moment, and non-judgmental attention (Kabat-Zinn, 1994, p. 4). It has also been operationalized as a multidimensional construct involving observing, describing, acting with awareness, non-judging, and non-reactivity (Baer et al., 2006). Previous research suggests that mindfulness is associated with lower psychological distress, better emotion regulation, greater resilience, and higher subjective well-being among young adults and university students (Bajaj & Pande, 2016; Chambers et al., 2009; Finkelstein-Fox et al., 2018). Mindfulness-based interventions, including Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy, have also shown benefits for stress, anxiety, and depression across diverse populations (Khoury et al., 2013; Kuyken et al., 2013).

However, the roots of mindfulness lie in Buddhist contemplative traditions, where sati is not merely an attentional technique but part of a broader path of ethical conduct, collectedness of mind, and insight. Buddhist sources present mindfulness as part of the integrated training of *sīla*, *samādhi*, and *paññā*, emphasizing awareness of the body, feelings, mind, and mental phenomena to understand and reduce suffering (Bodhi Bhikkhu, 2011; Nyanatiloka Mahāthera, 1988; Thanissaro Bhikkhu, 2013a). This broader framework is important because

it prevents mindfulness from being reduced to a purely instrumental technique for symptom management. It also highlights the ethical and contemplative dimensions of mindfulness, including self-restraint, compassion, gratitude, and wise reflection.

In Vietnam, mindfulness practice among youth may function simultaneously as a modern life skill, a stress-management strategy, and a culturally familiar form of contemplative discipline. Temple-based meditation, lay Buddhist practice, online meditation communities, university clubs, and youth-retreat courses can provide students with opportunities to learn breath awareness, body awareness, emotional pausing, and reflective self-observation. These practices may be especially relevant for students facing examination pressure, family expectations, social comparison, and career uncertainty because they encourage noticing distress without immediately reacting to it. At the same time, the cultural framing of mindfulness as calmness, gratitude, compassion, and ethical self-cultivation may make it more acceptable than explicitly clinical mental health services for some students.

Despite the growing evidence on mindfulness and mental health, empirical research on mindfulness among Vietnamese university students remains relatively limited, particularly studies that combine standardized quantitative measures with qualitative accounts of lived experience. Moreover, many mindfulness studies are grounded primarily in Western psychological frameworks, while less attention has been given to how mindfulness is understood and practiced in Asian societies with living Buddhist heritages. To address this gap, the present study investigates the relationship between mindfulness practice and mental health indicators among Vietnamese university students using a mixed-methods design. Specifically, it examines the associations between mindfulness facets and depression, anxiety, stress, and life satisfaction; explores students' subjective experiences of mindfulness practice; and proposes implications for culturally adapted mindfulness activities in Vietnamese higher education.

Research Objectives

1. To determine the relationship between facets of dispositional mindfulness and mental health indicators, including depression, anxiety, stress, and life satisfaction, among Vietnamese university students.
2. To explore the psychological mechanisms and subjective experiences through which mindfulness practice is associated with students' well-being.

3. To propose implications for culturally adapted mindfulness activities within higher education.

Literature Review

1. Mindfulness: From Buddhist Philosophy to Psychological Construct

In early Buddhist sources, *sati* is a central path factor and a basis of contemplative cultivation. The *Satipaṭṭhāna Sutta* (MN 10) presents mindfulness through four foundations: contemplation of the body, feelings, mind, and mental phenomena. The *Ānāpānasati Sutta* (MN 118) describes mindfulness of breathing as a practice that, when developed and cultivated, supports the four foundations of mindfulness and the seven awakening factors. In this doctrinal setting, mindfulness is embedded within the broader training of *sīla* (ethical conduct), *samādhi* (collectedness or concentration), and *paññā* (wisdom or insight), and is directed toward understanding suffering and reducing attachment and aversion (Bodhi Bhikkhu, 2011; Nyanatilo Mahātheraka, 1988; Thanissaro Bhikkhu, 2013a, 2013b).

This Buddhist framing is important because it prevents the reduction of mindfulness to a purely instrumental technique for symptom control. While contemporary psychology often emphasizes attention and non-judgmental awareness, Buddhist texts situate mindfulness within an ethical and liberative orientation. The *Dhammapada* and *Appamāda Sutta*, for example, emphasize heedfulness (*appamāda*), restraint, and mental cultivation as conditions for non-decline and freedom from suffering (Thanissaro Bhikkhu, 2012, 2013b). For Vietnamese higher education, this suggests that culturally adapted mindfulness should be presented not only as stress reduction but also as reflective awareness, ethical responsibility, compassion, and wise action.

In clinical and educational psychology, Kabat-Zinn (1994) adapted mindfulness for modern healthcare contexts while retaining the core practice of present-moment awareness. Later models operationalized mindfulness as a multidimensional construct. The Five Facet Model identifies observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience (Baer et al., 2006). This framework allows mindfulness to be measured statistically and linked to mental health outcomes, but it should be interpreted alongside its cultural and Buddhist foundations when applied in Vietnam.

2. Mindfulness and Mental Health in Youth

Research with adolescents and university students has generally found that higher dispositional mindfulness is associated with fewer symptoms of depression, anxiety, and stress, and with higher life satisfaction and resilience (Bajaj & Pande, 2016; Finkelstein-Fox et al., 2018). Theoretical explanations often emphasize three pathways. First, mindfulness may support emotion regulation by helping individuals recognize and tolerate difficult feelings rather than suppressing or ruminating on them (Chambers et al., 2009). Second, mindfulness may facilitate cognitive decentering, allowing thoughts to be seen as transient mental events rather than facts (Fresco et al., 2007). Third, mindfulness may foster self-compassion, which can buffer self-criticism during failure or academic pressure (Neff, 2003).

Because much of the evidence comes from Western samples, cross-cultural work remains important. In countries with Buddhist cultural roots, the same observable practice may carry additional meanings: gratitude, reverence for teachers, moral restraint, compassion, and aspiration toward wisdom. These meanings may influence motivation, adherence, and interpretation of outcomes.

3. Mindfulness Practice in the Vietnamese Context

Vietnam has a long Buddhist history, including Zen traditions that emphasize wakeful awareness in daily life. Contemporary youth mindfulness practice is diverse: some students attend temple meditation sessions or retreats, some join university clubs, and others use online recordings or mobile applications. In this study, mindfulness practice is therefore understood broadly as intentional present-moment awareness cultivated through breath meditation, sitting meditation, walking meditation, body awareness, or mindful daily activity, regardless of whether the participant identifies as a religious Buddhist.

The Vietnamese context may make mindfulness particularly meaningful for students because the Buddhist language of inner peace, compassion, and gratitude remains culturally recognizable even among non-devout youth. At the same time, modernization, urban academic competition, and social-media comparison may create new forms of pressure. A culturally adapted approach should therefore avoid simply importing Western MBIs; it should consider Vietnamese educational norms, family expectations, campus resources, and Buddhist-informed understandings of mindful living.

Theoretical Framework

This study integrates the Mindful Emotion Regulation Model (Chambers et al., 2009), Self-Determination Theory (Ryan & Deci, 2000), and Buddhist doctrinal concepts of sati within *sīla*, *samādhi*, and *paññā*. The psychological model proposes that mindfulness is associated with reduced distress through improved awareness, acceptance, decentering, and non-reactivity. Self-Determination Theory helps explain how mindful awareness may support autonomy, competence, and relatedness in student life. The Buddhist framework adds that mindfulness is not merely value-neutral attention; it is cultivated through ethical awareness, concentration, and insight, which may shape Vietnamese students' interpretations of practice.

Accordingly, the study proposes that dispositional mindfulness and mindfulness practice function as psychological and cultural resources. Quantitatively, the five FFMQ facets are expected to be associated with depression, anxiety, stress, and life satisfaction. Qualitatively, students' narratives are expected to clarify how mindfulness is experienced in relation to emotion regulation, academic coping, self-acceptance, and values-based living. The third objective extends these findings to practical implications for culturally adapted university interventions without claiming that the intervention is tested and efficacious.

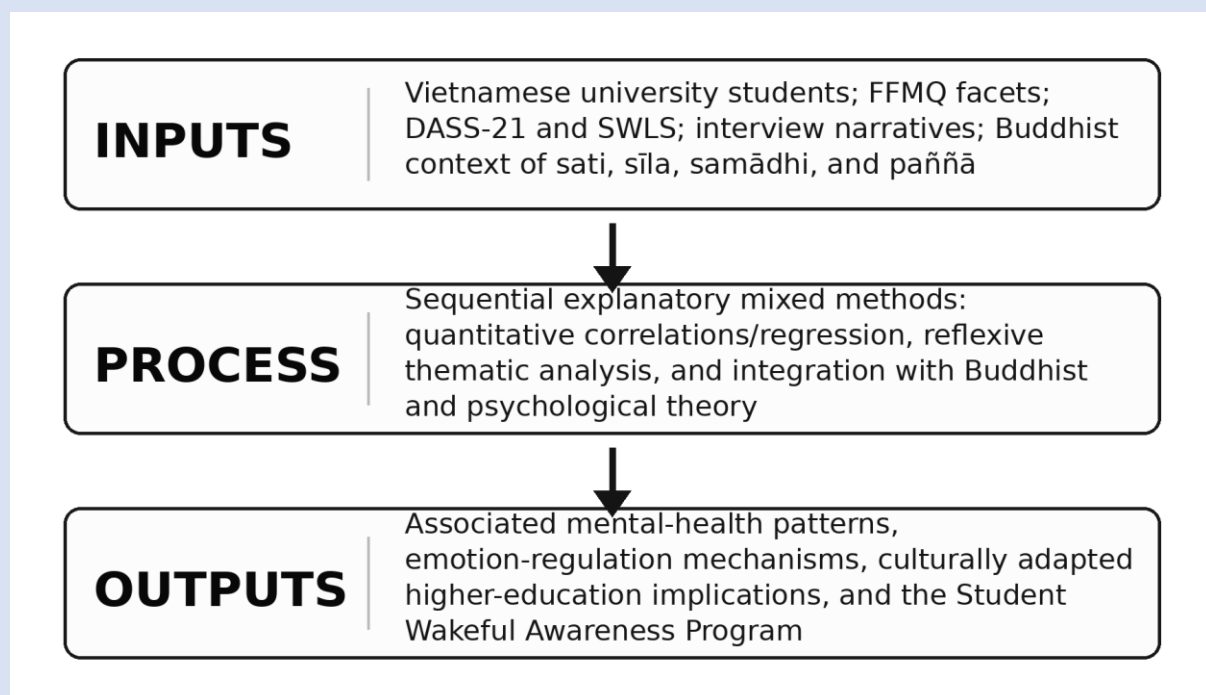


Figure 1. Input-process-output diagram of the theoretical framework.

Research Methodology

1. Research Design

The study employed a sequential explanatory mixed-methods design (Creswell & Plano Clark, 2018). Phase 1 consisted of a cross-sectional quantitative survey designed to examine associations and regression models. Phase 2 used semi-structured interviews to illuminate the mechanisms and subjective experiences underlying the quantitative findings. Because the quantitative phase was cross-sectional, all results are interpreted as associations rather than evidence of causation.

2. Participants

Quantitative phase. A convenience sample of 412 undergraduate students was recruited from three multidisciplinary universities in Hanoi, Vietnam. To comply with ethical approval and institutional permission requirements, the universities are referred to as University A, University B, and University C rather than by their full institutional names. The research area was limited to urban Hanoi; therefore, the findings should not be generalized to rural students, non-student youth, or universities outside the capital without further research.

Participants completed an online survey between September and December 2023. Inclusion criteria were: (1) age 18–25; (2) full-time undergraduate enrollment; and (3) voluntary informed consent. The final sample had a mean age of 20.6 years ($SD = 1.8$); 62.4% were female, 36.9% male, and 0.7% identified with another gender category. Regarding religious influence, 55.8% reported Buddhist influence or lay Buddhist family background, 35.2% reported no religion, and 9.0% reported Catholic or other faith backgrounds.

Mindfulness-practice exposure was measured by self-report. Overall, 27.9% of participants reported engaging in mindfulness or meditation at least once per week. Among regular practitioners, the most common pattern was 10–20 minutes per session, two to four times weekly, for at least three months. Practices included breath awareness, sitting meditation, walking meditation, mindful body scanning, and short temple- or club-based practice sessions. Participants were not recruited from clinical services; DASS-21 scores were used as symptom indicators rather than diagnostic evidence, and the study did not classify participants as having clinical mental disorders.

Qualitative phase. From the quantitative sample, 20 students with FFMQ scores in the upper quartile who reported regular practice were purposively selected for in-depth interviews. The subsample included 10 male and 10 female students from the three participating universities. The aim was to obtain rich accounts from participants with sustained mindfulness experience rather than to represent all Vietnamese students.

3. Instruments

The quantitative questionnaire included demographic variables, mindfulness-practice frequency and duration, the Five Facet Mindfulness Questionnaire (FFMQ), the Depression Anxiety Stress Scales (DASS-21), and the Satisfaction with Life Scale (SWLS). The 39-item FFMQ (Baer et al., 2006) was translated and checked for semantic equivalence by the research team; items were rated on a 5-point Likert scale. Cronbach's alpha in this sample was 0.89 for the total scale, with subscale alphas ranging from 0.78 to 0.88. The DASS-21 (Lovibond & Lovibond, 1995) assessed symptoms during the past week; Cronbach's alphas were 0.85 for depression, 0.81 for anxiety, and 0.83 for stress. The SWLS (Diener et al., 1985) had a Cronbach's alpha of 0.86.

The semi-structured interview guide included questions on the participant's path into mindfulness practice, usual practice schedule, perceived changes in emotion and thought patterns, application to academic pressure, difficulties in maintaining practice, and whether mindfulness carried any spiritual or values-based meaning. Each interview lasted 45–60 minutes, was audio-recorded with permission, and was transcribed verbatim.

4. Data Analysis

Quantitative data were analyzed using SPSS 26.0. Descriptive statistics and Pearson correlation coefficients were used to examine bivariate associations. Multiple linear regression models were fitted to assess the independent predictive value of the five mindfulness facets for each mental health outcome, controlling for age and gender. Qualitative data were analyzed using reflexive thematic analysis (Braun & Clarke, 2021). Two researchers independently conducted open coding, discussed candidate themes, and checked themes against the raw data to strengthen trustworthiness.

5. Research Ethics

The study protocol was approved by the Institutional Review Board of the University of Social Sciences and Humanities, Vietnam National University (IRB-2023-045). All participants were informed of the voluntary nature of participation and provided consent. Data were anonymized and securely stored.

Research Results

1. Quantitative Results

Descriptive statistics and correlations. Table 1 presents the means, standard deviations, and Pearson correlation matrix for the main variables. Total FFMQ mindfulness was significantly negatively correlated with depression ($r = -0.52$), anxiety ($r = -0.47$), and stress ($r = -0.44$), and positively correlated with life satisfaction ($r = 0.41$), all at $p < .001$. These results address Objective 1 by showing that higher dispositional mindfulness was associated with lower psychological distress and higher life satisfaction in this sample. They should not be interpreted as evidence that mindfulness caused these outcomes.

Table 1. Descriptive Statistics and Pearson Correlations (N = 412)

Variable	M (SD)	1	2	3	4	5
1. FFMQ Total	3.32 (0.48)	—				
2. DASS-Depression	5.61 (3.89)	-0.52**	—			
3. DASS-Anxiety	6.12 (4.01)	-0.47**	0.65**	—		
4. DASS-Stress	7.89 (4.34)	-0.44**	0.58**	0.62**	—	
5. SWLS	21.45 (5.67)	0.41**	-0.48**	-0.35**	-0.39**	—

Note. $p < .01$ (two-tailed). DASS-21 scores were used as symptom indicators, not clinical diagnoses.

Multiple regression analyses. Four multiple linear regression models were conducted with depression, anxiety, stress, and life satisfaction as dependent variables. The predictors were the five FFMQ subscales, with age and gender

entered as control variables. The standardized beta coefficients are summarized in Table 2.

Table 2. Multiple Regression Predicting Mental Health from FFMQ Facets (Standardized β)

FFMQ Facet	Depression	Anxiety	Stress	Life Satisfaction
Observing	-0.12*	-0.08	-0.05	0.15*
Describing	-0.15*	-0.17**	-0.14*	0.10
Acting with Awareness	-0.20***	-0.14*	-0.18**	0.14*
Non-judging	-0.18**	-0.12*	-0.20***	0.08
Non-reactivity	-0.27***	-0.25***	-0.23***	0.29***
Adjusted R ²	0.34	0.27	0.25	0.22

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Non-reactivity emerged as the strongest and most consistent predictor across all mental-health indicators. Students who reported a greater capacity to allow thoughts and feelings to arise and pass without becoming entangled in them tended to report lower depression, anxiety, and stress, and higher life satisfaction. Acting with awareness was also associated with lower depression and stress. Non-judging was associated with fewer negative symptoms but did not significantly predict life satisfaction in the regression model.

2. Qualitative Findings

Reflexive thematic analysis of the interviews generated four overarching themes that illuminate Objective 2: the psychological mechanisms and subjective experiences through which mindfulness practice was perceived to relate to well-being. Consistent with prior scholarship on mindful emotion regulation and student well-being (Chambers et al., 2009; Finkelstein-Fox et al., 2018), the themes suggest that mindfulness may support students by creating a pause between emotional activation and behavioral response, reducing fusion with self-critical thoughts, and helping students orient attention toward present tasks.

Theme 1: Mindfulness as an emotion-regulation resource. Nearly all interviewees described the ability to pause before reacting to strong emotions as the clearest benefit. A 21-year-old female student shared: “Before, whenever I got a bad grade, I just wanted to cry and blame myself all day. Now I recognize

that sadness is like a cloud - it comes, and it will go. I sit quietly and breathe, not pushing it away, and it passes more quickly.” A male student described applying mindfulness during a conflict with his roommate: “I noticed anger rising in my chest, just observing it. Instinctively, I no longer wanted to yell; I could talk calmly instead.” This mechanism of recognizing, accepting, and not immediately reacting is consistent with the quantitative prominence of non-reactivity.

Theme 2: Enhanced self-awareness and self-acceptance. Mindfulness practice helped students notice self-critical thoughts and gradually alter their relationship with them. One 22-year-old female student said, “I realized there is a voice in my head that constantly criticizes me as not good enough. Meditation helped me see it is just a habit of the mind, not truth.” The non-judging and describing facets were reflected in participants’ attempts to label inner experience more objectively and reduce fusion with negative cognitions.

Theme 3: Transformed coping with academic and social pressures. Peer competition, family expectations, and workload were primary stressors. Practitioners reported improved single-tasking and reduced future-oriented anxiety. A final-year student noted: “I used to be terrified of not finding a job. But when I practice staying present, I just focus on completing each subject, each skill, instead of letting the fear of the future paralyze me.” This theme illustrates the role of acting with awareness in coping with academic stress and strengthening a sense of autonomy.

Theme 4: Spiritual connection and values-based living. A culturally salient finding was that many students, including some who did not identify as devout Buddhists, described mindfulness as connected with deep peace, gratitude, and lighter living. One 20-year-old male student stated, “When I sit still, I feel lucky to be in school, to have a family. Suddenly, the scramble for grades and club positions becomes less important.” This theme links the observing facet to broader awareness and suggests why Buddhist-informed concepts of gratitude, compassion, and wise restraint may be relevant to culturally adapted programs.

3. Implications for Culturally Adapted Mindfulness Interventions in Higher Education

The findings suggest several implications for culturally adapted mindfulness activities in Vietnamese higher education. Such activities should be framed as supportive, preventive, and developmental resources rather than as

clinical treatment or guaranteed solutions. The implications below are derived from observed associations and interview themes; therefore, they remain provisional pending longitudinal or intervention-based evaluation.

First, intervention content should prioritize non-reactivity and awareness in action, because these facets showed the most consistent associations with mental health indicators. Practical exercises may include breath awareness, short pauses before responding, mindful study routines, and reflection on emotional triggers. Second, programs should explicitly address student stressors such as examinations, family expectations, social comparison, and career uncertainty. Third, because students' narratives included gratitude, peace, and values-based living, culturally familiar Buddhist-informed elements such as mindful breathing, loving-kindness, compassion, and ethical reflection may be included, provided that they are presented in inclusive language for students of all religious or nonreligious backgrounds.

A tentative model, the Student Wakeful Awareness Program, may include four components: (1) core mindfulness skills, including breath, body, feeling tone, and present-task awareness; (2) psychoeducation on stress, emotion regulation, and rumination; (3) compassion and gratitude practices rooted in Vietnamese Buddhist culture but presented in inclusive language; and (4) peer-based practice communities or clubs that encourage continuity beyond a short course. Because this model was derived from a cross-sectional study and was not experimentally tested, it should be understood as a proposed framework for future evaluation rather than as an evidence-confirmed intervention.

Discussion

This study provides convergent quantitative and qualitative evidence that mindfulness is significantly associated with mental health and well-being among Vietnamese university students. Quantitative findings indicated that higher levels of mindfulness were associated with lower levels of depression, anxiety, and stress, as well as greater life satisfaction. These results are consistent with previous studies demonstrating that mindfulness is linked to reduced psychological distress and enhanced well-being among university students and young adults (Bajaj & Pande, 2016; Finkelstein-Fox et al., 2018). They also support broader evidence suggesting that mindfulness-based interventions can effectively promote emotional regulation, stress reduction, and psychological resilience across educational and clinical settings (Khoury et al., 2013; Kuyken

et al., 2013; Regehr et al., 2013). However, given the cross-sectional nature of the study, these findings should be interpreted as correlational rather than causal.

Among the five mindfulness facets examined, non-reactivity emerged as the strongest and most consistent predictor of mental health outcomes. Students who demonstrated greater ability to observe thoughts and emotions without reacting impulsively reported lower levels of depression, anxiety, and stress and higher life satisfaction. This finding aligns with the mindful emotion-regulation model, which proposes that mindfulness reduces distress by fostering awareness of internal experiences without automatic emotional or behavioral responses (Chambers et al., 2009). Qualitative interviews reinforced this interpretation, as participants described pausing, breathing, and observing difficult emotions without becoming overwhelmed. Such experiences resemble cognitive decentering, whereby individuals recognize thoughts and emotions as temporary mental events rather than objective realities (Fresco et al., 2007). These accounts also reflect Buddhist contemplative teachings that emphasize observing experience without attachment or aversion (Bodhi Bhikkhu, 2011; Thanissaro Bhikkhu, 2013a).

Acting with awareness was another important facet associated with lower depression and stress. Participants reported that mindfulness helped them focus on immediate academic tasks rather than becoming preoccupied with future concerns related to examinations, employment, or family expectations. This finding is particularly relevant in competitive university environments where academic pressure is a major source of stress. It also aligns with Self-Determination Theory, which highlights the importance of autonomy and intentional engagement in promoting psychological well-being (Ryan & Deci, 2000).

Interestingly, non-judging was associated with lower psychological distress but did not significantly predict life satisfaction. This suggests that reducing self-criticism and accepting difficult emotions may alleviate negative symptoms, yet positive well-being may depend on additional factors such as gratitude, self-compassion, meaningful relationships, and values-based living. Qualitative findings supported this interpretation, as students described mindfulness not only as a coping strategy but also as a pathway toward greater balance, gratitude, and inner calm. Previous research similarly indicates that self-compassion contributes to resilience and well-being, particularly in academically demanding contexts (Neff, 2003).

The findings also highlight the relevance of Buddhist perspectives on mindfulness. Traditional Buddhist teachings conceptualize mindfulness within a broader framework of ethical conduct, concentration, and wisdom (Bodhi Bhikkhu, 2011; Thanissaro Bhikkhu, 2013a). For Vietnamese universities, mindfulness programs may therefore be most effective when they integrate psychological accessibility with ethical reflection and contemplative depth. Such programs should remain inclusive and culturally sensitive, recognizing both the Buddhist heritage of mindfulness and the religious diversity of contemporary student populations.

Several limitations should be acknowledged, including the cross-sectional design, convenience sampling, reliance on self-report measures, and the inclusion of experienced mindfulness practitioners in the qualitative phase. Future studies should employ longitudinal and experimental designs to examine causal relationships and evaluate culturally adapted mindfulness interventions. Overall, this study contributes to the literature by demonstrating that mindfulness functions as both a psychological resource and a culturally meaningful practice that supports student well-being in the Vietnamese higher education context.

Knowledge from Research

The knowledge generated from this study is *the Student Wakeful Awareness Program*, a culturally adapted mindfulness framework for supporting mental health and well-being among Vietnamese university students. The model was developed by integrating quantitative findings, qualitative interview themes, and Buddhist-informed concepts of mindfulness. It responds to the finding that mindfulness, particularly non-reactivity and acting with awareness, was associated with lower depression, anxiety, and stress, as well as higher life satisfaction among Vietnamese youth.

The Student Wakeful Awareness Program consists of four interconnected components. The first component is *core mindfulness skills*, including breath awareness, body awareness, awareness of feeling tone, and present-task awareness. These practices help students return attention to the present moment and observe thoughts and emotions without immediate reaction. This component is especially relevant because non-reactivity and acting with awareness showed the strongest associations with favorable mental-health indicators.

The second component is *psychoeducation on stress and emotion regulation*. This includes learning about academic stress, rumination, emotional triggers, and the relationship between thought patterns and psychological distress. By understanding how stress operates, students may become better able to pause, name their experience, and respond skillfully rather than react impulsively.

The third component is *a practice of compassion and gratitude rooted in Vietnamese Buddhist culture*. Students' narratives showed that mindfulness was experienced not only as a psychological technique but also as a pathway toward calmness, gratitude, compassion, and values-based living. Therefore, culturally familiar Buddhist-informed practices such as mindful breathing, loving-kindness, compassion, gratitude reflection, and ethical self-awareness may enrich mindfulness education when presented in inclusive language for students of all religious and nonreligious backgrounds.

The fourth component is *peer-based practice communities*. Mindfulness practice is more likely to continue when students have supportive environments, such as university clubs, peer groups, short practice sessions, or guided campus activities. These communities can help sustain practice beyond a short course and reduce the isolation often associated with stress and psychological distress.

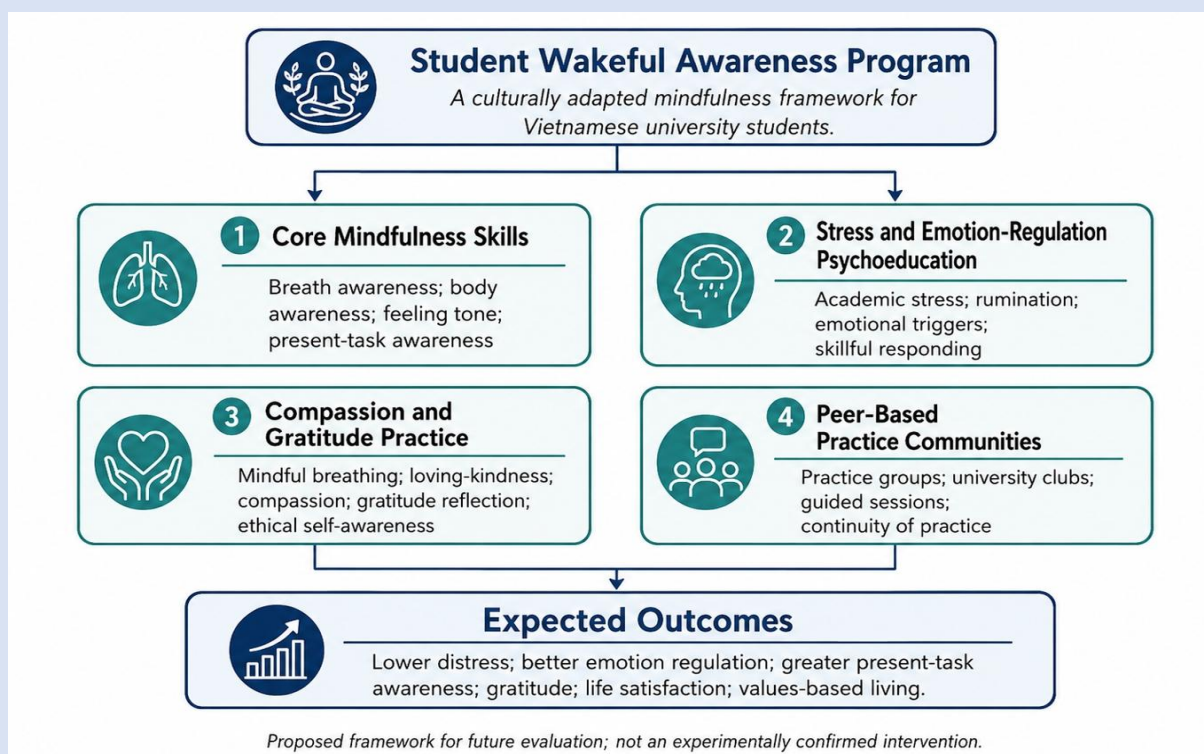


Figure 2. The Student Wakeful Awareness Program for Vietnamese University Students

Together, these four components form a culturally responsive mindfulness framework for Vietnamese higher education. The model suggests that mindfulness programs should be supportive, preventive, developmental, inclusive, and voluntary. They should not be presented as clinical treatment or as a guaranteed solution. Rather, the Student Wakeful Awareness Program offers a practical framework for future intervention design, longitudinal research, and experimental evaluation. Its contribution lies in connecting psychological evidence with Vietnamese Buddhist cultural resources to support student well-being in an academically grounded and culturally meaningful way.

Conclusion

This study addressed three objectives. First, it found that higher dispositional mindfulness was significantly associated with lower depression, anxiety, and stress, and with higher life satisfaction among 412 Vietnamese university students. Among the FFMQ facets, non-reactivity and acting with awareness showed the most consistent associations with favorable mental health indicators. These findings support the relevance of mindfulness to student well-being, though they remain associative rather than causal.

Second, qualitative interviews with 20 regular practitioners suggested that mindfulness may support students through emotional pausing, self-awareness, self-acceptance, present-task coping, and values-based reflection. Students' narratives showed that mindfulness was experienced not only as a psychological skill but also as a culturally familiar path toward calmness, gratitude, and balanced living.

Third, the study proposed implications for culturally adapted mindfulness activities within Vietnamese higher education. A Student Wakeful Awareness Program could combine core mindfulness skills, psychoeducation on stress and emotion regulation, compassion and gratitude practices, and a sustainable peer-practice community. Such a model may offer preventive and developmental benefits and could help support resilient and mindful youth, but its effectiveness must be tested through future longitudinal or experimental research before stronger claims can be made.

Overall, the study contributes to the literature by integrating standardized psychological measures, qualitative student voices, and Buddhist primary-source concepts. It suggests that mindfulness in Vietnam should be understood as both a

measurable psychological resource and a culturally embedded practice shaped by ethical conduct, concentration, insight, compassion, and gratitude.

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Appendix A:

Sample Items from the Five-Facet Mindfulness Questionnaire (Vietnamese Version)

- Observing: “I pay attention to sensations on my body, such as the wind blowing through my hair or the sun on my face.”
- Describing: “I am able to express my feelings in words.”
- Acting with Awareness: “I find it difficult to stay focused on what is happening in the present.” (reversed)
- Non-judging: “I think some of my emotions are bad or inappropriate and I should not be feeling them.” (reversed)
- Non-reactivity: “I watch my feelings without getting carried away by them.”

Appendix B:

Semi-Structured Interview Guide (Summary)

1. Can you share your journey of beginning mindfulness or meditation practice?

2. How often do you practice, for how many minutes, and in what setting?
3. What specific changes have you noticed in how you deal with sadness, anxiety, anger, or stress?
4. In your studies and relationships, how has mindfulness supported you?
5. Have there been times when practice felt difficult or ineffective? How did you handle that?
6. Do you feel that mindfulness practice carries any spiritual meaning or connects to your life values?