Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools:

An empirical enquiry

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Abstract

Recent years have witnessed an increase in the discourse surrounding mental health and wellbeing worldwide (Chandra & Chand, 2018), while mental health-related issues amongst adolescents have risen steadily in prevalence (OECD, 2021). International research purports the potential of religion to influence student wellbeing, positively or negatively (Wong, Rew & Slaikeu, 2006); however, the relationship between religion and wellbeing amongst students attending post-primary schools in Ireland has not previously been investigated. The current study aims to address this gap in the literature, by empirically exploring the relationships between psychological wellbeing (PWB), religiosity and religious coping amongst students at Senior Cycle level in Irish post-primary schools. This research employed a cross-sectional design and a mixed-methods approach to data collection. Convenience sampling was used to recruit a sample of post-primary school students (N=110) aged between 15 and 19 years for the quantitative aspect of the study. Participants completed online questionnaires measuring their PWB, religiosity and religious coping. Additionally, some participants (N=7) completed online, semi-structured interviews on their perceptions regarding the relationship between mental wellbeing and religion. Correlation, comparative and regression analyses were used to analyse the quantitative data, while reflexive thematic analysis from the critical realist perspective was employed to analyse the qualitative data. The results revealed a complex relationship between PWB and religion. Religiosity was not significantly correlated with PWB; however, religious beliefs were a predictor of enhanced PWB amongst theist participants only. Notably, the use of positive religious coping methods were associated with a range of benefits for students' PWB. Conversely, greater adoption of negative religious coping mechanisms were linked to lower levels of overall PWB. A number of potential implications for policy, practice and future research within the fields of education and psychology arise from the results of this study.

Keywords: psychological wellbeing, mental wellbeing, mental health, religiosity, religious coping, religion, adolescents, post-primary, students.

Declaration

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I hereby declare that this thesis represents entirely my own work. Where information has been obtained from other sources, this has been acknowledged within the thesis.

Signed: *Lydia Mannion*
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List of Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CSO	Central Statistics Office
DE	Department of Education
DES	Department of Education and Skills
EST	Ecological Systems Theory
EU	European Union
ERIC	Education Resources Information Centre
EP	Educational Psychologist
GDPR	General Data Protection Regulation
GOI	Government of Ireland
HEI	Higher Education Institution
HSE	Health Service Executive
IEC	Irish Episcopal Conference
IPA	Interpretative Phenomenological Analysis
ISSU	Irish Second-Level Students' Union
MIC	Mary Immaculate College
MIREC	Mary Immaculate Research Ethics Committee
NCCA	National Council for Curriculum and Assessment
NEPS	National Educational Psychological Service
NRC	Negative Religious Coping
PRC	Positive Religious Coping
PWB	Psychological Wellbeing
RE	Religious Education

SET	Special Education Teacher
SPHE	Social, Personal and Health Education
SPSS	Statistical Package for the Social Sciences
SPWB	Scales of Psychological Wellbeing
SSE	School Self-Evaluation
WHO	World Health Organisation
WoE	Weight of Evidence

<center>**Chapter One: Introduction**</center>

This chapter will provide an introduction to the thesis, as well as to the overall area of study. Firstly, the thesis will be situated within the national context and a rationale for the current research will be presented. Then, the aims and objectives of the study will be forwarded. Following this, the central constructs which will be focused on in this thesis, namely, psychological wellbeing (PWB), religiosity and religious coping, will be outlined. The epistemological considerations and psychological theories which underpin the thesis will be delineated. Finally, an overview of the structure of the thesis will be presented.

1.1. Thesis Rationale and Aims

Recent years have witnessed an increase in the discourse surrounding mental health and wellbeing worldwide (Chandra & Chand, 2018). This has been reflected through enhanced focus on promoting positive mental health across a plethora of settings, including communities, healthcare facilities, educational settings, government policy and research (La Placa, McNaught & Knight, 2013). For example, within the Irish educational context, wellbeing has been declared an area of national priority, with schools and Higher Education Institutions (HEIs) becoming increasingly focused on implementing preventative mental health promotion strategies, as well as discrete teaching on wellbeing (Department of Education and Skills [DES], 2018a; Fox & Byrne, 2020).

There has been a substantial increase in the prevalence of mental health-related issues amongst adolescents at both national and international levels (Dooley, O'Connor, Fitzgerald & O'Reilly, 2019; OECD, 2021). This rise in mental health-related issues has increased researchers' interest in the correlates of mental health and wellbeing for the adolescent population. Recent studies have demonstrated that factors such as good family and peer

<center>1</center>

support, positive relationships with teachers, higher levels of physical activity and less screen usage are associated with more positive outcomes for adolescents' mental health and wellbeing (Soltania, Amiri, Namazi, Qaedi & Kohan, 2014; Guo, Tomson, Keller & Söderqvist, 2018). Conversely, research has shown that lower socio-economic status, poor social support, perceived discrimination and substance abuse are predictive of negative mental health outcomes for young people (McLaughlin, Costello, Leblanc, Sampson & Kessler, 2012; Carr, 2016; Liu & Zhao, 2016). In addition, there are correlates of mental health among adolescents which have the potential to be either positive or negative in their influence; one such correlate is religion (Wong, Rew & Slaikeu, 2006).

International research and literature within the national context acknowledge the potential of religion to influence adolescents' mental health and wellbeing. A growing body of international research demonstrates the potential of religion to affect the mental health of adolescents, either positively or negatively (Wong et al., 2006). Recent review papers, as well as state literature on wellbeing, acknowledge the potential of religion to impact student wellbeing within the Irish context (Meehan, 2020; National Council for Curriculum and Assessment [NCCA], 2017; O'Brien, 2008). In Ireland, the religious demographic has transformed drastically over the past century (Inglis, 2017); in the twenty-five years between 1991 and 2016, census data has shown significant increases in the population of Ireland who do not identify as Roman Catholic (hereafter 'Catholic'), particularly among those affiliated with other world religions and those who describe themselves as having no religion (Central Statistics Office [CSO], 1991; 2016). Despite the relative secularisation of Irish society in recent years, religion remains part of the lives of many adolescents in Ireland, perhaps as a result of Catholicism being culturally embedded into Irish society for centuries (Swift, 1996; Cullen, 2019).

Although reforms to the Senior Cycle programme are imminent (Department of Education [DE], 2022) and wellbeing is an area of national priority in terms of education in Ireland (DES, 2018a; NCCA, 2019a), research which investigates the relationship between PWB and religion amongst students attending post-primary schools has not previously been published within the Irish context. Further, such research is considered to be particularly pertinent in Ireland currently, given the vast changes in the religious landscape, as well as the recent decline in adolescents' mental health (Dooley & Fitzgerald, 2012; Dooley et al., 2019). In terms of relevance to psychologists, Carr (2016) recommends including religion as a protective factor in formulations regarding the presentation of mental health difficulties for young people in Ireland; however, there is minimal evidence at present regarding the relationship between mental health and religion among adolescents in this country. Therefore, the current study aims to address this gap within the literature, by empirically exploring the relationships between PWB, religiosity and religious coping amongst a cohort of students at Senior Cycle level in post-primary schools in Ireland.

1.2. Central Constructs

1.2.1. Psychological wellbeing. In the current thesis, the conceptualisation of PWB, or mental wellbeing, is based on the theoretical models of Keyes (2002) and Ryff (1989). Keyes' (2002) model of overall wellbeing purports that there are three primary elements to being considered mentally healthy: PWB, emotional wellbeing and social wellbeing. The theoretical model of PWB developed by Ryff (1989) aligns with Keyes' (2002) conceptualisation of mental health. Ryff (1989) proposed that PWB is comprised of six dimensions of optimal functioning, namely, autonomy, positive relations with others, personal growth, environmental mastery, self-acceptance and purpose in life. Further information in relation to these models is presented in Chapter Two.

1.2.2. Religiosity. For the purposes of this thesis, 'religiosity' refers to an individual's relationship with a faith tradition and involves a number of key dimensions (Moeberg, 2008), namely, religious affiliation, religious beliefs and religious practice (Holdcroft, 2006). Individuals' levels of religiosity can differ depending on their engagement with these religious dimensions. Moreover, individuals whose religiosity is intrinsic in nature have internalised the beliefs and customs of their particular faith tradition and are inherently motivated to adhere to them; conversely, individuals whose religiosity is extrinsically motivated use religion to fulfil various personal needs (Allport & Ross, 1967).

1.2.3. Religious coping. Within this thesis, the term 'religious coping' is understood as the means through which individuals deploy religion in order to understand and cope with various life stressors (Dein, 2018). Positive religious coping (PRC) methods are considered to be generally helpful in terms of coping with such events, while negative religious coping (NRC) methods are treated as unhealthy, or maladaptive in nature (Zwingmann, Wirtz, Müller, Körber & Murken, 2006). Examples of PRC methods include maintaining a secure relationship with God and practising religious forgiveness (Pargament, Koenig, Tarakeshwar & Hahn, 2004). NRC mechanisms include feeling abandoned by God and pleading for direct intercession (Hebert, Zdaniuk, Schulz & Scheier, 2009).

1.3. Epistemological, Theoretical and Personal Perspectives

1.3.1. Epistemology. This research aligns with the pragmatic research paradigm, subscribing to a critical realist philosophical stance. Within the critical realist perspective, it is assumed that an objective reality exists, but that this reality cannot be fully understood. As critical realists are generally pragmatic in their approach to research methodology (Haigh, Kemp, Bazeley & Haigh, 2019), they often employ a flexible approach to research design and

methodological triangulation in order to obtain the most accurate comprehension of reality as possible (Tashakkori & Teddlie, 2003). These assumptions informed the decisions regarding the design and methodologies utilised to achieve the research aims.

1.3.2. Psychological theories. Firstly, Bronfenbrenner's (1979) Ecological Systems Theory (EST) informs this thesis, as it is assumed that religion can influence an individual through the various systems that form their surrounding environment. In addition, Keyes' (2002) model of mental health and Ryff's (1989) theoretical model of PWB are subscribed to. This thesis is informed by a theory of religion from the domain of transpersonal psychology, which assumes that religious experiences allow individuals to connect with a transcendental reality (Tart, 1992; Wilber, 1995). In addition, it is assumed that various cognitive, emotional, social and behavioural aspects of the religious experiences of individuals can be explored through modern sciences (Tart, 1992; Wilber, 1995).

1.3.3. Researcher positionality. The researcher became interested in the current field of study whilst engaging in informal conversations with young people regarding the factors they perceived as being influential on their mental health and wellbeing. Additionally, the researcher is a Trainee Educational Psychologist (TEP), who has worked with adolescents in both educational and healthcare settings in this role. The researcher is also a former primary school teacher, who previously taught subjects relevant to this research, e.g., Social, Personal and Health Education (SPHE) and Religious Education (RE). In addition, the researcher is a member of a faith tradition. Due to this experience and characteristic of identity, the researcher may be considered a 'partial insider researcher' (Chavez, 2008).

1.4. Thesis Structure

An overview of the structure of the thesis is presented in Table 1.

Table 1

Structure of the thesis

Chapter	Content
Chapter One	This chapter provides an introduction to thesis, including information on the rationale for selecting the thesis topic, epistemological considerations, psychological theories underpinning the study, and an outline of the overall structure of the thesis.
Chapter Two	This chapter presents a systematic review of existing research in the chosen area of study. It concludes by identifying several gaps in the literature, a number of which are addressed in the remainder of the thesis.
Chapter Three	This chapter aims to address a number of the recommendations for future research which were derived from the systematic review. In particular, this chapter reports on the research undertaken under the following headings: introduction, method, results and discussion.
Chapter Four	This chapter provides a critical review of the research within the context of previous literature, as well as an appraisal of the methodologies used and a personal reflection on the research process. Finally, the chapter culminates with a statement of the impact of this research across a range of domains.

Chapter Two: Literature Review

This chapter will present a review of the literature relative to the relationship between mental health and religiosity amongst adolescents. Firstly, the introduction will define the various constructs which are relevant to the review, as well as outline the policy context and theoretical underpinnings. The search strategy which was used in the review will then be presented, as well as the inclusion and exclusion criteria employed during the selection process. The systematic literature review will then be forwarded, providing a methodological and conceptual appraisal of the existing literature in the area in line with Gough's (2007) Weight of Evidence Framework. Following this, the findings of the review will be synthesised and relevant implications for practice, as well as words of caution, will be outlined. Finally, the chapter will conclude with several recommendations for future research and a number of emerging research questions, based on the findings of the review.

2.1. Introduction

Mental health has been defined by the World Health Organisation (WHO) as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (2005, p. 19). Thus, mental health is the foundation for an individual's overall functioning, enabling them to lead a fulfilling life and to exist as an effective member of a community (Casey, 2009). According to a plethora of research in the field, it is evident that mental health-related issues are increasing steadily in prevalence, both nationally and internationally. An estimated one in seven individuals worldwide suffer from a mental health-related issue, while poor health from mental health concerns increased by 11% in the United States between 1990 and 2016 (Institute for Health Metrics and Evaluation,

2018). In the Irish context, a recent report stated that 18.5% of the adult population of Ireland have a mental health condition, such as depression, anxiety disorders, bipolar disorder, or alcohol/drug abuse; this is one of the highest rates of such issues in Europe (OECD, 2018).

An area of major concern in relation to mental health is the substantial rise in the number of adolescents presenting with mental health issues. Rates of depression increased by 52% from 2005–2017 among adolescents aged 12 to 17 in the United States (Twenge, Cooper, Joiner, Duffy & Binau, 2019), with similar statistics exemplified across the globe (WHO, 2018). In the Irish context, the mental health of adolescents is a major cause for concern. A comparison of two large-scale studies conducted with young people in Ireland, My World Survey 1 (Dooley & Fitzgerald, 2012) and My World Survey 2 (Dooley et al., 2019), demonstrates that the likelihood of young people experiencing symptoms of anxiety and depression in Ireland has increased significantly over the past decade. Furthermore, it was outlined in a recent report from the Irish Second-Level Students' Union (ISSU) (2021) that over 70% of post-primary school pupils at Senior Cycle level have experienced mental health-related struggles. Moreover, Ireland has the fourth highest teenage suicide rate in the European Union (EU), as well as an above-average international suicide rate amongst 15-19 year olds (UNICEF, 2017). Mental health issues among adolescents have been exacerbated further as a result of the Covid-19 pandemic (O'Connor, Wrigley, Jennings, Hill & Niazi, 2021); this public health emergency led to significant disruptions to the way of life of adolescents in Ireland, including the closure of schools and other public facilities, limits on social gatherings, cancellation of public events, and a move to online working and schooling (Kennelly, O'Callaghan, Coughlan, Cullinan, Doherty, Glynn, Moloney & Queally, 2020).

Increases in mental health-related issues have led to increased interest in the correlates of mental health and wellbeing. A plethora of studies conducted over the past decade have identified factors which contribute positively towards individuals' mental health and

wellbeing, including social support, educational factors, physical health and reduced screen usage (Soltania et al., 2014; Guo et al., 2018). Research has also provided insight into the negative correlates of mental health and wellbeing, which include lower socio-economic status, lack of social support, perceived discrimination, and substance abuse (McLaughlin et al., 2012; Carr, 2016). In addition, research has demonstrated that some correlates of mental health and wellbeing can be either positive or negative in their influence, with one such correlate being religion (Spencer, Madden, Purtill & Ewing, 2016).

A growing body of evidence attests that active engagement with religion can be psychologically beneficial for adults (Chang, Skinner, Zhou, & Kazis, 2003; James, & Wells, 2003) and young people (Compton, 2001; Lewis, 2001). Additionally, analysis of recent data from twenty-six countries by the Pew Research Center (2019) demonstrated that individuals who have higher levels of religious participation tend to smoke and drink alcohol less, and are more civically engaged, than those who are religiously unaffiliated or are inactive members of religious communities. Moreover, it has been claimed that increased religiosity is associated with greater overall levels of wellbeing, gratefulness, optimism and hope (Koenig, 2012). It is claimed that the practice of a religion also reduces the risk of depression amongst adults in times of mounting stress, facilitates recovery from mental health issues and diminishes suicide risk (Casey, 2009). Further, a review (Spencer et al., 2016) which summarised evidence from almost 140 academic studies conducted throughout the past 30 years approximately revealed that in the majority of cases, religion was positively correlated with individuals' wellbeing. In particular, many studies demonstrated a strong, positive relationship between personal participation in religious activities and mental health. Generally, the results of this large-scale study would indicate that the more genuinely- and strongly-held an individual's religious commitment is, the more likely it is that their religion will impact positively on their wellbeing (Spencer et al., 2016).

While it appears from the literature that religion has the potential to contribute to positive outcomes for mental health and wellbeing, studies have also suggested that religiosity can have a negative influence on the mental health and wellbeing of individuals. In a number of cases, it has been demonstrated that an over-emphasis on rules and injunctions of certain religions could ultimately lead to excessive rigidity and pathological guilt at any minor faults or misdemeanours committed (Casey, 2009; Inozu, Karanci & Clark, 2012). Studies have also shown that religious obsessions may manifest in patients with obsessive-compulsive disorder (Tek & Ulug, 2001). Although some studies demonstrate that greater religiosity leads to reduced anxiety rates, other studies have indicated that anxiety levels are increased in those who are more religious (Shreve-Neiger & Edelstein, 2004). Additionally, research has demonstrated that holding religious beliefs and practising a religion can contribute to the development of depression, obsession and anxiety disorders (Park, Hong, Park & Cho, 2011). Moreover, religiosity has been cited by some adults as a deterrent against accessing professional help for their mental health, with certain religious adults holding more negative attitudes towards mental health services (Haynes, 2010; Rogers-Sirin, Yanar, Yüksekbaş & Sirin, 2017). This can perhaps be somewhat explained by the disparity between secular health services and individuals' lived religiosity, a tension which has been well-documented in the literature (Schmidt & Leonardi, 2020).

In addition, individuals who belong to religious minority groups are at a greater risk of developing mental health concerns. In a study conducted in the United States, students of a non-Christian religious background attending Christian schools were more likely than Christian students to report incidences of bullying, discrimination or religious intolerance (Dupper, Forrest-Bank & Lowry-Carusillo, 2014). Additionally, research has demonstrated that students who are affiliated to minority religions attending schools of other religious denominations are at an increased risk of suicide ideation, attempts at suicide and self-harm

(Young, Sweeting & Ellaway, 2011). Interestingly, recent research in the Irish context has yielded comparable results; a survey of over 200 RE teachers in post-primary schools revealed that these teachers perceive Catholic students as being more likely to experience bullying than students of other faith denominations and none (Meehan & Laffan, 2021). Given Ireland's historical affinity with Catholicism (Swift, 1996; Kieran & Mullally, 2020), these results may be considered somewhat unexpected; however, international research trends suggest that in countries where rapid secularisation has occurred, such as is the case in Ireland (Kieran, Parker-Jenkins & Ryan, 2022), individuals who continue to practise the religion which was once held by the majority are at an increased risk of bullying (Schihalejev, Kuusisto, Vikdahl & Kallioniemi, 2020). It has been well-established that individuals who experience adverse events, such as bullying, are more at risk of negative mental health outcomes (Arsenault, Bowes & Shakoor, 2010). Therefore, it appears that the practice of a minority religion, or a religion which was previously held by the majority of a population, puts individuals at a greater risk of developing mental health concerns. In general, the international literature suggests a complex relationship between mental health and religion, with potential for either positive of negative mental health outcomes as a result of individuals' religion.

Few studies have examined the relationship between mental health and religion in Ireland. One study demonstrated that theist adolescents (i.e., those who believed in God) were more likely than atheist adolescents to feel that their life was worth living and had a sense of purpose, while atheist adolescents were more likely than theists to have considered taking their own lives (Byrne, Francis, McKenna & Sweetman, 2019). Data from the same study showed that female adolescents unaffiliated to any religion were less likely than religiously-affiliated females to feel their life was worthwhile or had a sense of purpose (Francis, Byrne, Sweetman & Penny, 2016). In relation to practice for psychologists in

Ireland, Carr (2016) recommends including religion as a protective factor in psychological formulations, or conceptualisations, regarding the presentation of mental health concerns for young people; however, apart from the two studies mentioned, there is little evidence available regarding the relationship between mental health and religion among adolescents in this country.

2.2. Context and Rationale

2.2.1. Mental health and wellbeing. Definitions of the terms 'mental health' and 'wellbeing' have varied throughout the past century, with researchers and practitioners struggling to decide conclusively on a definite meaning for either term. Historically, the term 'mental health' was conceptualised as the mere absence of a mental illness, with a gradual move towards the consideration of mental health as a state of being (Bertolote, 2008). The WHO's (2005) recent and widely-used definition insinuates that mental health refers to a "state of well-being" (p. 19) relative to the mind. 'Wellbeing', then, can be most simply defined as the state of 'being well' (Appleby, 2016); however, wellbeing is more holistic than mental health, and encompasses a broad array of components which contribute towards an individual's overall sense of wellbeing, including physical, emotional, social, psychological/mental and economic wellbeing (Centers for Disease Control and Prevention [CDC], 2018).

The distinction between hedonic and eudaimonic conceptualisations of wellbeing was first made by Aristotle, and this dichotomy continues to present in current times in the literature (Kenely, 2019). The hedonic approach conceptualises wellbeing as a state of happiness with the absence of suffering (Ryan & Deci, 2001), while eudaimonism places emphasis on the pursuit of meaning in life as the ultimate source of wellbeing (Burrus,

Holtzman, Minsky, MacCann & Roberts, 2012). Hedonism has often been purported by researchers who investigate subjective wellbeing, or wellbeing as a broad concept, encompassing both cognitive and affective elements. In contrast, the eudaimonic approach has been more readily adopted by researchers who are primarily interested in the cognitive aspect of wellbeing, particularly PWB (Kenely, 2019). Such researchers include Keyes (2002), who purported that mental health comprises of three facets, namely, PWB, social wellbeing and emotional wellbeing. According to this model, PWB encompasses a number of elements, which include purpose in life, self-acceptance and personal growth. Social wellbeing, then, involves social acceptance and integration with others. Finally, emotional wellbeing refers to a number of aspects, such as life satisfaction, the presence of positive affect (e.g., feelings of happiness), and the absence of negative affect (e.g., not feeling hopeless) (Keyes, 2002). This theory of mental health has been well-established and utilised broadly throughout the literature (Huta, 2017; Robitschek & Keyes, 2009). In more recent times, researchers in the field of positive psychology, such as Seligman (2011), have sought to marry hedonism and eudaimonism by promoting an understanding of wellbeing as the process of self-actualisation, or flourishing; however, there is little empirical evidence to substantiate such a theory of wellbeing (Van Zyl, 2013).

Within the current review, 'wellbeing' is understood from the eudaimonic stance, and it is considered that there are many different components to one's overall wellbeing (CDC, 2018). It is also understood that mental health comprises of three facets: psychological, social and emotional wellbeing, in line with Keye's (2002) model of mental health. A pictorial representation of this conceptualisation of mental health and wellbeing is presented in Figure 1.

Figure 1

Conceptualisation of mental health and wellbeing
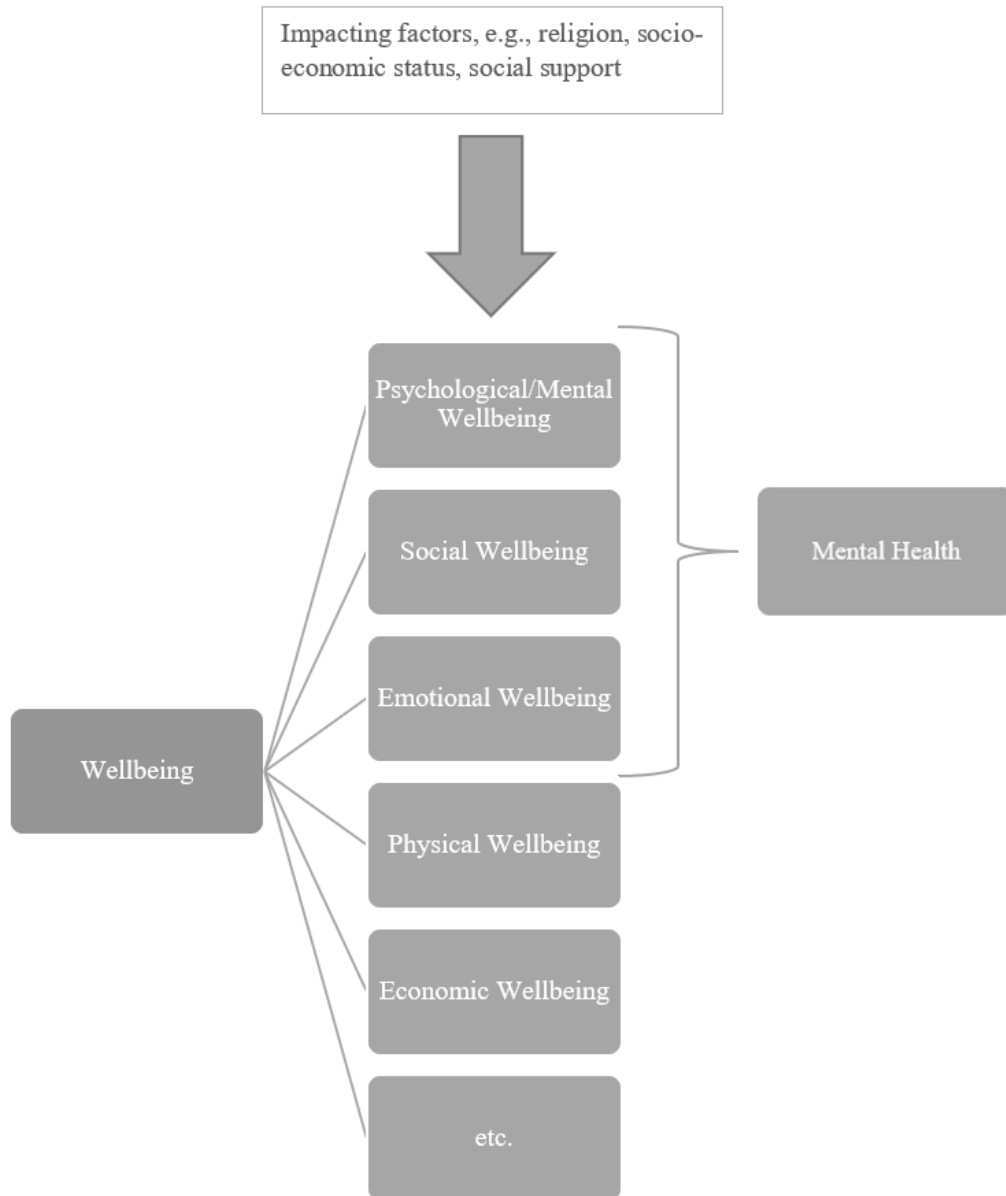
     2.2.2. Religiosity. Researchers and practitioners have long been interested in the

psychology of religion. As early as the beginning of the twentieth century, James (1902)

philosophised that religious experience is concerned primarily with the supernatural, and

therefore is not accessible to scientific means of investigation. Others adopted a more

reductionist view, with Freud (1930) famously treating religious beliefs as a form of neurosis

and Jung (1960) believing that religion holds its roots primarily in the unconscious mind. Humanistic psychologists, such as Maslow (1954) and Rogers (1961), attributed religiousness to the process of self-actualisation, or the realisation of one's potential as a human being. Further, Frankl (1962) believed that humans are ultimately motivated by the search for meaning in life, which is inextricably linked to religion. In more recent times, transpersonal psychologists have adopted a broader approach and have purported that religious phenomena provide a connection for individuals with a transcendental reality; additionally, they assert that certain cognitive, social, emotional and behavioural elements of individuals' religious experience can indeed be investigated by modern cognitive and neuro sciences (Tart, 1992; Wilber, 1995).

Within the field of psychology, attempts at studying individuals' religious experiences have focused primarily on the cognitive, social, emotional and behavioural aspects of religion (Holdcroft, 2006). The word 'religion' has its origins in the Latin 'relgare', which translates as 'bind together' (Oxford Learner's Dictionaries, 2020). Thus, one's 'religiosity' denotes a bond, or a relationship, between themselves and a supernatural power (Cohen, Holley, Wengel & Katzman, 2012). It is generally recognised that religiosity is a complex and multi-dimensional construct, encompassing emotional, intellectual, behavioural and motivational facets. Religiosity has also been used interchangeably with the term 'religiousness'; this suggests that there exists a spectrum, whereby individuals may have higher or lower levels of personal religiosity (Hackney & Sanders, 2003). Another term which has been used interchangeably with religiosity is 'spirituality' (Arrey, Bilsen, Lacor & Deschepper, 2016); however, religiosity is not necessarily synonymous with spirituality. The latter exists on a spectrum, from a focus on the experience of a divine presence, to a focus on the emotional response to experiences (Ruddock & Cameron, 2010). As such, individuals who identify as being spiritual may not necessarily have any religious affiliation or beliefs; in Ireland, this

was highlighted in an exit poll following a recent General Election, in which 9% of individuals identified as non-religious, but spiritual (McShane & Fanning, 2016). Spirituality encompasses more pragmatic components than religiosity, such as ethics, morals and kindness (Wright, 2000).

It has proved challenging for researchers to settle unanimously on one clear definition of religiosity (Holdcroft, 2006). Within the early literature, it was assumed that religiosity referred mainly to an individual's degree of participation in organised religious activities (Bergan & McConatha, 2001). However, researchers in more recent times have acknowledged that an individual's relationship with their faith tradition involves more than simply partaking in religious activities. More modern attempts at defining the term have accepted that one's religiosity involves a conglomerate of elements, including religious beliefs, personal religious practices, religious affiliation and participation in organised religion (Holdcroft, 2006). In addition, it is widely accepted that religiosity may be either intrinsic or extrinsic in nature. According to Allport and Ross (1967), "the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion" (p. 434). Therefore, those who have high levels of intrinsic religiosity have internalised their faith and are inherently motivated to follow its rituals and traditions, while those with high levels of extrinsic religiosity utilise religion to fulfil personal needs, such as comfort, security or social desirability (Allport & Ross, 1967).

For the purposes of this review, religiosity will be defined as one's relationship with a particular faith tradition, which may be intrinsic or extrinsic, and which can be demonstrated in a variety of ways: through self-professed religious affiliation, participating in religious activities or practices, or holding religious beliefs.

2.2.3. Policy context.

2.2.3.1. Wellbeing. In recent years, there have been significant developments in relation to wellbeing policy within the realm of education at a national level. Specifically, the Irish government have introduced a range of initiatives and frameworks to support the wellbeing of children, adolescents and young adults attending early childhood education settings, primary schools, post-primary schools and HEIs in Ireland. In early childhood settings, *Aistear: The Early Childhood Curriculum Framework* (NCCA, 2009) aims to promote young children's development through four different themes, one of which is wellbeing. In relation to primary schools, the new *Draft Primary Curriculum Framework* (NCCA, 2020), which is currently at the consultation stage, denotes the forthcoming emphasis which will be placed on wellbeing in schools. Specifically, the redeveloped curriculum is proposed to be divided into five curricular areas, one of which will be wellbeing, with set time allocations to be devoted to teaching within the area. The document *Well-Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention* was published in 2013, while *Well-Being in Primary Schools: Guidelines for Mental Health Promotion* was released in 2015 (Department of Health, 2013; 2015). In addition, the guidance document *Responding to Critical Incidents* in schools was produced by the DES in collaboration with the National Educational Psychological Service (NEPS) in 2016, in recognition of the growing incidence of critical incidents affecting school communities in recent years (DES, 2016). Following this, the *Wellbeing Policy Statement and Framework for Practice 2018–2025* (DES, 2018a) advocated that the promotion of wellbeing should be to the fore of each primary and post-primary school in Ireland by 2023; however, this date was recently changed to 2025, acknowledging the impact of the Covid-19 pandemic on schools' ability to engage with the framework (DE, 2021a; 2021b). The document advocates for a whole-school approach to promoting wellbeing and recommends that schools review their wellbeing practices through four areas: Culture and Environment,

Curriculum, Relationships and Partnerships, and Policy and Planning. Additionally, the document provides indicators of success and statements of best practice for these areas, which schools may then use to gauge their progress towards promoting student wellbeing. Resources have also been created to help schools accomplish success in this regard. Notably, in line with the contents of the *Wellbeing Policy Statement and Framework for Practice 2018–2025,* both primary and post-primary schools are required to implement a whole-school wellbeing promotion process as part of School Self-Evaluation (SSE) by 2025 (DE, 2021a; 2021b). With regard to HEIs, Ireland's first national approach to promoting students' mental health and preventing suicide was released by the Department of Further and Higher Education, Research, Innovation and Science, alongside the Higher Education Authority, via the *National Student Mental Health and Suicide Prevention Framework* in 2020 (Fox & Byrne, 2020). The introduction of these national wellbeing frameworks and policies across early childhood settings, primary and post-primary schools, and HEIs over the past decade or so indicates the growing level of importance assigned to promoting the wellbeing of young people in this country. Figure 2 presents a timeline of wellbeing policy development in the educational realm in Ireland from 2009 onwards.

In the post-primary sector, the introduction of documents relating to student wellbeing has reformed the teaching of pupils at this level. The *Framework for Junior Cycle* (NCCA, 2015), along with the *Junior Cycle Wellbeing Guidelines* (NCCA, 2021), have further cemented the position of wellbeing as both a principle and as a curricular area, as they mandate that schools must provide for a minimum of 400 timetabled hours of wellbeing as a discrete subject area over the three-year Junior Cycle programme. Reforms to the Senior Cycle are imminent (DE, 2022), with a report issued in 2021 recommending that these reforms should involve greater focus on mental health and wellbeing in the curriculum and enhanced access to mental health supports for students (ISSU, 2021).

Figure 2

Timeline depicting wellbeing policy development in Ireland from 2009 to present
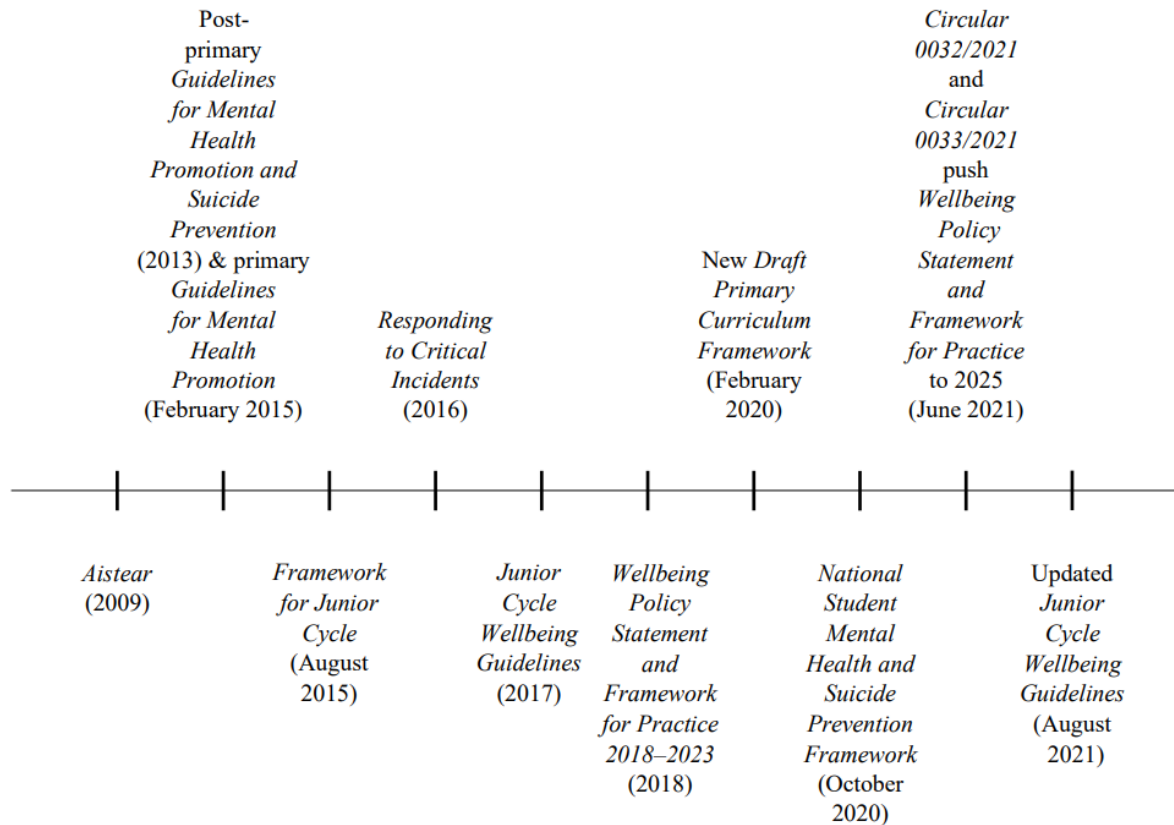
The potential influence of religion on young people's mental health and wellbeing is alluded to in several of these policy documents. A number of the documents mention the possibility of being part of a religious community affecting young people's wellbeing (i.e., DES, 2018a; NCCA, 2021). Others outline the importance of the spiritual development of the child or young person in relation to being mentally healthy (i.e., Department of Health, 2015; NCCA, 2020; NCCA, 2021). Within another, the potentiality for RE to contribute to young people's wellbeing is proposed (i.e., NCCA, 2015).

2.2.3.2. Religious education. RE is a vehicle within the state education system which allows students to develop their sense of religiosity (Estrada, Lomboy, Gregorio, Amalia, Leynes, Quizon & Kobayashi, 2019). RE is understood as an academic discipline which

involves exploration of one or multiple religious tradition(s) and can lead to experience of the transcendent, as well as internal transformations for individuals (Hession, 2015). It has been asserted that RE can be taught to students in three different ways: teaching *about*, which involves providing students with factual education about religion(s); teaching *from*, which involves teaching pupils facts about religion(s) with an aim of enriching students' lives and helping them to become better members of society; and teaching *into*, referring to teaching about a religion with the aim of helping students to live out that particular faith tradition (Hull, 2001; Kennedy, 2021).

Within the Irish context, RE is a subject taught across many post-primary schools, with the RE curriculum provided for by the state at both Junior and Senior Cycle levels (Sullivan, 2018). At Junior Cycle, the new specification for RE was introduced in September 2019 to first-year students. Through enquiry, exploration and reflection on morality and varying religious beliefs, the curriculum aims to promote the development of students socially, emotionally, academically, spiritually and morally (NCCA, 2019b). At Senior Cycle level, the RE syllabus aims to promote the development of all aspects of the individual and involves taught content on Christianity, other world religions and moral matters (NCCA, 2003). RE classes following the state syllabi do not have any element of religious instruction or worship (DES, 2018b). These state-designed curricula aim to teach *about* and *from* various religious traditions, with state examinations at both Junior and Senior Cycle levels in RE being optional. Many denominational schools offer non-examined RE programmes which reflect the values of their school, directed by guidance from their school's patron body (NCCA, 2014). For example, the Irish Episcopal Conference (IEC) have provided documents (2006; 2017) which aim to support and supplement the state's RE programmes and invite teachers in Catholic schools to create opportunities for teaching *into* Catholicism for their pupils (Sullivan, 2018).

The potential for RE to support students' wellbeing has been proposed within the literature and by relevant stakeholders in the Irish context. In Catholic schools, the IEC (2017) suggest that RE can provide an opportunity for pupils to consider their personal wellbeing and that of others. Additionally, it has been asserted that well-taught RE allows for students to explore deep questions and to reflect on the meaning of life (Meehan, 2019); having a sense of purpose in life is a key element of PWB (Ryff, 1989). It has also been suggested that RE provides a platform through which to build pupils' tolerance towards individuals who identify with varying religious traditions, thus benefitting their acceptance of and ability to relate to others (Meehan, 2020), and, therefore, their social wellbeing (Keyes, 2002). Thus, it would seem that RE could provide an opportunity to promote students' wellbeing (NCCA, 2015), should parents, pupils and schools wish to capitalise on this.

2.2.4. Theoretical underpinnings. Whilst RE is a subject taught across many schools both nationally and internationally, religion also forms an important part of the individual lives of adolescents who subscribe to certain faith traditions (Astley, 2019). Considering this through the lens of Bronfenbrenner's (1979) EST, an adolescent's religion may be identified as a part of their microsystem, or the immediate environment which directly influences the lives of individuals and impacts on their behaviour. While the religious landscape of Ireland has in recent years become increasingly more secularised (O'Connell, Ryan & Harmon, 2018), religion still plays a role in the lives of a great number of individual adolescents in Ireland (Astley, 2019). Thus, in the lives of certain adolescents, their religiosity may influence their overall development in many respects, through their own relationship with their particular faith tradition, the role of religion in their family system, and their own involvement with a religious community. Similarly, religion may also comprise part of an adolescent's mesosystem, through which their religion interacts with other microsystems, such as their school, home, peer group and family. For example, the complex relationship

between systems such as school and family on adolescents' religiosity has been documented within the literature (Francis & Gibson, 1993; Francis & Village, 2020). Further, the interaction between religious systems and other settings in an adolescent's exosystem, e.g., the educational system, can also impact their development. At the macro-level, the overarching beliefs and values which govern an adolescent's macrosystem are likely to have been influenced by religious values and norms. This is particularly pertinent in the Irish context, given the historical tie between religion and culture in this country (Inglis, 2017). An illustrated model of Bronfebrenner's (1979) EST, which was adapted from Bronfenbrenner (1979), as well as from similar depictions of the model by Stanger (2011) and the DES (2018), is presented in Figure 3.

Figure 3

An adapted, illustrated model of Bronfenbrenner's (1979) EST
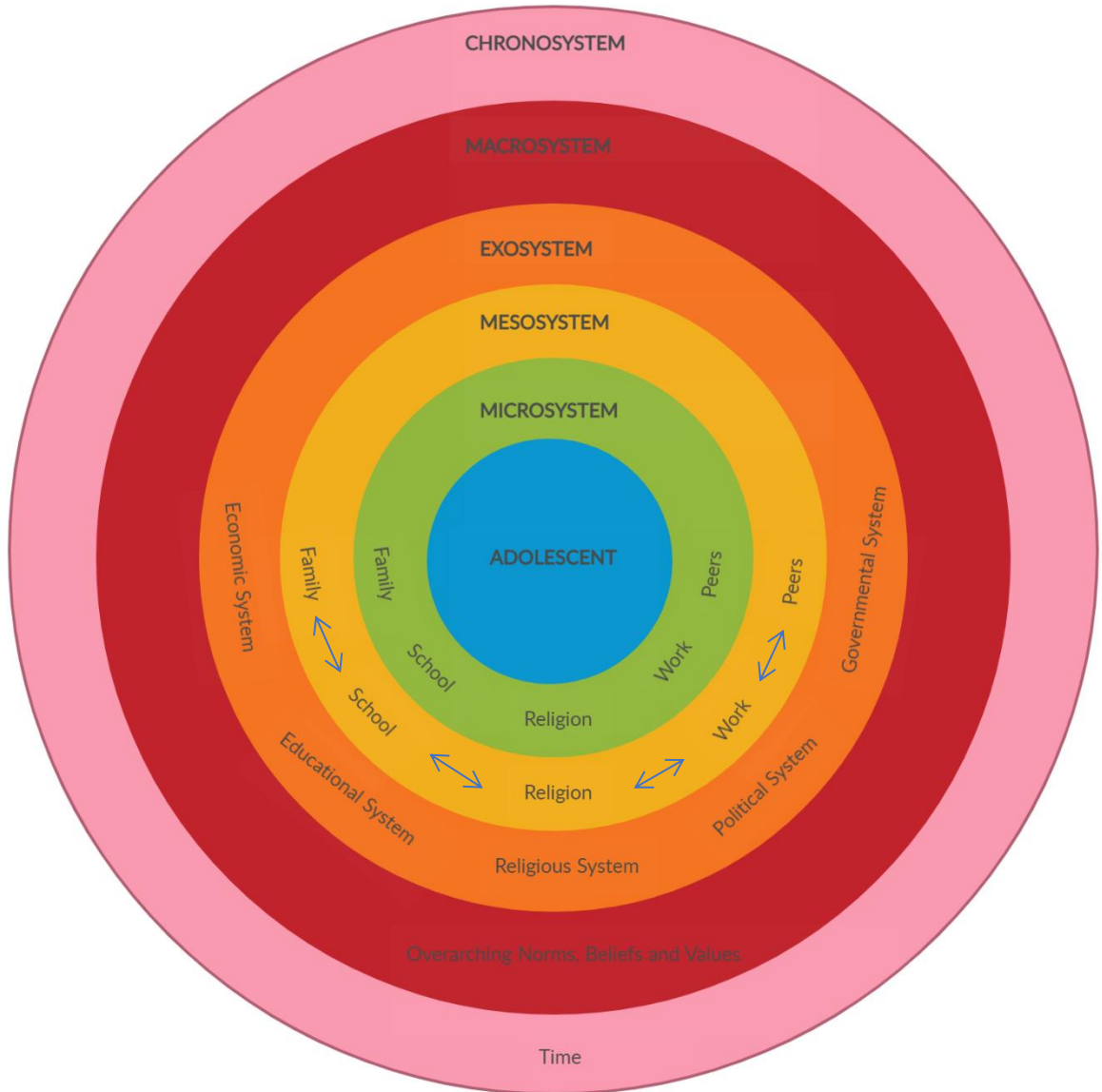
Additionally, a number of other psychological theories which have previously been discussed underpin the current thesis and systematic review. Firstly, the researcher conceptualises wellbeing as aligning with the eudaimonic stance, and also subscribes to Keyes' (2002) model of mental health, whereby it is assumed that there are three main factors to be considered mentally healthy: psychological, social and emotional wellbeing. Furthermore, the researcher's understanding of religion is informed by transpersonal

psychology: specifically, the theory of religious experience as a connection between individuals and a transcendent reality, some elements of which can be empirically investigated through scientific means (Holdcroft, 2006; Tart, 1992; Wilber, 1995).

2.2.5. Relevance to practice. Educational Psychologists (EPs) and school staff have become increasingly involved in supporting the mental health and wellbeing of young people in recent years (Morris & Atkinson, 2018). This has been particularly pertinent for EPs who work in post-primary school settings, where the prevalence of critical incidents continues to rise (DES, 2016). In addition, school staff at post-primary level have also witnessed a significant change in their role in recent times, with Special Education Teachers (SETs), Student Support Teams and Guidance Counsellors in particular becoming increasingly involved in directly supporting the mental health and wellbeing of individual students (DES, 2018a). The rise in adolescents presenting with mental health concerns has also influenced psychologists working in Primary Care Psychology Services and Child and Adolescent Mental Health Services (CAMHS), who have experienced an unprecedented demand for their services in recent years (HSE, 2018). Crucial to the work of psychologists in schools or healthcare settings is an understanding of the protective factors which help to mitigate against the effects of mental health issues for adolescents, as well as knowledge of precipitating factors in an adolescent's life, which may contribute to these concerns (Carr, 2016). The current review aims to help clarify whether or not, in general, an adolescent's religiosity can be identified as a potential protective factor or precipitating factor in relation to mental health issues. This may inform psychologists' formulation and approach to aspects of work, such as consultation, assessment and intervention, in relation to adolescents with mental health concerns. For post-primary school staff, such knowledge would also be of value, particularly for SETs, Guidance Counsellors, members of Student Support Teams, subject teachers of RE, and others involved in wellbeing promotion in schools. Thus, the findings of this review may

be of relevance to EPs and school staff, by enhancing the knowledge base around the relationship between mental health and religiosity amongst adolescents in general. Therefore, the following research question for the systematic literature review was identified:

What is the relationship between mental health and religiosity amongst adolescents?

2.3. Search Strategy

2.3.1. Literature search and terms. Comprehensive literature searches were undertaken in August 2020, December 2021 and April 2022. The EBSCOhost search engine was employed to conduct searches within seven databases: Academic Search Complete, APA PsycArticles, British Education Index, Education Full Text, Education Resources Information Centre (ERIC), Education Source, and MEDLINE. These databases provided access to full-text articles which have been published in peer-reviewed journals in the fields of both education and psychology. The databases and search terms which were utilised are presented in Table 2 below.

Table 2

Database search terms

Databases	Search Terms
Academic Search Complete, APA PsycArticles, British Education Index, Education Full Text, ERIC, Education Source, MEDLINE	Contains 'mental health OR wellbeing OR well-being OR well being' AND 'religio*' AND 'adolescen*' OR 'teen*' OR 'young adult' OR 'youth'

In relation to choice of search terms, both 'mental health' and forms of 'wellbeing' were included within the search, in order to source articles which approached mental health from the same understanding as the researcher, i.e., Keyes' (2002) model of mental health (comprising of psychological, social and emotional wellbeing).

The literature search process is illustrated through use of a flowchart in Figure 4. The inclusion and exclusion criteria employed during the literature search process are presented in Table 3. Following application of the inclusion and exclusion criteria, ten studies were selected for inclusion in the current review. These studies are outlined in Table 4. The details of each study excluded from the current review following a full text review is available in Appendix A. Additionally, each of the ten papers included in this literature review have been summarised; this information can be found in Appendix B.

It is also worthy of note that the most recent research which included an exploration of wellbeing and religion among young people in the Irish context (i.e., Byrne et al., 2019; Francis et al., 2016) appears in two separate books (i.e., Astley & Francis, 2016; Byrne & Francis, 2019); however, this information was not included in the current systematic literature review, as it has not been published in peer-reviewed journals at this time.

Figure 4

Flowchart which illustrates the literature search process

Studies identified through EBSCOhost search	
Academic Search Complete	n=181
APA PsycARTICLES	n=63
British Education Index	n=0
Education Full Text	n=0
ERIC	n=0
Education Source	n=69
MEDLINE	n=0

n=313

Studies excluded	
Duplicate	n=35

Studies for abstract review

n=278

Full text reviewed

n=20

Studies excluded after abstract review

n=258

Studies excluded	
Inclusion criteria 2	n=3
Inclusion criteria 4	n=5
Inclusion criteria 5	n=2
Total excluded	n=10

Studies included

n=10

27

Table 3

Inclusion and exclusion criteria

		Inclusion Criteria	Exclusion Criteria	Justification
1	Source of publication	Articles from peer reviewed journals with references available	Articles from any source other than peer-reviewed journals with references available	To ensure greater rigour and adherence to best practice in relation to research design and methodologies employed, and reputability of the sources used.
2	Date of study and publication	Studies conducted and/or published before August 2010	Studies conducted and/or published after August 2010	To maintain a focus on the most up-to-date and cutting-edge research in the field.
3	Geographical context and language	Studies from all geographical contexts and written in the English language	Studies written in any other language	Translation services are not currently available.

4	Participants	Studies involving adolescents aged between 11 and 20 years old	Studies not involving adolescents aged between 11 and 20 years old	To consider the relationship between mental health and religiosity in relation to an adolescent population specifically.
5	Measures	Studies that employed a measure of religiosity and a measure of at least one aspect of psychological, social or emotional wellbeing	Studies that did not employ a measure of religiosity and at least one measure of an aspect of psychological, social or emotional wellbeing	To evaluate the relationship between the religiosity of adolescents and their mental health (as understood by Keye's [2002] model of mental health [comprising of psychological, emotional and social wellbeing]).
6	Publication availability	Articles which are accessible through the journal subscriptions of	Articles which are not accessible through the journal	The current review is being conducted by a student of MIC.

Mary Immaculate College (MIC)	subscriptions of MIC

Table 4

Studies selected for inclusion in the literature review

Included Studies

1. Abdel-Khalek, A. M. (2011). Religiosity, subjective well-being, self-esteem, and anxiety among Kuwaiti Muslim adolescents. *Mental Health, Religion & Culture*, *14*(2), 129-140.

2. Abdel-Khalek, A. M., & Eid, G. K. (2011). Religiosity and its association with subjective well-being and depression among Kuwaiti and Palestinian Muslim children and adolescents. *Mental Health, Religion & Culture*, *14*(2), 117-127.

3. Abdel-Khalek, A. M. (2012). Subjective well-being and religiosity: A cross-sectional study with adolescents, young and middle-age adults. *Mental Health, Religion & Culture*, *15*(1), 39-52.

4. Abdel-Khalek, A. M. (2014). Happiness, health, and religiosity: significant associations among Lebanese adolescents. *Mental Health, Religion & Culture*, *17*(1), 30-38.

5. Butler-Barnes, S. T., Martin, P. P., Hope, E. C., Copeland-Linder, N., & Scott, M. L. (2018). Religiosity and coping: Racial stigma and psychological well-being among African American girls. *Journal of Religion and Health*, *57*(5), 1980-1995.

6. Davis III, R., & Kiang, L. (2015). Religious identity, religious participation, and psychological well-being in Asian American adolescents. *Journal of Youth and Adolescence*, *45*(3), 532-546.

7. Francis, L. J. (2013). Implicit religion, explicit religion and purpose in life: An empirical enquiry among 13- to 15-year-old adolescents. *Mental Health, Religion &*

Culture, *16*(9), 909-921.

8. Holder, M., Coleman, B., Krupa, T., & Krupa, E. (2015). Well-being's relation to religiosity and spirituality in children and adolescents in Zambia. *Journal of Happiness Studies*, *17*(3), 1235-1253.

9. Krok, D. (2018). Examining the role of religion in a family setting: religious attitudes and quality of life among parents and their adolescent children. *Journal of Family Studies*, *24*(3), 203-218.

10. Wenger, S. (2011). Religiosity in relation to depression and well-being among adolescents – a comparison of findings among the Anglo-Saxon population and findings among Austrian high school students. *Mental Health, Religion & Culture*, *14*(6), 515-529.

2.4. Literature Review and Synthesis of Findings

2.4.1. Weight of evidence. The Weight of Evidence (WoE) Framework (Gough, 2007) was implemented to critically appraise each study included in the current review. Each of the ten studies selected for inclusion in this literature review involved correlational research and employed a cross-sectional design. Consequently, the Quality Indicators for Correlational Research outlined by Thompson, Diamond, McWilliam, Robin and Snyder (2005) were implemented to code each study and provide a rating for methodological quality (WoE A). Each study was also critiqued in relation to the relevance of the methodologies employed (WoE B) and the relevance of the focus of the study to the current review question (WoE C). Following this, the WoE A, WoE B and WoE C scores for each article were combined and divided by three in order to derive an overall rating for weight of evidence (WoE D) for each study. Table 5 presents the WoE ratings for each article. The complete

WoE rationale and criteria are available in Appendix C; additionally, an example of a coding protocol (Thompson et al., 2005) completed for one of the papers included in this review is presented in Appendix D.

Table 5

WoE for each study

Study	WoE A	WoE B	WoE C	WoE D
Abdel-Khalek (2011)	1.7	1	1	1.2
	(Medium)	(Low)	(Low)	(Low)
Abdel-Khalek & Eid (2011)	1.5	1	1	1.2
	(Low)	(Low)	(Low)	(Low)
Abdel-Khalek (2012)	1.3	1	1	1.1
	(Low)	(Low)	(Low)	(Low)
Abdel-Khalek (2014)	2	1	1	1.3
	(Medium)	(Low)	(Low)	(Low)
Butler-Barnes et al. (2015)	1.3	2	1	1.4
	(Low)	(Medium)	(Low)	(Low)
Davis III & Kiang (2016)	1.3	2	1	1.4
	(Low)	(Medium)	(Low)	(Low)
Francis (2013)	1.2	2	3	2.1

	(Low)	(Medium)	(High)	(Medium)
Holder et al. (2016)	1.8	2	2	1.9
	(Medium)	(Medium)	(Medium)	(Medium)
Krok (2018)	1.5	1	2	1.5
	(Low)	(Low)	(Medium)	(Low)
Wenger (2011)	1.5	2	2	1.8
	(Low)	(Medium)	(Medium)	(Medium)

0.9-1.6 = Low, 1.7-2.3 = Medium, 2.4-3 = High

2.4.2. Participants. The number of adolescent participants varied between the ten studies included in the current review. In general, studies with the greatest number of participants (i.e., Francis, 2013; Holder et al., 2016) were afforded higher scores in relation to WoE B, as the potential generalisability of their results to the wider population was enhanced. Although the study by Abdel-Khalek & Eid (2011) had a relatively large sample size in comparison to other studies in this review, their score for WoE B was negatively impacted due to the significant difference between the number of male and female participants in the study. There were no significant differences found between the number of male and female participants recruited in any of the other studies in the current review. In addition, the ratings for WoE B for studies with smaller numbers of participants (i.e., Abdel-Khalek, 2014; Butler-Barnes et al., 2015; Wenger, 2011) were negatively affected, as the likelihood of their results having occurred by chance was increased. In total, data from 39,796 adolescents were considered in the current review, with the majority of these participants recruited by Francis (2013). Three studies (i.e., Abdel-Khalek, 2012; Holder et al., 2016; Krok, 2018) involved adolescent participants, as well as participants from differing age groups; however, as the

current review focuses on investigating the relationship between mental health and religiosity amongst adolescents, the information regarding participants in these studies who were not in the adolescent category was not considered in this review.

Most studies in this review employed convenience sampling as a method of recruiting participants (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Butler-Barnes et al., 2015; Francis, 2013; Holder et al., 2016; Krok, 2018; Wenger, 2011). This impacted negatively on the ratings for WoE B for each of these studies, as the generalisability of findings may have been impeded as a result. However, Davis III and Kiang (2016) utilised stratified cluster sampling as an approach to collecting participants; this improved their score for WoE B, due to the consequential reduction in sampling bias achieved from the implementation of this method.

As the current review is being conducted within the Irish context, studies whose participants were more closely matched to the typical characteristics of an Irish adolescent population (i.e., Francis, 2013; Krok, 2018; Wenger, 2011) were afforded higher scores with regard to WoE C, due to the enhanced probability of the results being applicable to the Irish context. Scores in relation to WoE C for studies whose participants were comprised solely of adolescents from minority ethnic groups or involving participants of a single sex (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Butler-Barnes et al., 2015; Davis III & Kiang, 2016; Holder et al., 2016) were negatively impacted, as the findings of these studies were considered to be less likely to be generalisable to the general Irish adolescent population.

The participants in the studies contained in this review belonged to a variety of religious traditions and none. As previously mentioned, despite recent trends towards secularisation, Ireland remains a predominantly Christian country (CSO, 2016; Cullen, 2019). This was considered when assigning scores for WoE C to each study, with studies conducted

in religious landscapes similar to that of Ireland benefitting in terms of their scores for WoE C (i.e., Francis, 2013; Butler-Barnes, 2015; Krok, 2018; Wenger, 2011). Studies conducted in countries with different faith traditions in predominance, or studies with diverse variance in the religious affiliation of participants, were afforded lower scores for WoE C (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Davis III & Kiang, 2016; Holder et al., 2016), as these results are less likely to be relevant to the religious context of Ireland.

2.4.3. Location. The geographical location of each of the studies within this review varied greatly, including Kuwait (i.e., Abdel-Khalek, 2011; Abdel-Khalek), Lebanon (i.e., Abdel-Khalek, 2014), the United States (i.e., Butler-Barnes et al., 2015; Davis III & Kiang, 2016); England and Wales (Francis, 2013); Zambia (i.e., Holder et al., 2016); Poland (i.e., Krok, 2018), and Austria (i.e., Wenger, 2011). Consequently, the potential applicability of the results of each study to the Irish context also varied, based on the degree of similarity of the cultural norms of each country to those of Ireland. Thus, higher ratings in relation to WoE C were allocated to studies located within cultures which were deemed to be most similar to Ireland's culture (i.e., Francis, 2013; Krok, 2018; Wenger, 2011). Conversely, studies which took place in countries with vast cultural differences to Ireland (i.e., Abdel-Khalek, 2011; Abdel-Khalek, 2014; Holder et al., 2016) received lower scores for WoE C, as the cultural experiences of adolescents in these countries is likely to differ greatly to those experienced by adolescents in Ireland. Two studies were conducted in the United States (i.e., Butler-Barnes et al., 2015; Davis III & Kiang, 2016), which is considered to be similar to Ireland in terms of its Western culture; however, both of these studies focused on minority ethnic groups specifically, which impacted their scores for WoE C.

In addition, studies which recruited participants from varying levels of socioeconomic affluence (i.e., Francis, 2013; Butler-Barnes, 2015; Holder et al., 2016; Krok, 2018) were

afforded higher ratings for WoE B and C, as such findings are more likely to be generalisable to a greater number of adolescents. The ratings for WoE B and C for studies which provided insufficient detail with regard to the socioeconomic background of participants (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Davis III & Kiang, 2016; Wenger, 2011) were negatively impacted as a result.

There was also variance in the type of setting in which many of the studies were conducted. A number of studies were conducted with adolescent student participants in school settings (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Davis III & Kiang, 2016; Francis, 2013; Holder et al., 2016; Wenger, 2011); this had positive implications in terms of their ratings for WoE C, as the findings of these studies were deemed to be more relevant to the field of educational psychology. One study (i.e., Butler-Barnes et al., 2015) took place within the context of church communities, while the participants in another study (i.e., Krok, 2018) were recruited through colleges and workplaces. While these locations are still significant in terms of their place within the systems of Bronfenbrenner's (1979) EST, they were not considered to be as relevant within the context of the current field of study; therefore, the WoE C score for these studies was negatively impacted.

2.4.4. Design. All ten papers included in the current review involved correlational research and employed cross-sectional research designs. Criticism of cross-sectional research designs has been well-documented in the literature surrounding methodological approaches, with many researchers and scholars expressing concerns with regard to researcher bias and difficulties implying causal relationships between variables in cross-sectional analyses (Singh Setia, 2016). However, the current review question sought to investigate the relationship between a predictor variable and an outcome variable within groups at specific time points,

which removed the necessity for experimental manipulation of variables. Thus, cross-sectional research studies were deemed most suitable to address the review question.

All ten studies included in the current review failed to adequately report or interpret effect sizes or confidence intervals in their results sections; this negatively impacted the WoE A ratings for each study. Nonetheless, Holder et al. (2016), Abdel-Khalek (2011) and Abdel-Khalek (2014) were assigned the highest ratings for WoE A, as these studies met many of criteria outlined in Thompson et al.'s (2005) Quality Indicators for Correlational Research; for example, it was evident that the assumptions of statistical methods were adequately met by each study, thereby enhancing the credibility of the results. Additionally, the influences of score validity and reliability were addressed in sufficient detail in the interpretation of the results of each study. In contrast, the studies conducted by Abdel-Khalek and Eid (2011), Abdel-Khalek (2012), Butler-Barnes et al. (2015), Davis III and Kiang (2016), Francis (2013), Krok (2018) and Wenger (2011) failed to meet the majority of the criteria within the coding protocol; for example, these studies did not adequately address threats to internal or external reliability or validity and it was often unclear whether the assumptions for various statistical methods had been met. Consequently, these studies received lower scores in relation to WoE A, as the quality of the methodologies and replicability of the studies were adversely affected.

2.4.5. Measures. The aspects of mental health and religiosity which were focused on in each of the studies in this review differed. Consequently, it was deemed appropriate to grant higher scores for WoE C to studies that measured multiple aspects of mental health and religiosity (i.e., Francis, 2013; Holder et al., 2016; Krok, 2018; Wenger, 2011) as a more comprehensive representation of each construct, and the relationship between them, was achieved. Studies which included less facets of mental health and/or religiosity in their measures (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-

Khalek, 2014; Butler-Barnes et al., 2015; Davis III & Kiang, 2016) received less favourable scores for WoE C.

In addition, the reporting and consideration of the reliability and validity of the measures used in each study impacted on their overall ratings for WoE A. Specifically, a number of studies (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2014; Holder et al., 2016; Krok, 2018; Wenger, 2011) presented information regarding the justification of the choice of measures employed; for example, some studies included reference to previous use of the measures within the literature, or calculated reliability coefficients for each measure for their particular study. Such consideration of reliability and validity enhanced the scores for WoE A for these studies. Conversely, a number of studies were afforded lower scores for WoE A due to their use and choice of measures (i.e., Abdel-Khalek, 2012; Butler-Barnes et al., 2015; Davis III & Kiang, 2016; Francis, 2013); in these instances, some studies did not adequately report their reasoning regarding the choice of measures employed, or had failed to consider the influences of reliability and validity on the interpretations of their findings.

2.4.6. Analysis. Each study within this review involved correlational research; thus, it was necessary for studies to employ appropriate statistical analyses in order to achieve high ratings for WoE B. There were no studies in the current review which utilised structural equation modelling, which is often regarded as the most superior analytic technique for correlational research data (Thompson et al., 2005); therefore, no studies in this review received a high score for WoE B. Medium ratings for WoE B were afforded to the studies which incorporated a type of regression analysis (i.e., Butler-Barnes et al., 2015; Davis III & Kiang, 2016; Francis, 2013; Holder et al., 2016; Wenger et al., 2011). In addition, all of the studies which employed regression analyses also utilised simpler forms of correlation analyses, which further added to the strength of their data analysis. Low WoE B scores were

assigned to papers which utilised less sophisticated methods of analysis; for example, correlation analyses only (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Krok, 2018).

2.4.7. Synthesis of findings and discussion. The specific outcomes of each study are presented in Appendix E. The findings of this review revealed that religiosity was positively associated with various aspects of mental health amongst adolescents. The studies conducted by Abdel-Khalek (2011), Abdel-Khalek and Eid (2011) and Abdel-Khalek (2012) demonstrated that greater levels of religiosity were associated with improved happiness, life satisfaction and self-esteem amongst adolescents in Kuwait and Palestine. Additionally, Abdel-Khalek (2012) discovered that religiosity was positively correlated with enhanced love of life for adolescent females. Furthermore, Abdel-Khalek (2014) demonstrated that religiosity was positively correlated with satisfaction with life and love of life amongst adolescent males and females in Lebanon, while religiosity was also positively associated with happiness for the female participants in the study. Moreover, the results of the study conducted by Butler-Barnes et al. (2015) showed that having a relationship with God was associated with enhanced PWB for adolescent African-American females. Davis III and Kiang (2016) discovered that religious identity was significantly correlated with higher levels of self-esteem, more positive affect, and an enhanced sense of meaning in life for adolescent Asian-American participants. Further, more frequent religious participation was a significant predictor of more positive affect and enhanced sense of meaning in the lives of the adolescents in this study. Similarly, Francis (2013) demonstrated that implicit religiosity, explicit religiosity, belief in God and religious affiliation were positively correlated with purpose in life for adolescent students in England and Wales, while Holder et al. (2016) found that religiosity was a significant predictor of happiness for adolescents in Zambia. The results of the study conducted by Krok (2018) in Poland showed that religiosity had a

significant positive relationship with quality of life for adolescents. In addition, those participants who held positive attitudes to religion had a higher self-reported quality of life and greater overall life satisfaction than individuals who held either passive or critical beliefs and attitudes towards religion. Finally, Wenger (2011) found that there was a significant positive correlation between intrinsic religiosity and existential wellbeing for adolescent students in Austria. The results of these studies corroborate those obtained by studies involving adults in the area, which have linked religiosity positively to various aspects of mental health and wellbeing for adults (Chang et al., 2003; Compton, 2001; Pew Research Center, 2019).

According to the results of some studies included in this review, increased religiosity was also linked to reductions in the presentation of mental health issues amongst adolescents. Firstly, the analyses conducted by Abdel-Khalek (2011) revealed that religiosity buffered the effects of anxiety for Kuwaiti adolescents. Additionally, Abdel-Khalek and Eid (2011) demonstrated that religiosity was negatively correlated with symptoms of depression for both Kuwaiti and Palestinian adolescents. Similarly, Davis III and Kiang (2016) found that adolescent females who self-reported as having a religious identity were less likely to experience depressive symptoms. Additionally, it was determined by Butler-Barnes et al. (2015) that having a relationship with God was a protective factor in terms of mitigating against the effects of racial stigmatisation for adolescent African-American females. These findings align with that of research involving adults, which has shown religiosity to be capable of mitigating the effects of stress and reducing the risk of depressive symptoms (Casey, 2009).

Nonetheless, some studies in this review presented non-significant results and negative links between aspects of religiosity and adolescents' mental health. For example, Davis III and Kiang (2016) found that religious participation was not significantly correlated

with variables such as self-esteem and depressive symptoms. In addition, Holder et al. (2016) reported that religiosity did not predict levels of overall wellbeing or life satisfaction for their adolescent sample. According to Wenger (2011), there was no significant association between religious participation and any of the wellbeing variables measured amongst the participants. Wenger (2011) hypothesises that these adolescents may have inherited their religion from their parents without internalising the beliefs themselves; therefore, these adolescents were likely to have had extrinsically-motivated religiosity. This corroborates the findings of Spencer et al. (2016), which indicated that intrinsically-motivated religiosity is significantly more likely to contribute to positive wellbeing outcomes than extrinsically-motivated religiosity. Interestingly, Wenger (2011) also found that more frequent religious participation was instead associated with the presence of more depressive symptoms for participants, while greater interest in religious questions and discussions was related to higher scores in relation to depression and lower scores for happiness. Finally, Krok (2018) discovered that holding passive or negative attitudes towards religion can result in adolescents experiencing discontentment and frustration. These results contrast with those of other studies in this review, which found mostly positive connections between religiosity and adolescents' wellbeing (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Butler-Barnes et al., 2015; Francis, 2013); this disparity in results serves to indicate the complexity of the relationship between religiosity and the mental health of adolescents.

Of all ten papers included in this review, Francis (2013) received the highest overall score for WoE D, due a number of strengths of the study; these included a large sample size, a high degree of generalisability to the Irish context, and the exploration of a number of dimensions of religiosity. From the results, it was discovered that the religiosity variables (implicit religiosity, explicit religiosity, belief in God and religious affiliation) were all

significant predictors of one facet of PWB, namely, purpose in life. While the results of this study will be afforded the most weight in terms of their overall significance due to their score for WoE D, it is necessary to acknowledge the limitations of this study in relation to methodological quality, relevance of the methodology and statistical analysis; these factors pose as barriers to drawing definite conclusions based on the research findings.

The studies conducted by Holder et al. (2016) and Wegner (2011) also possessed an array of positive attributes, which enabled them to obtain a medium rating for overall WoE. Therefore, the findings of these studies must be afforded due weight in terms of their significance, albeit not to the same degree as the findings of Francis' (2013) study. Both Holder et al.'s (2016) and Wegner's (2011) studies demonstrated that religiosity is associated with increased levels of some aspects of wellbeing; however, in both studies, religiosity was not a significant predictor variable for many of the wellbeing variables, and was even associated with decreases in some aspects of adolescents' mental health. While these findings are noteworthy, there are also considerable limitations to making judgments based solely on these data, as both studies failed to report or interpret effect sizes or confidence intervals for their results, and demonstrated significant issues in relation to internal and external reliability and validity of the measures employed.

The results of the remainder of the studies in this review (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Butler-Barnes et al., 2015; Davis III & Kiang, 2016; Krok, 2018) revealed that, in most instances, there was a significant, positive correlation between religiosity and a number of aspects of wellbeing, including happiness, life satisfaction, purpose in life, self-esteem and positive affect, as well as a reduction in symptoms of mental health issues, such as anxiety and depression. However, these results must be interpreted with caution, as there were significant issues within each study in relation to methodological quality and relevance, generalisability of the findings to

an Irish population, and overall credibility of the evidence presented. Consequently, it was necessary to attribute low scores for overall WoE to each of these studies, in order to ensure that the implications of their findings would not be overstated. Another considerable limitation which must be outlined is the involvement of the same lead researcher in four out of the ten studies in this review (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014). This may have an impact on the results of this review, in terms of a decrease in the variance of viewpoints and the possibility of researcher bias being increased as a result. In addition, it must be acknowledged that many of the studies included in this review (i.e., Abdel-Khalek, 2011; Abdel-Khalek & Eid, 2011; Abdel-Khalek, 2012; Abdel-Khalek, 2014; Krok, 2018) used non-sophisticated or correlation analyses only in their analysis of the data. It has been well-established that correlation does not imply causation (Ksir & Hart, 2016); therefore, extreme caution must be observed while noting the impact of the results of these studies in general.

Nevertheless, the results of this review are likely to be of relevance to practitioners working in the areas of education and psychology. Firstly, it may be useful for EPs to consider adolescents' religiosity as a potential protective or precipitating factor in terms of their clinical formulations about the presentation of adolescents with concerns in relation to their mental health. For example, when working with an adolescent who identifies themselves as religious, it may be useful for EPs to investigate this further, in order ascertain whether their religiosity is a potential protective or precipitating factor in terms of mental health issues. This may, in turn, inform the approach to intervention adopted by the EP. Such information is also likely to be of use to school staff members at post-primary level, particularly those who work with adolescents with mental health concerns, in terms of supporting their understanding of the possible reasons for the pupil's presentation. In line with Bronfenbrenner's (1979) EST, it may also be of use for EPs to conceptualise an

adolescent's religion as pervading a number of systems and to consider the potentially positive or negative impact of religion on these systems for the adolescents they work with. However, due caution must be assumed around considering these implications for practice as absolute, given the considerable limitations evident in many of the studies within the current review.

2.5. Conclusions and Recommendations

2.5.1. Conclusions. The results of this literature review demonstrate that in the vast majority of cases, religiosity was significantly related to the mental health of adolescents across many countries. Moreover, positive links were reported between adolescents' religiosity and numerous aspects of their mental health and wellbeing in most of the studies included in this review. For the majority of participants, having a relationship with a religion was associated with an enhanced sense of purpose in life (Francis, 2013), greater levels of happiness (Holder et al., 2016), more positive affect, higher self-esteem and greater satisfaction with life (Abdel-Khalek, 2011; Abdel-Khalek, 2014; Davis III & Kiang, 2016). In addition, religiosity was found to have a mitigating effect against anxiety (Abdel-Khalek, 2011) and depressive symptoms (Davis III & Kiang, 2016), as well as being a protective factor against the impact of racial stigmatisation for adolescents in an ethnic minority group (Butler-Barnes et al., 2015). Conversely, it was also established that religiosity was linked to negative implications for some adolescents' mental health, including lower levels of happiness and a greater likelihood of experiencing depressive symptoms (Wenger, 2011). In addition, Krok (2018) found that adolescents' religious attitudes can have the potential to be beneficial in terms of promoting their wellbeing, or an aggregator for mental health issues, depending on the religious attitudes adopted. At the individual level (Bronfenbrenner, 1979), the outcomes of the studies in this review serve to suggest a complicated relationship between

adolescents' own religiosity and their wellbeing, with potential for both positive and negative implications for mental health arising from adolescents' religiosity.

The findings of this review have implications for several microsystems (Bronfenbrenner, 1979) which may be present in adolescents' lives. Firstly, within the school system, the results of the studies included in the review may serve to improve school staff members' understanding of the relationship between mental health and religiosity for adolescents; this information may be beneficial for schools in terms of informing positive wellbeing promotion practices, as well as when working with religiously affiliated adolescents with concerns in relation to their mental health. The findings of this review may also have implications for the practice of EPs working with adolescents. For example, knowledge of the potential relationship between mental health and religion among adolescents may inform EPs' formulation of adolescents' presenting problems, as well as their approach to consultation and intervention for these young people.

However, it is also necessary to acknowledge the shortcomings of the studies in this review in any interpretation of the results or in the identification of potential implications for practice. A number of issues were present in each study in relation to methodological relevance, quality, and relevance of the study to the review question. Fundamentally, there were no studies which demonstrated a high degree of adherence to the principles of methodological quality for correlational research, which is apparent from their lower scores for WoE A. Furthermore, relevant statistical analyses were not employed in some studies, while statistics and coefficients such as confidence intervals and effect sizes were absent for many of the studies in this review, thereby decreasing overall ratings for WoE B. In addition, notable concerns with regard to the generalisability of the results of many studies to the Irish context led to lower ratings for WoE C. Remarkably, no study in this review possessed the rigour, detail or robustness to be assigned a high rating for overall WoE D. Thus, due to the

varying degrees of accuracy, generalisability and quality relating to each study, it is evident that due caution should be employed in the interpretation of the results of the current review. Further research in the area is therefore required in order to develop more confident conclusions about the associations between mental health and religiosity amongst adolescents, particularly within the Irish context.

   2.5.2. Recommendations for future research. On account of the limitations and weaknesses associated with each study in the current review, a number of recommendations for future research in the area are posited. These recommendations are presented in Table 6.

Table 6

Recommendations for future research based on the findings of the literature review

Quantification of aspects of wellbeing
• There was considerable diversity in the attempts to quantify the various aspects of wellbeing across the studies in this review. Most of the studies incorporated measures of facets of emotional wellbeing, e.g., life satisfaction and happiness, which are highly specific in nature. Just three studies out of the ten included in this review focused on an aspect of PWB, i.e., purpose in life, with only one of these studies aiming to quantify PWB more holistically. Additionally, only one study focused on a specific element of social wellbeing. In future, it would be beneficial to investigate the potential relationships between religiosity and various aspects of mental health, particularly psychological and social wellbeing, which remain understudied with regard to their relation to the religiosity of adolescents.
Quantification of religiosity

- The studies in this review differed vastly in terms of their quantification of the variable of religiosity. Some studies examined specific aspects of religiosity, e.g., religious participation and religious attitudes, while others aimed to quantify the variable using a single-item self-report measure. Future research should aim to quantify religiosity more holistically, encompassing the main aspects of religiosity, namely, religious affiliation, religious beliefs and religious practice/participation (Byrne et al., 2019).

Context

- Each study in the current review aimed to examine the relationship between aspects of mental health and religiosity amongst differing adolescent populations. However, there are significant issues with the generalisability of the results of many of these studies to the Irish context, as these studies were conducted with minority populations and religious groups in countries with considerable cultural differences to Ireland. While in previous years, the majority of studies investigating the link between adolescents' mental health and religiosity took place in Western, English-speaking cultures and involved mainly Christian participants (Abdel-Khalek, 2012), it is noteworthy that seven out of the ten studies in the current review, which has focused on research in the area over the last twelve years approximately, took place in countries in the Middle East or involved ethnic minority groups. It is reasonable to assume that this reduction in the amount of research in the area taking place in Western countries may be as a result of the recent secularisation of these societies over the past number of years (Turner, 2011). Therefore, it appears critical to conduct new research into the relationship between mental health and religiosity amongst adolescents in general in Western societies, in order to reflect the vast religious changes which have taken place in recent times.

- In particular, research investigating the relationship between aspects of mental health and religiosity amongst adolescents in Ireland would be particularly interesting and timely, given the recent changes which have taken place in the religious landscape amidst Ireland's historical culture of Catholicism (Cullen, 2019). Consequently, research into the relationship between aspects of mental health and religiosity amongst an adolescent population in Ireland is deemed to be necessary, in order to achieve results which may be directly applicable to the unique Irish context.

Measures

- The results of many of the studies in this review indicated a relationship between religiosity and adolescents' mental health and wellbeing, which was either positive or negative in nature. However, a number of these studies used forms of statistical analyses which simply revealed the presence and nature of this relationship, without exploring further the means through which religion is utilised by adolescents in to either strengthen or weaken their overall mental health and wellbeing. Going forward, researchers should aim to explore how religion is used by adolescents in their lives, in order to ascertain how exactly religiosity impacts upon adolescents' mental health. In this regard, future studies should incorporate additional variables which explore the use of religion by adolescents in relation to aspects of their mental health more eclectically. One such construct which could be used for this purpose is religious coping, which aims to identify if and how individuals use religion to cope with everyday demands and stressors in their lives (Dein, 2018).

- All studies in the current review aimed to investigate the relationship between mental health and religiosity amongst adolescents using quantitative research methodologies. While this has provided for a measured understanding in terms of the relationship

between aspects of mental health and religiosity amongst adolescents, there is an opportunity to enhance this knowledge base through expansion of the type of methodologies employed to investigate this relationship. Therefore, it would be worthwhile to embed the voice of adolescents in relation to mental health and religiosity into future studies more holistically by incorporating qualitative aspects within the research design, alongside the quantitative elements.

Participants

- Each of the studies within this review focused on adolescent participants between the ages of 11 and 20. In light of the large degree of variance in the development of young people at the opposing ends of this age bracket, it is therefore recommended that future studies focus on the relationship between mental health and religiosity among more targeted age groups within adolescence. In fact, the vast majority of adolescent participants in the current review were aged between 11 and 15 years old; therefore, future research should endeavour to address this gap by focusing on the relationship between aspects of mental health and religiosity amongst those at the upper end of the age bracket of adolescence, i.e., those aged 16 years and upwards. Involving adolescent participants within this age bracket in future studies should allow for intriguing insights, given that they have more life experience and, therefore, may have more well-formed opinions and understandings of mental health and religion than their younger counterparts.

2.5.3. Emerging research questions. Based on the findings of the systematic literature review, a number of emerging research questions were identified for further exploration within the current thesis:

1. What is the relationship between PWB and religiosity amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

2. What is the relationship between PWB and positive religious coping amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

3. What is the relationship between PWB and negative religious coping amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

Chapter Three: Empirical Paper

This chapter will provide a report on the research undertaken and its findings under the following headings: introduction, method, results and discussion. Where necessary, further detail is also presented within the appendices.

3.1. Introduction

3.1.1. Researcher positionality. In the researcher's role as a TEP, the researcher has worked with adolescents across educational and healthcare settings. Additionally, as a former primary school teacher, the researcher taught a number of subjects relevant to this research, including SPHE and RE. Finally, the researcher is a member of a faith tradition. Due to this practitioner experience and shared characteristic of identity with some of the participants in this study, the researcher may be considered a 'partial insider researcher' (Chavez, 2008). These aspects of positionality have impacted on the researcher's views; in highlighting these explicitly, it is hoped to help the reader to understand why the researcher considers this to be important research.

3.1.2. Psychological wellbeing. The conceptualisation of PWB, or mental wellbeing, has been the subject of much debate amongst researchers from differing fields of study. It is generally recognised that two distinct philosophical viewpoints have informed the varying definitions of PWB: hedonism, which theorises that happiness and pleasure are the highest sources of good, and eudaimonism, which emphasises the pursuit of meaning in life (Gao & McLellan, 2018). Taking a eudaimonic stance, Ryff (1989) proposed a theoretical model of PWB comprising six dimensions of optimal functioning, namely autonomy, environmental mastery, personal growth, purpose in life, positive relations with others and self-acceptance. According to Ryff (1989), 'autonomy' involves developing self-understanding and

individuating oneself from others, while 'environmental mastery' refers to one's ability to manage, choose and control their surrounding environments. 'Personal growth' involves the development of one's potential as a person, and 'purpose in life' concerns one's sense of direction, intentions and goal-setting (Ryff, 1989). 'Positive relations with others' involves having warm, loving and empathic interpersonal relationships, and one's acceptance of themselves and their past is referred to by Ryff (1989) as 'self-acceptance'. For the purposes of the current study, Ryff's (1989) framework is utilised to conceptualise PWB, as it has been applied successfully to a plethora of research relating to adolescents' PWB (Chan, Chan & Sun, 2017; Emadpoor, Lavasini & Shahcheraghi, 2016). A visual representation of this theory is presented in Figure 5.

Figure 5

Visual representation of Ryff's (1989) theory of PWB
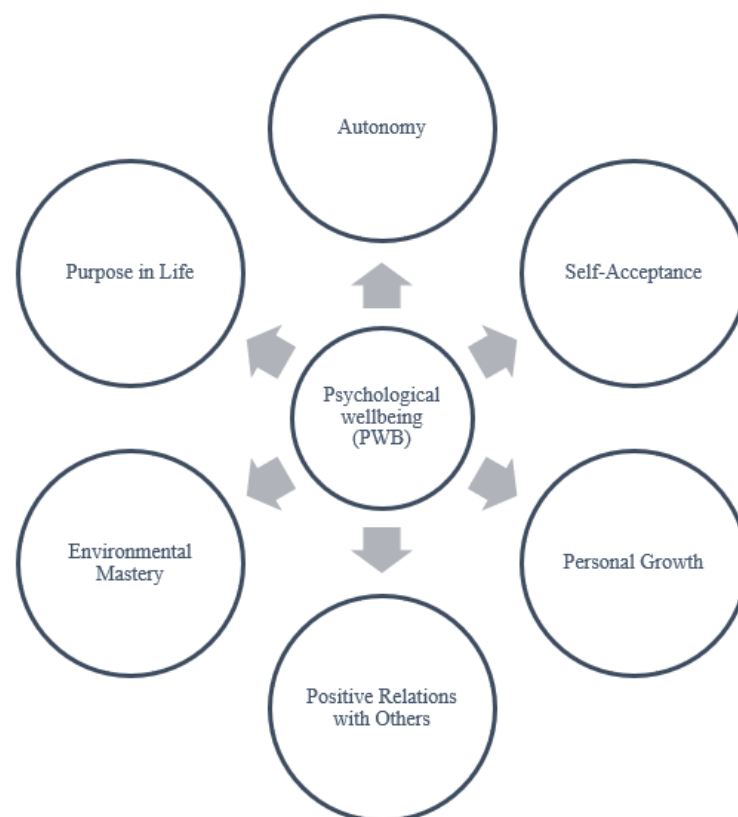
Previous research has demonstrated the impact of numerous elements of individuals'

lives on their PWB. Predictors of more positive PWB include physical health, social

connectedness and financial stability, while factors associated with negative outcomes for

PWB include increased screen usage, poor social support and financial insecurity (Tuason,

Güss & Boyd, 2021). The findings of the literature review in Chapter Two of this thesis

demonstrated that religiosity is generally related to benefits for adolescents' PWB. The

results of one study within the review revealed that having a relationship with God was

associated with greater overall PWB (Butler-Barnes et al., 2015), while two studies found

that religiosity was positively related to greater purpose in life amongst adolescents (Davis III

& Kiang, 2016; Francis, 2013). However, this is an area which remains underexplored,

particularly amongst adolescents within the Irish context.

3.1.3. Religiosity. Religiosity is defined as one's relationship with a particular faith

tradition, which is demonstrable in a number of ways (Moeberg, 2008). Historically,

religiosity was recognised within the early literature as being primarily associated with an

individual's religious attendance (Bergan & McConatha, 2001). However, in more recent

times, researchers have begun to appreciate the multidimensional nature of religiosity and

have conceptualised religiosity accordingly. Thus, it is now widely accepted that religiosity is

associated with a number of dimensions, including self-professed religious affiliation,

holding religious beliefs, attendance at religious services and participation in organised

religious activities (Holdcroft, 2006). It is also generally accepted that individuals' religiosity

can be either intrinsically or extrinsically motivated (Allport & Ross, 1967). Therefore, for

the purposes of this study, religiosity refers to an individual's relationship with a faith

tradition, which can be either intrinsic or extrinsic in nature, and demonstrated through

religious belonging, belief and practice (Byrne et al., 2019).

3.1.4. Religious coping. Researchers have asserted that measures of religiosity are likely to reflect the dispositional religiousness of individuals, rather than to demonstrate how individuals deploy religion in their daily lives. According to Pargament, Koenig and Perez (2000), "It is not enough to know that the individual prays, attends church, or watches religious television", but it is more important to understand "how the individual is making use of religion to understand and deal with stressors" (p. 521). The term 'religious coping', then, aims to specify how individuals utilise religion in order to comprehend and deal with the events of daily life (Dein, 2018). It is widely recognised that religious coping methods can be either positive or negative in nature. Examples of positive religious coping (PRC) mechanisms include religious forgiveness, reading scriptures or sacred texts for strength, maintaining a secure relationship with God, and spiritual/congregational support (Pargament et al., 2004). Conversely, negative religious coping (NRC) methods are considered to be maladaptive; examples of NRC mechanisms include anger at or feeling abandoned by God and interpreting negative life events as a consequence of divine punishment (Hebert et al., 2009).

The use of religious coping methods has varying implications for individuals' mental health, depending on the type of religious coping methods employed. Specifically, the use of PRC mechanisms have been consistently associated with numerous favourable mental health implications, including reductions in depression and anxiety, and increased happiness and life satisfaction (Koenig, 2018). In contrast, utilising NRC methods has been repeatedly linked to negative mental health outcomes, such as increases in psychological stress, heightened levels of anxiety, pathological guilt and religious obsessions (Ano & Vasconcelles, 2005; Tek & Ulug, 2001). These patterns have been corroborated in a recent study within the context of the Covid-19 pandemic; use of PRC methods was strongly correlated with less stress and reports of a positive experience of the pandemic, while the inverse was true for use of NRC

mechanisms. These findings indicate that religious coping can have a crucial impact on psychological adjustment, particularly in times of crisis (Pirutinsky, Cherniak & Rosmarin, 2020).

3.1.5. The present study. The purpose of the current study is to explore the potential relationships between PWB, religiosity and religious coping amongst adolescent students at Senior Cycle level in Irish post-primary schools.

3.1.5.1. Rationale. Research in the international context has revealed that religiosity and PRC methods are associated with a range of positive outcomes for adolescents' mental health (Wong et al., 2006). However, studies have also suggested that religiosity and NRC methods are related to negative outcomes for individuals' mental health, as well as heightened levels of anxiety, pathological guilt and religious obsessions (Ano & Vasconcelles, 2005; Tek & Ulug, 2001).

While Ireland has become more secularised over the past century, religion remains a part of many adolescents' lives (Astley, 2019). State literature on wellbeing and recent Irish review papers suggest that religion can impact on adolescents' wellbeing (Meehan, 2020; NCCA, 2017; O'Brien, 2008); however, no peer-reviewed studies have previously examined the potential relationship between mental health and religion amongst students attending post-primary schools in this country.

3.1.5.2. Aims. Therefore, this study aims to address this gap in the literature and to enhance understanding of the potential relationships between PWB, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools. Moreover, previous studies in the international context have employed solely quantitative methodologies to investigate the relationships between PWB, religiosity and religious coping amongst adolescents. This study will aim to continue this research tradition by quantifying the

potential relationships between these three variables with adolescent participants in Ireland. Additionally, the current study will extend upon previous research by aiming to capture the voices of adolescents in a more broad, holistic manner, through use of qualitative methodologies alongside quantitative methods.

3.2. Method

  3.2.1. Philosophical underpinnings and reasoning approach. The current study aligns with the pragmatic research paradigm and adopts a critical realist philosophical stance. Critical realism assumes that there is an objective reality; however, from a critical realist perspective, it is not possible to fully comprehend this reality, due to human error and the fallibility and limitations of all types of measurement (McEvoy & Richards, 2006). Thus, methodological triangulation of both quantitative and qualitative methods is advocated for by the critical realist perspective, in order to obtain the most complete understanding of reality as possible (Tashakkori & Teddlie, 2003). This aligns well with the assumptions of pragmatism (Kaushik & Walsh, 2019), which purports that truths about reality cannot be discovered through singular scientific methods (Frey, 2018). Consequently, the use of a mixed-methods approach was deemed most suitable in the case of the current research. As this study was approached from the critical realist perspective, it was assumed that this use of methodological triangulation would serve to enhance the credibility of the research findings (Korstjens & Moser, 2018).

  The reasoning approach adopted for use in the current study is retroduction, which is advocated for by many critical realist researchers (Strong & Volkoff, 2010). The word 'retroduction' holds its roots in the Latin words *retro* (meaning backwards) and *ducere* (meaning to lead); hence, retroduction involves continuous movement back and forth

between observable data and possible explanations for phenomena, leading to enhanced knowledge about reality (Beighton, 2019). Researchers adopting retroductive reasoning are cognisant of their role in the discovery of this knowledge and often consider the use of both quantitative and qualitative methodologies in their pursuit of understanding (Sayer, 1992). The application of retroduction itself involves utilising elements of both deductive and inductive reasoning. Thus, retroduction applies neither 'top-down' or 'bottom-up' logic in order to reach conclusions, but instead involves a continual, cyclical movement between theory and data, in order to provide a causal and an interpretive explanation of reality (Belfrage & Hauf, 2017).

3.2.2. Research questions. Based on the findings of the literature review, three emerging research questions were identified.

1. What is the relationship between PWB and religiosity amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

2. What is the relationship between PWB and PRC amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

3. What is the relationship between PWB and NRC amongst adolescents at Senior Cycle level in post-primary schools in Ireland?

Based on the results of the literature review, it was expected that there would be relationships between the variables in this study. Specifically, it was hypothesised that increased levels of religiosity would be related to positive outcomes for PWB (Wong et al., 2006). Greater use of PRC methods was also expected to be related to positive outcomes for PWB, whilst greater utilisation of NRC was expected to be linked to negative outcomes for PWB (Pargament, Smith, Koenig & Perez, 1998).

3.2.3. Research design. The current study involved correlational research, employing a cross-sectional research design. A mixed-methods approach to data collection was utilised, comprising both quantitative and qualitative aspects, i.e., questionnaires and semi-structured interviews.

3.2.4. Participants.

3.2.4.1. Sampling. The sampling technique used in this study was convenience sampling, whereby adolescents at Senior Cycle level (i.e., in Transition Year, 5th Year or Leaving Certificate/Leaving Certificate Applied classes) in a number of post-primary schools were invited to participate in the study. Convenience sampling was deemed an appropriate sampling method due to the relatively short duration of time available for data collection in the current programme of study.

3.2.4.2. Schools. A total of 58 post-primary schools were initially contacted via email with an invitation to partake in the research project. An even number of denominational and multi-denominational schools were contacted, with the purpose of attaining a balanced representation of participants attending both types of post-primary school. Of these 58 schools contacted, 12 schools indicated their interest in partaking in the study, with 10 schools ultimately sharing information about the study with parents/students at Senior Cycle level. Information regarding the 10 participating schools is presented in Table 7.

Table 7

Information on participating schools

School	Gender	Setting	Denomination
School 1	Male	Urban	Catholic
School 2	Co-educational	Urban	Catholic
School 3	Co-educational	Urban	Catholic

School 4	Co-educational	Rural	Catholic
School 5	Co-educational	Urban	Multi-denominational
School 6	Co-educational	Urban	Multi-denominational
School 7	Co-educational	Urban	Multi-denominational
School 8	Co-educational	Urban	Catholic
School 9	Co-educational	Urban	Multi-denominational
School 10	Co-educational	Rural	Catholic

3.2.4.2. Participants in the quantitative element of the study. In determining the required sample size for this study, the guidance set out by Cohen (1992) for generating a medium effect size was consulted. Thus, from the 10 participating schools in this study, a total of 110 students at Senior Cycle level ($n = 110$) were recruited for the quantitative aspect of the research project.

3.2.4.3. Participants in the qualitative element of the study. It was hoped to achieve gender representation within the sample for the qualitative element of the study through use of purposive sampling; however, throughout the recruitment phase, a lesser number of males volunteered to take part in the qualitative element of the study than did females. In total, 14 participants (11 females and 3 males) who had partaken in the quantitative aspect of the study indicated their interest in becoming involved in the qualitative element of the research. Each participant was contacted by the researcher on a first-come first-served basis, with an invitation to partake in a semi-structured interview on the research topic. Semi-structured interviews were conducted with 7 participants in total (5 females and 2 males), as data saturation had been obtained by the seventh interview (Boddy, 2016; Guest, Bunce & Kasparson, 2006). Each participant in the qualitative aspect of the study was assigned a pseudonym in order to protect their identity. Due consideration was given to the ethnic and cultural background of each participant when assigning their pseudonym. Demographic

information regarding the participants in the qualitative element of the research is outlined in Table 8.

Table 8

Demographic information regarding participants in the qualitative element of the study

Pseudonym	Gender	Religious affiliation/Non-affiliation
Róisín	Female	Catholic
Kaspar	Male	Atheist
Niamh	Female	Catholic
Stacy	Female	Catholic
Clodagh	Female	Catholic
Seán	Male	Catholic
Molly	Female	Catholic

3.2.5. Measures.

    3.2.5.1. Psychological wellbeing. Participants' levels of PWB were measured through completion of Ryff's (1989) 18-item Scales of Psychological Wellbeing (SPWB) (see Appendix F). This measure required participants to rate the extent to which they agreed or disagreed with 18 statements using Likert scales, which aimed to assess participants' overall PWB. Within the scale, the items are divided into sets of three questions, which aim to evaluate the six dimensions of PWB as conceptualised by Ryff (1989); these areas include Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self-Acceptance. Thus, an overall composite score for PWB was calculable for each participant, as well as a score for each of the six aspects of PWB, as identified by Ryff (1989).

Ryff's (1989) SPWB was chosen as it is among the most popular instruments used to measure PWB as a multi-dimensional construct in the literature (Abbott, Ploubidis, Huppert, Kuh, Wadsworth & Croudace, 2006). A number of versions of Ryff's (1989) Scales of PWB exist, ranging from 18 items to 120 items in total (Ryff & Keyes, 1995). The shortest, 18-item version of the scale was chosen for use in the current study, in order to help prevent respondent fatigue (Wright & Ogbuehi, 2014). This particular shortened version of the scale has been used widely in studies involving adolescent populations (Gao & McLellan, 2018). Additionally, previous analyses on the instrument have revealed high test-retest reliability and internal consistency (Seymour, 2015).

Reliability analysis was also carried out in the current study using SPSS, in order to assess the internal consistency of the PWB measure. The 18-item measure of overall PWB chosen for use in this study was found to be highly reliable, as represented by the result of the Cronbach's alpha test ($\alpha = .81$). In addition, reliability analyses were also conducted for each of the subscales measuring the six dimensions of PWB. Due to the small number of items in each subscale, it was decided calculate and report the mean inter-item correlation for the items in order to assess the subscales' reliability, rather than to run Cronbach's alpha tests (Starkweather, 2012). The results of the mean inter-item correlation analyses, which are presented in Table 9, revealed that each subscale was found to have an acceptable level of internal consistency (Clark & Watson, 1995).

Table 9

Reliability analyses for PWB subscales

Subscale	Mean inter-item correlation value*
Autonomy	.251
Environmental Mastery	.292
Personal Growth	.310
Positive Relations with Others	.173
Purpose in Life	.170
Self-Acceptance	.471

* A mean inter-item correlation value between 0.15 and 0.50 indicates that the scale has an acceptable level of internal consistency, as per the recommendations of Clark and Watson (1995).

    3.2.5.2. Religiosity. Religiosity was operationalised through completion of a nine-item questionnaire assessing religious affiliation, religious attendance, self-assessed religiosity, personal prayer, and religious beliefs (see Appendix G) (Byrne et al, 2019; European Values Study [EVS], 2017; McGrady, Francis & McKenna, 2019). Participants rated their personal religiosity by answering five multiple choice questions, e.g., 'How often do you currently attend religious services (either in-person or online)?'. Additionally, participants' religious beliefs were measured through use of a series of five-point Likert scales, to which participants were asked to indicate their level of agreement or disagreement with four statements relating to their religious beliefs, e.g., 'I believe in God'. Participants' responses to these nine items were scored and computed to generate an overall composite score for religiosity.

    Seven out of the nine questions used to measure religiosity in the current study were based on questions utilised in the large-scale EVS (2017) (see Appendix G – questions 1-7);

these questions have been used successfully to measure the religiousness of over 60,000 individuals across 36 European countries. Moreover, a number of the questions used to measure religiosity in this study, which pertain to the attitudinal aspect of religious beliefs (see Appendix G – questions 8 and 9), were influenced by the Francis Scale of Attitude toward Christianity (Francis, 1978); this scale has been used across several hundred studies worldwide, with its reliability and validity widely supported amongst student populations (Francis, 2019). Additionally, the nine questions chosen for use in the current study to operationalise religiosity have been used successfully in two large-scale studies involving adolescent participants in the Irish context (Byrne et al., 2019; McGrady et al., 2019), although the findings of these studies are not yet published in peer-reviewed journals. Reliability analysis was carried out using the Statistical Package for the Social Sciences (SPSS) software, in order to assess the internal consistency of the measure. The chosen nine-item measure for religiosity was found to be highly reliable, as determined by the result of the Cronbach's alpha test ($\alpha = .80$) (Nunnally, 1978).

3.2.5.3. Religious coping. Religious coping was operationalised through use of a 14-item measure, known as the Brief RCOPE (see Appendix H) (Pargament et al., 1998). The Brief RCOPE was utilised to provide an overall composite score for both PRC and NRC, as the scale itself is comprised of seven items relating to PRC, along with seven items relating to NRC.

The Brief RCOPE was chosen for use in the current study as it is the most widely-used measure of religious coping in the literature; additionally, a multitude of empirical studies involving adolescent populations have provided evidence to support the internal consistency, construct validity and predictive validity of both the PRC and NRC subscales of the Brief RCOPE (Pargament, Feuille & Burdzy, 2011). In addition, reliability analysis was carried out by the researcher using SPSS, in order to evaluate the internal consistency of the PRC and

NRC subscales. The seven-item measure of PRC was found to be highly reliable, as evidenced by the result of the Cronbach's alpha ($\alpha = .95$), while the seven-item NRC subscale was also found to be highly reliable, as determined by the Cronbach's alpha result ($\alpha = .85$) (Nunnally, 1978).

3.2.5.4. Semi-structured interviews. Individual, semi-structured interviews were employed in order to obtain the viewpoints of participants in relation to mental wellbeing and religion and their perceptions regarding the potential relationships between them. Semi-structured interviews were deemed an appropriate choice of measure as they are compatible with a variety of methods of data analysis, including analysis evolving from the critical realist perspective (Smith & Elger, 2012). Furthermore, semi-structured interviews allow for exploration of individuals' experiences and perspectives on a given subject, within their specific context; this made semi-structured interviews a particularly appropriate choice in terms of addressing the research questions for the current study. In addition, semi-structured interviews were chosen as they are flexible in their approach and can allow for changes in the sequencing of questions, with the opportunity of re-wording questions when necessary, and can allow participants to spend more or less time on questions as they deem relevant. In addition, they offer the researcher the opportunity to probe, particularly in areas of interest to the participant (Rabionet, 2011). In the interest of participant confidentiality, it was decided to conduct these semi-structured interviews on a one-to-one basis with the researcher, due to the potentially personal and sensitive nature of the interview content. A copy of the interview schedule which was utilised is presented in Appendix I. Of note, the researcher chose to use the term 'mental wellbeing' as opposed to 'psychological wellbeing' in the schedule, as this wording was deemed to be more accessible and recognisable to an adolescent population.

3.2.6. Procedures.

3.2.6.1. Ethical considerations. Ethical approval for the study was obtained from the MIC Research Ethics Committee (MIREC) on the 20th of December 2020, with approval lasting until October 2022 (see Appendix J). The current study adhered to the Psychological Society of Ireland (PSI) *Code of Ethics* (PSI, 2019), as well as the *General Data Protection Regulation* (GDPR) legislation (EU, 2018). As this research involved participants who were under the age of 18 years, a thorough risk assessment was completed and a child safeguarding statement was drawn up prior to the commencement of the study, which was stringently adhered to throughout all aspects of the project.

3.2.6.2. Recruitment. On account of the Covid-19 restrictions and school closures which were in place at the time, schools and participants were recruited solely online. A total of 58 post-primary schools were contacted via email with an initial invitation to partake in the study during February 2021. This email contained brief information about the nature of the study, as well as an Information Letter for School Principals (see Appendix K) and a Consent Form for Schools (see Appendix L). A total of 10 post-primary school principals returned the signed consent form electronically to the researcher, agreeing to share information about the study with parents of students at Senior Cycle level in their school, as well as with pupils who were over the age of 18 years.

Following their agreement to partake in the study, schools were invited to forward an electronic copy of a Parent/Guardian Information Letter (see Appendix M) and Consent Form (see Appendix N) to the parents/guardians of students under the age of 18 years who were eligible to participate in the study. Parents/guardians then signed the form and sent an electronic copy of the consent form directly to the researcher via email. An electronic copy of the Participant Information Letter (see Appendix O) and Assent Form (see Appendix P) was

then sent via email, which parents/guardians were invited to share with their child. Students who were willing to participate in the study then signed the assent form and sent an electronic copy directly to the researcher via email. Following this, the researcher forwarded the weblink to the online questionnaires to students who had returned assent forms to the email address provided by the participant.

In the case of participants who were over the age of 18 years, schools were invited to forward an electronic copy of the Participant Information Letter and Consent Form (see Appendix Q) directly to the students themselves. Students then returned the signed electronic consent forms directly to the researcher, if they were willing to participate in the study. The researcher then forwarded the weblink to the online questionnaires to students who had returned consent forms to the email address provided by the participant.

All electronic consent and assent forms and participant contact information were stored securely, as per the *MIC Records Retention Schedule* and *GDPR* requirements (EU, 2018).

3.2.6.3. Pilot study. The instruments used to measure PWB, religiosity, PRC and NRC in the current study have been used widely amongst adolescent populations, with high reliability and validity documented for these measures (Byrne et al., 2019; Gao & McLellan, 2018; Pargament et al., 2011); thus, it was not deemed necessary to pilot these instruments prior to use in this study. As the interview schedule had never previously been used, it was decided to pilot the schedule in order to ensure its usefulness and, subsequently, the credibility of the results of the present study (Merriam & Tisdell, 2015). Thus, the interview schedule was piloted in March 2021 with two peers of the researcher (one male and one female). Both participants provided oral feedback on the interview schedule at the end of the interview. Following this process, a number of minor amendments were made to the original

interview schedule, resulting in the final interview schedule which was used in the present study (see Appendix I).

   3.2.6.4. Data collection. Due to the Covid-19 restrictions and school closures which were in place at the time, data were collected solely online between February 2021 and May 2021. The following data collection methods were employed in this study: questionnaires and semi-structured interviews.

   The first phase of data collection involved the use of online questionnaires to gather demographic information from participants, as well as to determine their levels of PWB, religiosity, PRC and NRC. These questionnaires were presented to participants via a survey on the online platform Google Forms. Participants were firstly asked to indicate their age, class level, type of school and gender on the online form. Following this, participants completed three online measures, including Ryff's (1989) SPWB (see Appendix F), the measure of religiosity (see Appendix G) (Byrne et al., 2019; McGrady et al., 2019), and the Brief RCOPE (Pargament et al., 1998) (see Appendix H). An additional item was added to the end of the online survey, whereby participants indicated whether they would be willing to complete a qualitative interview on the research topic. Participants who were interested in taking part in an interview provided an email address at which the researcher could contact them. This aspect of the research took participants approximately 15 minutes to complete. A debriefing report (see Appendix R) was presented to participants on Google Forms following their completion of the online questionnaires.

   The second phase of data collection involved the completion of individual semi-structured interviews with participants, which took place in an online capacity via Zoom video calling software. The interview schedule which was used during these interviews is presented in Appendix I. As this research aimed to provide an insight into adolescents'

perceptions regarding the potential relationship between mental wellbeing and religion, data were collected at a single point in time. The interviews lasted between five and 15 minutes, depending on the level of detail the participant wished to share. Written consent/assent for partaking in the semi-structured interviews was obtained in advance from participants and, where appropriate, their parents, via the signed consent and assent forms. Verbal consent was obtained from participants at the beginning of the interview, and participants were also reminded of their right to withdraw from the study, as well as the limits of confidentiality. With the consent of the participants, each interview was recorded using an audio recording device and transcribed verbatim immediately after the interview, in order to facilitate data analysis (Bryman & Cramer, 2012). The debriefing report was forwarded to participants via email after the culmination of the interview, along with a copy of their interview transcript, for cross-checking purposes.

3.3. Results

3.3.1. Approach to data analysis. Data in the present study were analysed in three phases. Firstly, quantitative data were examined on a Microsoft Excel spreadsheet in order to identify any trends which may have been of interest prior to conducting the semi-structured interviews. Following this, quantitative data were formally analysed using SPSS analyses. Finally, qualitative data were analysed using reflexive thematic analysis from the critical realist perspective.

3.3.2. Preliminary analysis of quantitative data. Quantitative data were firstly exported from Google Forms into a Microsoft Excel spreadsheet, in order to facilitate preliminary analysis of the data. From this examination, it was noted that 80 participants self-identified as being religiously affiliated to a particular denomination (i.e., Catholic); however,

25 of these participants did not uphold an important belief of that particular faith tradition, i.e., belief in God. Therefore, it was decided that alongside analysis of the relationship between PWB and religiosity, it would be useful to divide participants into two separate groups depending on their belief or non-belief in God and conduct statistical analyses of the differences in PWB between these groups. Such an approach was adopted successfully in a previous study by Byrne et al. (2019) in their analyses of data from adolescent theists, i.e., those who professed belief in God, and non-theists, i.e., those who did not profess belief in God.

Additionally, a number of participants who self-identified as being religiously affiliated did not state that they practised their faith in any way. As a result, the following questions were included on the final interview schedule, "In what ways do you practise your faith?" (as relevant), and, "In what ways does your religion influence your life?/In what ways does religion influence your life, if any?" (as relevant).

3.3.2. Quantitative data analysis. The quantitative data gathered in the present study were statistically analysed using SPSS software, through use of descriptive and inferential statistics.

3.3.2.1. Descriptive statistics. A total of 110 participants took part in the quantitative element of the study ($n = 110$). Of these participants, 61 participants were female and 49 were male. Figure 6 provides a visual breakdown of participants by gender.

Figure 6

Breakdown of participants by gender
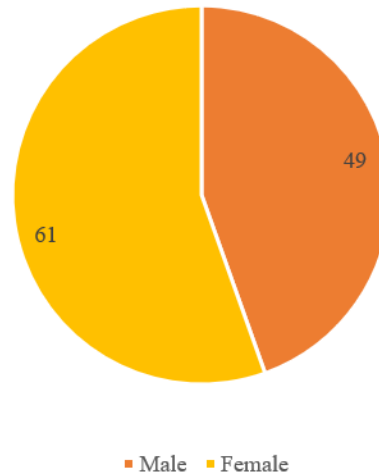
All participants ranged in age from 15 to 19 years ($M = 17.03$, $SD = .95$). Additionally, all participants were enrolled in Senior Cycle class levels at their respective schools, with a total of 27 participants from Transition Year classes, 34 participants from Fifth Year classes, and 49 participants from Leaving Certificate classes. In relation to school denomination, 85 participants attended denominational (Catholic) schools, while 25 participants attended multi-denominational schools.

Participants also provided information regarding their religious affiliation or non-affiliation, with 80 participants (72.7%) self-identifying as 'Catholic', 9 participants (8.2%) identifying as 'Atheist', 9 participants (8.2%) stating that they 'Don't know', 7 participants (6.4%) describing themselves as 'Agnostic', 4 participants (3.6%) identifying as 'Protestant', and 1 participant self-identifying as 'Pagan' (0.9%). This is comparable with the most recent Census data available from the population of Ireland (CSO, 2016), in which 79.4% of people in the 15-19 age bracket identified as Catholic, 9.6% had no religion, 8.5% were of other religions (including Protestantism), and 2.5% did not say. A visual representation of participants' religious affiliation or non-affiliation is presented in Figure 7.

Figure 7

Visual representation of participants' religious affiliation or non-affiliation
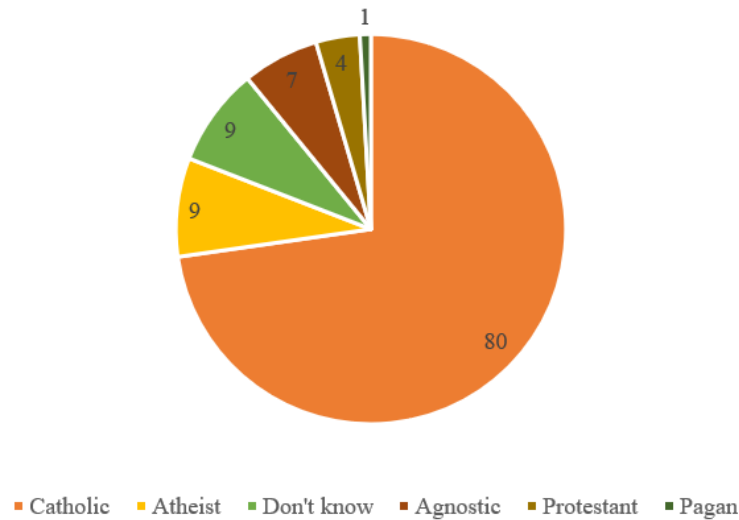
3.3.2.2. *Correlation analyses –Psychological wellbeing and religiosity.* Following

examination of the descriptive statistics, correlation analyses were conducted in order to test

the hypotheses that there would be relationships between the variables in this study. Not all

variables in this study were normally distributed, as demonstrated by the results of Shapiro-

Wilk's test ($p < .05$). Therefore, non-parametric partial correlation analyses were chosen for

use in this study, in order to examine the association between two variables whilst controlling

for the effects of other variables present. Post-hoc power analysis using the software

G*Power was conducted, in order to determine the level of statistical power present. The

analyses revealed that with 110 participants and a medium effect size, the level of statistical

power present for the correlation analyses was .90.

A Spearman's rank-order partial correlation was conducted in order to assess the

relationship between PWB and religiosity amongst adolescent participants, whilst controlling

for the effects of gender, age, class level, type of school, religious affiliation, PRC and NRC.

The relationship between the two variables was monotonic, as assessed through visual

inspection of a scatterplot. The results revealed that there was no statistically significant correlation between religiosity and PWB, r_s (98) = .012, p = .903. Therefore, the relationship between religiosity and PWB was not statistically significant.

In addition, Spearman's rank-order partial correlations were conducted to assess the relationships between the six dimensions of PWB with religiosity, whilst controlling for the effects of gender, age, class level, type of school, religious affiliation, PRC and NRC. The results of these correlations are presented in Table 10. As evident from the results, there was no statistically significant relationship between any of the six dimensions of PWB and religiosity, p = >.05.

Table 10

Results of the correlation analyses between the six dimensions of PWB and religiosity

PWB Dimension	r_s	df	p
Autonomy	.029	98	.776
Environmental Mastery	.159	98	.111
Personal Growth	.041	98	.680
Positive Relations with Others	.069	98	.491
Purpose in Life	-.183	98	.065
Self-Acceptance	.024	98	.809

3.3.2.3. Correlation analyses – Psychological wellbeing and positive religious coping. Following this, another Spearman's rank-order partial correlation was conducted in order to assess the relationship between PWB and PRC amongst participants, whilst controlling for the effects of gender, age, class level, type of school, religious affiliation, religiosity and NRC. Once more, the relationship between the two variables was monotonic, as assessed through visual inspection of a scatterplot. The results revealed that there was no

statistically significant correlation between PWB and PRC, r_s (98) = .135, p = .177. Thus, it was determined that the relationship between PWB and PRC was not statistically significant.

Additionally, a series of Spearman's rank-order partial correlations were conducted to assess the relationships between the six dimensions of PWB and PRC, whilst controlling for the effects of gender, age, class level, type of school, religious affiliation, religiosity and NRC. The results of these correlations are presented in Table 11. According to these results, there was a statistically significant, strong positive relationship between PRC and Purpose in Life, r_s (98) = .293, p = .003. There was no statistically significant relationship between the remaining five dimensions of PWB and PRC, p = >.05.

Table 11

Results of the correlation analyses between the six dimensions of PWB and PRC

PWB Dimension	r_s	df	p
Autonomy	.056	98	.578
Environmental Mastery	-.039	98	.701
Personal Growth	.006	98	.953
Positive Relations with Others	.035	98	.729
Purpose in Life	.293	98	.003
Self-Acceptance	.123	98	.218

3.3.2.4. Correlation analyses – Psychological wellbeing and negative religious coping. Another Spearman's rank-order partial correlation was conducted in order to assess the relationship between PWB and NRC amongst participants, whilst controlling for the effects of gender, age, class level, type of school, religious affiliation, religiosity and PRC. Again, the relationship between the two variables was monotonic, as assessed through visual inspection of a scatterplot. The results revealed that there was a statistically significant,

strong negative correlation between PWB and NRC, r_s (98) = -.373, $p < .001$. Thus, it was determined that the relationship between PWB and NRC was statistically significant.

Thereafter, a number of Spearman's rank-order partial correlations were conducted to assess the relationships between the six dimensions of PWB with NRC, while controlling for the effects of gender, age, class level, type of school, religious affiliation, religiosity and PRC. The results of these analyses are presented in Table 12. The results revealed that there was a statistically significant, strong negative relationship between NRC and Autonomy, r_s (98) = -.369, $p < .001$, Environmental Mastery, r_s (98) = -.214, $p < .001$, Personal Growth, r_s (98) = -.119, $p = .031$, Purpose in Life, r_s (98) = -.332, $p < .001$, and Self-Acceptance, r_s (98) = -.323, $p < .001$. There was no statistically significant relationship between NRC and Positive Relations with Others, $p = >.05$.

Table 12

Results of the correlation analyses between the six dimensions of PWB and NRC

PWB Dimension	r_s	df	p
Autonomy	-.369	98	<.001
Environmental Mastery	-.214	98	<.001
Personal Growth	-.119	98	.031
Positive Relations with Others	-.195	98	.235
Purpose in Life	-.332	98	<.001
Self-Acceptance	-.323	98	<.001

3.3.2.5. Comparison between groups – theists and non-theists. In order to facilitate analysis of data between theist and non-theist participants, the SPSS data file was split, as per the method purported by Byrne et al. (2019). In order to complete this action, respondents' answers to the statement, 'I believe in God', were used. Participants who responded

affirmatively, i.e., by selecting either 'Strongly agree' or 'Agree' as their answer, were defined as theists. Respondents who provided either 'Not certain', 'Disagree' or 'Strongly disagree' were defined as non-theists for the purposes of these analyses. There was an even number of participants in each group, with 55 participants defined as theists and 55 participants defined as non-theists, based on their responses. Post-hoc power analysis using G*Power was conducted, in order to determine the level of statistical power present. The results revealed that with two groups of 55 participants each and a medium effect size, the level of statistical power present for the comparative analyses was 0.82.

As the data was not normally distributed in this case, a series of non-parametric Mann-Whitney U tests were conducted in order to determine whether there was a significant difference between theists and non-theists in relation to their scores for the following variables: PWB, Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, Self-Acceptance, PRC and NRC. The results of these analyses are presented in Table 13.

Table 13

Comparison between groups – theists and non-theists

Variable		Mean rank	U	z	p
PWB	Theists	61.23			
	Non-theists	49.77	1197	-1.884	.060
Autonomy	Theists	54.23			
	Non-theists	56.77	1442	-.422	.673
Environmental Mastery	Theists	61.67			
	Non-theists	49.33	1173	-2.041	.041
Personal Growth	Theists	56.06			
	Non-theists	54.94	1481	-.186	.852

Positive Relations with Others	Theists	62.60			
	Non-theists	48.40	1122	-2.344	.019
Purpose in Life	Theists	60.51			
	Non-theists	50.49	1237	-1.652	.098
Self-Acceptance	Theists	61.24			
	Non-theists	49.76	1197	-1.895	.058
PRC	Theists	76.58			
	Non-theists	33.02	1783	-7.282	<.001
NRC	Theists	56.72			
	Non-theists	54.28	1445	-.410	.682

As demonstrated by these results, Environmental Mastery scores for theists (mean rank = 61.67) were significantly higher than for non-theists (mean rank = 49.33), $U = 1173$, $z = -2.041$, $p = .041$, using an exact sampling distribution for U (Dinneen & Blakesley, 1973). Additionally, Positive Relations with Others was significantly higher for theists (mean rank = 62.60) than for non-theists (mean rank = 48.40), $U = 1122$, $z = -2.344$, $p = .019$. Furthermore, theists (mean rank = 76.58) scored significantly higher than non-theists (mean rank = 33.02) on the use of PRC, $U = 1783$, $z = -7.282$, $p < .001$.

In relation to overall PWB, theists (mean rank = 61.23) had higher scores than non-theists (mean rank = 49.77); however, this result was not statistically significant, $U = 1197$, $z = -1.884$, $p = .060$. Similarly, theists (mean rank = 60.51) scored higher than non-theists (50.49) with regard to Purpose In Life; again, this result was non-significant, $U = 1237$, $z = -1.652$, $p = .098$. In addition, theists (mean rank = 61.24) received higher scores than non-theists (mean rank = 49.76) in relation to Self-Acceptance; this score was marginally non-significant, $U = 1197$, $z = -1.895$, $p = .058$. There was no notable or significant difference

between theists and non-theists with regard to their scores for Autonomy, Personal Growth and NRC, $p > .05$.

3.3.2.6. Regression analyses. The final step of the quantitative data analysis involved exploring the impact of various groups of predictor variables on theists' and non-theists' overall PWB. In order to achieve this, hierarchical multiple regression analyses were employed. Hierarchical multiple regression was deemed a suitable choice of data analysis as it is quite robust to violations of normal distribution of data (Schmidt & Finan, 2018). In relation to the assumptions of linear regression, there was independence of residuals, as demonstrated by Durbin-Watson statistics of 1.983 for theists and 1.845 for non-theists, respectively (Durbin & Watson, 1971). Homoscedasticity was present; this was evaluated via visual inspection of plots of studentised residuals in comparison to unstandardised predicted values (Schützenmeister, Jensen & Piepho, 2012). In addition, there was no evidence of multicollinearity present, as all tolerance values exceeded 0.1 (Adeboye, Fagoyinbo & Olatayo, 2014). Using G*Power software, post-hoc power analyses were conducted; the analyses determined that with 55 participants in each group and accounting for all predictor variables, the level of statistical power present for the regression analyses was .91.

Predictor variables were divided into seven groups: demographic information, religious attendance, self-professed religiosity, personal prayer, religious beliefs, PRC and NRC. These groups were entered into the regression equation via fixed order entry. In Model 1, demographic information was entered into the regression (age, gender, class level, type of school and religious affiliation). In Model 2, religious attendance was added. In Model 3, participants' self-professed religiosity was included, and in Model 4, personal prayer was added. Model 5 included participants' religious beliefs (belief in God, heaven, and hell; thinking of God as loving; thinking of God as strict), while Model 6 added participants' use

of PRC. The final model, Model 7, included participants' scores in relation to NRC. Table 14

presents the series of seven regression models for both theists and non-theists.

Table 14

Regression models on PWB

Variable		Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
				Psychological wellbeing (PWB) β				
Age	Theists	.033	.018	.114	.155	.063	.061	.084
	Non-theists	.089	.104	.132	.065	.065	.021	.089
Gender	Theists	.021	.033	.035	-.008	-.145	-.153	-.151
	Non-theists	.041	.054	.076	.117	-.048	-.049	-.001
Class level	Theists	-.049	.022	-.063	-.059	.041	.015	.048
	Non-theists	-.289	-.289	-.384	.041	-.312	-.048	-.206
Type of school	Theists	-.089	-.099	-.097	-.036	.175	.187	.151
	Non-theists	-.150	-.161	-.103	-.069	-.007	-.120	-.088
Religious affiliation	Theists	-.179	.308	-.159	-.199	-.196	-.212	-.198
	Non-theists	-.040	-.055	-.075	-.033	-.050	-.102	-.072
Religious attendance	Theists		.164	.087	.030	.062	-.095	-.083
	Non-theists		-.103	-.021	.057	.048	.157	.263
Self-professed religiosity	Theists			.219	.139	-.108	-.114	-.175
	Non-theists			-.152	-.101	-.021	.057	.003
Personal prayer	Theists				.220	.202	.156	.226
	Non-theists				-.208	-.063	.060	.018
Belief in God	Theists					.497*	.480*	.480*
	Non-theists					-.389	-.464	-.569
Belief in heaven	Theists					.025	.027	-.051
	Non-theists					.269	.326	.152
Belief in hell	Theists					-.457*	-.448*	-.445*

	Non-theists					-231	-.148	.043
Thinking of God as loving	Theists					.298	.270	.247
	Non-theists					.091	.163	.293
Thinking of God as strict	Theists					.115	.102	.121
	Non-theists					.088	.015	.046
PRC	Theists						.115	.241
	Non-theists						-.387	-.111
NRC	Theists							-.243
	Non-theists							-.456
R^2	Theists	-.044	-.040	-.017	-.015	.266*	.254*	.282*
	Non-theists	.014	.004	-.002	.002	.002	.042	.108
F	Theists	.541	.650	.871	.898	2.506	2.312	2.413
	Non-theists	1.147	1.036	.983	1.016	1.009	1.165	1.430
df	Theists	54	54	54	54	54	54	54
	Non-theists	54	54	54	54	54	54	54
p	Theists	.744	.690	.537	.526	.013*	.019*	.014*
	Non-theists	.349	.414	.455	.438	.462	.332	.183

Note. N=110. * $p < .05$.

The seven regression models presented in Table 13 provide an incremental picture of the effects of religiosity, PRC and NRC on PWB amongst theists and non-theists after demographic factors have been taken into account.

For theists, Model 7 is most revealing, when all seven sets of predictor variables have been entered into the regression equation. Model 7 is statistically significant and accounted for 28% of the variance in PWB for theists, $R^2 = .282$, $F(15, 39) = 2.413$, $p = .013$. Specifically, the inclusion of belief in God to the prediction of PWB in Model 5 led to a statistically significant increase in R^2 of .497, $F(13, 41) = 2.941$, $p = .005$. Additionally, the

inclusion of belief in hell resulted in a statistically significant decrease in R^2 of -.57, $F(13, 41)$ = -3.263, $p = .002$.

In the case of non-theists, none of the regression models are statistically significant in terms of explaining the variance in PWB, $p = >.05$. Although not statistically significant, Model 7 provides the best explanation of all the models, accounting for almost 11% of the variance in PWB for non-theists, $R^2 = .108$, $F(15, 39) = 1.430$, $p = .183$.

3.3.3. Qualitative data analysis. Qualitative data gathered from the semi-structured interviews were analysed using reflexive thematic analysis from the critical realist perspective (Braun & Clarke, 2019). Reflexive thematic analysis is an approach to qualitative data analysis which focuses primarily on the identification of themes, otherwise known as patterns of meaning, within the data. This approach to thematic analysis involves a recursive, six-phase process, which includes familiarising oneself with the data, coding, generating themes, reviewing themes, defining themes and reporting (Braun & Clarke, 2021). Figure 8 provides more detailed information regarding this six-phase process.

Figure 8

Braun & Clarke's (2019) six-phase approach to reflexive thematic analysis

Familiarisation with the data
- This phase involves reading and re-reading of the data, in order to become immersed in it and intimately familiar with its contents.

Coding
- This phase involves generating succinct labels, or codes, that identify important features of the data that might be relevant to answering the research question.

Generating initial themes
- This phase involves examining the codes and collated data to identify significant broader patterns of meaning (potential themes).

Reviewing themes
- This phase involves checking the themes against the dataset, to determine that they tell a convincing story of the data, and one that answers the research question.

Defining and naming themes
- This phase involves developing a detailed analysis of each theme, and deciding on an informative name for each theme.

Writing up
- This final phase involves weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature.

Of paramount importance within the reflexive thematic analysis approach is the researcher's awareness of the philosophical and theoretical assumptions informing their use of thematic analysis (Braun & Clarke, 2019). From the critical realist perspective, reflexive thematic analysis focuses on revealing an assumed objective reality which is evident in the data (Braun & Clarke, 2021). As reflexive thematic analysis can be applied in this way, it was deemed a suitable choice of analysis for the current study, which assumes a critical realist philosophical stance. Additionally, reflexive thematic analysis differs from other approaches to thematic analysis in that it recognises the role of the researcher in the production of knowledge; in particular, it acknowledges the need for the researcher to engage in a "continual bending back on oneself" whilst coding the data (Braun & Clarke, 2019, p. 594). In other words, the researcher should continuously question the assumptions they make

whilst coding and interpreting the data. This notion of reflexivity aligns well with the retroductive reasoning approach, which is employed in the present study (Pietarinen & Bellucci, 2014).

A detailed record of the six-stage reflexive thematic analysis process (Braun & Clarke, 2019) which was employed to analyse the data arising from the seven semi-structured interviews in this study is presented in Appendix S. The results of the reflexive thematic analysis are discussed below under four headings, or themes, which arose from this analysis. Pseudonyms are used when making reference to the participant who provided a response, for contextualisation. The themes and codes which emerged from the analysis are presented visually in Figure 9.

Figure 9

Themes and codes emerging from qualitative data analysis
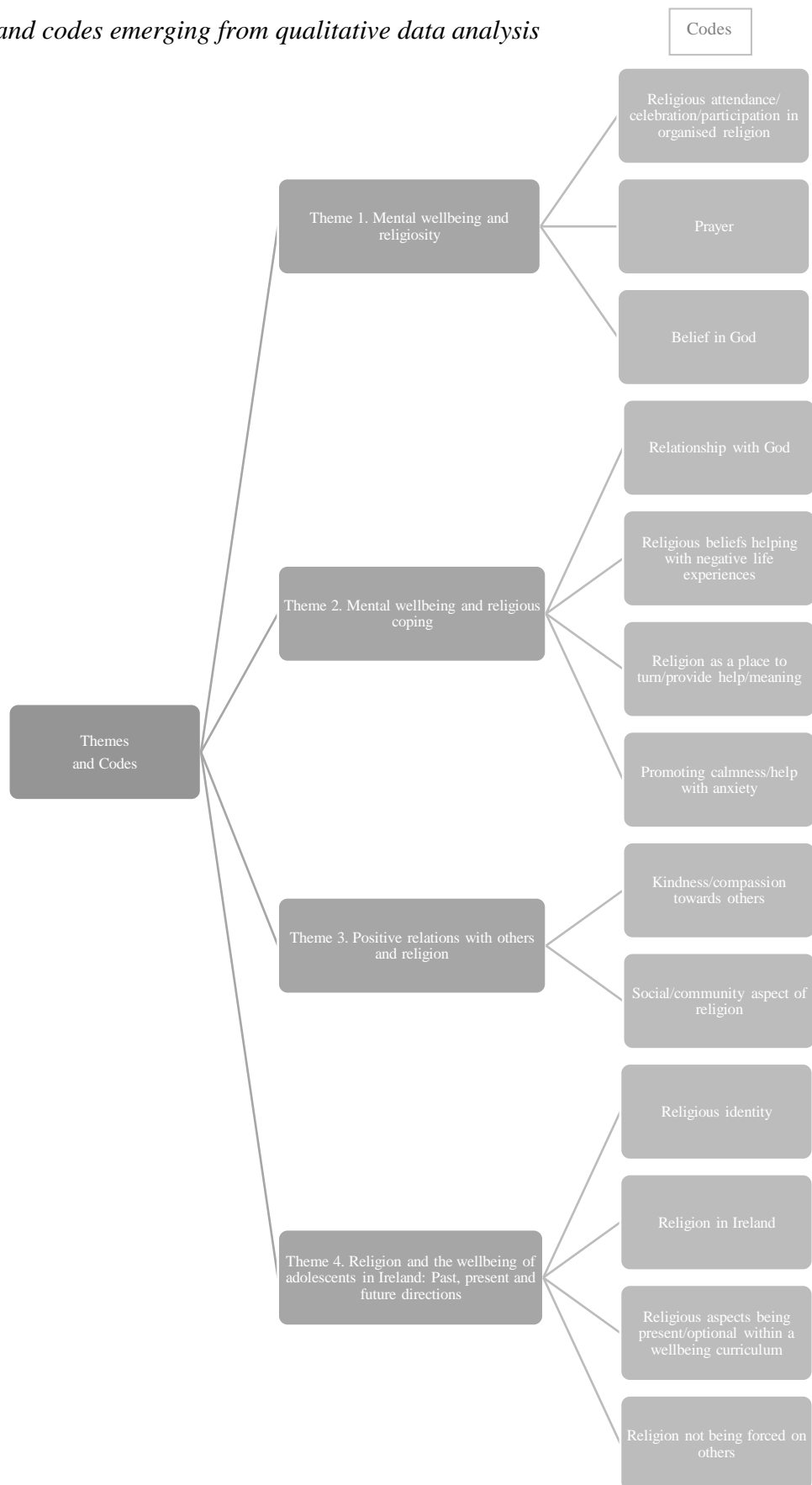
3.3.3.1. Theme 1 – Mental wellbeing and religiosity. A number of aspects of religiosity were mentioned by participants as being beneficial for their mental wellbeing, including holding religious beliefs, personal prayer and participation in organised religion.

Firstly, participants cited holding religious beliefs as being beneficial for their overall mental wellbeing. Molly felt that being aware of one's religious beliefs was crucial for individuals' mental wellbeing: "I think you can't have a good mental wellbeing, a good mental health, without being grounded in your own faith and knowing what you believe in, and why you believe in it". Moreover, she mentioned that her belief in God "really helps" to improve her "mental health and wellbeing". Similarly, in speaking about the influence of her religious beliefs on her life, Róisín stated:

> If I ever have a problem, like, if it was coming up to exams and I feel like I need a little bit of help, I can just, like…it's always there…I kind of feel like someone is looking after me, I guess.

The link between personal prayer and a perceived sense of calmness and alleviation of nervousness or anxiety was mentioned by a number of participants. According to Róisín, "I can just say the Rosary and, like, it kind of calms me down in a sense, that I'm not as worried". In agreement, Stacy stated, "I think it kind of helps me be more relaxed. Praying kind of takes some anxieties away". When asked if she believed her religiosity had an impact on her mental wellbeing, Molly replied affirmatively:

> Yeah, definitely…it kind of helps me stay grounded and, you know, not get really flustered or overwhelmed…I think praying is the main thing…if I'm having a very stressful day, or just kind of feeling a bit overwhelmed, I can just kind of sit down and relax and pray.

Participation in organised religion was another aspect of religiosity which was cited as being beneficial for mental wellbeing, particularly in relation to the facet of PWB known as self-acceptance. In this regard, Seán, who identified as a Catholic, spoke about the benefits of

receiving the sacrament of Confession, stating that this experience is "really helpful to get things off my chest and clear my conscience".

One participant, Kaspar, who identified as an atheist, did not feel that this had an impact on his mental wellbeing. When asked whether he thought that being an atheist had an impact on his mental wellbeing, he stated, "No, uh…no, I don't. No".

3.3.3.2. Theme 2 – Mental wellbeing and religious coping. Another common thread within the data pertained to the relationship between participants' mental wellbeing and religious coping methods. Individual religious coping methods mentioned by participants included having a relationship with God, using religious beliefs to cope with negative life experiences, and having religion as something to turn to in times of need.

Firstly, participants who identified as religiously affiliated noted that seeking and having a relationship with God led to enhancements in their mental wellbeing. Stacy related how speaking to God about her experiences in life provided her with a sense of calmness:

> I think it definitely helps me with, like, experiences. Like, if I'm nervous about something, or if something's kind of going on … it's like a person that's there that isn't going to … that doesn't necessarily have to answer or judge me, I can just kind of say these things and feel like they're in the hands of someone else.

In addition, Clodagh cited her relationship with God as being of great importance to her mental wellbeing, particularly being able to "go back to that when something's gone wrong, or when something's gone right, as well…I think that's really helpful". Furthermore, Seán reported that his mental wellbeing benefitted from "a connection with God…because…you feel that…you may be, that you have something special and that you are someone special to God, and that's really helpful"; this example relates closely to two facets of PWB, namely, autonomy and purpose in life.

The use of religious beliefs to make sense of and cope with negative life experiences was also cited by participants as being valuable in terms of promoting their mental wellbeing. Niamh reflected on this in relation to her belief in providence:

> If something, like, bad happens, I have a feeling that…I know that it's happening for a reason. That…bad things don't just happen for no good reason, that God is there and that He has a plan, and that something even worse could be happening.

Additionally, Seán expressed how his beliefs have helped him to cope with negative events in his life, by allowing him to "explain some of the things I'm going through, through faith-based stuff". He also noted the benefits of reading scripture, stating that he found reading the Bible "refreshing" and that it is has helped him to appreciate how "people get help from the Church and religion". Similarly, Stacy relayed how her faith in God and belief in the afterlife enabled her to cope with the death of a close relative, stating, "I think without religion and without being able to…have God as this person to come to, and be able to believe that my granddad is gone somewhere better…I don't think I would have been able to cope".

Religion was also cited by a number of other participants as being something they could turn to in times of need, which relates to the facet of PWB known as purpose in life. Róisín explained the role of this in her life: "It's something I feel I can always turn to…in tough times…if I'm not always in a good place, I have that place *to* go". Furthermore, when asked if she felt her religion had an influence on her mental wellbeing, Clodagh responded by stating:

> Em, yeah, I think it does…I think having something to, sort of, hold onto, a little bit, and sort of…not blame, but go back to when times are a bit hard, really helps…something to kind of, give you a bit of guidance and a path to go through.

Notably, the religious coping mechanisms identified by participants as being helpful for their mental wellbeing would be considered as PRC methods (Pargament et al, 1998), with no NRC methods mentioned by any of the participants.

3.3.3.3. Theme 3 – Positive relations with others and religion. The relationship

between participants' religion and one particular aspect of PWB, positive relations with

others, was identified as an additional theme. Within Bronfenbrenner's (1979) EST, this

theme can be considered as part of adolescents' mesosystem, whereby adolescents'

involvement with religion interacts with other systems, such as peers and the wider

community.

The link between religion and compassion and kindness towards others was

emphasised by a number of participants. Niamh stated that her religion increases her

tendency to be "more compassionate with people". Further, Seán noted that people who are

religious often demonstrate kindness towards other people, stating, "not only is it many of the

people in the community, but also many of the priests in my local parish are very helpful and

kind".

The social aspect of organised religious activities and membership of a religious

community was also cited by participants as having a positive impact on mental wellbeing.

Stacy mentioned that being part of a religious youth group has "definitely helped" to improve

her mental wellbeing. Similarly, Molly's involvement in her religious community aided two

aspects of PWB, namely, positive relations with others and environmental mastery, by

helping her to "make friends", which she stated was "good for my wellbeing". Additionally,

Seán felt that being part of a religious community aided his mental wellbeing, "because

you're able to meet others who've gone through the same things as you and you're able to

talk about it". He also stressed that the members of his religious community and, in

particular, the parish priests "have great connections with many of the people, and they talk

and get involved with the community and the school, so that's really nice and helps people's

wellbeing".

Theme 4 – Religion and the wellbeing of adolescents in Ireland: Past, present and future directions. The final theme which was generated from the data pertained to the role of religion in the wellbeing of adolescents in Ireland in the past and the present, as well as possible future directions for the role of religion in relation to young people's wellbeing in the Irish context. In line with Bronfenbrenner's (1979) EST, this theme mirrors elements of the exosystem of adolescents, wherein religious systems and educational systems interact. This theme also reflects the macrosystem of adolescents, in relation to participants' views regarding the relationship between religion and the norms and values of Irish society.

As part of the interview, participants were asked if they thought that religion had a role to play in the mental wellbeing of other young people in Ireland. From their responses, it was apparent that many participants were acutely aware of Ireland's history as a country in which many people took religion quite seriously; however, participants had varying views on the place of religion in Ireland today. Niamh felt that Ireland is still a vastly "religious country", whilst Róisín thought that it is "not really as common anymore for young people to practise their religion". Kaspar, who identified as an atheist, mentioned that some of his friends "would go down to Mass and things"; however, he felt that religion no longer has a role to play in the mental wellbeing of young people in Ireland, as he did not think that "young people believe in it that much anymore". Róisín was of the opinion that "if you do believe, it should help" to improve wellbeing. Similarly, Molly said, "I know plenty of people…a lot of my friends actually, who would say the same as me, that religion has a massive role in their lives, in … moving them forward, and also as part of their identity", aligning with the PWB facet of autonomy.

In relation to future directions for religion and wellbeing in the lives of adolescents in Ireland, all adolescents who were religiously affiliated felt that there was a place for religion, or at least reference to certain aspects of religion, within a new wellbeing curriculum at

Senior Cycle. According to Róisín, it would be important for a wellbeing curriculum to mention PRC strategies, such as "prayer, and what you can say to help yourself, and just...like, talking about the different places you can turn to, like, whether that's going to light a candle, or kneeling down and saying the Rosary". Additionally, Niamh thought that "talking about getting in touch with God" could be included, while Molly mentioned that "speaking about your feelings…like you do in religion when you're praying, I think that would be a very nice thing to have in a wellbeing class".

However, all participants unanimously felt that if these aspects of religion were to be included in a wellbeing class, that they should be included for students who are religious alone. Stacy mentioned that she attended a Catholic school, but that some students in her school "aren't so religious" and that such religious elements within a wellbeing lesson could "maybe put some people off". She instead felt that religious aspects could be included as an "add-in" part a wellbeing curriculum for pupils who are religious. Similarly, Kaspar, who identified as an atheist, thought that there could be "a different (wellbeing) class" for religious pupils to attend.

3.4. Discussion

    3.4.1. Main findings. The main findings of the research will be discussed below, with respect to the three research questions in the current study and in the context of previous literature in the area.

    3.4.1.1. Psychological wellbeing and religiosity. In relation to the first research question in this study, "What is the relationship between PWB and religiosity amongst adolescents?", the results obtained from the quantitative and qualitative aspects of the research revealed a complex relationship between these variables.

The results from the correlation analyses undertaken for the quantitative data in this study revealed that there was no significant relationship between PWB and religiosity amongst participants. This result differed from previous studies in the area in the international context, which revealed that religiosity was positively correlated with adolescents' PWB (e.g., Abdel-Khalek, 2011; Abdel-Khalek, 2014; Davis III & Kiang, 2016; Francis, 2013). This non-significant result in relation to a relationship between PWB and religiosity is noteworthy given the context of Ireland, which has long been recognised as a country in which "inauthentic cultural Catholicism" is prevalent (Turpin, 2020, p. 186). Notably, many of the students in the current research self-identified as religiously affiliated to Catholicism; however, some of these students did not practise their faith in any way, nor did they internalise the beliefs of the faith tradition which they claimed to profess. It is therefore possible that some participants' scores in relation to religiosity, which included their religious affiliation alongside various other aspects, may have been misrepresentative, given the tendency of many Irish people to identify as Catholic, regardless of whether or not they profess its teachings or participate in its various activities (Ganiel, 2016).

The only aspect of religiosity which appeared as a predictor of adolescents' PWB was religious beliefs. Specifically, the regression analyses employed in this study revealed that for theists, belief in God was a significant predictor of increases in their PWB; this corresponded with the results of previous international studies in the area (Francis, 2013). Conversely, belief in hell was a significant predictor of decreases in the PWB of theist participants in this study. It is apparent, therefore, that religious beliefs in general are the most important aspect of religiosity in terms of predicting the PWB of adolescent theists in this country. Thus, it is hypothesised that implications for PWB as a result of religiosity are more likely to be experienced by students who are have internalised their religious beliefs, i.e., intrinsic religiosity, rather than merely identifying as being religiously affiliated, i.e., extrinsic

religiosity. Similar hypotheses have been forwarded by researchers in the international context (Wenger, 2011). According to the results of analyses between theist and non-theist adolescents, theists presented with higher overall levels of PWB than did non-theists; however, this difference was non-significant. Nevertheless, theists scored significantly higher than non-theists in relation to environmental mastery and positive relations with others. Additionally, theists had a greater sense of purpose in life and self-acceptance than did non-theists, but again, this result was not significant. These results were in line with those obtained by other researchers, where differences in the wellbeing of adolescent theists and non-theists were discovered (Byrne et al., 2019). However, due to the lack of significance in relation to this in the current study, these results cannot be over-interpreted.

In relation to the qualitative aspect of the study, religiously affiliated participants reported that their religiosity had a range of benefits for their mental wellbeing. Specifically, participants mentioned that believing in God was beneficial for their mental wellbeing, as well as engaging in personal prayer, which a number of participants felt helped to alleviate nervousness and anxiety. Participation in organised religious activities, including receiving the sacrament of Confession, was also mentioned as having positive implications for mental wellbeing, particularly in relation to self-acceptance. Corresponding with the results of the quantitative element of the study, religiosity was also mentioned as being beneficial in terms of promoting positive relations with others, particularly through involvement in religious youth groups, and by encouraging kindness and compassion. The participant who identified as an atheist did not mention any aspects of religiosity as being beneficial or non-beneficial for his mental wellbeing. These results corroborate those of the regression analyses, suggesting that certain aspects of religiosity can have benefits for the PWB of students, but only for those who hold and internalise religious beliefs.

3.4.1.2. Psychological wellbeing and positive religious coping. With regard to the second research question, "What is the relationship between PWB and PRC amongst adolescents?", the results of this study demonstrated links between the use of PRC methods and positive outcomes for adolescents' PWB.

The results of the correlation analyses conducted on the quantitative data revealed that there was no significant relationship between PRC and overall PWB; however, there was a significant positive correlation between the use of PRC methods and purpose in life, with purpose in life increasing as did the use of PRC mechanisms. These results align with those obtained previously by Krok (2018), which showed a significant correlation between PRC and meaning in life, but not between PRC and overall PWB, amongst an adult sample. Unsurprisingly, the results of the current study demonstrated that theists are far more likely to employ PRC methods than are non-theists. Furthermore, the regression analyses demonstrated that the addition of PRC to the equation was a far greater predictor of PWB for theists than for non-theists.

The link between religious coping methods and mental wellbeing emerged as a theme during the analysis of the qualitative data in this study. In particular, PRC methods were mentioned by numerous participants as having a range of benefits for their PWB. Notably, having a positive and secure relationship with God was cited by many participants as being helpful for their mental wellbeing, as they felt that they had a presence looking after them, as well as a non-judgemental person to whom they could turn to with various problems in their lives. Other religious beliefs were also employed by participants to effectively cope with negative life events, including belief in divine providence and the afterlife; these examples demonstrate the perceived relationship between religion and participants' sense of purpose in life. These results correspond with those of previous studies, which have shown the potential of religious beliefs to be deployed positively in coping with life stressors (Pargament, Olsen,

Reilly, Falgout, Ensing & Haitsma, 1992). In addition, the reading of scripture was noted as being beneficial for a participant's wellbeing as it helped him to understand how religion has helped in the lives of others, aligning with the findings of previous research in the area (Thomas & Barbato, 2020). Finally, a number of participants relayed that personal prayer was a PRC method utilised effectively by them to cope in stressful times, for example prior to examinations; this corroborates the results of previous studies, which have shown that PRC methods, such as seeking a connection with God through prayer, are beneficial for individuals who are dealing with stressful events (Krok, 2018).

3.4.1.3. Psychological wellbeing and negative religious coping. With regard to the final research question, "What is the relationship between PWB and NRC amongst adolescents?", the results revealed that NRC had negative implications for adolescents' overall PWB, as well as for various dimensions of PWB.

Firstly, the correlation analyses revealed a strong, negative relationship between NRC and PWB, with PWB decreasing as the use of NRC methods increased. Moreover, there was also a strong, negative relationship between NRC and a number of dimensions of PWB, specifically autonomy, environmental mastery, personal growth, purpose in life and self-acceptance; participants' scores across these dimensions tended to decrease as their use of NRC mechanisms increased. These results align with those of a plethora of studies in the field of NRC, which has previously been shown to be strongly associated with a range of negative outcomes for PWB (Hebert et al., 2009). Additionally, it was notable that NRC more consistently predicted overall PWB for adolescents than did PRC; this has also been apparent across the literature, with links between PRC and PWB tending to be less significant than those between NRC and PWB (Pargament et al., 1998). Interestingly, non-theists were just as likely as theists to employ NRC strategies, and non-theists' usage of such strategies explained a similar amount of the variance in PWB within the regression model as it did for their theist

peers; for both theists and non-theists, the adoption of NRC methods was linked to lower levels of overall PWB. Finally, in relation to the qualitative element of this study, no information was given by any participant in relation to the use of NRC mechanisms.

3.4.1.4. Ecological model. The results of the study highlight that, for many participants, religion was an influential element of numerous ecological systems (Bronfenbrenner, 1979). Firstly, it is evident from the results of the quantitative element of the research that religion was part of the microsystem of many participants, as demonstrated by their self-professed religiosity. The influence of religion across various other systems was revealed through the qualitative data; for example, it was apparent that the interaction between adolescents' religion and other elements of their microsystem, including peers and school, had an impact on their mental wellbeing. Further, the reality of the exosystem of adolescents was reflected within the data, through their reflections on both educational and religious systems. Finally, the macrosystem of adolescents was portrayed within the data, as participants voiced their views in relation to the norms of Irish society and the role of religion within it.

3.4.2. Methodological considerations. The methods employed in this study had a number of strengths and limitations, which should be considered in order to contextualise the findings discussed above.

3.4.2.1. Strengths. A notable strength of this study was the direct involvement of adolescents and the use of both quantitative and qualitative methodologies in order to holistically capture and represent their voices (Harmon, 2020). Additionally, it is proposed that the utilisation of a mixed-methods approach and triangulation of data from the questionnaires and semi-structured interviews has improved the credibility of the research findings (Korstjens & Moser, 2018). In relation to data analysis, the quantitative analyses

ensured to account for many relevant extraneous variables, thereby increasing the likelihood that the results are representative of the actual relationships between the specific variables (Street, 1995). Furthermore, the use of reflexive thematic analysis enabled the researcher to create a rich, interpretive explanation of the data arising from the study (Braun & Clarke, 2019).

3.4.2.2. Limitations. Although the sample size in this study generated adequate statistical power to establish a medium effect size, the relatively small sample size is noted as a limitation. In addition, the use of convenience sampling may have led to the results not being representative of the entire population of adolescents in Ireland (Etikan, Musa & Alkassim, 2016). Another limitation relates to the lack of diversity in the sample recruited, whereby the vast majority of participants were affiliated with Catholicism. This is also true of the qualitative aspect of this study, as just one participant identified as an atheist; it must therefore be acknowledged that the results of this study may not be generalisable to students of different faith traditions, or to those who are not religiously affiliated (Thompson, 1999).

3.4.3. Conclusions and implications for policy, practice and future research. While this study is not without its limitations, there are nevertheless a number of key implications arising from its findings for educational policy, practice within the field of educational psychology, and for future research. These implications, which are structured using Bronfenbrenner's (1979) EST, are outlined in detail in Table 15.

Table 15

Implications of the study

Implications at the individual level

- The findings of this study may help to inform adolescents' own understanding of the potential influence of religion on their mental wellbeing, which may be of particular relevance to adolescents who are religiously affiliated.

- As a result, adolescents may be able to consider whether their deployment of religion in their lives has a positive or negative impact on their mental wellbeing, and adapt the manner of this deployment, if necessary.

Implications at the microsystem level

Implications for psychologists working with adolescents:

Assessment/Formulation:

- The results of this study should support the case conceptualisation and formulation of EPs in Ireland working in school settings, i.e., NEPS, and health care settings, i.e., Primary Care Psychology Services and CAMHS, and other youth mental health services, in terms of identifying religion as a potential protective/risk factor for adolescents with concerns in relation to their mental health (Carr, 2016).

- In keeping with Bronfenbrenner's (1979) EST, psychologists may wish to conceptualise an adolescent's religion as pervading many systems within the adolescent's experience. This may allow psychologists to consider the potentially positive or negative influence of religion in relation to each system.

- Psychologists undertaking initial intake interviews with adolescents with concerns in relation to mental wellbeing may wish to include a question about religiosity on their interview schedule. Should an adolescent identify as being religious, further

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investigation by the psychologist into the religious coping methods used by the adolescent could be warranted, in order to establish whether PRC or NRC mechanisms are being employed.

Intervention:

- The findings of this study may enhance psychologists' understanding of the positive link between PWB and PRC methods, which may lead to more targeted direct intervention for religious adolescents, e.g., highlighting the use of PRC mechanisms amongst religious adolescents as a strength and reaffirming their use by adolescents, in keeping with the strengths-based approach (Sharry, 2004).

- Additionally, the findings of this study may advance psychologists' understanding of the negative relationship between PWB and NRC methods, which may lead to more targeted direct intervention for adolescents in general, e.g., challenging the use of such maladaptive coping mechanisms amongst the adolescents whom they work with through use of therapeutic techniques such as Cognitive Behavioural Therapy (CBT), and supporting adolescents to adopt healthier coping strategies to deal with life stressors.

Training:

- The results of this study may inform the content of training delivered to families and/or schools in relation to positive wellbeing promotion among adolescents. In particular, it may be beneficial for psychologists to include psychoeducational reference to PRC and NRC methods and their potential implications for adolescents' mental wellbeing.

Implications for school staff:

- The results of this study should serve to enhance the understanding of post-primary school staff members of the positive relationship between religious practice, PRC and students' PWB, as well as the negative relationship between NRC and PWB among students. This knowledge may be particularly important for members of schools' Management Teams, Student Support Teams, Pastoral Care Teams, Year Heads and Special Educational Needs Co-Ordinators/SETs, as it may be utilised to support and promote more positive PWB among students in general.

- In denominational post-primary schools, it may prove beneficial to adopt wellbeing promotion strategies which draw from religious concepts and practices as part of a whole-school wellbeing promotion plan, e.g., facilitating guided religious meditation for religiously affiliated students at whole-school assemblies. Such strategies could also be considered for use in multi-denominational schools for pupils who were interested/of particular faith traditions.

- Additionally, teachers of SPHE at Senior Cycle may wish to consider the inclusion of teaching about PRC and NRC and the potential implications of each for students' mental wellbeing. Such content should be included in line with the learning objectives of the SPHE Curriculum Framework for Senior Cycle (NCCA, 2011) and could involve discussion on how/whether students employ religious "coping skills…in challenging situations" (NCCA, 2011, p. 20). Reference to such concepts should be an optional addition within SPHE for pupils who are interested/religiously affiliated only.

- Similarly, teachers of RE at Senior Cycle in denominational schools may wish to utilise time during class to practise PRC skills with pupils who are religiously affiliated, e.g., through guided meditation and prayer, reading of scriptures, practising

religious gratitude and forgiveness, and supporting students to use religion to comprehend life experiences.

- Teachers in denominational post-primary schools who are already hosting discrete Wellbeing classes for pupils at Senior Cycle may wish to consider using this subject as an opportunity to teach students about the potential benefits of PRC methods and religious practice for their PWB, as well as the potential negative implications of using NRC methods for their mental wellbeing.

Implications for religious communities:

- The findings of the research may prove useful for individuals within (particularly Catholic) religious communities. Adults involved in these communities should note the potential for implicit religiosity to support positive mental wellbeing among adolescents and aim to further promote adolescents' intrinsic religiosity.
- It may also be helpful for such communities to engage adolescents in practising PRC methods, e.g., as part of the activities of religious youth groups, in order to promote positive mental wellbeing outcomes for adolescents.

Implications at the mesosystem level

Implications for interactions between psychologists and schools:

- The findings of this study may inform the practice of EPs working in post-primary school settings, particularly in relation to responding to critical incidents. During such an incident, EPs could support school staff and pupils in the adoption of PRC methods to cope with the adverse event, while highlighting the potential negative implications of employing NRC mechanisms to understand or deal with a critical incident.
- In addition, EPs working in post-primary school settings may provide support to school staff in relation to whole-school wellbeing promotion. EPs involved in creating plans

for wellbeing promotion with denominational school staff may wish to outline the potential benefits of PRC methods for adolescents' wellbeing to staff and support the school in generating ideas for whole-school wellbeing promotion strategies which incorporate PRC aspects.

Implications at the exosystem level

Implications for educational policy:

- The results of this study may inform curriculum development in terms of proposals for a discrete wellbeing curriculum at Senior Cycle (NCCA, 2019a), particularly in relation to providing evidence to support the inclusion of reference to the potential implications of PRC and NRC methods and religious beliefs/practices for mental wellbeing within such a curriculum. Reference to such concepts should be an optional addition within the curriculum for pupils who are interested/religiously affiliated only.

- Additionally, the results may impact curriculum development in relation to RE at Senior Cycle for denominational schools. Key stakeholders developing guidance to support the teaching of an updated state Senior Cycle RE syllabus, e.g., the IEC, may wish to include advice for school staff regarding the development of students' intrinsic religiosity during RE within a future guidance document, as well as information on how PRC methods can be employed to support mental wellbeing for students.

- Finally, the results of this study may inform updates to critical incident response guidance for psychologists and schools (i.e., DES, 2016), in terms of noting the potential for PRC methods to enable students to cope better with adverse events and outlining potential PRC strategies which could be employed during critical incidents across denominational and multi-denominational schools.

<u>Implications for future research:</u>

- Future research should investigate more extensively the mechanisms through which NRC methods may lead to negative outcomes for adolescents' PWB, particularly through use of qualitative methodologies (Hammarberg, Kirkman & de Lacey, 2016).

- Moreover, research in the Irish context should examine more closely the impact of religious practices and elements within the school setting on students' wellbeing, e.g., investigating the relationship between the study of RE at Senior Cycle and student wellbeing.

- Furthermore, it would be of merit to examine the potential relationship between religion and other aspects of mental health with adolescents in Ireland, e.g., social and emotional wellbeing.

- Additionally, research into adolescents' religiosity in Ireland should use measures which maintain a greater focus on certain aspects of religiosity, e.g., core beliefs, rather than on religious affiliation, as study of religious affiliation may provide misrepresentative results, given Ireland's culturally Catholic identity.

- Finally, future research into the relationship between mental wellbeing and religion among adolescents in Ireland should endeavour to recruit participants from a greater variety of faith backgrounds and none, in order to capture the voices of minority groups with regard to these variables and the potential relationships between them. The measures used in future research should also be more inclusive for adolescents from varying religious traditions, and none.

In conclusion, the current study provides a timely contribution to the literature surrounding PWB, religiosity and religious coping in relation to adolescents in Ireland (Byrne et al., 2019). Particularly, the findings of this research serve to enhance understanding of the

mechanisms through which religiosity, PRC and NRC influence adolescents' PWB, for better and for worse. The methods utilised within the study itself possess a number of relative strengths and limitations, which impact on the credibility and generalisability of the findings. Nonetheless, this study provides an original contribution to the knowledge base surrounding the relationship between religion and mental health amongst adolescents in the Irish context, with a number of distinct implications arising for educational policy, practice and future research.

Chapter Four: Critical Review and Impact Statement

4.1. Introduction

This chapter will entail a critical reflection on the research process and the study undertaken within the context of the empirical literature. Firstly, the epistemological and theoretical perspectives adopted in this thesis will be reflected upon. Following this, the study undertaken will be critically appraised across the key methods employed, including reference to available alternatives. Next, the implications of the research will be outlined, in terms of promoting understanding of the key topics, future research, policy development, and practice for psychologists and school staff. A personal reflection on the research process, guided by Schön's (1991) model of reflectivity, will follow this. Finally, the thesis will culminate with a statement of the impact of the research across a variety of domains.

4.2. Study Overview

4.2.1. Epistemological perspectives. This study subscribed to the pragmatic research paradigm, adopting a critical realist philosophical approach. The pragmatic paradigm was chosen for use in the current study as it is inherently flexible and not committed to any single system of understanding in terms of reality and philosophy (Frey, 2018). Pragmatism and critical realism have been combined effectively to inform research across various fields of study (Heeks, Ospina & Wall, 2019). Pragmatism asserts that information about reality is revealed through human experience and cannot be obtained through use of singular scientific methodologies (Frey, 2018). This aligns well with the assumptions of the critical realist philosophical understanding, which advocates for the use of mixed-methods methodology and assumes an objectivist ontology, whilst acknowledging that our comprehension of this assumed objective reality is fallible due to the ability of theory and science to reveal only

partial elements of reality (Van de Ven, 2007). It was supposed that this understanding of reality corresponded well with the assumptions of the psychological theories also subscribed to in this project: for example, the transpersonal theory of religion, which purports that religion connects individuals with a transcendental reality that cannot be completely understood through scientific investigation (Tart, 1992; Wilber, 1995). In terms of implications of this choice of paradigm for interpretations of the findings of the study, it is assumed that the results of the research depict part of an objective reality regarding the relationships between the variables amongst the sample studied.

In relation to epistemology, critical realists are not wholly realist; they posit that knowledge is a social product, recognising the role of the researcher in the production of knowledge (Bhaskar, 1975). This stance informed the reasoning approach which was adopted in the current study, namely, retroduction. The use of retroduction led to a reflexive approach to data analysis; this involved movement back and forth between the data and possible reasons for phenomena, bearing in mind personal insights and knowledge of the empirical literature (Beighton, 2019). As a result, decisions were made regarding data analysis which affected the results of the study: for example, the splitting of the quantitative data file into theist and non-theist participants and conducting additional analyses following this division.

An alternative research paradigm was considered prior to deciding on pragmatic critical realism. Positivism was initially regarded as a possibility, as it would have supported the use of quantitative means to investigate the relationships between PWB, religiosity and religious coping amongst adolescents (Kivunja & Kuyini, 2017); however, this paradigm was not deemed to be suitable following consideration, given its assertion that knowledge can only be obtained through scientific means and, therefore, its complete rejection of the reality of individuals' religious experiences (Price, 1935). Thus, it was regarded that adopting such a

stance would not give due respect to the potential religious beliefs of participants in the current study.

4.2.2. Theoretical perspectives. Firstly, Bronfenbrenner's (1979) EST was adopted in this research. This theory was considered suitable due to its usage in previous literature to explain the impact of religion on young people across various systems within their environment (Abo-Zena & Rana, 2020). Viewing the research through this theoretical lens enabled the researcher to draw implications from the results of the study for the various levels of influence in students' lives. This included implications at the individual level, school-based implications (microsystem), implications for interactions between psychologists and schools (mesosytem), as well as implications for educational curricula and policy (exosystem) (Bronfenbrenner, 1979). Engel's (1977) biopsychosocial model was initially considered as an alternative guiding theory; however, researchers have asserted that this theory does not adequately account for the spiritual dimension of individuals' existence (Saad, de Medeiros & Mosini, 2017). Thus, Bronfenbrenner's (1979) EST was deemed to be most helpful in terms of explaining the potential influence of religious factors across many aspects of adolescents' lives.

A number of other psychological theories were subscribed to for the purposes of this study. In terms of mental health and wellbeing, the theories proposed by Keyes (2002) and Ryff (1989) informed the research. These theories were adopted as they align well with one another, in terms of conceptualising PWB, or mental wellbeing, as a facet of overall mental health. Keyes' (2002) tripartite model of mental health (composed of psychological, emotional and social wellbeing) was chosen due to its strong evidence base (Huta, 2017); the independence of these facets of mental health has been tested and supported via exploratory and confirmatory factor analyses with both adolescents (Keyes, 2005) and adults (Keyes, Shmotkin & Ryff, 2002; Robitschek & Keyes, 2009). Further, Ryff's (1989) theory of PWB

was utilised, as numerous studies across differing age groups and cultural contexts support the existence of the six-factor model of PWB (Ryff, 2014). An alternative conceptualisation of wellbeing which aims to incorporate both hedonic and eudaimonic perspectives was also considered for use (i.e., Seligman, 2011). Although this is an area which is gaining momentum within the field of psychology, there is little evidence as of yet to substantiate its usage (Van Zyl, 2013); thus, the well-researched theories of Keyes (2002) and Ryff (1989) were instead adopted. This decision influenced the choice of measure utilised to operationalise PWB in this study, i.e., Ryff's (1989) SPWB.

Finally, in relation to the psychology of religion, a transpersonal theoretical understanding was adopted (Tart, 1992; Wilber, 1995); this perspective was chosen as it was deemed to be most respectful to participants' beliefs, as it does not dismiss the authenticity of their religious experiences (Vieten, Scammell, Pilato, Ammondson, Pargament & Lukoff, 2013). This aligns with the *Code of Ethics* for psychologists provided by the PSI (2019), which states that psychologists must have "sensible regard for individual clients' moral … values" (p. 6). Other theories of religion, such as those posited by James (1902) and Freud (1930) deny the ability of modern science to investigate religious phenomena; therefore, such theories were not compatible with a study exploring adolescents' religiosity and religious coping. Thus, the transpersonal psychological theory of religion (Tart, 1992; Wilber, 1995) adopted within this study allowed for the scientific investigation of participants' religious experiences, through examination of adolescents' religiosity and religious coping (Holdcroft, 2006; Pargament et al., 2000).

4.2.3. Personal perspective. Due to the researcher's experience as a TEP, primary school teacher and membership of a faith tradition, this study may be considered 'partial insider research'(Chavez, 2008). Such insider research can be advantageous, in that the researcher is likely to have enhanced insights into the various psychological, cognitive,

social, emotional or spiritual precepts of participants as a result of their insider status (Brannick & Coghlan, 2007). Additionally, insider researchers have suggested that their familiarity with a population can positively impact on access to participants and rapport (De Andrade, 2000). However, these potential benefits were not relevant within the context of the current study, as the researcher did not reveal her religious affiliation or previous experience as a primary school teacher to schools or participants at any stage of the research process.

Despite the potential advantages arising from the researcher's 'partial insider' status, various complications can arise from such a positionality, which the researcher took steps to overcome. One such challenge is the potentiality for researcher bias to occur, whereby the researcher's personal values influence the research process (Chavez, 2008). Consequently, the researcher was mindful of this potential for bias throughout all stages of the research process and aimed to overcome this by promoting transparency, rigour and trustworthiness (Fleming, 2018). In relation to transparency, detailed information on all aspects of data collection and analyses were included within the empirical paper (Knottnerus & Tugwell, 2016); additionally, the interview transcripts and coding are included in Appendix S. With regard to rigour, a retroductive reasoning approach and reflexivity in relation to analyses were employed, which required the researcher to be continuously mindful of her own role within the research and challenge any potential biases or preconceived ideas that she may have had, instead relying on the analytic process to reveal truths within the data (Johnson, Adkins & Chauvin, 2020). Transcripts were sent to participants following the interviews for cross-checking, and the researcher also asked a peer to check her own transcribing of the interview data. Trustworthiness was promoted in a number of ways: firstly, methodological triangulation enhanced the credibility of the results (Lincoln & Guba, 1985), while the transcription of interview data aimed to improve transferability (Nowell, Norris, White & Moules, 2017). Further, the researcher kept an audit trail throughout the research process,

through use of a research folder in which all documentation relating to the study was kept, as well as a reflexive journal, which enabled the researcher to reflect internally on the research. Additionally, open dialogue with the research supervisors and colleagues proved beneficial throughout the research process; these steps aided the dependability of the study (Lincoln & Guba, 1985). Finally, the inclusion of information regarding the researcher's reasoning for theoretical, methodological and analytical decisions throughout the study support the confirmability of the research (Koch, 1984).

4.3. Critical Appraisal of the Study

This section will provide a detailed rationale for the selection of key methods employed within the study, with reference to the empirical literature and available alternatives, where appropriate. The methods utilised will also be critiqued in terms of their relative strengths and weaknesses.

4.3.1. Research design. In choosing the design for this research, a number of types of study were initially considered, prior to deciding upon a correlational, cross-sectional research design. It is generally accepted that experimental designs are the 'gold standard' for investigating relationships between variables, as randomisation and control groups reduce bias; additionally, experimental studies can establish cause and effect patterns, unlike correlational research (Hariton & Locascio, 2018). However, use of an experimental design would have been inappropriate in terms of addressing the research questions in the current study, as it would be both impractical and unethical to experimentally manipulate adolescents' PWB, religiosity or religious coping (Batson, 1977). While longitudinal studies have effectively investigated the relationships between religion and wellbeing amongst participants over time (e.g., Aksoy, Bann, Fluharty & Nandi, 2022; Chen & VanderWeele,

2018; VanderWeele, Jackson & Li, 2016;), such a design would not have been feasible in the current case, given the time constraints in the doctoral programme being undertaken.

Thus, it was determined that correlational research, employing a cross-sectional research design, would be most suitable to address the research questions in the current study. Such a design was chosen as it allows for the examination of the relationships between multiple variables at a single time point (Lau & Kuziemsky, 2016). In addition, this type of design was deemed to be an ethical means of investigating the relationships of interest, as participants are not treated or exposed to any experimental manipulation (Wang & Cheng, 2020). Moreover, correlational, cross-sectional research was regarded as the most prudent choice of design in terms of ease and time efficiency (Sedgwick, 2014), which were deemed as particularly important factors by the researcher, on account of the relatively short period of time available for data collection during the doctoral programme.

A number of limitations are associated with the use of correlational, cross-sectional research, some of which pertain to the current study. Firstly, this study provided a representation of the relationships between PWB, religiosity and religious coping amongst adolescent students at a single point in time; therefore, the quantitative results infer an association, and not causation, between these variables (Lau & Kuziemsky, 2016). Cross-sectional studies are also more susceptible to non-response bias, whereby individuals who stop participating in a study, or those who choose not to participate at all, are systematically different from those who do partake in the research (Prince, 2012). In this study, there were some prospective participants who returned completed consent/assent forms to the researcher, but did not subsequently complete the online surveys. It may be that these prospective participants varied significantly from those who completed their participation in the research; however, it is impossible to determine with absolute certainty whether or not non-response bias was indeed present.

4.3.2. Methodology. This study was approached from the critical realist philosophical perspective, which led to the use of a mixed-methods approach to data collection. This use of methodological triangulation presents as a strength within the current study. Triangulation of methodologies enhances the credibility of research findings, as it enables validation of data through cross-verification of sources (Cohen, Manion & Morrison, 2007); for example, in the current study, the association between religious beliefs and enhanced PWB amongst theist participants revealed by the quantitative data analysis was corroborated by views of participants garnered in the qualitative aspect of the research. Additionally, it has been suggested that methodological triangulation increases the validity of research findings, as the use of multiple means of data collection allows for holistic interpretation of data and broadened insights into the phenomena of interest (Bekhet & Zauszniewski, 2012). Furthermore, it has been asserted that there are inherent biases associated with the use of singular methodological approaches, which are reduced through use of methodological triangulation (Mishra & Rasundram, 2017). Thus, methodological triangulation can be considered as a strength of this study, in terms of reducing bias, and enhancing the credibility and validity of the findings.

4.3.3. Participants. In total, 110 participants were recruited for the quantitative aspect of the study, while 7 participants took part in the qualitative element. While this number of participants allowed for the generation of a medium effect size and data saturation (Boddy, 2016; Guest et al., 2006), the relatively small sample size in this study may impact negatively on the validity of the results (Faber & Fonseca, 2014), and may therefore be considered a limitation of the research.

4.3.3.1. Sampling. The sampling strategy employed in the study was convenience sampling, whereby adolescent participants were reached through locations which could be easily contacted and accessed by the researcher, i.e., post-primary schools. This non-

probability sampling strategy was chosen as it was deemed to be most time-efficient, given the relatively short period of time for data collection available in the doctoral programme being undertaken. Use of an alternative probability sampling strategy, e.g., cluster sampling, would have been advantageous, as this method yields more generalisable and representative estimates of target populations than convenience sampling (Bornstein, Jager & Putnick, 2013). However, it was decided that convenience sampling would be more efficient, as utilising cluster sampling would have required the researcher to select interested participants randomly from each school, thereby likely reducing the number of overall participants in the study (Jawale, 2012).

It must be acknowledged that the use of a convenience sampling strategy is a limitation of this study. Convenience sampling as a technique is inherently biased, as results derived from studies which utilise convenience sampling have limited generalisability to the wider population. Additionally, convenience sampling can cause demographic subsets to be excluded from samples (Bornstein et al., 2013); this was evident in the current study, in which there was little to no representation of pupils affiliated with minority religions, or no religion, in the sample collected. Thus, the sample collected in this study may not be representative of the population of adolescents attending post-primary schools in Ireland, weakening the external validity of the study (McDermott, 2011).

In addition, it is possible that the sampling strategy employed led to a certain degree of self-selection bias in the results (Sharma, 2017), as adolescents who were more interested in religion may have been more likely to volunteer to participate in the study than those who were not. This bias was particularly apparent in the qualitative element of the study, in which six out of the seven participants who were interviewed were practising Catholics. This reduces the likelihood of the results of the qualitative aspect of this study being applicable to pupils who are not religiously affiliated, or to students who are affiliated to other religions.

4.3.3.2. Demographics. In terms of participant demographics, it was hoped to achieve gender representation within the sample. In general, less males volunteered to partake in the study than did females. This trend has been well-documented within the literature, with females generally more likely than males to participate in research (Smith, 2008) and in religion (Francis & Village, 2022). However, it is likely that the results of the current study are less relevant to male adolescents as a consequence (Lewis & Willingham, 1995). In relation to religious demographics, the religious affiliation of the sample in the current study was comparable to the most recent population census data available (CSO, 2016); while this indicates that the sample is somewhat representative of the religious demographic of adolescents in Ireland, it poses as a limitation in terms of the representativeness of the results, particularly in relation to adolescents affiliated with minority religions.

4.3.4. Measures.

4.3.4.1. Psychological wellbeing. Ryff's (1989) 18-item SPWB was employed due to its corroboration with the conceptualisation of PWB adopted by the researcher. The use of this measure can be regarded as a strength of the study, due to its frequent usage amongst adolescents in previous research (Abbott et al., 2006), as well as its high level of test-retest reliability and internal consistency (Seymour, 2015). Moreover, tests of reliability in the current study revealed a high degree of internal consistency for the overall PWB scale, as well as acceptable levels for each of the six dimensions of PWB (Clark & Watson, 1995; Nunnally, 1978). Numerous editions of Ryff's SPWB were considered for use in the current study, ranging from 18 to 120 items (Ryff & Keyes, 2005). However, following a recommendation at a review panel, it was decided to use the shortest version of the scale, in order to minimise the probability of respondent fatigue (Wright & Ogbuehi, 2014).

4.3.4.2. Religiosity. The nine-item measure of religiosity was chosen for use in this

study as the questions had been used successfully to operationalise religiosity in two recent

studies involving thousands of school-attending adolescents in Ireland (Byrne et al., 2019;

McGrady et al., 2019); additionally, many of these questions were based on those utilised in

the large-scale EVS (2017). The Brief Multidimensional Measure of

Religiousness/Spirituality (Fetzer Institute & National Institute on Aging Working Group,

1999) was initially considered as an alternative, as it has been widely-used among

adolescents and has been proven to have high degrees of reliability and validity (Cotton,

McGrady & Rosenthal, 2010); however, this measure involved 38 items and was developed

within the United States. Thus, it was considered that the chosen nine-item measure was more

applicable to Irish adolescents and had greater potentiality to minimise the occurrence of

respondent fatigue.

Both strengths and limitations were associated with the use of this measure. Firstly,

the questions allowed for a broad depiction of adolescents' religiosity across five key

domains: religious affiliation, religious attendance, self-professed religiosity, personal prayer

and religious beliefs. Additionally, statistical analyses found the measure to be highly reliable

in the current study (Nunnally, 1978). However, it is possible that the wording of the scale

may have been off-putting for some students: for example, 'atheist' and 'agnostic' were listed

as potential answers to the question assessing religious affiliation, but the term 'religiously

unaffiliated' (Kieran & Mullally, 2020) may better fit these groups. Similarly, the use of the

word 'God' in the scale may have been objectionable for students who have different

conceptualisations of God, e.g., the belief of Muslims in Allah. The sample of students in the

current study was predominantly Catholic; it is possible that the wording of the scale may

have lent itself to non-response bias, whereby students of differing world religions, or no

religion, may simply have not completed the questionnaire. This is a significant limitation in relation to drawing implications of the findings of this study to such students.

4.3.4.3. Religious coping. The Brief RCOPE was selected to operationalise religious coping due to its substantial evidence base; it has been widely used within the literature amongst adolescent populations, and a wealth of research supports the internal consistency, construct and predictive validity of both the PRC and NRC subscales (Pargament et al., 2011). Furthermore, statistical analyses found both subscales to be highly reliable in the current study (Nunnally, 1978). The original RCOPE was also considered for use (Pargament et al., 1998); however, the length of this scale at 105 items has meant that it has not been widely utilised among adolescent samples (Pargament et al., 2011). Thus, the Brief RCOPE was considered the be the more prudent choice, given that space for questions was at a premium in the current study.

There were also certain drawbacks associated with its use in this research. The scale is designed with a strong Christian worldview (Pargament et al., 2011); again, the use of the word 'God' within the scale may have been perceived as objectionable by students of other religious affiliations and none. Moreover, the questions on the survey were seemingly irrelevant to certain participants with no religious affiliation, exemplified by the low scores of a number of participants who identified as atheist for PRC and NRC. This presents as a barrier for generalising the results of this study in relation to religious coping to these adolescents.

4.3.4.4. Semi-structured interviews. Semi-structured interviews were chosen for use, as an aim of this research was to holistically capture the voices of adolescents in relation to their perspectives on the relationship between mental wellbeing and religion. Focus groups were also considered for use as a data collection method, but semi-structured interviews were

regarded as the more ethical means in terms of protecting participants' privacy and confidentiality, particularly given the focus on personal beliefs and experiences within the interviews (Owen, 2001). The piloting of the interview schedule served as a strength, as this process helped to refine the questions and enabled the researcher to reflect on and amend any questions which could potentially be regarded as biased. A common pitfall for semi-structured interviews is for the social desirability effect to potentially impact on the results (Kaushal, 2014); however, the researcher sought to overcome this by emphasising to participants at the outset of each interview that there were no correct or incorrect responses to the questions, and that the aim was to capture their own personal views.

4.3.5. Procedures.

4.3.5.1. Recruitment. Due to the school closures and Covid-19 restrictions which were in place at the time, schools and participants were recruited solely online. There were a number of challenges pertaining to online recruitment; firstly, it was difficult to initiate contact with school principals, due to the various demands on their attention at that time. Additionally, once consent from schools had been obtained, participant uptake in general was rather low; an average of 11 participants were recruited from each school who shared information about the research with their students. It has been well-documented that the tendency to partake in research, particularly amongst young people, is less likely in online studies than in conventional, face-to-face research settings (Koo & Skinner, 2005). However, online recruitment of schools and participants can be viewed as a strength in terms of ethical practice in the current study, as the possibility for implicit coercion to occur was greatly reduced. Additionally, participation which was truly voluntary is more likely to have occurred through the use of online recruitment, as there would have been less pressure to partake without the physical presence of the researcher (Roberts & Allen, 2015).

In relation to school recruitment, an equal number of denominational and multi-denominational schools were invited by the researcher to partake in the study. In so doing, it was hoped that an even representation of school patronage type would be achieved; however, six out of the 10 schools involved were denominational schools (i.e., Catholic), with the remaining four being multi-denominational schools. It is therefore likely that the results of this study are more directly applicable to students attending Catholic schools than multi-denominational schools.

4.3.5.2. Data collection. Data was collected solely online for the purposes of this study, which had both positive and negative implications. In relation to ethics, it is likely to have been more feasible for students to exercise their right to withdraw online than if the study had been conducted in a face-to-face setting (Roberts & Allen, 2015). In addition, research has demonstrated that schools and students often prefer to partake in online surveys than paper-based surveys (Harlow, 2010). However, it is also recognised that some individuals are more likely to respond to an invitation to partake in online research, whilst other have a tendency to ignore such invitations; this makes online studies more susceptible to the caveats of self-selection bias and non-response bias (Wright, 2005).

4.3.5.3. Ethical considerations. Ethical approval for the research was granted by MIREC in December 2020. Two main ethical considerations arose from this application, which were addressed prior to commencement of the study. Firstly, the principles of privacy, anonymity and confidentiality required additional consideration due to the online collection and storage of data. Consequently, the researcher devised and adhered to a comprehensive data management plan throughout the research process, which aligned with relevant legislation and policy, including *GDPR* (EU, 2018), the *MIC Records Retention Schedule* and *MIC Data Protection Policy and Personal Data Handling Guidelines*. In addition, it was necessary to take additional steps to safeguard participants during the interviews, due to the

potentially sensitive nature of the content discussed and possibility of disclosures of harm to be made by participants to the researcher in this one-to-one setting. Therefore, a detailed risk assessment for the research was completed and a thorough child safeguarding statement was created, with reference to the *Children First Act 2015* (GOI, 2015) and the *MIC Safeguarding Children Policy and Procedures and Safeguarding Statement*. The components of this child safeguarding statement were strictly followed throughout all aspects of the research process.

4.3.6. Analysis.

4.3.6.1. Quantitative data analysis. Correlation analyses were employed in order to address the research questions in this study, by assessing the strength and direction of the relationships between the variables. Comparative analyses were utilised in order to facilitate analysis of data between theist and non-theist participants; to achieve this, the data file was split, as per the method used in previous research (Byrne et al., 2019). It was initially planned to run parametric correlation and comparative analyses; however, the non-parametric equivalents were instead chosen, as it became apparent that the data did not meet the assumptions of normal distribution. The use of non-parametric tests may be viewed as a limitation of the research, given that such tests are often less powerful than their parametric counterparts (Whitley & Ball, 2002). Regression analyses were also employed, in order to explore the influence of various predictor variables on adolescents' PWB. The regression analyses utilised present as a strength of the study, as many relevant extraneous variables were accounted for by the final regression model; this helps to increase confidence in the results of the analyses (Street, 1995).

4.3.6.2. Qualitative data analysis. Reflexive thematic analysis was chosen to analyse the data arising from the qualitative interviews due to its flexibility and lack of theoretical bias; as such, it was possible to align the application of this method with the critical realist

philosophical perspective and retroductive approach to reasoning adopted in this study. The use of reflexive thematic analysis can be regarded as a strength of the research, as it allowed for the creation of a holistic and causal depiction of the relationships between the variables (Braun & Clarke, 2019). In relation to potential alternative methods of analysis, Interpretative Phenomenological Analysis (IPA) would have allowed for a detailed exploration from the critical realist perspective of adolescents' views regarding the relationship between PWB and religion (Smith, 1996). However, IPA has been criticised for its over-emphasis on language; as a result, IPA was not deemed to be the most appropriate means of analysing the qualitative data, as it would have proven difficult to interpret some of the sparser interview transcripts obtained during this study using this method (Noon, 2018).

4.4. Implications and Distinct Contribution

While this study has a number of limitations, the findings have important implications in terms of enhancing understanding of the research topics, and informing future research, policy, and practice for psychologists and school staff.

4.4.1. Knowledge and understanding of topics. This study makes a unique contribution to the literature surrounding mental wellbeing and religion amongst adolescent populations. Previous research in Ireland investigating the relationships between mental wellbeing and religion amongst adolescents was limited; this study helps to address this gap in the literature. Additionally, while international research has examined the relationships between PWB, religiosity and religious coping via quantitative methods (Wong et al., 2006), the results of the literature review revealed that qualitative methodologies had never previously been used to investigate these relationships. This study addressed this void within the literature, through the use of a mixed-methods approach.

There are a number of key findings arising from this study, which serve to enhance knowledge and understanding of the relationships between PWB, religiosity and religious coping amongst adolescents. Firstly, while the results did not reveal a significant quantitative association between PWB and religiosity, religiously affiliated participants who participated in the interviews reported certain aspects of religiosity as beneficial for their mental wellbeing, including religious attendance, personal prayer and religious beliefs. Comparative analyses demonstrated no significant differences in the overall PWB of theist and non-theist adolescents; this suggests that the PWB of non-theists is not negatively impacted as a consequence. However, amongst theist participants, statistical analyses demonstrated that holding internalised religious beliefs is predictive of higher PWB; this suggests that intrinsic religiosity is more helpful than extrinsically-motivated religiosity in terms of improving the PWB of religiously affiliated adolescents in Ireland. In relation to PRC, religious participants noted several methods as being helpful for their mental wellbeing during the interviews, including the use of religious beliefs to comprehend life events and seeking a connection with God. While the impact of the use of NRC on their mental wellbeing was not mentioned by any participants during the interviews, the quantitative data revealed that greater use of such methods is predictive of lower overall PWB amongst theist and non-theist adolescents.

4.4.2. Directions for future research. In relation to future research, studies which focus on the relationship between religion and additional aspects of adolescents' mental health, including social wellbeing and emotional wellbeing, would further enhance understandings of the relationship between religion and the overall mental health of adolescents. In addition, studies which investigate the relationship between spirituality and aspects of adolescents' mental health would be of benefit to the profession of educational psychology (Ruddock & Cameron, 2010). Moreover, research which focuses on the relationship between RE and student wellbeing in Ireland would be of particular value, in

terms of informing upcoming revisions to the Senior Cycle programme (NCCA, 2019a). In relation to methodologies, studies which utilise a longitudinal design would be of interest, in terms of providing information about the relationship between religion and mental health from childhood to adolescence. To further the generalisability of the findings of this research, future studies in the area should endeavour to recruit a larger sample size, as well pupils from as a greater variety of faith backgrounds and none. In such studies, the use of measures of religiosity and religious coping which are more relevant to participants of all faith traditions and none would be of merit.

4.4.3. Implications for policy. While several policies relating to wellbeing and education in Ireland mention the potential connection between mental health and religion among young people (i.e., Department of Health, 2015; NCCA, 2015; DES, 2018a; NCCA, 2020; NCCA, 2021), the results of this study substantiate additional reference to this link in future policy development. The findings of the qualitative aspect of this study suggest that PRC methods can be effectively used to support adolescents' mental wellbeing, while students are open to the inclusion of reference to religious concepts within wellbeing classes. Additionally, the link between NRC and lower PWB identified within the quantitative element of the research is an important finding in terms of student wellbeing. Consequently, this evidence should be taken into account by curriculum developers in revisions to the Senior Cycle, particularly in relation to including reference to the potential implications of PRC and NRC methods for mental wellbeing within state wellbeing and RE curricula, for students who are interested or religiously affiliated only. Similarly, these findings may inform future updates to critical incident response guidance for psychologists and schools (i.e., DES, 2016), by highlighting PRC methods which could be employed in order to help students in denominational and multi-denominational schools to cope better with the adverse event. Additionally, denominational stakeholders developing guidance to support the teaching of a

revised Senior Cycle RE curriculum may wish to consider including advice regarding the development of students' intrinsic religiosity during RE classes within such guidance, as well as information for school staff on how PRC methods can be used to support student wellbeing. The implications for policy arising from this study relate to the exosystem level of Bronfenbrenner's (1979) EST, as they apply to educational and religious systems.

4.4.4. Implications for practice. Implications for the professional practice of psychologists and school staff arise from the results of this study. These implications pertain to the microsystem level of Bronfenbrenner's (1979) EST, as an adolescent's school setting and involvement with a psychologist would both be considered as immediate environments directly impacting on the adolescent. Thus, the implications hereunder also relate to the mesosystem of adolescents, as a result of the interaction between these microsystems.

4.4.4.1. Key messages for psychologists. The results of this study have demonstrated that holding religious beliefs is associated with greater PWB amongst adolescent students, while the use of religious coping methods has the propensity to be either beneficial or harmful for students' mental wellbeing. Awareness of this may prove beneficial for psychologists working with adolescents across educational and healthcare settings, in terms of informing their case formulation via the identification of religion as either a protective or risk factor in relation to presenting mental health concerns (Carr, 2016). Therefore, psychologists may wish to include questioning about adolescents' religion during initial consultations or assessments with adolescents. This would enable psychologists to establish whether PRC or NRC mechanisms are being employed by the adolescent. Should this be the case, psychologists would be empowered to deliver more targeted intervention for these adolescents. For example, in the case of a student using NRC methods, indirect intervention strategies could include psychoeducation about NRC for the family and teachers supporting the adolescent. Psychologists could also engage in challenging of the use of NRC

mechanisms in their direct therapeutic work with the adolescent: for example, through use of CBT strategies, alongside supporting the adolescent to adopt healthier coping methods. Alternatively, should it be determined by the psychologist that PRC mechanisms are being employed by an adolescent to cope with adversity or stress, this practice could be reaffirmed and highlighted as a personal strength for the client, in line with the strengths-based approach (Sharry, 2004). Additionally, the results of this study may inform the content of training developed by psychologists for families and/or schools with regard to positive wellbeing promotion among adolescents. Specifically, psychologists may wish to include information about PRC and NRC methods and the potential implications of each for adolescents' mental wellbeing. Finally, this research may inform the practice of EPs working in post-primary school settings, particularly in relation to responding to critical incidents. In particular, EPs could support school staff and pupils to utilise PRC methods and minimise use of NRC mechanisms to cope with such an adverse event, whilst being mindful of the characteristic spirit of the school. Finally, the findings of this study provide a rationale for psychologists to support post-primary schools to incorporate whole-school wellbeing promotion strategies which involve PRC aspects.

4.4.4.2. Key messages for school staff. It would appear from the results of this study that students who are intrinsically religious reap greater benefits for their PWB as a result of their religiosity than students who do not internalise their beliefs; thus, RE teachers in denominational schools should aim to help students who are religiously affiliated to internalise their religious beliefs. Additionally, they may wish to capitalise on RE as an opportunity to develop students' ability to utilise PRC methods to support their mental wellbeing. Similarly, as the results of this study indicate potential benefits and risks of religious coping methods for student wellbeing, teachers of SPHE and wellbeing at Senior Cycle may wish to include taught content about these methods within their classes, for pupils

who are interested or religiously affiliated. School staff may also wish to help religious students to adopt PRC during adverse events, such as critical incidents. Moreover, the potential benefits of religious practices for student wellbeing may be of interest to various teams involved in the promotion of wellbeing in denominational schools, including the Management Team and Pastoral Care Team; this knowledge could be used to inform whole-school wellbeing promotion practices, by incorporating religious aspects for religiously affiliated pupils.

    4.4.5. Dissemination of findings. In order to promote catalytic authenticity of the study and to effect change, the findings of the research have been and will be disseminated in a variety of ways. The research has been presented on three occasions at local and national conferences: the PSI Annual Conference in November 2021; MIC Research Week in February 2022; and MIC Research Methods Week in May 2022. Moreover, it is anticipated that the literature review and empirical papers from this thesis will be submitted for publication in academic journals. Amongst those considered for submission will be those which publish within the field of educational psychology, including *Educational Psychology in Practice* and *Irish Educational Studies*, along with journals which focus on the psychology of religion and education, including *Mental Health, Religion &* Culture, the *Journal for the Scientific Study of Religion* and *The Journal of Beliefs and Values: Studies in Religion and Education*. In addition, presenting the research at upcoming conferences is being considered, such as the Ireland International Conference on Education in October 2022 and the Educational Studies Association of Ireland Conference in spring 2023. It is anticipated that disseminating the findings of the research in these ways will give an audience to the voices of the adolescents in this study (Harmon, 2020), which will in turn promote the influence of these voices on research, policy and practice.

4.5. Reflections

4.5.1. Personal reflection on the research process. My personal reflection on the research process is structured using Schön's (1991) model of reflectivity. The 'reflection-in-action' section is based on written reflections completed in my reflexive journal throughout the research process.

4.5.1.1. Reflection-in-action. In choosing a research topic, I focused on an area of interest, one which I perceived would be continuously motivating for me over the duration of the project. I had initially considered including spirituality as an additional variable within the research project; however, I decided against this, thinking at the time that it was outside the remit of the project. Although my interest and motivation were key factors in bringing the research to completion, it was at times challenging to separate my personal perspectives as a TEP, former primary school teacher and member of a faith tradition from the study. Supervision and progression panels were invaluable processes in this regard, as I was encouraged to reflect on and challenge my own beliefs and conceptions and to approach the research with enhanced objectivity. Another challenging aspect of the process was the move to online recruitment and data collection; although I had factored in this possibility in my approved ethics application, I had been primarily planning for in-person recruitment and data collection in schools. The unanticipated school closures at the time of the commencement of data collection resulted in prompt decision-making and additional demands being placed on my organisation and time management skills. In terms of my feelings, these varied throughout the research process; during the recruitment phase, I felt elated when a school would consent to sharing information about my study with their students, but this would sometimes be followed by feelings of disappointment if uptake for the research by students in that school was poor. I benefitted greatly from having deadlines regarding the submission of

various papers and progression panels throughout the research process, which helped me to keep on track regarding the completion of the thesis.

4.5.1.2. Reflection-on-action. Having reflected on the research process as a whole, I feel satisfied with the project; additionally, I think that completing this project will be of benefit to my future professional practice. If I were to make any changes to the project itself, I think that the inclusion of spirituality would have added another interesting element. However, I am proud of the overall research project and its distinctive contribution to the literature, and I look forward to disseminating the findings further via conference presentations and publications. In terms of my competency development, I now appreciate the value of engaging in and learning from "interactive supervision processes" (British Psychological Society, 2019, p. 21) in relation to research, which I feel has and will continue to enhance my engagement with supervision in my current and future work. I have also learned the importance of adequately preparing for all eventualities when conducting research, which will help me to be more organised and to manage my time more effectively in the future. While my interest in the area spurred my motivation to complete tasks relating to the research, perhaps the more regular use of a Gantt chart and study methods such as the pomodoro technique may have improved my productivity. In general, I benefitted greatly from completing the research project and I feel that this experience will enhance my ability to consume, critique, create and disseminate research in my future role as a psychologist.

` **4.5.2. Post-viva voce reflection.** This section will provide a reflexive and critical review of the key issues pertaining to the research which were discussed during the viva voce examination of this thesis in June 2022.

4.5.2.1. Ethical decision-making. Throughout the research process, a number of ethical decisions were made, outside of those of a legislative nature which have previously

been discussed in this chapter. These decisions were documented in my reflexive journal, which I kept during the research project; samples of such ethical decisions are outlined below.

Firstly, I piloted the interview schedule with two individuals prior to collecting qualitative data, and subsequently reconfigured the schedule in line with participant feedback. In doing this, I was cognisant of the importance of including participants' voices and preferences in a relational manner within the research methodology, in order to co-construct knowledge *with* participants, rather than viewing them as research subjects (Gergen, 2009; Gergen & Gill, 2020). However, due to the time constraints of the doctoral programme, I could not afford to take a similar approach in relation to the quantitative measures used. Upon reflection, this is an area to which I would give greater attention in future research; approaches which I would consider using to more holistically access, include and represent participants' voices in future research are Billington's (2006) five critical questions, i.e., "How do we speak of children? How do we speak with children? How do we write of children? How do we listen to children? How do we listen to ourselves [when working with children]?" (p. 8), as well as Lundy's (2007) rights-based model of participation.

Additionally, in conducting this research, I was mindful of the involvement of personal issues for adolescents, such as PWB, which could potentially be sensitive for some participants engaging in this research. Consequently, I seriously considered the ethical ramifications of this, and took numerous steps as outlined in my reflexive journal to combat this issue. I reflected that while focusing on aspects of PWB may be potentially sensitive to some participants, a low score for PWB does not provide any indication of the potential presence of specific mental health-related difficulties (Winefield, Gill, Taylor & Pilkington, 2012). Therefore, I concluded that discontinuation of participation in the study or onward referral to mental health services for participants with low scores for PWB was not

warranted. However, I decided to include relevant information and contact details for wellbeing support services for participants on the debriefing report, which was forwarded to all students following their participation in the study. Moreover, I ensured to remind participants of their right to withdraw from the research at any stage throughout the process in the assent form, and orally at the beginning of the semi-structured interviews. Additionally, I chose to use the shortened, 18-item version of Ryff's (1989) SPWB, as I deduced that this would require participants to focus on their PWB for a lesser amount of time, thereby reducing the potential impact of this aspect of the research for participants.

4.5.2.2. Scientific methodology. Research in psychology has historically been approached from a positivist standpoint through use of the scientific method, which involves stating a research question, creating a theory or hypothesis, and devising and conducting an empirical investigation to test the hypothesis (Cattell, 1988). However, this approach to the study of human behaviour has been widely criticised, due to its reductionist approach towards understanding the depth of human experience and intellect (Hollway & Jefferson, 2000). In the current research, my employment of qualitative methodologies alongside quantitative methods was based on the recognition of the complexity of the issues with which the research focused on, i.e., mental wellbeing and religion. As a critical realist, I hoped that this use of mixed methods would provide the most complete understanding of these issues as possible. In retrospect, however, I now recognise the limitations of the use of scientific methodology, particularly quantitative methodologies (Parker, 2004), to explore these complicated elements of human experience. It has been argued that social and cognitive phenomena, such as emotions, relationships and problem-solving, are personal aspects of human experience and therefore require the use of discursive methods, i.e., qualitative methodologies, in order to be adequately represented (Harré, 2004). Considering this, alongside the limitations of quantitative methodologies in terms of exploring human profundity, it would seem that the

qualitative element of the current study was more well-suited than the quantitative aspect in terms of representing the complexity of mental wellbeing and religion. However, all scientific methodologies, including qualitative methods, are fallible and subject to error, raising the question of how certain we can ever be regarding the findings of scientific research and its reflections of reality (Hollway, 1989).

Consequently, the inadequacy of psychology and scientific methodologies in terms of exploring the experiential, individual and illusive nature of religion and mental wellbeing, and the relationship between these elements in the current study, must be acknowledged. Therefore, this research raises many questions which should be considered in the future, including: is there a role for psychologists in work relating to mental wellbeing and religion? If so, do psychologists have the skills necessary to engage in this type of work, or is this work better suited to the skillset of religious or spiritual leaders? And finally, would future research in the area of mental wellbeing and religion be better informed by engaging with the richness of philosophical or theological texts, alongside scientific and psychological literature?

4.5.2.3. Research methodology. The adoption of specific approaches to research design and methodology can lead to constraints in the representation of voices within research (Midgley, Davies, Oliver & Danaher, 2014). This may have occurred in the current study, where certain methodological approaches may have led to the voices of particular groups of adolescents at Senior Cycle level in post-primary schools being absent from the data. For example, the voices of male adolescents were more absent than those of females in this study. While one boys' post-primary school participated in the research, perhaps if I had contacted more boys' schools than co-educational schools, the voices of male students would have been more adequately represented. Moreover, while I included 'Leaving Certificate Applied' as a class level option on the survey, no participants chose this option. Although information regarding the potential additional needs of students was not recorded within this

research, it may be hypothesised that these voices were underrepresented in this study. In future research, I will aim to be more cognisant of Universal Design of Research (UDR), which involves providing multiple means of engagement within research, to allow more inclusive opportunities for individuals with additional needs to partake (Williams & Moore, 2011).

Moreover, a limitation of this research was the underrepresentation of the voices of students who were religiously unaffiliated, or affiliated with minority religions. Post-primary schools and parents acted as gatekeepers with regard to accessing participants for this research. As this research took place within the context of school closures due to Covid-19, I was unable to physically visit schools to promote the study. It is possible that if this research had taken place while schools were open, different schools or parents may have been open to participating, as the online nature of the study may have been off-putting for some schools or parents. If schools had not been closed, it may have been useful to ask multi-denominational schools willing to participate if I could speak to students about the research at an upcoming World Religion Day or Interfaith Week, in order to increase the representation of minority voices within the study.

4.5.2.4. Language. It has been asserted that language is among the most vital means of communication and expression of religion, as well as an instrument of asserting or preserving the identity of particular faith traditions (Balraj, Singh & Abd Manan, 2020). The survival of religions thorough the centuries has relied on the use of language, with differing languages employed by each religion to transmit their beliefs to the next generations (Keane, 2004). It is important to acknowledge that the use of language in the area of religion can be fluid, multivalent, and sometimes contentious (Safran, 2008). Moreover, there is huge variance in the understanding of different individuals in relation to many of the commonly-used terms within this thesis, including 'religiosity', 'religion', 'agnostic', 'atheist',

'Catholic', and 'non-theist', which can be interpreted very differently by various individuals. Consequently, the interpretation of the data obtained from this research is made all the more complex and challenging.

The impact of language in this study is quite apparent, upon reflection on the religiosity and religious coping measures utilised in the quantitative aspect of the research. As previously stated, these instruments were written from a predominantly Christian viewpoint. During the research process, I gave thought to how some of the religiously-loaded language within the measures could potentially be neutralised: for example, using terms such as 'deity' or 'higher power' instead of 'God' within the measures. However, I ultimately decided against this, as I deemed the word 'God' to be more recognisable to the majority of adolescent students in Ireland than the more neutral alternatives, given Ireland's historical religious identity (Inglis, 2017). Nevertheless, this use of religious language has impacted on the findings of the research, and while the religious terms used in the study may have been recognisable to the majority of participants, they may not have been relatable to the same degree. As such, this use of language may have impacted on participation in the study, as well as on the interpretation of the data and, subsequently, the results of this research.

4.5.2.5. Religious beliefs within the contemporary Irish context. The academic study of individuals' religious beliefs can pose unique challenges, due to the personal and sensitive nature of the subject area (Gill, 1994). Further, this is particularly pertinent in the dynamic religious landscape of Ireland, due to the eclecticism and fluidity of many individuals' religious beliefs (Kieran & Mullally, 2020). The reality of many individuals' religious beliefs in Ireland was captured adeptly by Ganiel (2016) in her explanation of the concept 'extra-institutional religion', which outlines how many individuals affiliated with a particular religion, e.g., Catholicism, may practise elements of other religions, or hold religious beliefs outside of Catholicism, whilst still self-identifying as Catholic. Previous research amongst

children at primary level in Ireland has demonstrated the presence of religious fluidity within this population, with some students self-identifying as a "Catholic atheist" or "Catholic Buddhist" (Harmon, 2018, p. 72). Furthermore, research conducted by Kieran and Mullally (2021) among pre-service teachers in Ireland demonstrated belief fluidity among these young people; while the vast majority of participants in the research had attended twelve years of Catholic schooling in Ireland, many of these pre-service teachers held beliefs which extended beyond the realm of Catholicism, including belief in psychics and crystals.

This unique situation in terms of religious beliefs in Ireland was evident in the data arising from the current study, where many participants showed traits of extra-institutional religiosity and belief fluidity. For example, it is noteworthy that while 80 participants self-identified as Catholic in the quantitative element of the research, 25 of these participants did not uphold an important belief of Catholicism, i.e., belief in God. Additionally, non-theist participants were just as likely as theist participants to employ NRC strategies, which involves questioning God's power and feeling abandoned or punished by God, despite these participants not professing a belief in God. This highlights the complex reality of the religious beliefs of adolescent students in the context of contemporary Ireland, a society in which religion has become increasingly fluid; this is a factor which has undoubtedly influenced the findings of this study.

4.6. Conclusions

This research empirically explored the relationships between PWB, religiosity, and religious coping amongst a cohort of students at Senior Cycle level in post-primary schools in Ireland. While the study possesses relative strengths in terms of design, methodologies, measures, procedures and analyses, the weaknesses of the research result in several

limitations. Nevertheless, this study adds a distinct contribution in terms of advancing knowledge and understanding of the research topics, and has implications for policy, future research and professional practice for psychologists and school staff. Thus, the findings of this study may have considerable impact, both nationally and internationally, within the fields of education, psychology, and beyond.

4.7. Impact Statement

Within the international context, research has demonstrated that religion is a factor related to adolescents' mental health (Wong et al., 2006), an area previously underexplored in Ireland. This study has made a unique contribution to the literature, by investigating the relationships between PWB, religiosity and religious coping amongst a cohort of students at Senior Cycle level in post-primary schools across Ireland. The findings of this study, therefore, are likely to have an impact across numerous domains, or systems, in line with Bronfebrenner's (1979) EST.

At an individual level, the findings of the research are likely to be of relevance to adolescent students themselves, particularly those who are religiously affiliated, in terms of improving their own understanding of the potential influence of religion on their mental wellbeing. Possessing knowledge of the factors impacting on their mental wellbeing can be empowering for adolescents, both in terms of prevention and recovery (NCCA, 2011). In this way, the findings of the study may prove beneficial for students who are religious, enabling them to assess whether their deployment of religion in their lives has a positive or negative impact on their PWB, and adapt this deployment, if necessary.

Further, the findings of the study may influence various microsystems present within adolescents' lives, as well as the mesosystem, or interactions between these systems.

Psychologists working with adolescents may wish to consider religion as a potential protective or risk factor in relation to mental health (Carr, 2016), depending on the type of religious coping methods employed; this may in turn impact on consultation, assessment, and intervention processes, as well as the content of training for families/schools supporting adolescents' wellbeing. Similarly, staff in post-primary schools may wish to consider referencing religious coping mechanisms as part of whole-school mental wellbeing promotion programmes, as well as while teaching RE, SPHE or wellbeing classes. The results of this study support the consideration of the role of religious coping in relation to critical incidents for both psychologists and school staff. Within the wider community, taking note of the research findings may prove useful for those involved in (particularly Catholic) religious communities; in so doing, they may further aim to promote adolescents' intrinsic religiosity, thus potentially improving mental health outcomes for young people within the religious community (Wenger, 2011).

Additionally, the research outcomes indicate the openness of students to the inclusion of reference to the potential influence of religion on mental wellbeing within revised curricula. At the exosystem level, these preferences should be noted by key stakeholders and policy developers in relation to upcoming reforms to the Senior Cycle programme, particularly in relation to informing RE and wellbeing syllabi, as well as guidance documentation to support the teaching of these subject areas.

It is aimed to communicate these potential impacts through dissemination of the research findings in a variety of ways. It is envisaged that the empirical paper will be submitted for publication in an academic journal, while it is hoped to present the research at a number of upcoming conferences. In this way, the views of adolescents in relation to mental wellbeing and religion captured in this study will be afforded appropriate audiences, thus increasing the influence of the research and its capacity to effect change.

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      negative religious coping in German breast cancer patients. *Journal of Behavioral*

      Medicine, *29*(6), 533–547. https://doi.org/10.1007/s10865-006-9074-3

Appendices

Appendix A

Studies Excluded from the Literature Review following a Full Text Review

Reference	Exclusion criteria
1. Abdel-Khalek, A. M. (2013). The relationships between subjective well-being, health, and religiosity among young adults from Qatar. *Mental Health, Religion & Culture*, *16*(3), 306-318.	4
2. Ahmed, S. R., Fowler, P. J., & Toro, P. A. (2011). Family, public and private religiousness and psychological well-being over time in at-risk adolescents. *Mental Health, Religion & Culture*, *14*(4), 393-408.	2
3. Anye, E. T., Gallien, T. L., Bian, H., & Moulton, M. (2013). The relationship between spiritual well-being and health-related quality of life in college students. *Journal of American College Health*, *61*(7), 414-421.	4
4. Aziz, A. A., Salahuddin, M., & Muntafi, M. S. (2022). Religiosity and mental health outcomes among Indonesian Moslems: Evidence for different age groups. *Mental Health, Religion & Culture*, 1-18.	4
5. Good, M., & Willoughby, T. (2013). Institutional and personal spirituality/religiosity and psychosocial adjustment in adolescence: Concurrent and longitudinal associations. *Journal of Youth and Adolescence*, *43*(5), 757-774. doi: 10.1007/s10964-013-9989-2	2
6. Joshanloo, M. (2011). Investigation of the contribution of spirituality	4

and religiousness to hedonic and eudaimonic well-being in Iranian young adults. *Journal of Happiness Studies*, *12*(6), 915-930.

7. Lee, S., & Jirásek, I. (2019). Associations between screen-based activity, spiritual well-being, and life satisfaction among adolescents. *Journal of Religion and Health*, *58*(3), 795-804.

    5

8. Meltzer, I. H., Dogra, N., Vostanis, P., & Ford, T. (2010). Religiosity and the mental health of adolescents in Great Britain. *Mental Health, Religion & Culture*, *14*(7), 703-713. doi: 10.1080/13674676.2010.515567

    2

9. Michaelson, V., Pickett, W., Robinson, P., & Cameron, L. (2015). Participation in church or religious groups and its association with health. Part 2: A qualitative, Canadian study. *Journal of Religion and Health*, *54*(3), 1118-1133.

    5

10. Salifu Yendork, J., & Somhlaba, N. Z. (2017). "I am happy because of God": Religion and spirituality for well-being in Ghanaian orphanage-placed children. *Psychology of Religion and Spirituality*, *9*(S1), S32.

    4

Appendix B

Mapping the Field

Abdel-Khalek (2011)

Participants	Aims	Design	Measures	Outcomes

Participants	Aims	Design	Measures	Outcomes
n=499 (249 male and 250 female) adolescents attending secondary schools in Kuwait. Mean age = 16.87 years.	To investigate the relationships between religiosity and the subjective wellbeing, self-esteem and anxiety within a sample of adolescents in Kuwait.	Cross-sectional research design	Six self-report scales were employed, which assessed the following constructs: religiosity, religious beliefs, mental health, physical health, happiness, life satisfaction, self-esteem, and anxiety.	There was a significant positive correlation between religiosity and the subjective wellbeing constructs (mental health, physical health, happiness and life satisfaction), as well as self-esteem. There was a significant negative

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	correlation
	between
	religiosity and
	levels of anxiety.

Abdel-Khalek & Eid (2011)				
Participants	Aims	Design	Measures	Outcomes
n= 2946 Muslim students from Kuwait (673 males, 1264 females), and Palestine (452 males, 557 females) Mean age = 14.13 years.	To investigate the relationships between religiosity and happiness, life satisfaction, physical and mental health and depressive symptoms amongst samples of adolescents in Kuwait and Palestine.	Cross-sectional research design	Five self-report measures were used, assessing: religiosity, happiness, life satisfaction, mental health, and physical health and depressive symptoms.	There was a significant positive correlation between religiosity and happiness, satisfaction with life, physical health, and mental health for both Kuwaiti and Palestinian adolescents. There was a significant negative correlation between religiosity and depressive

symptoms for

both groups.

	Abdel-Khalek (2012)			
Participants	Aims	Design	Measures	Outcomes
A large-scale study involving adolescents in secondary schools, young adults in college, and middle-aged adults.

In relation to adolescents:

n=477 (242 male and 2535 female) Muslim adolescents in Kuwait.

Mean age = 16.2 years. | To investigate the relationships between religiosity and subjective wellbeing variables (happiness, life satisfaction, love of life, physical health, mental health) and conduct comparisons of scores across different age groups and sexes. | Cross-sectional research design | A number of self-report scales were employed: The Oxford Happiness Inventory, The Satisfaction with Life Scale, Love of Life Scale, and rating scales assessing religiosity, happiness, physical health and mental health. | There was a significant positive correlation between religiosity and all the subjective wellbeing variables for all groups, with the exception of male adolescents and love of life. |

		Abdel-Khalek (2014)		
Participants	Aims	Design	Measures	Outcomes
n=239 (111 male and 128 female) adolescents attending secondary schools in Beirut, Lebanon.	To investigate the relationships between religiosity and the happiness and health of a sample of adolescents in Lebanon.	Cross-sectional research design	Self-report measures of life satisfaction, love of life, religiosity, mental health and physical health were completed by the participants in this study.	There was a significant positive correlation between religiosity and all other constructs (satisfaction with life, love of life, mental health and physical health) for the females in this study.
Mean age = 17.2 years.	To investigate whether or not there were significant differences between males and females in relation to these constructs.			There was a significant positive correlation between religiosity and

mental health,

physical health,

life satisfaction

and love of life

for the males

within this

study.

Butler-Barnes, Martin, Hope, Copeland-Linder & Lawrence Scott (2015)				
Participants	Aims	Design	Measures	Outcomes
n=117 African American adolescent girls who attended churches in two cities in the Midwest of the United States of America. Age range: 12-19 years.	To explore participants' relationship with God, racial stigma beliefs and PWB.	Cross-sectional research design	Participants completed self-report measures, assessing religiosity (relationship with God), racial stigma beliefs and PWB.	Participants' relationship with God was associated with a stronger PWB. Having a relationship with God was also a protective factor in terms of mitigating against the effects of racial stigmatisation.

	Davis III & Kiang (2016)			
Participants	Aims	Design	Measures	Outcomes
n=180 (108 female and 72 male) Asian-American adolescents, aged between 13 and 18 years old. Mean age = 15.03 years. Participants were enrolled in the 9th and 10th grades in six public high schools across the southeast of the United States of America.	To investigate the relationships between religiosity and multiple facets of wellbeing, including meaning in life, self-esteem, positive and negative affect and depressive symptoms (or lack thereof).	Cross-sectional research design with two cohorts	A number of measures were included in this study: religious identity, religious participation, self-esteem, depressive symptoms, positive and negative affect, meaning in life, gender and generational status.	Religious identity was significantly correlated with higher levels of self-esteem, more positive affect, the presence of meaning in life, and a reduction in depressive symptoms (for females). Religious participation was positively correlated with more positive affect and the

presence of

meaning in life.

		Francis (2013)		
Participants	Intervention	Design	Measures	Outcomes
n=33,982 adolescents aged between 13 and 15 years old, attending Year Nine and Year Ten classes in 163 post-primary schools throughout England and Wales.	To investigate the impact of explicit religiosity (attendance at church) and implicit religiosity (self-defining as religious, but not engaging in religious practice) on purpose in life.	Cross-sectional research design	The following constructs were measured as part of this study: explicit religiosity, implicit religiosity, religious affiliation, belief in God, purpose in life, and personality.	Each of the four indicators of religiosity which were included in this study were positively correlated with purpose in life. All personality variables were also significantly correlated with the religious variables, as well as with purpose in life.

Holder, Coleman, Krupa & Krupa (2016)				
Participants	Aims	Design	Measures	Outcomes
n=902 (432 male and 452 female) adolescents aged between 13 and 19 years of age, attending schools in both urban and rural settings in Zambia. (This study also encompassed an aspect which collected data from children [n=391] aged between 7 and 12 years of age).	To assess the relationships between religiosity, happiness and life satisfaction amongst children and adolescents attending schools in a variety of socioeconomic settings in Zambia.	Cross-sectional research design	Participants were required to complete a variety of questionnaires, which provided self-reported measures of the following constructs: religiosity, spirituality, happiness and life satisfaction. Demographic information, including gender and grade at school, was also collected.	For adolescents, the demographic variables were somewhat predictive of their life satisfaction. Religiosity was a significant predictor of happiness for adolescents. Spirituality was a significant predictor of both life satisfaction and happiness for adolescents.

the adolescents

in this study.

Krok (2018)

Participants	Aims	Design	Measures	Outcomes
Parents and adolescents from 212 families in Poland participated in this research. In relation to adolescents: n=253 (120 male and 133 female). Mean age = 17.85 years.	To explore the associations between religious attitudes and quality of life amongst parents and adolescent children.	Cross-sectional research design	Participants completed measures of religiosity, religious attitudes, quality of life and life satisfaction.	Religiosity had a significant positive relationship with quality of life for both adolescents and parents. Those who held positive attitudes to religion had a higher quality of life and life satisfaction than those with passive or critical beliefs about religion.

		Wenger (2011)		
Participants	Aims	Design	Measures	Outcomes
n= 201 (92 male and 109 female) adolescents, ranging from 14 to 20 years of age, who were attending a number of secondary schools in Linz, Austria.	To establish whether relationships exist between wellbeing and religiosity amongst adolescents in the German-speaking region of Austria.	Cross-sectional research design	A number of measures were employed in this study, which assessed the following constructs: spiritual experiences, spiritual wellbeing, religious socialisation, religious practice, existential wellbeing, happiness and depressive symptoms. Sociodemographic data was also	Religious practice was not significantly correlated with any of the wellbeing variables. Spiritual experiences were moderately related to existential wellbeing, but not to depressive symptoms or happiness.

	collected from each	There was a
	participant.	significant
		positive
		correlation
		between
		intrinsic
		religiosity and
		existential
		wellbeing.

Appendix C

Weight of Evidence Criteria and Rationale

Weight of Evidence A: Methodological Quality

Each of the ten studies identified for this literature review involved correlational research, through use of cross-sectional research designs. As a result, the Quality Indicators for Correlational Research presented by Thompson, Diamond, McWilliam, Robin and Snyder (2005) were deemed most appropriate to provide a rating for WoE A for each study. The criteria and ratings for this coding protocol are presented in Table C1. There are 18 criteria on this coding protocol, and each study received a score of 1 if the criterion was met by the methodology of the study, and a score of 0 if the criteria was not met by the methodology of the study. Following this, the scores for the 18 criteria were totalled, divided by the maximum score of 18, and multiplied by 3 in order to derive an overall rating between 1 and 3 for methodological quality, or WoE A. Table C2 presents the WoE A ratings for each study within the current review.

Table C1

Quality Indicators: Thompson, Diamond, McWilliam, Robin & Snyder (2005, p. 191)

Measurement	1. Score reliability coefficients are reported for all measured variables, based on induction from a prior study or test manual, with explicit and reasonable justifications as regards comparabilities of (a) sample compositions and (b) score dispersions.
	2. Score reliability coefficients are reported for all

	measured variables, based on analysis of the data in hand in the particular study.
	3. Evidence is inducted, with explicit rationale, from a prior study or test manual that suggests scores are valid for the inferences being made in the study.
	4. Score validity is empirically evaluated based on data generated within the study.
	5. The influences of score reliability and validity on study interpretations are explicitly considered in reasonable detail.
Practical and Clinical Significance	6. One or more effect size statistics is reported for each study primary outcome, and the effect statistic used is clearly identified.
	7. Authors interpret study effect sizes for selected practices by directly and explicitly comparing study effects with those reported in related prior studies.
	8. Authors explicitly consider study design and effect size statistic limitations as part of effect interpretation.

Avoiding Some Common Macro-Analytic Mistakes	9. GLM weights (e.g., beta weights) are interpreted as reflecting correlations of predictors with outcome variables only in the exceptional case that the weights indeed are correlation coefficients.
	10. When noteworthy results are detected, and the origins of these effects are investigated, the interpretation includes examination of structure coefficients.
	11. Interval data are not converted to nominal scale, unless such choices are justified on the extraordinary basis of distribution shapes, and the consequences of the conversion are thoughtfully considered as part of result interpretation.
	12. Univariate methods are not used in the presence of multiple outcome variables.
	13. Univariate methods are not used post hoc to multivariate tests.
	14. Persuasive evidence is explicitly presented that the assumptions of statistical methods are sufficiently well-met for results to be deemed credible.

CIs for Reliability Coefficients, Statistics, and Effect Sizes	15. Confidence intervals are reported for the reliability coefficients derived for study data.
	16. Confidence intervals are reported for the sample statistics (e.g., means, correlation coefficients) of primary interest in the study.
	17. Confidence intervals are reported for study effect sizes.
	18. Confidence intervals are interpreted by direct and explicit comparison with related CIs from prior studies.

Table C2

WoE A criteria ratings for each study

Study										Criteria									WoE A
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Abdel-Khalek (2011)	1	1	1	1	1	0	0	0	1	0	1	1	1	1	0	0	0	0	1.7
Abdel-Khalek & Eid (2011)	1	1	1	1	1	0	0	0	0	0	1	1	1	1	0	0	0	0	1.5
Abdel-Khalek (2012)	1	1	1	1	0	0	0	0	0	0	1	1	1	1	0	0	0	0	

Study																			Score
																			1.3
Abdel-Khalek (2014)	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	0	0	0	2
Butler-Barnes et al. (2015)	1	1	0	0	0	1	0	0	1	1	1	1	1	0	0	0	0	0	1.3
Davis III & Kiang (2016)	1	1	1	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	1.3
Francis (2013)	0	1	0	1	1	0	0	0	1	0	1	1	1	0	0	0	0	0	1.2
Holder et al. (2016)	1	1	1	1	1	0	0	0	1	1	1	1	1	1	0	0	0	0	1.8
Krok (2018)	1	1	1	1	1	0	0	0	0	0	1	1	1	1	0	0	0	0	1.5
Wenger (2011)	1	1	1	0	0	0	0	0	1	1	1	1	1	1	0	0	0	0	1.5
																			1.5

Weight of Evidence B: Relevance of Methodology to the Review Question

A rating for WoE B was derived for each of the six studies in the current review, based on the relevance of the methodology used in relation to the review question. As each study in this review involved correlational research with a cross-sectional research design, the same weightings and descriptions for WoE B were used to assign scores to all papers in this

review. The weightings and descriptions for WoE B are presented in Table C3 below. The

ratings for each study for WoE B are outlined in Table C4.

Table C3

Weightings and descriptions for WoE B

Weighting	Analysis	Description
High (3)	Structural equation modelling	A high weighting in relation to methodological relevance will be afforded to studies that employ structural equation modelling in order to test the proposed causal relationships between the variables in the study (Thompson et al., 2005).
Medium (2)	Multiple regression analysis/hierarchical linear modelling	A medium weighting with regard to methodological relevance will be afforded to studies that implement factor analysis, hierarchical linear modelling, or multiple regression analysis in order to predict the value of a dependent variable based on the value of more than one independent variable (Thompson et al., 2005).
Low (1)	Simple linear regression analysis/principal component analysis/factor analysis	A low weighting for methodological relevance will be afforded to studies that utilise principal component analysis, factor analysis, correlation, or that use simple linear regression analysis in order to model the relationship between one

dependent and one independent variable

(Thompson et al., 2005).

Table C4

WoE B criteria ratings for each study

Study	WoE B	Rationale for Rating
Abdel-Khalek (2011)	1	Use of factor analysis
Abdel-Khalek & Eid (2011)	1	Use of correlation analysis
Abdel-Khalek (2012)	1	Use of correlation analysis
Abdel-Khalek (2014)	1	Use of principal component analysis
Butler-Barnes et al. (2015)	2	Use of hierarchical multiple regression analysis
Davis III & Kiang (2016)	2	Use of hierarchical linear modelling
Francis (2013)	2	Use of multiple regression analysis
Holder et al. (2016)	2	Use of hierarchical multiple regression analysis
Krok (2018)	1	Use of correlation analysis
Wenger (2011)	2	Use of multiple regression analysis

Weight of Evidence C: Relevance of the Focus of the Study to the Review Question

The relevance of the focus of the study to the current review question was assessed using a number of relevant WoE C weightings and descriptors, which are presented below in Table C5. The WoE C ratings for each study included in this review are outlined in Table C6.

Table C5

Weightings and descriptions for WoE C

Weighting	Description
High (3)	Studies which meet at least three of the following criteria:
	• Investigates the relationship between religiosity and at least three aspects of wellbeing
	• Explores at least three dimensions of religiosity, e.g., religious participation, religious beliefs, religious practice
	• Conducted in countries with a very similar culture to Ireland, in order for the results to be generalisable to adolescents in the Irish context
	• Have recruited a large sample size of adolescents within a variety of socioeconomic areas
Medium (2)	Studies which meet at least two of the following criteria:
	• Investigates the relationship between religiosity and at least two aspects of wellbeing

- Conducted in countries with a culture that is somewhat similar to Ireland, in order for the results to be somewhat generalisable to adolescents in the Irish context

- Explores more than one dimension of religiosity, e.g. religious participation, religious beliefs, religious practice

- Have recruited a medium sample size of adolescents

Low (1)   Studies which meet at least two of the following criteria:

- Investigates the relationship between religiosity and one aspect of wellbeing

- Conducted in countries with a culture which is very unlike that of Ireland's culture

- Have recruited a small to medium sample size of adolescents

Table C6

WoE C criteria ratings for each study

Study	WoE C	Rationale for Rating
Abdel-Khalek (2011)	1	Met two of the relevant criteria for a low score

Abdel-Khalek & Eid (2011)	1	Met two of the relevant criteria for a low score
Abdel-Khalek (2012)	1	Met two of the relevant criteria for a low score
Abdel-Khalek (2014)	1	Met two of the relevant criteria for a low score
Butler-Barnes et al. (2015)	1	Met two of the relevant criteria for a low score
Davis III & Kiang (2016)	1	Met two of the relevant criteria for a low score
Francis (2013)	3	Met three of the relevant criteria for a high score
Holder et al. (2016)	2	Met two of the relevant criteria for a medium score
Krok (2018)	2	Met two of the relevant criteria for a medium score
Wenger (2011)	2	Met two of the relevant criteria for a medium score

Appendix D

Use of the Thompson et al. (2005, p. 191) Coding Protocol

Article Reference: Francis, L. J. (2013). Implicit religion, explicit religion and purpose in life: An empirical enquiry among 13- to 15-year-old adolescents. *Mental Health, Religion & Culture, 16*(9), 909-921. doi: 10.1080/13674676.2012.756615

Measurement

1. Score reliability coefficients are reported for all measured variables, based on induction from a prior study or test manual, with explicit and reasonable justifications as regards comparabilities of

    (a) sample compositions and (b) score dispersions.

Score: 0

2. Score reliability coefficients are reported for all measured variables, based on analysis of the data in hand in the particular study.

Score: 1

3. Evidence is inducted, with explicit rationale, from a prior study or test manual that suggests scores are valid for the inferences being made in the study.

Score: 0

4. Score validity is empirically evaluated based on
data generated within the study.

5. The influences of score reliability and validity on
study interpretations are explicitly considered in
reasonable detail.

Practical and Clinical Significance

6. One or more effect size statistics is reported for
each study primary outcome, and the effect statistic
used is clearly identified.

7. Authors interpret study effect sizes for selected
practices by directly and explicitly comparing
study effects with those reported in related prior
studies.

8. Authors explicitly consider study design and effect
size statistic limitations as part of effect interpretation.

Avoiding Some Common Macro-Analytic Mistakes

9. GLM weights (e.g., beta weights) are interpreted

as reflecting correlations of predictors with outcome

variables only in the exceptional case that

the weights indeed are correlation coefficients.

Score: 1

10. When noteworthy results are detected, and the

origins of these effects are investigated, the interpretation

includes examination of structure coefficients.

Score: 0

11. Interval data are not converted to nominal scale,

unless such choices are justified on the extraordinary

basis of distribution shapes, and the consequences

of the conversion are thoughtfully

considered as part of result interpretation.

Score: 1

12. Univariate methods are not used in the presence

of multiple outcome variables.

Score: 1

13. Univariate methods are not used post hoc to multivariate

tests.

14. Persuasive evidence is explicitly presented that the

assumptions of statistical methods are sufficiently

well-met for results to be deemed credible.

CIs for Reliability Coefficients, Statistics, and Effect Sizes

15. Confidence intervals are reported for the reliability

coefficients derived for study data.

16. Confidence intervals are reported for the sample

statistics (e.g., means, correlation coefficients) of

primary interest in the study.

17. Confidence intervals are reported for study effect

sizes.

18. Confidence intervals are interpreted by direct and

explicit comparison with related CIs from prior

studies.

Total: 7/18 x 3 = 1.16

WoE A = 1.2

Appendix E

Outcomes of Each Study and Weight of Evidence D Ratings

Authors	Outcome Measure	Outcomes	WoE D
Abdel-Khalek (2011)	Six self-report measures, in the form of single questions, were utilised to measure religiosity, religious beliefs, mental health, physical health, happiness, and life satisfaction. The Rosenberg Self-Esteem Questionnaire (1965) was used to measure self-esteem, while the Kuwait University Anxiety Scale (Abdel-Khalek, 2000) was employed to provide an indication of participants' levels of anxiety.	A significant positive correlation existed between religiosity and mental health, physical health, happiness, life satisfaction, and self-esteem. Additionally, a significant negative correlation was found between religiosity and participants' levels of anxiety.	1.2 (Low)
Abdel-Khalek & Eid (2011)	Five self-report measures were used, assessing: religiosity, happiness, life satisfaction, mental health, and physical health. Participants also completed	A significant positive correlation was found between religiosity and happiness, satisfaction with life, physical health, and mental	1.2 (Low)

	the Multidimensional Child and Adolescent Depression Scale (MCADS) (Abdel-Khalek, 2003).	health for both Kuwaiti and Palestinian adolescents. Additionally, there was a significant negative correlation between religiosity and depressive symptoms for both groups.	
Abdel-Khalek (2012)	A number of self-report scales were employed: The Oxford Happiness Inventory (Argyle, Martin & Lu, 1995), The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), The Love of Life Scale (Abdel-Khalek, 2000), as well as rating scales assessing religiosity, happiness, physical health and mental health.	A significant positive correlation was found between religiosity and all subjective wellbeing variables (happiness, love of life, physical health, mental health and life satisfaction) for all age groups, with the exception of male adolescents and love of life, where there was no correlation found.	1.1 (Low)
Abdel-Khalek (2014)	Five self-report measures, in the form of single questions,	A significant positive correlation existed	1.3

	were utilised to measure religiosity, mental health, physical health, happiness, and life satisfaction. The Oxford Happiness Inventory (Argyle et al., 1995) was utilised to measure happiness. The Satisfaction With Life Scale (Diener et al., 1985) was employed to measure participants' levels of life satisfaction. The Love Of Live Scale (Abdel-Khalek, 2000) was implemented to quantify participants' love of life in general.	between religiosity and all other constructs amongst the female participants in this study. Furthermore, a significant positive correlation was discovered between religiosity and mental health, physical health, life satisfaction and love of life among the male participants within this study.	(Low)
Butler-Barnes et al. (2015)	Participants' relationship with God was assessed via the Mutual Psychological Development Questionnaire (Genero, Miller, Surrey, & Baldwin, 1992). Racial stigma beliefs were measured using the Subjective	The results of the analyses determined that participants' relationship with God was associated with a stronger PWB. Additionally, having a relationship with God	1.4 (Low)

	Stigmatisation Scale (Coleman, Gallo, Armstead & Chambliss, 1990). Participants' PWB was measured via Ryff's (1989) shortened Scales of PWB.	was also found to be a protective factor in terms of mitigating against the effects of racial stigmatisation for the adolescent girls who took part in this study.	
Davis III & Kiang (2016)	Religious identity was operationalised through use of an eight-item questionnaire, developed specifically for this study. Moreover, a two-item questionnaire used in previous studies was employed to measure participants' levels of religious participation. The Rosenberg Self-Esteem Scale (Rosenberg, 1986) measured participants' self-esteem, while the Centre for Epidemiological Studies Depression-10 (Andreson,	Religious identity was significantly correlated with higher levels of self-esteem, more positive affect, the presence of meaning in life for both male and female participants. Additionally, religious identity was associated with a reduction in depressive symptoms amongst female adolescents within this study. Religious participation was a	1.4 (Low)

	Malmgran, Carter & Patrick, 1994) was employed to measure depressive symptoms amongst the adolescents in this study. Positive and negative affect were measured through use of a twelve-item questionnaire developed by Mroczek and Kolarz (1998), whilst meaning in life was operationalised through the Meaning in Life Questionnaire (Steger, Frazier, Oishi & Kaler, 2006).	significant predictor of greater levels of positive affect and enhanced the likelihood of the presence of meaning in the lives of adolescents who engaged in more frequent religious participation.	
Francis (2013)	Five self-report measures, which took the form of single questions, were utilised to measure implicit religiosity, explicit religiosity, belief in God, religious affiliation, and purpose in life. Personality was operationalised through use of the Junior Eysenck	Implicit religiosity, explicit religiosity, belief in God and religious affiliation were all were positively correlated with purpose in life. Personality traits were significantly correlated	2.1 (Medium)

	Personality Questionnaire (Francis & Pearson, 1988).	with the implicit religiosity, explicit religiosity, belief in God, religious affiliation, and purpose in life.	
Holder et al. (2016)	A four-item questionnaire, which measured subjective happiness, was developed for use for the present study. Additionally, life satisfaction was operationalised through use of another five-item questionnaire, which was created by the researchers. Finally, two questions were used to measure religiosity, four questions were employed to measure spirituality.	Some demographic variables were predictors of life satisfaction for the participants in this study, while religiosity of happiness for these adolescents. Moreover, spirituality was positively correlated with both life satisfaction and happiness for the adolescents who participated in this study.	1.9 (Medium)
Krok (2018)	The Centrality of Religiosity Scale (Huber, 2012) was used	The results determined that religiosity had a	1.5

to measure participants' religiosity. The Post-Critical Belief Scale (Duriez, Soenens & Hutsebaut, 2005) assessed participants' religious attitudes. The Comprehensive Quality of Life (Cummins, 1997) scale assessed quality of life, while the Satisfaction With Life Scale (Diener, Emmons, Larsen & Griffin, 1985) was also employed to evaluate life satisfaction.	significant positive relationship with quality of life for both adolescents and their parents. In addition, those participants who held positive attitudes to religion had a higher quality of life and greater overall life satisfaction than those individuals who held either passive or critical beliefs and attitudes towards religion.	(Low)
Wenger (2011)	Spiritual experiences were measured using the INSPIRIT (Kass, Friedman, Leserman, Zuttermeister & Benson, 1991), while spiritual wellbeing was operationalised by means of two subscales: religious wellbeing and	There was no significant correlation between religious practice and any of the wellbeing variables. Additionally, there was a correlation between spiritual experiences	1.8 (Medium)

existential wellbeing (Paloutzian & Ellison, 1982). Seven items were used to measure religious socialisation (Bucher, 1996) and eight items were developed to measure religious practice. Finally, the Depression-Happiness Scale (McGreal & Joseph, 1993) was utilised to provide an indication of happiness and depressive symptoms.

and existential wellbeing. There was no correlation between spiritual experiences and happiness of depressive symptoms. Furthermore, intrinsic religiosity was a significant predictor of existential wellbeing.

Appendix F

Ryff's Scales of Psychological Wellbeing

Instructions to Participants: Circle one response below each statement to indicate how

much you agree or disagree.

If there is a question which you do not feel comfortable answering, please feel free to continue on to

the next question.

1. "I like most parts of my personality."

| Strongly agree | Somewhat agree | A little agree | Neither agree nor disagree | A little disagree | Somewhat disagree | Strongly disagree |

2. "When I look at the story of my life, I am pleased with how things have turned out so

far."

| Strongly agree | Somewhat agree | A little agree | Neither agree nor disagree | A little disagree | Somewhat disagree | Strongly disagree |

3. "Some people wander aimlessly through life, but I am not one of them."

| Strongly agree | Somewhat agree | A little agree | Neither agree nor disagree | A little disagree | Somewhat disagree | Strongly disagree |

4. "The demands of everyday life often get me down."

| Strongly agree | Somewhat agree | A little agree | Neither agree nor disagree | A little disagree | Somewhat disagree | Strongly disagree |

5. "In many ways I feel disappointed about my achievements in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

6. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

7. "I live life one day at a time and don't really think about the future."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

8. "In general, I feel I am in charge of the situation in which I live."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

9. "I am good at managing the responsibilities of daily life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

10. "I sometimes feel as if I've done all there is to do in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

11. "For me, life has been a continuous process of learning, changing, and growth."

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

12. "I think it is important to have new experiences that challenge how I think about myself
and the world."

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

13. "People would describe me as a giving person, willing to share my time with others."

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

14. "I gave up trying to make big improvements or changes in my life a long time ago"

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

15. "I tend to be influenced by people with strong opinions"

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

16. "I have not experienced many warm and trusting relationships with others."

Strongly   Somewhat   A little   Neither agree   A little   Somewhat   Strongly

agree   agree   agree   nor disagree   disagree   disagree   disagree

17. "I have confidence in my own opinions, even if they are different from the way most
other people think."

Strongly	Somewhat	A little	Neither agree	A little	Somewhat	Strongly
agree	agree	agree	nor disagree	disagree	disagree	disagree

18. "I judge myself by what I think is important, not by the values of what others think is important."

Strongly	Somewhat	A little	Neither agree	A little	Somewhat	Strongly
agree	agree	agree	nor disagree	disagree	disagree	disagree

Source: Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069.

Appendix G

Measure of Religiosity

Instructions to participants: *Please choose one response to each question. If there is a question which you do not feel comfortable answering, please feel free to continue on to the next question.*

1. Religious affiliation

What is your religious affiliation?

a. Catholic

b. Protestant

c. Mormon

d. Jehovah's Witness

e. Orthodox Christian

f. Jewish

g. Muslim

h. Buddhist

i. Hindu

j. Atheist

k. Agnostic

l. Don't know

m. Other: _____

2. Religious attendance

How often do you currently attend religious services (either in-person or online)?

a. More than once a week

b. Once a week

c. Two or three times a month

d. Once a month

e. Several times a year

f. Never

3. Self-assessed religiosity

How would you describe yourself religiously?

a. Profoundly religious

b. Religious

c. Neither religious nor non-religious

d. Non-religious

e. Profoundly non-religious

4. Personal prayer

Outside of your participation in formal liturgical acts of worship (such as Mass), how often do you pray personally?

a. Everyday

b. About once a week

c. Occasionally

d. Rarely

e. Never

Sources:

Byrne, G., Francis, L. J., McKenna, U. & Sweetman, B. (2019). Exploring the personal, social and spiritual worldview of male adolescent atheists within the Republic of Ireland: An empirical enquiry. In G. Byrne & L. J. Francis (Eds.), *Religion and education: The voices of young people in Ireland* (pp. 247-270). Dublin: Veritas.

European Values Study. (2017). *European Values Study: As asked in Britain*. Tilburg, The Netherlands: European Values Study.

5. Religious beliefs

I believe in God.

a. Strongly agree

b. Agree

c. Not certain

d. Disagree

e. Disagree strongly

6. Religious beliefs

I believe in heaven.

a. Strongly agree

b. Agree

c. Not certain

d. Disagree

e. Disagree strongly

I believe in hell.

a. Strongly agree

b. Agree

c. Not certain

d. Disagree

e. Disagree strongly

8. *Religious attitudinal beliefs*

I think of God as loving.

a. Strongly agree

b. Agree

c. Not certain

d. Disagree

e. Disagree strongly

9. *Religious attitudinal beliefs*

I think of God as strict.

a. Strongly agree

b. Agree

c. Not certain

d. Disagree

e. Disagree strongly

Sources:

McGrady, A. G., Francis, L. J. & McKenna, U. (2019). The religious identity of 16- to 19-year-old Catholic school leavers within the Republic of Ireland in 2003: Exploring sex differences. In G. Byrne & L. J. Francis (Eds.), *Religion and education: The voices of young people in Ireland* (pp. 163-186). Dublin: Veritas.

European Values Study. (2017). *European Values Study: As asked in Britain*. Tilburg, The Netherlands: European Values Study.

Appendix H

The Brief RCOPE

Instructions to Participants: The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

If there is a question which you do not feel comfortable answering, please feel free to continue on to the next question.

	Item	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
1	Looked for a stronger connection with God.	1	2	3	4
2	Sought God's love and care.	1	2	3	4
3	Sought help from God in letting go of my anger.	1	2	3	4
4	Tried to put my plans into action together with God.	1	2	3	4
5	Tried to see how God might be trying to strengthen me in this situation.	1	2	3	4
6	Asked forgiveness for my sins.	1	2	3	4

7	Focused on religion to stop worrying about my problems.	1	2	3	4
8	Wondered whether God had abandoned me.	1	2	3	4
9	Felt punished by God for my lack of devotion.	1	2	3	4
10	Wondered what I did for God to punish me.	1	2	3	4
11	Questioned God's love for me.	1	2	3	4
12	Wondered whether my church had abandoned me.	1	2	3	4
13	Decided the devil made this happen.	1	2	3	4
14	Questioned the power of God.	1	2	3	4

Source: Pargament, K., Smith, B., Koenig, H., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, *37*(4), 710. doi: 10.2307/13881

Appendix I

Interview Schedule for Semi-Structured Interviews

Script: "Thank you for agreeing to engage in an interview about your views on religion and mental wellbeing with me today. There are no right or wrong answers to any of the questions, I would just like to hear your own views on these topics. If there is a question which you do not feel comfortable answering, please feel free to let me know and we can continue on to the next question. You can stop or pause this interview at any time, without giving any reason. Everything that you say today will be kept completely confidential and will be in no way identifiable to you. The only exceptions to this are if you tell me that you are being harmed by someone, if you tell me that you are harming someone, or if you tell me that you are in danger of harming yourself. Is that okay? Do you have any questions before we begin?".

1.   Are you part of a religious denomination? (If so) In what ways do you practise your faith?

2.   In what ways does your religion influence your life?/In what ways does religion influence your life, if any?

3.   Do you think your religion has an influence on your mental wellbeing? (If so) In what ways does it influence your mental wellbeing?

4.   Do you think religion has a role to play in the mental wellbeing of (other) young people in Ireland? Why/why not?

5.   If 'Wellbeing' was introduced as a subject in school, would you like to see religious elements included as part of this subject? Why/why not? What kind of things could be included?

6.   Do you have any other comments?

Appendix J

Confirmation of Ethical Approval for the Study from MIREC

Mary Immaculate College
Research Ethics Committee
MIREC-4: MIREC Chair Decision Form

APPLICATION NO.   A20-054 Final

1.   PROJECT TITLE

Exploring the relationships between religiosity, religious coping and psychological wellbeing amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

2.   APPLICANT

Name:	Lydia Mannion
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3.   DECISION OF MIREC CHAIR

☐	Ethical clearance through MIREC is required.
☐	Ethical clearance through MIREC is not required and therefore the researcher need take no further action in this regard.
✓	Ethical clearance is required and granted. Referral to MIREC is not necessary.
☐	Ethical clearance is required but the full MIREC process is not. Ethical clearance is therefore granted if required for external funding applications and the researcher need take no further action in this regard.
☐	Insufficient information provided by applicant / Amendments required.

4.   REASON(S) FOR DECISION

A20-054 – Lydia Mannion - Exploring the relationships between religiosity, religious coping and psychological wellbeing amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

I have reviewed this application and I believe it meets with MIREC requirements. It is therefore approved.

5.   DECLARATION (MIREC CHAIR)

Name (Print):	Dr Marie Griffin
Signature:	
Date:	20ᵗʰ December 2020

Appendix K

Information Sheet for School Principals

Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

Dear Principal,

My name is Lydia Mannion and I am a Trainee Educational Psychologist attending Mary Immaculate College, Limerick. I am currently completing a doctoral thesis under the supervision of Dr Maurice Harmon and Dr Trevor O'Brien. As part of this thesis, I am carrying out research which aims to explore the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools. I wish to invite students in your school to participate in this study.

What is the study about?

This study aims to explore the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools. Psychological wellbeing refers to one's life satisfaction, happiness, autonomy and personal growth. Religiosity refers to one's relationship with a particular faith

tradition, while religious coping specifies how one uses religion to cope with daily live events.

Religion is a part of the lives of many adolescents in post-primary schools, while wellbeing is an area of national priority in terms of education in Ireland. However, few studies have previously examined the potential relationship between religion and the wellbeing of adolescents in Irish post-primary schools. This study aims to address this gap in the literature by measuring the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in a number of Irish post-primary schools. This research also aims to capture the voices of adolescents holistically and enable their own views in relation to religion and wellbeing to be heard.

Exactly what is involved in the study?

COVID-19 restrictions permitting, I would visit the school to speak to students at Senior Cycle level (i.e., students in Transition Year, 5th Year and Leaving Certificate/Leaving Certificate Applied classes) about the research and offer them an information sheet and consent form which they may give to their parents/guardians.

Online Questionnaires: Students who return these forms signed will be provided with a weblink to access three online questionnaires, relating to psychological wellbeing, religiosity and religious coping. Students can fill out these questionnaires online in their own time, which should take approximately 10-15 minutes for them to complete.

If I am unable to physically visit the school due to COVID-19 restrictions, schools would be asked to forward a link to an online information sheet and consent form to parents/guardians of students at Senior Cycle level, as well as pupils over the age of 18 years themselves, in order for them to directly access the online questionnaires.

Semi-structured Interviews: When filling in the online questionnaires, students will be asked to indicate whether they would be interested in engaging in an interview with me on the research topic. Students who indicate their interest will be contacted directly by me and an interview will be arranged at a suitable time and location for the student, e.g., on the school premises during the day or online via video calling software.

What are the benefits?

The findings of this study are intended to support adults working with adolescents attending post-primary schools in Ireland, e.g., teachers and Educational Psychologists, by increasing their understanding of the potential relationships between religion and wellbeing among young people in Ireland. The findings may also have implications for educational policy and practice, specifically in relation to reforms to the Senior Cycle, in terms of wellbeing as a curricular area and the place of religious education in relation to this subject.

What are the risks?

In terms of informed consent, all participants and parents/guardians will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from parents/guardians, and assent forms will be sought from participants under the age of 18 years. For some participants, aspects of the questionnaires/interviews may ask them to focus on something which they may find challenging. In the interest of participant sensitivity, students will be notified before completing the online questionnaires or interviews that "if there is a question which you do not feel comfortable answering, please feel free to continue on to the next question". Students will also be reminded of their right to discontinue their participation in the study at any stage, without providing any reason.

A comprehensive risk assessment for this research has been completed and a thorough Child Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What if prospective participants or schools do not want to take part?

Participation in this study is voluntary and participants or schools can choose not to take part or to stop their involvement in this study at any time for any reason, with no negative repercussions for them. Participants or schools who choose to withdraw will be immediately removed from the study along with any data they may have submitted.

What happens to the information?

All raw data collected will be anonymised; this will be achieved by assigning a code/pseudonym to each participant's data set through use of Microsoft Excel. In this way, the code or pseudonym will ensure that the data will be in no way identifiable to any participant in the reporting of the results. This information, which will contain names of participants and their codes/pseudonyms, will be stored in a password-protected Excel file on the encrypted internal hard drive of my laptop. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC

Records Retention Schedule, these files will be retained for the duration of the research project only, and will be destroyed in a verifiable way in October 2022. Under no circumstances will this file ever be stored on unencrypted or easily lost devices.

If a student would like to participate in the interview aspect of the research project, the interview would be audio recorded on an encrypted digital device to facilitate data analysis, with the permission of themselves and their parent(s)/guardian(s). Following recording of the interview, it would be transcribed by me using Microsoft Word and stored in a password-protected file on my encrypted laptop computer. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this pseudonymised interview transcript may be retained indefinitely in a password-protected Microsoft Word file on my encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

Anonymised data will be used to examine results in the overall research. A report on the overall results of the study and possible implications for schools and teachers will be disseminated to participating schools following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report. In accordance with the MIC Records Retention Schedule, all anonymised data may be retained indefinitely in password-protected SPSS files on my encrypted laptop computer, as required. An additional copy of each password-protected file will be stored on my encrypted external hard drive.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data

protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will confidentiality and anonymity be ensured?

The information will be kept completely anonymous and will not reveal the identities or details of any pupils, schools, parents/guardians or locations. No participant or school information/identifying information will appear on any findings linked to this research. All participants who take part in the interviews will be assigned a fictitious name in the reporting of the research and no regional data will be given.

Right to withdraw

At any stage should any school, parent/guardian or participant feel that they want to stop their involvement in the study, they are free to cease participation and take no further part. There are no consequences for changing your mind about participating in the study. If at any stage the school no longer wishes to partake in this research, please contact me at the contact details below.

What if schools have more questions?

If schools have any questions about any aspect of the study they may contact me at the email address below.

Thank you most sincerely for taking the time to read this information letter. I would be extremely grateful if your school would consider taking part in this study. If your school would like to participate in this study or you have any queries, please feel free to contact me at the email address below.

Contact details:

Lydia Mannion (Principal Investigator)

E-mail: <u>XXXXXXX</u>

If you have any concerns about this study, you may contact the Supervisors of this research:

Dr Maurice Harmon

E-mail: <u>XXXXXXX</u>

Dr Trevor O'Brien

E-mail: <u>XXXXXXX</u>

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC).

If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins (MIREC Administrator),

Research and Graduate School,

Mary Immaculate College,

South Circular Road,

Limerick.

Telephone: 061-204980

E-mail: mirec@mic.ul.ie

Appendix L

Informed Consent Form for School Principals

Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

Should you consent to your school participating in this study, please read the statements below and if you agree to them, please tick the boxes and sign the consent form.

☐ I have read and understood the information sheet for School Principals.

☐ I understand what the project is about, how data will be collected and what the results will be used for.

☐ I am aware that all information relating to participation will be kept confidential.

☐ I am aware of what the school will be asked to do, and of any risks and benefits of the study.

☐ I am aware that participation in this study is completely voluntary and that the school may withdraw from the study at any stage without giving any reason to the researchers.

☐ I have read and understood the information in this form and I consent to the school

participating in this study.

School Principal – Name (please print):

_____

Signed: _____

Date: _____

Principal Investigator's Signature: _____

Date: _____

Appendix M

Information Sheet for Parent(s)/Guardian(s)

Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

Dear Parent(s)/Guardian(s),

My name is Lydia Mannion and I am a Trainee Educational Psychologist attending Mary Immaculate College, Limerick. I am currently completing a doctoral thesis under the supervision of Dr Maurice Harmon and Dr Trevor O'Brien. As part of this thesis, I am carrying out research which aims to explore the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools. Your child's school has agreed to partake in this study. I now wish to invite your child to participate in this study.

What is the study about?

This study aims to explore the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-

primary schools. Psychological wellbeing refers to one's life satisfaction, happiness, autonomy and personal growth.

Religiosity refers to one's relationship with a particular faith tradition, while religious coping specifies how one uses religion to cope with daily live events.

Religion is a part of the lives of many adolescents in post-primary schools, while wellbeing is an area of national priority in terms of education in Ireland. However, few studies have previously examined the potential relationship between religion and the wellbeing of adolescents in Irish post-primary schools. This study aims to address this gap by measuring the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level (i.e., students in Transition Year, 5th Year and Leaving Certificate/Leaving Certificate Applied classes) in a number of Irish post-primary schools. This research also aims to capture the voices of adolescents holistically and enable their own views in relation to religion and wellbeing to be heard.

Exactly what is involved in the study?

Online Questionnaires: Students who receive consent from their parent/guardian to participate in the study, and who wish to participate in the study also, will complete three online questionnaires, relating to psychological wellbeing, religiosity and religious coping. Students can fill out these questionnaires online in their own time, which should take approximately 10-15 minutes for them to complete.

Semi-structured Interviews: When filling in the online questionnaires, students will be asked to indicate whether they would be interested in engaging in an interview with me on the research topic. Students who indicate their interest will be contacted directly by me and an

interview will be arranged at a suitable time and location for the student, e.g., on the school premises during the day or online via video calling software.

What are the benefits?

The findings of this study are intended to support adults working with adolescents attending post-primary schools in Ireland, e.g. teachers and Educational Psychologists, by increasing their understanding of the potential relationships between religion and wellbeing among young people in Ireland. The findings may also have implications for educational policy and practice, particularly in relation to reforms to the Senior Cycle programme.

What are the risks?

In terms of informed consent, all participants and parents/guardians will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from parents/guardians, and assent forms will be sought from participants under the age of 18 years. For some participants, aspects of the questionnaires/interviews may ask them to focus on something which they may find challenging. In the interest of participant sensitivity, students will be notified before completing the online questionnaires or interviews that "if there is a question which you do not feel comfortable answering, please feel free to continue on to the next question". Students will also be reminded of their right to discontinue their participation in the study at any stage, without providing any reason.

A comprehensive risk assessment for this research has been completed and a thorough Child Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The

components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What if prospective participants or their parents/guardians do not wish to take part?

Participation in this study is voluntary and participants or parents/guardians can choose not to take part or to stop their involvement in this study at any time for any reason, with no negative repercussions for them. Participants or parents/guardians who choose to withdraw will be immediately removed from the study along with any data they may have submitted.

What happens to the information?

All raw data collected will be anonymised; this will be achieved by assigning a code/pseudonym to each participant's data set through use of Microsoft Excel. In this way, the code or pseudonym will ensure that the data will be in no way identifiable to any participant in the reporting of the results. This information, which will contain names of participants and their codes/pseudonyms, will be stored in a password-protected Excel file on the encrypted internal hard drive of my laptop. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project only, and will be destroyed in a verifiable way in October 2022. Under no circumstances will this file ever be stored on unencrypted or easily lost devices.

If your child would like to participate in the interview aspect of the research project, the interview would be audio recorded on an encrypted digital device to facilitate data analysis, with your permission and your child's permission. Following recording of the interview, it would be transcribed by me using Microsoft Word and stored in a password-protected file on my encrypted laptop computer. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this pseudonymised interview transcript may be retained indefinitely in a password-protected Microsoft Word file on my encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

Anonymised data will be used to examine results in the overall research. A report on the overall results of the study and possible implications for schools and teachers will be disseminated to participating schools following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report. In accordance with the MIC Records Retention Schedule, all anonymised data may be retained indefinitely in password-protected SPSS files on my encrypted laptop computer, as required. An additional copy of each password-protected file will be stored on my encrypted external hard drive.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will confidentiality and anonymity be ensured?

Your information and your child's information will be kept completely anonymous and confidential and at no stage will the identities of any participating pupils, schools, parents/guardians or locations be revealed. No participant or school information/identifying information will appear on any findings linked to this research. All participants who take part in the interviews will be assigned a fictitious name in the reporting of the research and no regional data will be given.

Right to withdraw

At any stage should any participant, parent/guardian or school feel that they want to stop their involvement in the study, they are free to cease participation and take no further part. There are no consequences for changing your mind about participating in the study. If at any stage you wish to withdraw your child from this research, please contact me at the contact details below.

What if I have more questions?

If parents/guardians have any questions about any aspect of the study they may contact me at the email address below.

Thank you most sincerely for taking the time to read this information letter. I would be extremely grateful if you would discuss this with your child and consider allowing them to participate in this study. If you have any queries, please feel free to contact me at the email address below.

Contact details:

Lydia Mannion (Principal Investigator)

E-mail: <u>XXXXXXX</u>

If you have any concerns about this study, you may contact the Supervisors of this research:

Dr Maurice Harmon

E-mail: <u>XXXXXXX</u>

Dr Trevor O'Brien

E-mail: <u>XXXXXXX</u>

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC).

If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins (MIREC Administrator),

Research and Graduate School,

Mary Immaculate College,

South Circular Road,

Limerick.

Telephone: 061-204980

E-mail: <u>mirec@mic.ul.ie</u>

Appendix N

Informed Consent Form for Parent(s)/Guardian(s)

Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

Should you consent to your child participating in this study, please read the statements below and if you agree to them, please tick the boxes and sign the consent form.

☐ I have read and understood the information sheet for Parent(s)/Guardian(s).

☐ I understand what the project is about, how data will be collected and what the results will be used for.

☐ I am aware that all information relating to participation will be kept confidential.

☐ I am aware of what my child will be asked to do, and of any risks and benefits of the study.

☐ I am aware that participation in this study is completely voluntary and that myself or my child may withdraw from the study at any stage without giving any reason to the researchers.

☐ If my child wishes to partake in an interview on the research topic, I consent to this interview being audio recorded using a digital device.

☐ I have read and understood this form completely and consent to my child participating in this study.

Parent/Guardian Name (please print):

_____

Child's Name (please print): _____

Signed (Parent/Guardian): _____

Date: _____

Principal Investigator's Signature: _____

Date: _____

Once completed, please return this form to Lydia Mannion, the Principal Investigator by emailing an electronic copy to <u>XXXXXXX</u>.

Appendix O

Information Sheet for Participants

Exploring the relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An empirical enquiry

Dear Student,

My name is Lydia Mannion and I am a Trainee Educational Psychologist attending Mary Immaculate College, Limerick. I am currently completing a doctoral thesis under the supervision of Dr Maurice Harmon and Dr Trevor O'Brien. As part of this thesis, I am carrying out research which will explore the potential relationships between psychological wellbeing, religiosity and religious coping among adolescents at Senior Cycle level in Irish post-primary schools. Your school has agreed to partake in this study. I now wish to invite you to participate in this study.

What is the study about?

This study will explore the potential relationships between psychological wellbeing, religiosity and religious coping amongst adolescents at Senior Cycle level (i.e., in Transition Year, 5th Year, Leaving Certificate or Leaving Certificate Applied classes) in Irish post-primary schools. Psychological wellbeing refers to life satisfaction, happiness and personal

growth. Religiosity refers to a relationship with a faith tradition or religion, while religious coping refers to how religion may be used to cope with daily live events.

Exactly what is involved in the study?

Online Questionnaires: If you wish to take part in this study, you will be asked to complete three online questionnaires on psychological wellbeing, religiosity and religious coping. You can fill out these questionnaires online in your own time, which should take about 10-15 minutes for you to complete.

Interview: When filling in the online questionnaires, you will be asked if you would be interested in taking part in an individual interview on the research topic. You do not have to take part in an interview if you do not want to. If you would like to take part in this interview, you will be contacted by me and an interview will be arranged at a suitable time and location for you, e.g., on your school premises during the day or online, using video calling software.

What are the benefits?

The findings of this study may help adults working with young people in post-primary schools in Ireland, e.g., teachers and Educational Psychologists, by helping them to better understand the possible relationship between religion and wellbeing for Senior Cycle pupils. The findings of the study may also influence upcoming changes to the Senior Cycle programme.

What are the risks?

You might feel that some of the topics on the questionnaires/interviews are uncomfortable for you to answer, or they might be sensitive in your own life. You do not have to answer any

questions that you do not want to. You will be told before completing the online questionnaires or interviews that "if there is a question which you do not feel comfortable answering, please feel free to continue on to the next question". You can also choose to stop participating in the study at any time without giving any reason.

A comprehensive risk assessment for this research has been completed and a thorough Child Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What if I do not wish to take part?

Taking part in this study is voluntary and you can choose not to take part or to stop being a part of this study at any time for any reason, with no negative consequences for you. If you choose to withdraw, you will be immediately removed from the study along with any of your data or information.

What happens to the information?

All raw data collected will be anonymised; this will be achieved by assigning a code or false name to each participant's data set through use of Microsoft Excel. In this way, the code or false name will ensure that the data will be in no way identifiable to you or to any participant

in the reporting of the results. This information, which will contain names of participants and their codes/false names, will be stored in a password-protected Excel file on the encrypted internal hard drive of my laptop. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project only, and will be destroyed in a verifiable way in October 2022. Under no circumstances will this file ever be stored on unencrypted or easily lost devices.

If you would like to participate in the interview aspect of the research project, the interview would be audio recorded on an encrypted digital device to facilitate data analysis, with your permission and the permission of your parent(s)/guardian(s). Following recording of the interview, it would be transcribed by me using Microsoft Word and stored in a password-protected file on my encrypted laptop computer. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this interview transcript may be retained indefinitely in a password-protected Microsoft Word file on my encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

Anonymised data will be used to examine results in the overall research. A report on the overall results of the study and possible implications for schools and teachers will be given to participating schools following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report. In accordance with the MIC Records Retention Schedule, all anonymised data may be retained indefinitely in password-protected SPSS files on my encrypted laptop computer, as required. An additional copy of each password-protected file will be stored on my encrypted external hard drive.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will my privacy be ensured?

Your information will be kept completely anonymous and confidential and at no stage will your identity or the identities of any other participating pupils, schools, parents/guardians or locations be revealed. Your information or your school's information will not appear on any findings linked to this research. If you take part in an interview, you will be given a false name in the reporting of the research.

Right to withdraw

If at any stage you feel that you want to stop being part of the study, you are free to stop being part of the study and take no further part. There are no consequences for changing your mind about taking part in the study. If at any stage you would like to stop being a part of this study, please contact me at the contact details below.

What if I have more questions?

If you have any questions about any part of the study you may contact me at the email address below.

Thank you very much for taking the time to read this information letter. I would be extremely grateful if you would consider taking part in this study. If you have any questions, please feel free to contact me at the email address below.

Contact details:

Lydia Mannion (Principal Investigator)

E-mail: <u>XXXXXXX</u>

If you have any concerns about this study, you may contact the Supervisors of this research:

Dr Maurice Harmon

E-mail: <u>XXXXXXX</u>

Dr Trevor O'Brien

E-mail: <u>XXXXXXX</u>

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC).

If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins (MIREC Administrator),

Research and Graduate School,

Mary Immaculate College,

South Circular Road,

Limerick.

Telephone: 061-204980

E-mail: mirec@mic.ul.ie

Appendix P

Assent Form for Participants Under the Age of 18 Years

Exploring the relationships between psychological wellbeing, religiosity and religious

coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An

empirical enquiry

Should you wish to participate in this study, please read the statements below and if you

agree to them, please tick the boxes and sign the assent form.

☐ I have read and understood the information sheet for Participants.

☐ I understand what the project is about, how data will be collected and what the results will

be used for.

☐ I am aware that all information relating to my participation will be kept confidential.

☐ I am aware of what I will be asked to do, and of any risks and benefits of the study.

☐ I am aware that my Parent(s)/Guardian(s) have consented to my participation in this study.

☐ I am aware that participation in this study is completely voluntary and that I may

withdraw from the study at any stage without giving any reason to the researchers.

☐ If I partake in an interview on the research topic, I consent to this interview being audio recorded using a digital device.

☐ I have read and understood the information in this form and I provide my assent to participate in this study.

In the space below, please provide an email address to which a link to the online questionnaires for this study may be sent:

_____

Participant's Name (please print): _____

Signed: _____

Date: _____

Principal Investigator's Signature: _____

Date: _____

Once completed, please return this form to Lydia Mannion, the Principal Investigator by emailing an electronic copy to <u>XXXXXXX</u>.

Appendix Q

Informed Consent Form for Participants Over the Age of 18 Years

Exploring the relationships between psychological wellbeing, religiosity and religious

coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An

empirical enquiry

Should you consent to participating in this study, please read the statements below and

if you agree to them, please tick the boxes and sign the consent form.

☐ I have read and understood the information sheet for Participants.

☐ I understand what the project is about, how data will be collected and what the results will

be used for.

☐ I am aware that all information relating to my participation will be kept confidential.

☐ I am aware of what I will be asked to do, and of any risks and benefits of the study.

☐ I am aware that participation in this study is completely voluntary and that I may

withdraw from the study at any stage without giving any reason to the researchers.

☐ If I partake in an interview on the research topic, I consent to this interview being audio

recorded using a digital device.

☐ I have read and understood the information in this form and I consent to participating in this study.

In the space below, please provide an email address to which a link to the online questionnaires for this study may be sent:

_____

Participant's Name (please print): _____

Signed: _____

Date: _____

Principal Investigator's Signature: _____

Date: _____

Once completed, please return this form to Lydia Mannion, the Principal Investigator by emailing an electronic copy to <u>XXXXXXX</u>.

Appendix R

Debriefing Report for Participants

Exploring the relationships between psychological wellbeing, religiosity and religious

coping amongst adolescents at Senior Cycle level in Irish post-primary schools: An

empirical enquiry

Dear Participant,

Thank you very much for taking part in this study.

What was the study about?

This study aims to explore the potential relationships between psychological wellbeing,

religiosity and religious coping amongst adolescents at Senior Cycle level (i.e., in Transition

Year, 5th Year, Leaving Certificate or Leaving Certificate Applied classes) in Irish post-

primary schools.

Exactly what was involved in the study?

You were asked to complete three online questionnaires, which measured your psychological

wellbeing, religiosity and religious coping. You may also have completed an interview with

me on the research topic.

What happens to the information?

All raw data collected will be anonymised; this will be achieved by assigning a code or false name to each participant's data set through use of Microsoft Excel. In this way, the code or false name will ensure that the data will be in no way identifiable to you or to any participant in the reporting of the results. This information, which will contain names of participants and their codes/false names, will be stored in a password-protected Excel file on the encrypted internal hard drive of my laptop. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project only, and will be destroyed in a verifiable way in October 2022. Under no circumstances will this file ever be stored on unencrypted or easily lost devices.

If you participated in the interview aspect of the research project, the interview was audio recorded on an encrypted digital device to facilitate data analysis, with your permission and the permission of your parent(s)/guardian(s). Following recording of the interview, it will be transcribed by me using Microsoft Word and stored in a password-protected file on my encrypted laptop computer. An additional back-up of this password-protected file will be stored on my encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this interview transcript may be retained indefinitely in a password-protected Microsoft Word file on my encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

Anonymised data will be used to examine results in the overall research. A report on the overall results of the study and possible implications for schools and teachers will be given to participating schools following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a

thesis/report. In accordance with the MIC Records Retention Schedule, anonymised data may be retained indefinitely in a password-protected SPSS file on my encrypted laptop computer, as required. An additional back-up of this password-protected file will be stored on my encrypted external hard drive.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will my privacy be ensured?

Your information will be kept completely anonymous and confidential and at no stage will your identity or the identities of any other participating pupils, schools, parents/guardians or locations be revealed. Your information or your school's information will not appear on any findings linked to this research. If you took part in an interview, you will be assigned a false name in the reporting of the research.

Right to withdraw

If at any stage you feel that you want to stop being part of the study, you are free to stop being part of the study and take no further part. There are no consequences for changing your mind about participating in the study. If at any stage you would like to stop being part of the study, please contact me at the contact details below.

What if I feel that I have been affected by issues raised during this study?

If you feel that you have been affected by issues raised during this study, it is important to seek support from someone that you trust. This might be a parent/guardian, teacher, friend, relative or GP. There are also many services which provide free and confidential wellbeing information and support for young people. Below please find the details of a number of these services.

- *Jigsaw* – Jigsaw is a national centre for youth mental health. They focus on supporting the mental health of those aged 12 to 25 years of age. Jigsaw operates 13 services in communities across Ireland. They offer a place where young people can visit for free with confidential support from trained mental health professionals. Please see www.jigsaw.ie for further information.
- *SpunOut.ie* – SpunOut provides information for young people on mental health, wellbeing and many other topics. SpunOut also has an online directory of services. Please see www.spunout.ie for further information.
- *Barnardos* – Barnardos provides information, advice and resources for adolescents in relation to their wellbeing. Please see www.barnardos.ie for further information.

Once again, thank you very much for being part of this study. If you have any questions about any part of the study, please feel free to contact me at the email address below.

Contact details:

Lydia Mannion (Principal Investigator)

E-mail: XXXXXXX

If you have any concerns about this study, you may contact the Supervisors of this research:

Dr Maurice Harmon

E-mail: <u>XXXXXXX</u>

Dr Trevor O'Brien

E-mail: <u>XXXXXXX</u>

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC).

If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins (MIREC Administrator),

Research and Graduate School,

Mary Immaculate College,

South Circular Road,

Limerick.

Telephone: 061-204980

E-mail: <u>mirec@mic.ul.ie</u>

Appendix S

Reflexive Thematic Analysis of the Qualitative Data from the Semi-Structured Interviews

Braun and Clarke's (2019) six-phase process for reflexive thematic analysis was used to analyse the qualitative data arising from the seven semi-structured interviews in the current study. Each phase of the process is presented in detail below. The complete results of this analysis are presented in the Results section of Chapter Three: Empirical Paper within this thesis.

Phase One: Familiarisation with the Data

During Phase One, the interview data was read and re-read by the researcher in order to become familiarised with the data. It was also collated using participants' answers to each question on the interview schedule, as below, in order to facilitate coding.

Phase Two: Coding

Phase Two involved coding of the data. The coded data is presented in the table below. The key below the table provides information on the codes and corresponding colours used.

---

1. **Are you part of a religious denomination? (If so) In what ways do you practise your faith?**

Róisín: Yeah, yeah, Catholic. Um, well, if Mass is on, we go to Mass every Sunday. And at the minute, we're trying to say the Rosary every day. Well, we're *trying* to say the Rosary every day. We try as good as we can.

Kaspar: Uh, atheist. I don't believe in anything.

Niamh: Yeah, I am. I'm a Catholic. Well, we go to Mass every Sunday, and I probably say a few prayers, em, every so often.

Stacy: Yeah, Catholic. Well, I mean, we go over to the – well, there's no Mass on at the moment, obviously, but like, we go over the church a bit, my mum and I. And…I'm part of a religious youth group, and we help out at Mass with that and stuff, so. That's about it, really.

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Clodagh: Am, yes. Catholic. Em…I go to Mass. You know, for Lent, I'd like, give up stuff for Lent. Em…I'd do Advent, that kind of thing, I suppose. Em…and we celebrate Christmas and Easter, obviously. Em, yeah, that's pretty much it.

Seán: Eh... yeah, I'm part of the Catholic denomination. Em…well, every Saturday, we watch the Mass on the webcam and I'm also involved in parish youth groups and other activities in the parish.

Molly: Yeah, I'm Catholic. Em…well, we used to go to Mass every Saturday, but obviously we can't now because the churches are closed, so we'd be watching Mass, em, but not as regularly. We say our prayers every night before we go to bed, my sister and I…and then, sometimes I just, kind of, pray by myself, and right now we're watching the Novena this week, for the next nine nights, so.

2. **In what ways does your religion influence your life?/In what ways does religion influence your life, if any?**

Róisín: Um, it's something I feel I can always turn to. And if I ever have a problem, like, if it was coming up to exams and I feel like I need a little bit of help, I can just, like…it's always there. I can just say the Rosary and, like, it kind of calms me down in a sense, that I'm not as worried, and I kind of feel like someone *is* looking after me, I guess, yeah.

Kaspar: Um, not really. But, like…some of my friends would go down to Mass and things, but…not really, no.

Niamh: It probably influenced my life a lot when I was younger. Em, we … I grew up in a very religious household, so, we would have went to Mass every Sunday, and Lent and Advent would have been very important things. Now, well, I'd say it helps me to be, like, more compassionate with people, and things like that.

Stacy: Em … I think it definitely helps me with, like, experiences. Like, if I'm nervous about something, or if something's kind of going on … it's like a person that's there that isn't going to … that doesn't necessarily have to answer or judge me, I can just kind of say these things and feel like they're in the hands of someone else, if you know what I mean. And it helps me when I'm, like, nervous about things, or like … it's just a good way to kind of, like, meditate almost, and get your feelings out there and feel that you're not going to be judged for it, in a way.

Clodagh: Em…I guess it's something that, sort of, helps to keep everything together. Like, that's the best way I can describe it. Yeah, it's a way to sort of make everything come together a bit better, I suppose.

Seán: Em…it impacts school, because I'm in a Catholic school and there's people with many other religions in the school, so, it allows me to have my own views and allows me to see other people's views and, eh…like, it allows me to kind of, like, talk with others and allows me to, like, confer about our different religions and our differences.

Molly: Em…I'd like to think it makes me more level-headed when I'm trying to make a decision or something and I can, like, take a step back and look at it from a different perspective and, kind of, pray and gather my thoughts. Em…and it kind of helps me feel grounded as well, like, if I'm being….if I'm having a very stressful day, or just kind of feeling a bit overwhelmed, I can just kind of sit down and relax and pray and, you know, take time for myself.

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3. **Do you think your religion has an influence on your wellbeing? (If so) In what ways does it influence your wellbeing?**

Róisín: I think it definitely does. I feel like, um, I kind of have somewhere to turn to in tough times…and I kind of have to have a belief in something anyways, to help me through. And if I need something, I can always go there. And…if I'm not always in a good place, I have that place *to* go, if that makes any sense.

Kaspar: No, uh…no, I don't. No.

Niamh: Yeah, definitely. Because if, something, like, bad happens, I have a feeling that…I know that it's happening for a reason. That…bad things don't just happen for no good reason, that God is there and that He has a plan, and that something even worse could be happening. So, I think that helps my wellbeing an awful lot.

Stacy: Yeah, I think so definitely. Yeah, I think it kind of helps me be more relaxed. Praying kind of takes some anxieties away, and I feel like, you know, this is in the hands of someone else. I'm like, "it's okay, it's all going to work out, it's fine, there's a plan there, there's no need to panic". I think as I get older I kind of realise it more. Like, I've been getting better at realising if I'm kind of worried about something, I'm like "no, it's fine, you were worried about that other thing and it worked out okay, like it'll be fine". So, I think it does help a lot. When I was younger, I definitely didn't understand that as much. I think with the youth group, that's definitely helped, because these things are explained in a less formal way or a less strict way, that's kind of easier to understand. So I think, when you kind of just, like, maybe, not…you're not focusing so much on the Bible and really difficult content, when it's kind of stripped back to these core beliefs, I think that helps a bit to understand it more and it's just these, like, core values that you live by … like, you know, treat others like you want to be treated. Like, we don't think about, but it's so true.

Clodagh: Em, yeah, I think it does. I think having something to, sort of, hold onto, a little bit, and sort of…not blame, but go back to when times are a bit hard, really helps. I think, yeah, just having a relationship with God and being able to, as I said, just go back to that when something's gone wrong, or when something's gone right, as well…I think that's really helpful.

Seán: Eh, I believe it does, because it's refreshing to hear some of the stories in the Bible and how, eh, some people get help from the Church and religion. Eh…it also helps me to be open-minded and it helps me, kind of…it allows me to explain some of the things I'm going through, through faith-based stuff…and Confession is also really helpful to get things off my chest and clear my conscience. Em…I believe the community helps, because you're able to meet others who've gone through the same things as you and you're able to talk about it, and also a connection with God also helps, because…you feel that…you may

be, that you have something special and that you are someone special to God, and that's really helpful.

Molly: Yeah, definitely. So, like I just said, it kind of helps me stay grounded and, you know, not get really flustered or overwhelmed. And, I think it kind of helps me make friends as well, which is good for my wellbeing…kind of being social and active with people, both my age and other ages around the parish, that I can meet people who feel either the same or differently about religion and we can, kind of, talk about it. I think praying is the main thing, the fact that I feel like someone is hearing my problems and potentially they could be answered, or helped. Em…so I guess God comes into it in a way, then, that I believe that there's some higher power there that can move my life forward in one way or the other, so yeah, I think that really helps with my mental health and wellbeing.

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4. **Do you think religion has a role to play in the wellbeing of (other) young people in Ireland? Why/why not?**

Róisín: Yeah, I feel like, yeah, it does. Well, I think it depends on the family. It's not really as common anymore for young people to practise their religion. But I feel like, um, that if you do believe, it should help you. If you believe, then it should help, anyways.

Kaspar: Not really anymore, I don't think. 'Cause there's not really…I don't think young people believe in it that much anymore.

Niamh: I would say, em, yeah for the majority of them. Just because Ireland is a very religious country, so, yeah.

Stacy: Em…I think so for some people. But I know in my school, I go to a Catholic school, some girls in my year aren't so religious and they don't really, like … well, it's definitely not as common, so I don't think it's maybe as common as it was. But I'm sure there definitely are other young people out there like me. Like, I know my cousin is kind of similar to me, but I wouldn't say the majority of people are.

Clodagh: Em…I think it does. It's…like I said, I keep saying this, it's something to hold onto and something to kind of, give you a bit of guidance and a path to go through.

Seán: Eh, yeah I do. Even in my local town in the youth group, I can see other people benefitting from religion and also in the community. So I believe that that aspect of religion, and like, youth groups, would be going on all over Ireland.

Molly: Em…I think it does for anyone who wishes it to. If someone doesn't believe in religion, I don't think it's fair to, kind of, force it onto them. Em…however, I know plenty of people, em, a lot of my friends actually, who would say the same as me, that religion has a massive role in their lives, in just kind of, you know, moving them forward, and also as part of their identity, as well…that they can say, "I'm a Catholic, I pray, I believe in this, I believe in that", and that it helps them, you know, be more than just who they are.

5. **If 'Wellbeing' was introduced as a subject in school, would you like to see religious elements included as part of this subject? Why/why not? What could be included?**

Róisín: Um, yeah, I think it should be included. At least a little bit. Just even talked about, at least. Just to…just so that people always know there is that option, as well as everything else. Just…even talking about prayer, and what you can say to help yourself, and just...like, talking about the different places you can turn to, like, whether that's going to light a candle, or kneeling down and saying the Rosary, or whatever that is for you…that you have those options.

Kaspar: No, not really. Uh … I don't think it should be a part of it, anyway. (For pupils who are religious) there should be, like, a different class for them to do.

Niamh: I don't know. I think that we have, like, three to four religious classes a week anyways, and I'm not sure if it would be fair for people who are, like, atheists to have to sit through more religion. I think if there was a part in the subject just for people who are religious, that that would be a very good option. Maybe… things like talking about getting in touch with God. Not, like, the normal things you would have learned when you were younger. Like, that He is there and that things happen for a reason. Things like that, yeah.

Stacy: Em … I don't know. I think *I* would because I would find that interesting, but I think it would maybe put some other people off. I think it's kind of … we have a wellbeing class in school but we also have a religion class, and like, I think it's nice having it separate because not everyone's religious, and they don't have to be. There could be an add-in bit about religion to choose if you are religious or something. Otherwise it might be a bit forced, maybe.

Clodagh: Em…it would kind of depend on what it is. Because I think, like, as much as it would certainly tie in, I think putting it in, like, a school where there's obviously so many people and there's so many people with different opinions, I think it wouldn't really give something to everyone, but I think it would be nice to have it as an option.

Seán: Eh, yeah. I believe that…that religion would be an important part of that subject, and how, we…because, not only does it define many aspects of our lives, but it also helps many people, so I believe that subject should talk about religion and the different aspects of religion and how it helps us.

Molly: Em…that's kind of a tricky one. Parts of it, I think…em, because, like, wellbeing has so many other elements than just religion, but I think it would be nice to, kind of, have a look at the different parts of religion that aren't just strictly about beliefs. Things like sitting down, praying, being able to speak about your feelings and maybe, just get things out loud, like you do in religion when you're praying, I think that would be a very nice

thing to have in a wellbeing class. But, like I said last time, there's no point in, kind of, forcing religion onto anyone who doesn't do it. And it's nice as well that we have an actual religion class, too. In Fifth Year, there was talk of them getting rid of our religion class, or only having it for part of the year, so they've kept it on for the whole year, which I'm really glad about, because it is a nice space to just, kind of, be with everybody and talk about everything, so, yeah.

6. Do you have any other comments?

Róisín: Um…no, I don't think so.

Kaspar: No, no, not really, no.

Niamh: No.

Stacy: Em … I think, it's just something that I definitely felt my family … like, during the first lockdown, or second lockdown, or … I honestly don't know, I've lost track. I think it was the first lockdown. But I know that in our family, my granddad wasn't very well and he had passed away and I think with all of that, without religion, I don't think that I would have been able to cope with that, because I just think that the with whole lockdown, and then when you lose someone, you know, and you don't get to … Like, I think without religion and without being able to, kind of, have God as this person to come to, and be able to believe that my granddad is gone somewhere better, like, I don't think I would have been able to cope without religion. Yeah. It definitely gets me through the tough times.

Clodagh: Em…I don't think so, no. Em…yeah, no.

Seán: I believe that, eh…not only is it many of the people in the community, but also many of the priests in my local parish are very helpful and kind, and they have great connections with many of the people, and they talk and get involved with the community and the school, so that's really nice and helps people's wellbeing, I think.

Molly: Em…I think it's a very important thing, that even though there is a difference between wellbeing and religion, they are very similar in different aspects. And personally, I think you can't have a good mental wellbeing, a good mental health, without being grounded in your own faith and knowing what you believe in, and why you believe in it. So I think even though wellbeing and religion, they're so different, like…they have to go together, when you're talking about them.

Codes

Religious attendance/celebration/participation in organised religion

Prayer

Social/community aspect of religion

Religion as a place to turn/provide help/meaning

Religious beliefs helping with negative life experiences

Belief in/relationship with God

Promoting calmness/help with anxiety

Religious identity

Religion in Ireland

Kindness/compassion towards others

Religion not being forced on others

Religious aspects being present/optional within a wellbeing curriculum

Phase Three: Generating Initial Themes

Theme 1: Mental wellbeing and religion	**Theme 2: Religion as a coping mechanism**
Codes:	Codes:
• Religious attendance/ celebration/participation in organised religion • Prayer	• Belief in/relationship with God • Religious beliefs helping with negative life experiences • Religion as a place to turn/provide help/meaning • Promoting calmness/help with anxiety
Theme 3: Positive relations with others and religion	**Theme 4: Religion as part of adolescents' lives**

Codes:	Codes:
• Kindness/compassion towards others • Religion not being forced on others • Social/community aspect of religion	• Religious identity • Religion in Ireland • Religious aspects being present/optional within a wellbeing curriculum

Phase Four: Reviewing Themes

During this phase, the initial themes generated were checked against the dataset and research questions, in order to determine whether they told a convincing story of the data. Following this process, a number of changes were made to the initial themes.

- Theme 1 was renamed to 'Mental wellbeing and religiosity' and Theme 2 renamed to 'Mental wellbeing and religious coping' in order to more adequately address the research questions in the current study.

- Additionally, a distinction was made between 'belief in God' and 'relationship with God' in the final codes; it was decided, based on the data, that 'belief in God' pertained more to religiosity (Theme 1) and an active 'relationship with God' as a religious coping method (Theme 2).

- Theme 4 was renamed to 'Religion and the wellbeing of adolescents in Ireland: Past, present and future directions', as it was thought to more accurately reflect the current dataset.

- The code 'Religion not being forced on others' was transferred from Theme 3 to Theme 4, as it was felt that it was more applicable to this theme.

Phase Five: Defining and Naming Themes

The final themes, codes and data generated from the reflexive thematic analysis is presented in the table below. This data is discussed in greater detail in Chapter Three of this thesis.

Theme	Codes	Views of participants
1. Mental wellbeing and religiosity	- Religious attendance/ celebration/participation in organised religion - Prayer - Belief in God	Participants who identified as religiously affiliated spoke about various ways in which they participate in organised religion. Benefits for their mental wellbeing in relation to some of these practices were discussed. Prayer was also an aspect of religiosity which led to decreased levels of nervousness and anxiety and increased calmness for participants. Belief in God was also mentioned by participants as being helpful for their mental wellbeing.
2. Mental wellbeing and religious coping	- Relationship with God - Religious beliefs helping with negative life experiences - Religion as a place to turn/provide help/meaning	Participants noted that having a relationship with God (conversation, feeling as if there is a higher power looking out for them and had a plan for them) was beneficial for their mental wellbeing. They also spoke about religious beliefs being useful in making

		sense of and coping with negative experiences in their lives, e.g., belief in heaven and dealing with the loss of a relative. Additionally, participants found that having religion as a place to turn in difficult situations was helpful for them. They also felt that being religious helped to lower their anxiety levels and help them to be more calm in certain situations, e.g., by remembering that God has a plan for their lives.
	• Promoting calmness/help with anxiety	
3. Positive relations with others and religion	• Kindness/compassion towards others • Social/community aspect of religion	Participants who identified as religiously affiliated stated that religion helped them and others to be more compassionate with other people. The benefits of the social/community/parish aspect of religion was mentioned, particularly in relation to making friends and talking with others about their beliefs, which they felt was helpful for their mental wellbeing.
4. Religion and the wellbeing of adolescents	• Religious identity • Religion in Ireland	Some participants who were religiously affiliated spoke about their religion giving them a sense of identity in their lives, in terms of knowing their beliefs

in Ireland: Past, present and future directions	• Religious aspects being present/optional within a wellbeing curriculum • Religion not being forced on others	and being loved by God. Participants had varying views on the place of religion in Ireland today versus in the past; some participants felt that Ireland is still a vastly religious country, whilst others believed religion does not have a place to the same degree as it has had in the past. In relation to future directions for religion in their lives, most adolescents who were religiously affiliated felt there was a place for religion/religious aspects within a new wellbeing curriculum at Senior Cycle; however, they stressed the importance of this not being forced on students who are not religious. A common ground was found between the participants who were religiously affiliated and the one who identified as an atheist, whereby religious aspects could be included as an optional element of a wellbeing curriculum for religious students only.

Phase Six: Write-up

        The full report on the thematic analysis of this data is presented in Chapter Three of this thesis, in the Results section.