

Abstract

The COVID-19 Pandemic: Psychological Wellbeing, Resilience and Post-Traumatic Growth in Adolescent Jewish Day School Students

The COVID-19 pandemic has presented an unprecedented global challenge in the disruption, uncertainty, and psychological distress it has unleashed on society, with mounting concern regarding mental health and wellbeing. Children and adolescents represent a particularly vulnerable group, as they were forced to navigate the sudden disruption of school and transition to virtual learning, facing months of quarantine, and increases in financial hardships. Given the strong associations between stress and the onset of adolescent emotional difficulties, research examining adolescents' perceptions of the psychological effects of the pandemic is of critical importance and is a focus of the current study. The present study utilized data from a sample of 277 middle-school adolescents in a Modern Orthodox Jewish day school who had resumed in-person schooling after having been schooled remotely during the first surge of the pandemic. This study aimed to explore the relationship between the perceived impact of the COVID-19 pandemic and adolescent psychological wellbeing and life satisfaction. Additionally, the study examined the roles of hope and spirituality as potential protective factors for psychological wellbeing, life satisfaction, resilience, and post-traumatic growth. Bivariate correlations revealed that those who were more impacted by COVID-19 showed significantly higher levels of post-traumatic growth, but lower life satisfaction and psychological wellbeing. Higher levels of hope and spirituality were associated with enhanced life satisfaction, psychological wellbeing, resilience, and post-traumatic growth. The interaction of psychological impact with both

hope and spirituality on resilience was also significant, but post-hoc analyses did not follow predicted patterns. Psychological impact tended to be more negatively related to resilience when students had higher levels of hope and spirituality. The current study presented a unique research opportunity to gain insight into the perceived impact of the pandemic on adolescents in Jewish day schools and examine the role of hope and spirituality in relation to adolescent adjustment. The study's findings suggest a need to monitor adolescent mental health closely in the wake of the pandemic and introduce and integrate appropriate interventions within education to support and strengthen adolescent wellbeing and promote thriving.

**The COVID-19 Pandemic: Psychological Wellbeing, Resilience and Post-Traumatic
Growth in Adolescent Jewish Day School Students**

by

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Chapter 1: Introduction

The 2019 coronavirus (COVID-19) pandemic has been a globally “shared traumatic reality” (Baum, 2010), unprecedented in its collective impact on society, with increasing anxiety surrounding the new disease and its potential impact on the emotional state of adults and children. By March 2020, schools globally had taken quick action to respond to the mounting health threat presented by COVID-19, instituting school closures and various forms of virtual distance learning to promote social distancing and curb the spread of the disease (Golberstein, Wen & Miller, 2020). According to the United Nations Educational Scientific and Cultural Organization (UNESCO), by April 8, 2020, schools had been suspended in 188 countries, with UNESCO Director-General Audrey Azoulay describing “the global scale and speed of the current educational disruption” as “unparalleled” (Lee, 2020, p.421).

United Nations health experts forecasted a global mental health crisis, with increasing numbers of children with suspected depression and anxiety. According to Devora Kestel, Director of the World Health Organization’s (WHO) mental health department (Kelland, 2020), “the isolation, the fear, the uncertainty, the economic turmoil - they all cause or could cause psychological distress”. The COVID-19 death toll, as of the published date of this report, has exceeded 400,000 in the United States (Center for Disease Control, 2021), with a dire economic climate of high and rising levels of unemployment in the US and worldwide (Fegert et al., 2020; Kochhar, 2020). Individuals worldwide have been faced with ongoing

strict precautionary measures that include social distancing, quarantining at home, mandated facemasks, stringent hand washing, hygiene sanitization and limitations on public gatherings, as “lives have been lost, livelihoods threatened, ways of living are upended, and the “new normal” ahead is unclear and precarious” (Walsh, 2020, p.1). Families are facing daunting challenges and stressors that require resilience now more than ever, all while attempting to make meaning of the COVID-19 pandemic experience, managing massive uncertainty, and adapting to disruptions including the loss of expectations, hopes, and prior ways of life (Walsh, 2020).

Throughout the pandemic, students around the world have faced months of quarantine and extended school closures, stay-at-home orders, inconsistent routines, and financial hardships. Unlike any other short-term crisis event, the COVID-19 pandemic is pervasive in its ongoing impact, presenting challenges for families and individuals who are constantly dealing with new developments and risks to their health, social networks, employment, livelihood, and schooling (Rolland, 2020). School closures have translated into disrupted academic development and precarious access to mental health services, peer support groups and food that many students rely upon in school (Ellis, Dumas & Forbes, 2020; Lee, 2020). While the initial outbreak of COVID-19 appeared to be a discrete traumatic event, COVID-19 has become an ongoing global stressor, with multiple waves and stages of the pandemic due to COVID-19 virus mutations and variants, impacting students and families worldwide (Bridgland et al., 2021). Concern is mounting regarding predicted post-traumatic symptoms such as aggression, heightened arousal, social avoidance, and difficulty self-regulating, as well as depression and anxiety related to the COVID-19 effects of social isolation and exposure to multiple stressors (Twenge & Joiner, 2020).

Indeed, much has been written about the pandemic exacerbating existing mental health difficulties as well as enhancing the volume of child and adolescent mental health concerns due to physical and social isolation, compounded by stress related to economic uncertainty and instability regarding the future, as well as fear of COVID-19 infection (Ellis et al., 2020). Given the strong associations between stress and the onset of adolescent emotional difficulties (Magson et al., 2020; Rapee et al., 2019), research examining the psychological effects of the pandemic on adolescents is of paramount importance and will be a focus of the current study.

The American Orthodox Jewish community sustained supremely elevated exposure to COVID-19 relative to the general population according to public health data, with high prevalence rates and extensive community transmission (Stack, 2020; Centers for Disease Control, 2020). In a study conducted in May to April 2020, 20% of a sample of Orthodox Jews reported a confirmed or suspected COVID-19 infection, with 48% reporting contact with a person infected and 58% reporting someone closely linked to them was infected (Pirutinsky, Cherniak & Rosmarin, 2020), although due to the rapidly evolving nature of the Coronavirus infection, it is likely that these statistics have since become outdated. Social distancing and quarantine restrictions may present difficulty to Orthodox Jewish communities due to the dominant social and familial culture evidenced in communal prayer rituals multiple times a day, religious study, observance of Jewish religious customs, life cycle events and holidays, that are marked by a strong collective emphasis that promotes connectedness to others, as well as the relatively large size of Jewish families (Pirutinsky et al., 2020). When Jewish day schools in New York abruptly closed their campuses and shifted to online learning due to the spread of COVID-19, students were required to attend

school virtually while restrictions related to travel and public religious prayer gatherings, stay-at-home and social-distancing orders came into effect and the media reported rising rates of COVID-19-cases and deaths. With limited access to typically frequented places, synagogues, religious rituals and absences from peers and loved ones due to social distancing, concerns surrounding the economic stress, social isolation, health risks and genuine difficulties in families managing work and home responsibilities raised serious questions about the mental health effects of COVID-19 on a particularly vulnerable population: Middle-School Jewish day school students, aged 11 to 14, in grades 6, 7 and 8. Research regarding the psychological impact of COVID-19 on adolescents in areas hardest hit by the pandemic is required in order to gain an understanding of how adolescents are coping with the impact of the pandemic, and to help inform interventions that can be tailored towards those who may be suffering (Mak et al., 2020).

While speculation and research regarding the psychological impact of COVID-19 in the general population is mounting, it is critical to examine the perceived mental health effects of COVID-19 on Jewish adolescents and their unique response to the pandemic. A great deal of research has shown that religiously observant individuals often turn to spirituality and religion during periods of distress (Pargament, 2001; Koenig, 2018; Pirutinsky et al., 2020;), and current research has demonstrated a surge in religious interest during the current pandemic (Bentzen, 2020; Pirutinsky et al., 2020). Although there is variability in the exposure to stress and trauma that Jewish adolescents may have experienced during the COVID-19 pandemic, previous research has demonstrated that many simultaneous life changes are predictive of greater difficulties in adjustment (Shoshani & Slone, 2013), however research has also shown that religion and spirituality can serve as powerful mental

health resources that can potentially buffer against anxiety and distress and promote enhanced psychological wellbeing, particularly amongst Jews (Rosmarin et al., 2009). To date, there is minimal research examining the psychological impact of COVID-19 among Jewish Orthodox adolescents, and the current study aims to address this gap in research by examining a sample of Jewish adolescents' mental health and wellbeing and several protective factors that may buffer against the distress of the pandemic. While it is known that adolescents vary in their relative subjective responses to difficulties, research suggests that there may be some underlying differences that impact Jewish Orthodox adolescents' ability to cope with the distress of an event such as the COVID-19 pandemic. This is particularly pertinent to examine at the present time considering the potential impact that traumatic events can have on subsequent child development and adjustment (Shoshani & Slone, 2016).

The goal of the current study is to explore the relationship between the perceived impact and stress of the COVID-19 pandemic and psychological wellbeing for a sample of children attending a Jewish Orthodox Middle School. These students resumed in-person schooling after having been schooled remotely during the height of the pandemic and faced the potential of quarantine daily due to ongoing cases of COVID-19 within the community as a second wave of COVID-19 infection surged, and the COVID-19 vaccine had begun to be administered. While a great deal of research has homed in on predictors of trauma-related stress reactions, less attention has been paid to the potential protective factors for psychological wellbeing, as well as predictors of resilience and growth (Ai, Richardson, Plummer, Ellison, Lemieux, Tice & Huang, 2013). The opportunity to examine the role of select predictors of psychological wellbeing, resilience, and growth will also be a focus of this study. More specifically, the study will examine the relationships between hope,

spirituality, and psychological wellbeing, as well as the relationships between hope, spirituality, resilience, psychological wellbeing and post-traumatic growth amongst Jewish Orthodox adolescents living through the COVID-19 pandemic. This study will draw from the fields of positive psychology and psychology of religion and spirituality, to explore the roles of hope and spirituality in how a sample of Middle School adolescents in an Orthodox Jewish day school cope with and heal from the current COVID-19 pandemic.

Chapter 2: Literature Review

The COVID-19 Pandemic and Mental Health Impact on Adolescents

While the COVID-19 pandemic has ravaged the globe rapidly and indiscriminately, taxing health care systems with the respiratory and related severe symptoms it has presented, the mental health symptoms are clearly equally distressing. In late April 2020, upwards of one out of four U.S. adults met criteria for heightened mental distress, a figure eight times more than in a similar demographic sample in 2018, with the greatest disparity between the two samples among young adults, those married and those with children at home (Twenge & Joiner, 2020). A CDC study conducted between June 24 and 30, 2020 found that one in four adults aged 18 to 24 reported having contemplated suicide due to the pandemic, and the data also presented surging rates of anxiety, depression, and substance abuse, as well as trauma and stress-related disorder due to COVID-19 (Ehley, 2020).

Although children and adolescents appear to present a lessened risk of developing severe symptoms of COVID-19 (Figueiredo et al., 2020), their exposure to potential stressors generated by the pandemic, combined with the heightened emotionality of adolescence, suggest increased vulnerability and concern surrounding their mental health and wellbeing (Figueroa et al., 2020; Magson et al., 2020). To comprehend the significance of examining the mental health impact of the COVID-19 pandemic on Middle School adolescents, one must first consider the developmental transitions of adolescence that make this period so critical.

The Middle School years mark the transition from childhood to adolescence and have been characterized as a challenging period of “storm and stress”, with significant life changes such as the beginning of formal operations, navigating enhanced independence, autonomous decision-making, responsibilities, and puberty (Shoshani & Slone, 2013). There are numerous physical and chemical changes that occur in the brain during early adolescence that make this period so tenuous, whereby emotionality is typically heightened because of real or perceived stressors, however the self-regulatory mechanisms that mitigate emotions are predominantly under-developed until early adulthood (Magson et al., 2020). The pubertal, cognitive and social developmental changes that occur during the Middle School years are complex, as students are faced with increasingly demanding needs to learn to adapt and cope with change, as they work to establish a sense of differentiated personal identity, self-autonomy and consolidate their social role, wherein peer relationships often serve as the main source of social interaction and influence, but can also potentially be the cause of interpersonal conflict, stress and rejection (Elias, 2001; Magson et al., 2020; Shoshani & Slone, 2016). The adolescent stage is marked by significant growth in skills that allow students to engage in healthy social interactions, while formal operational thinking allows them to interpret their social environment, engage in perspective-taking, empathetic moral judgement, prosocial and altruistic behaviors (Shoshani & Slone, 2013). Peer rejection and acceptance often significantly shapes adolescent behavior, contributing to individuals’ self-concept and self-worth, as peer relationships have the potential to provide social and emotional support which can buffer against depression and anxiety (Magson et al., 2020).

The heightened emotional reactivity, social sensitivity and poor emotion-regulation that typically characterizes adolescence can place middle school students at a greater risk of

developing internalizing disorders such as generalized anxiety and depression (Magson et al., 2020). Current trends in adolescent mental health suggest increasing levels of anxiety and maladjustment, with anxiety ranked as the third most common mental illness, affecting one in eight children, and data suggests that childhood anxiety disorders are on the rise (Twenge et al., 2010). Research has demonstrated that untreated children with anxiety are at higher risk to perform poorly in school, miss out on important social experiences, engage in substance abuse and suicidality (Twenge et al., 2010). As a gateway disorder for subsequent maladjustment, it is extremely concerning to see 2011 data from the National Institute of Mental Health suggest that about 1 in every 3 teenagers will suffer from some anxiety disorder (general anxiety, social anxiety, phobias) before they reach 20.

Stress related to COVID-19 may be elevated for adolescents due to their developmental need to satisfy an increasing desire for peer interaction and autonomy, both of which have been hampered due to social distancing measures taken to stop the spread of the virus (Ellis et al., 2020). Indeed, crisis and traumatic events can heighten pre-existing problems and difficulties in children's and families' lives, as well as overwhelm a child's sense of safety and security, compromising their social relationships and ongoing development (Figuerido, 2020; Mutch & Gawith, 2014). This is particularly concerning for middle-school adolescents, whose developmental stage is marked by lowered self-esteem, declining perceptions of self-efficacy, social and academic competence, as well as immature cognitive capacities that facilitate emotional self-regulation (Ellis et al., 2020; Shoshani & Slone, 2013).

Overall, the critical developmental characteristics of adolescence, the high prevalence and teen onset of many social-emotional psychological disorders, compounded by the

pandemic-induced abrupt disruption of daily life routines, quarantine, and social isolation, suggest an increased risk of developing mental health difficulties due to the pandemic (Magson et al., 2020). As children returned to school during the pandemic, mental health professionals anticipated a range of emotional, cognitive, and behavioral reactions to the quarantine (Ohel's Toolkit for Re-Entry to the COVID-19 Classroom, 2020). Many school children in the US, including those in the sample to be investigated in this study, entered a new school year following a six-month break from formal face-to-face in-school instruction, with new requirements such as daily temperature checks, mask-wearing, social distancing, working at desks outfitted with Plexiglass barriers, and many other precautionary measures in place to prevent the spread of COVID-19 despite the possibility of a second wave of the virus and the risk of having to quarantine due to exposure to COVID-diagnosed individuals. Students returned to school after experiencing a range of unfortunate events during the school shutdown, such as illness of teachers and family members, loss of loved ones, prolonged separation from family, economic hardships and loss of parental employment, cancellation of significant and anticipated milestones, as well as disruption of summer plans and the usual replenishment that summer vacation brings. Exposure to stressors during the critical periods of childhood and adolescence, a time when the central nervous system is in a precarious developmental state, can give rise to short- and long-term cognitive and behavioral impairment (Danese et al., 2009), just as social isolation during childhood can serve as a risk factor for adult depression, as well as cognitive and mood disturbance (Figueiredo et al., 2020). The potential lingering effects of exposure to stressors during times of crisis have been shown to negatively impact children's academic, relational and social-emotional functioning (Abramson et al., 2008; Bonano et al., 2010), manifesting

in changes such as increased inattention, irritability, heightened aggression, poor impulse control, social avoidance behaviors, as well as emotion regulation and anger management difficulties (Cloitre et al., 2009; Marsee, 2008; Mutch & Gawith, 2014; Ohel's Toolkit for Re-Entry to the COVID-19 Classroom, 2020; Prinstein et al., 1996).

Research is slowly emerging regarding the mental health impact of the pandemic on adolescents, however studies within the Orthodox Jewish community of teen reactions to quarantine and living through the pandemic are scarce. As research on the impact of COVID-19 on adolescents is still in its infancy, it is important to examine the following studies that provide substantial evidence that the COVID-19 pandemic is significantly impacting the psychological wellbeing of adolescents around the world, drawing from adolescents' self-reports of the perceived impact of COVID-19 on their present mental health. A study conducted in Australia investigated the impact of the pandemic on adolescents' mental health, wherein adolescents were surveyed at two time points: one within a year of the COVID-19 outbreak (T1), and then two months (T2) after the introduction of government restrictions and virtual learning (Magson et al., 2020). Depressive symptoms, anxiety and life satisfaction were assessed via surveys at both time points, whereas the following potential moderators of change in mental health symptoms were measured at T2: social connection, family conflict, media exposure, COVID-19 related stress, disruptions to schooling, age, sex, gender, and observance of COVID-19 government restrictions. In this longitudinal study, Magson and colleagues (2020) found a significant increase in adolescent anxious and depressive symptoms, as well as a significant decrease in life satisfaction from the period prior to the pandemic to several months after the outbreak, with particularly elevated symptoms among females. COVID-19 related concerns, difficulties with online learning, and

increased adolescent conflict with parents predicted higher levels in mental health difficulties from before the pandemic to T2, however observance of stay-at-home government restrictions and peer social connections served as protective factors against adolescent mental health decline. Adolescents' COVID-19 related concerns, increased family conflict and difficulties managing online learning were related to increased psychological maladjustment, with adolescents' main source of distress centering around disrupted socialization and the restrictions put in place, rather than the actual virus itself (Magson et al., 2020).

A similar longitudinal study in Canada compared retrospective reports of mental health from existing clinical and community adolescent sample cohorts from three months before the pandemic to those three weeks into the pandemic (Hawke et al., 2020). The researchers found a significant deterioration of mental health in both the clinical and community samples, with the greatest decline in the community sample, particularly with elevated levels of depression/low mood and anxiety. Moreover, the researchers found that the pandemic posed a significant risk for elevated levels of need among youth with existing mental health concerns, as participants reported significant mental health service disruptions and unsatisfied support needs (Hawke et al., 2020). Interestingly, in the community sample, mental health symptom levels were higher than the pre-pandemic levels of the clinical sample, and more than a third of the community sample met screening criteria for a mental health diagnosis (Hawke et al., 2020). The study found that many youths were worried about loved ones or themselves becoming sick with COVID-19, as well as the impact of the pandemic on their schooling and navigating their future careers.

We turn our attention now to a few key studies within the United States and Canada and begin with research conducted by the National 4-H Council and The Harris Poll in May

2020, during the height of the pandemic, which surveyed more than 1500 adolescents aged 13 to 19 to examine youth perspectives on adolescent mental health concerns and the role of resilience in mental health (National 4-H Council, 2020). Alarmingly, the study found that 81% of teens reported mental health as a significant concern for American youth, with 64% of teens reporting that they believe COVID-19 will have a permanent effect on their mental wellbeing, with 7 out of 10 teens reporting mental health difficulties (National 4-H Council, 2020). 61% of those surveyed reported that the pandemic has increased their feelings of loneliness, 55% said they had experienced anxiety, 45% reported elevated stress, and 43% reported they had experienced depression (National 4-H Council, 2020). A similar study of Canadian adolescents found that adolescents were particularly concerned about the impact of the pandemic on their schooling and feeling disconnected from their friends, whereby their stress connected to COVID-19 was significantly related to poorer adjustment, which included heightened depression and loneliness (Ellis et al., 2020). Adolescents reported feeling concerned about their family's finances, as well as infection of self and family, their schooling, and friendships. Interestingly, adolescents who reported the highest rate of COVID-19 stress also reported the highest level of social media use and the highest level of depression, while time spent with family and engaged in schoolwork was related to less depression and loneliness, reinforcing the idea that social support can serve as a protective mechanism for adolescents, consistent with the research studies (Ellis et al., 2020).

Likewise, the 2020 Stress in America report published by the American Psychological Association polled adults and teenagers in August of 2020, and summarized data on national stress levels while suggesting strategies to assist in recovery from the pandemic mental health crisis. The survey results revealed that "Generation Z" teenagers

(aged 13 to 17) “are struggling with the uncertainty of their own futures”, with half of those polled reporting that “the pandemic has severely disrupted their plans for the future”, and “51 percent reporting that the coronavirus pandemic makes planning for their future feel impossible” (Stress in America 2020, APA, p.4). 81 percent of school-aged teens who were surveyed reported that school closure had negatively impacted their lives, with 52 percent reporting decreased motivation to complete schoolwork, 45 percent reporting difficulty concentrating on schoolwork and 43 percent reporting increased stress in their lives (Stress in America 2020, APA).

Protective Factors in the Face of Crisis, Positive Psychology and Wellbeing

While COVID-19 poses numerous threats to adolescent mental health, it is important to consider the potential opportunities that the crisis may also provide. As clear as the mental health impact of COVID-19 has been, equally compelling is data, both during COVID-19 and other crises, that documents ameliorating and protective factors. We turn our attention to those findings now.

In the study conducted by Hawke and colleagues (2020) focused on youth reports of mental health in Canada, adolescents reported some positive impacts of the pandemic, which included increased family time, improved social relationships, increased time for exercise and engaging in hobbies, rest, and relaxation, as well as improved mental health via self-care and greater self-reflection. When asked about their methods of keeping well and coping styles during the pandemic, the most frequent response across both samples was connecting with friends remotely, as well as acceptance, self-distraction, using positive reframing, active coping, and humor. Participants expressed that they wanted greater access to mental health supports, activities to boost wellness and engagement, as well as reliable information about

COVID-19 with encouraging media messaging, and greater opportunities to acquire a sense of meaning during the pandemic (Hawke et al., 2020). These findings highlight the need to engage adolescents in research to gain insight into their experience of the pandemic, the mental health ramifications as well as possible positive impact to be able to comprehend and address the effects of the pandemic on their lives, which will be a focus of the current study.

Moreover, research cited above in the 2020 Stress in America report published by the American Psychological Association, found that despite the stress induced by COVID-19, 71 percent of those polled reported feeling hopeful about their future, a key finding considering that “one of the key ways to maintain strong mental health in times of adversity is by remaining hopeful - something that a majority of Americans report, despite the compounding stress and negative impacts from the pandemic” (Stress in America 2020, APA, p.9), suggesting that the concept of restoring and bolstering hope is crucial to healing and recovering from the pandemic.

Research has suggested that navigating and mastering the pandemic-induced challenges together as a family unit may bolster family cohesion, as increased time with family can strengthen social support, which has been found to serve as a protective factor that bolsters adolescent mental health and resilience (Fegert et al., 2020; Magson et al., 2020). This is consistent with previously mentioned research conducted by Ellis and colleagues (2020), that reported adolescents’ time spent with family and engaged in schoolwork was related to less depression and loneliness, reinforcing the idea that social support can serve as a protective mechanism for adolescents. Many found the initial transition phase of home-schooling during the pandemic to provide a reprieve from the stressors of daily life, with increased time for family bonding (Fegert et al., 2020). In fact, Twenge and colleagues

(2020) fielded a “Teens in Quarantine” survey during May and July 2020 to 1523 US teens and compared 2020 teens’ responses to responses to the same questions asked in the 2018 administration of the national Monitoring the Future survey (Twenge, Coyne, Carroll & Wilcox, 2020). Interestingly, the researchers found that levels of adolescent depression and loneliness were lower in 2020 than in 2018, while levels of unhappiness and dissatisfaction with life were only slightly higher, with two possible trends in the way teens utilized their time accounting for the positive impact: increased sleep and increased time spent with their families (Twenge et al., 2020). 53 percent of youth surveyed reported that they had become more resilient and stronger during the pandemic, despite concerns regarding health, economic stressors and racial unrest, as many reported feeling comforted by their families and enjoying the slower pace of life (Twenge et al., 2020). The survey results demonstrated that teens who spent more time with their families during the pandemic and reported enhanced family closeness were less likely to be depressed, suggesting that family connection and support is a key proponent behind teen resilience during the pandemic. Twenge and colleagues (2020) articulated the following: “Our results reveal a nuanced picture of teens during the pandemic quarantine: They were resilient yet worried, isolated yet connected to family, and well-rested yet concerned” (Twenge et al., 2020, p.4).

Children’s experience during the pandemic may have provided them with an opportunity to learn to cope with frustration and difficulties and reflect on the instability and uncertainty around them, searching for meaning in the crisis and cultivating a growth mindset (Ohel’s Toolkit for Re-Entry to the COVID-19 Classroom, 2020). Adolescents’ ability to master the challenges presented by the pandemic may serve a fundamental role in their psychological development, as successful navigation of stress and trauma can culminate in

personal growth, bolstering individuals' sense of resilience, agency, and competence, serving as a potential protective factor for dealing with future stressors (Fegert et al., 2020; Tedeschi et al., 2018).

Likewise, personal characteristics such as intrinsic religiousness have been found to determine stress-related growth, as it serves to support finding meaning in a time of crisis (Fegert et al., 2020). Pirutinsky and colleagues (Pirutinsky et al., 2020) investigated the impact of COVID-19 and the relationships between distress, exposure, and religiosity in a sample of Orthodox American Jews. Their study indicated high levels of exposure yet lower levels of stress, with direct exposure to COVID-19 correlating with higher levels of religiosity. Trust in God, positive religious coping and religiosity all correlated with lower levels of stress and stronger positive impact, suggesting that faith in God among American Orthodox Jews during the COVID-19 pandemic may bolster resilience, promote growth, and foster a positive outlook that can buffer against distress (Pirutinsky et al., 2020). Interestingly, Bentzen's (2020) research reports an unprecedented high rate of Google searches for "prayer" during the height of the pandemic in March 2020, with search rates surging as the rate of registered COVID cases rapidly increased (Pirutinsky et al., 2020).

Aligned with the recent research by Pirutinsky and colleagues cited above (2020), Krumrei, Pirutinsky and Rosmarin (2013) found that trust in God and positive religious coping were associated with lower levels of depressive symptoms and physical health in a Jewish community sample and postulated that core spiritual beliefs about God may activate coping tools during distress, positively impacting psychological wellbeing for those in a Jewish context. Religious beliefs and practices have been associated with decreased anxiety and depression, as well as increased levels of life satisfaction, happiness, and wellbeing

(Koenig, Ford, George, Blazer & Meador, 1993; Koenig, McCullough & Larson, 2001).

Further research has demonstrated that belief in God is significantly connected to the mental health of Orthodox Jews, with higher levels of belief predicting lower levels of anxious and depressive symptoms, lending further support to the premise that spirituality and religious practices function as a “significant protective factor against distress in the Orthodox Jewish community” (Rosmarin, Pirutinsky, Pargament & Krumrei, 2009, p.188). A recent longitudinal study of Jewish middle school adolescents in Israel revealed that those with high and increasing levels of spirituality reported the highest rates of positive emotions, life satisfaction and prosocial behaviors (Kor, Pirutinsky, Mikulincer, Shoshani & Miller, 2019), adding to the growing body of research suggesting that spirituality contributes fundamentally to psychological adjustment and can predict future wellbeing (Gillham, Adams-Deutsch, Werner, Reivich, Coulter-Heindl, Linkins, Winder, Peterson, Park, Abenavoli, Contero & Seligman, 2011).

Positive Psychology, Psychological Wellbeing and Adolescence

“Throughout most of its history - for good reason - psychology has been concerned with identifying and remedying human ills, but the recently christened field of positive psychology calls for as much focus on strength as weakness, as much interest in building the best things in life as repairing the worst, and as much concern with fulfilling the goals of healthy people as healing the wounds of the distressed”

(Peterson & Seligman, 2003, p. 381).

Positive psychology is the scientific study of character strengths and virtues that facilitate thriving, with a primary focus on fostering individual and collective wellbeing (Lavy, 2019). Positive psychology is an outgrowth of humanistic psychology, arguing for the

potential for self-actualization and fulfillment, which bolsters one's wellbeing (Taylor, 2001). It is essentially the study of optimal functioning, with an underlying premise that "human goodness and excellence are as authentic as disease, disorder and distress" (Park & Peterson, 2008, p.85). While psychology as a discipline has long focused on disease and weakness, revealing and repairing the negatives in one's life, positive psychology operates with a focus on positive subjective experiences such as happiness, life satisfaction and fulfillment, as well as positive individual traits including interests, values and character, positive relationships, and positive institutions, such as families, communities, and schools (Park & Peterson, 2008). Embedded within the field of positive psychology is an understanding of the adolescent's developmental capacity and potential for thriving, with an eye towards active and constructive contribution to the growth and development of self, society, and community (Benson & Scales, 2009).

Interest in the application of positive psychology principles within education has led to great advances in promoting student wellbeing and can offer great insight into understanding students' ability to withstand the challenges the COVID-19 pandemic presents. Schools are often seen as "wellbeing-enhancing institutions" (Waters, Sun, Rusk, Cotton & Arch, 2017, p.245), as wellbeing has become a strong focus of education policy worldwide, with increasing calls from international entities such as WHO and UNICEF to educate for both academic outcomes and social-emotional wellness. Positive psychology has gained momentum within educational settings as it seeks to explore the conditions that promote wellbeing as more than just a state of feeling good, managing one's emotions, and functioning well, but as an enduring resource that one can utilize to establish healthy relationships, deal with stress so that one can both thrive during the good times and withstand

and bounce back from the difficult times (Huppert, 2015). Research has shown that individuals with enhanced wellbeing have stronger physical health and immunity and are more likely to have stronger and happier relationships, greater resilience, and more productive brain functioning (Howell, Kern & Lyubomirsky, 2007; Seligman, 2011).

Positive psychology presumes that mental health and wellness is “an entire state of being, consisting not merely of the absence of psychological symptoms and disorders but also the presence of positive factors” (Shoshani & Slone, 2013, p. 1166) that define wellbeing. Dr. Martin Seligman, the founding father of positive psychology, applied a multidimensional approach to psychological wellbeing, with the premise that wellbeing is comprised of five fundamental measurable elements that are separate but interrelated, and facilitate enhanced vitality in personal and communal wellbeing, also referred to as “thriving” or “flourishing” (Seligman, 2011). These elements became known by their acronym PERMA, which stands for: Positive emotions - the experience of feeling pleasurable emotions such as happiness, gratitude and excitement; Engagement - the experience of absorption in a task or in one’s work or in the moment; Relationships - the experience of forming and connecting with others via enriching, healthy and positive interpersonal interactions; Meaning - the experience of a sense of connection, purpose and fulfillment that goes beyond oneself; Accomplishment - the experience of satisfying one’s goals and finding success through meeting personal expectations or benchmarks in one or several life domains. Seligman (2011) proposed the five PERMA pillars as significant domains of life that individuals pursue as an end unto themselves and can be measured independently while also contributing to overall wellbeing, with many studies providing

support for the model (Hone, Jarden, Schofield, & Duncan, 2014; Kern et al., 2015; Kern et al., 2014).

Huppert and So's studies on flourishing extended Seligman's conception of wellbeing to include additional features such as enhanced self-esteem, resilience, optimism, vitality, and self-determination (Huppert, 2015). Geelong Grammar, an exclusive private school in Australia, embraced positive psychology as pivotal to their core mission and values, coining the phrase "Positive Education" throughout their work. Geelong Grammar defined flourishing as both feeling good, functioning well, and doing good, as one experiences an acceptance of a range of emotions by feeling content about the past, present, and optimistic about the future, with a commitment to personal development, fostering resilience and a willingness to embrace challenges and grow from difficulties. Geelong Grammar incorporated an emphasis on flourishing as moving beyond one's own wellbeing to consider the contributing effects of one's actions upon the community, thereby cultivating relational compassion, kindness, and forgiveness as central to personal and communal wellbeing. This is exemplified in the conceptualization of the Geelong Grammar approach to positive education as: "A person cannot flourish in isolation; it is in their connections and relationships that true wellbeing is found" (Huppert, 2015. p.71).

Adolescent mental health has long been conceived of as existing along a continuum, with those "flourishing" or "thriving" having high levels of wellbeing, resulting in increased engagement in academic learning, enhanced school satisfaction and peer relationships as well as adaptive coping (Gaffney, 2011; Shoshani & Slone, 2013). Youth wellbeing has been shown to contribute to academic achievement, enhanced physical health, serving a protective function against depression, while fostering social cohesion and creativity (Durlak et al.,

2011; Hoyt, Chase-Lansdale, McDade & Adam, 2012; Seligman et al., 2009; Waters, 2011). Hoyt and colleagues (2012) examined the longitudinal relationships between positive wellbeing during adolescence and health-related outcomes in adulthood using a nationally representative US adolescent sample, and found that positive adolescent wellbeing predicted enhanced perceived general health and fewer health-compromising and risky behaviors (e.g., illicit drug use, binge drinking, cigarette smoking) during young adulthood, with positive characteristics such as happiness, enjoyment of life and hopefulness about the future possibly having a stronger relationship with health outcomes rather than characteristics such as self-esteem. This study demonstrates the importance of promoting and nurturing positive wellbeing during the pivotal developmental phase of adolescence as it can contribute to enhanced positive health and reduce delinquent behaviors, at a time when youth are actively engaging in more autonomous decision-making that will establish their life-trajectories (Hoyt et al., 2013). Thus, adolescent wellbeing is more than just a state of feeling good in the moment, as it can be developed and nurtured as an enduring inner resource that fosters physical health, good interpersonal relationships, coping mechanisms for dealing with stress (Waters, 2020). Likewise, positive wellbeing may indirectly impact health via social mechanisms, as youth with higher levels of wellbeing have more friends, enhanced social support and interpersonal relationships, which all positively affect one's health (Cohen, 2004; Hoyt et al., 2012). These findings illustrate the importance of examining the positive characteristics that support youth wellbeing and flourishing.

Scales, Benson, Leffert and Blyth (2000) outlined seven outcomes of flourishing behaviors: leadership, school success, helping others, delay of gratification, perpetuation of physical health, overcoming adversity and appreciating diversity. Likewise, Huppert and So

(2013) outlined factors such as emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, and self-esteem, as elements of flourishing. What appears to be consistent among many of these approaches is the idea that achieving a flourishing state is a function of a dynamic interaction between many dimensions of the individual as well as their developmental context over time (Benson & Scales, 2009; Kern et al., 2016), which highlights the need to examine adolescent levels of wellbeing during this pandemic period.

Analogous to Seligman's (2011) foundational PERMA model, adolescent wellbeing researchers have outlined five key domains of adolescent wellbeing which will be utilized as a framework within the current study, with individuals considered to be flourishing as indicated by positive functioning across these domains: Engagement, defined as the experience of absorption and focus on one's work and interest in life activities; Perseverance refers to pursuing one's goals to completion, despite challenges; Optimism is characterized by hope and confidence regarding one's future, as well as a tendency to assume a favorable view of things, evaluating negative events as temporary, external and specifically bound to a situation; Connectedness refers to the experience of forming and connecting with others via enriching, healthy and positive interpersonal interactions; Happiness is characterized by feeling a consistent state of positive mood and contentment with life, rather than transitory positive emotion (Kern, Waters, Adler & White, 2015; Kern et al., 2016). The five aforementioned factors are known by the acronym EPOCH, and resemble Seligman's (2011) PERMA model, with the EPOCH domains of optimism and perseverance representing Seligman's domains of meaning and accomplishment (Kern, Waters, Adler & White, 2015). The EPOCH measure of adolescent wellbeing (Kern, Benson, Steinberg & Steinberg,

2016) is a 20-item multidimensional measure of flourishing for youth which assesses these five domains of wellbeing, has been validated cross-culturally and internationally (Kern et al., 2016), and will be utilized in the current study to assess student wellbeing. The multidimensional nature of the EPOCH measure allows for examining individual domains of adolescent psychological function that foster wellbeing and may differentially contribute to various outcomes of interest, which may allow for more targeted and specific intervention approaches. This is consistent with the dashboard approach adopted by researchers in the field of positive psychology, wherein wellbeing is optimally measured as a profile across multiple domains, rather than as a single factor (Kern et al., 2015). Kern and colleagues (2015) cite the following research validating the EPOCH domains in predicting positive outcomes, demonstrating their value in the literature on adolescent wellbeing: Engagement for at-risk youth was associated with enhanced life satisfaction and educational achievement (Chan, Ou & Reynolds, 2014). Youth high in perseverance were more likely to graduate, maintain stable job employment and relationships (Eskreis-Winkler, Shulman, Beal & Duckworth, 2014). Optimism was associated with enhanced life satisfaction, physical health, coping strategies and social relationships (Carver, Scheier & Segerstrom, 2010). Adolescent social connectedness was found to predict enhanced adult wellbeing across a 15-year timespan (Olsson, McGee, Nada-Raja & Williams, 2013), while adolescent happiness was associated with enhanced perceived health in young adulthood, aside from depressive symptoms (Hoyt et al., 2012).

In addition to measures such as the EPOCH, student wellbeing is often assessed via the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985), which measures cognitive appraisal of one's quality of life, and will be utilized in the current study

to assess students' global life satisfaction. Life satisfaction is one of the most prominent indicators of happiness, wellbeing and flourishing (Proctor et al., 2011; Suldo, 2016; Suldo, Riley & Shaffer, 2006). Positive psychology presumes that "happy individuals appear more likely to be flourishing people" (Lyubomirsky, Sheldon & Schkade, 2005, p.112), as happiness, or elevated levels of wellbeing, offer numerous benefits to individuals, families, and communities. Some of these benefits include increased life satisfaction, positive state of mind, enhanced social support and social interactions, as well as increased energy, creativity, productivity, and greater quality of work (Lyubomirsky et al., 2005). Higher levels of student life satisfaction have been found to be correlated with stronger parent, teacher and peer relationships that help students and educators thrive both within and beyond the classroom, as well as enhanced school satisfaction, perceived academic achievement, competency, and self-efficacy (Lyubomirsky, Sheldon & Schkade, 2005; Shoshani & Steinmetz, 2014; Suldo et al., 2006; Proctor et al., 2011). Adolescents with elevated levels of life satisfaction have also been found to have increased intrapersonal, interpersonal, and social relationships, academic success, fewer behavioral problems, and more adaptive psychosocial functioning (Gilman & Huebner, 2006; Proctor et al., 2011; Proctor, Linley & Maltby, 2010; Suldo & Huebner, 2006). Research has shown that enhanced life satisfaction can buffer against the negative impact of stress, as Suldo and Huebner's study (2004) found that middle and high school students exposed to more stressful life events showed increased externalizing behavior problems a year later, however only if they began the study with lower levels of life satisfaction. Students with elevated levels of life satisfaction did not demonstrate increased externalizing behaviors, and the researchers concluded that high life satisfaction seemed to serve as a buffer against the negative impact of stress and developing psychological disorder

(Suldo & Huebner, 2004). Likewise, students' levels of life satisfaction and wellbeing have been found to predict subsequent academic adjustment, student engagement and grades earned, beyond the level of initial academic performance and the impact of psychopathology (Suldo et al., 2011; Lyons et al., 2013). Moreover, the benefits of enhanced life satisfaction and wellbeing have been studied in many fields: medicine, psychology, social work, sport science, business and education, as research consistently demonstrates that high levels of wellbeing has been associated with improved physical health, happier relationships, greater resilience and more effective brain functioning (Durlak, Weissberg, Dymnicki, Taylor & Shellinger, 2011; Fredrickson, 2004; Howell, Kern & Lyubomirsky, 2007; Seligman, 2011). For the purposes of this research, students' life satisfaction has been selected as a key variable to investigate to learn more about students' levels of wellbeing in the current COVID-19 climate.

Character Strengths, Adolescence and Wellbeing

Consistent with the emphasis on “what is right about people” within positive psychology, Peterson and Seligman (2004) devised the Values in Action (VIA) classification system of 24-character strengths based on surveys of religious, philosophical and historical texts. Character strengths are universal individual positive personality traits, such as hope and spirituality, that impact how one thinks, feels, and behaves, enhancing wellbeing by allowing individuals to flourish and thrive (Shankland and Rosset, 2017). Character strengths reflect an individual's core identity, as every individual possesses all 24-character strengths in varying degrees, granting each person a unique character profile. Character strengths can be influenced by contextual factors and are evidenced in one's thoughts, emotions and behaviors and can change over one's lifespan (Park & Peterson,

2008). Peterson and Seligman (2004) created the VIA Inventory of Character Strengths for Youth (VIA-Youth; Park & Peterson, 2006) as a self-report survey that assesses character strengths in adolescents aged 10–17 years. The VIA-Youth is frequently utilized as a means of identifying character strengths to raise awareness of potential strength development and has been utilized in many schools to help students identify their strengths (Proctor et al., 2011; Seligman et al., 2009; Suldo et al., 2016).

Peterson and Seligman argued that the more you apply your character strengths within your daily life, the greater your positive experiences (Suldo, Savage and Mercer, 2014). Seligman theorized that skillfully applying one's character strengths leads to increased wellbeing via positive emotion, engagement, better relationships, meaning and accomplishment (Suldo et al., 2015). Character strengths such as gratitude and hope have been strongly associated with advances in psychological wellbeing and greater performance among adolescents (Shoshani & Steinmetz, 2014). Positive psychology interventions have gained momentum in educational settings as they are geared towards generating “positive emotions about the past, present and future” (Suldo, Hearon, Bander, McCullough, Garofano, Roth & Tan, 2015, p.301). Daily journaling of positive student experiences has led to increases in student wellbeing (Shoshani & Steinmetz, 2014). Adolescents who took part in daily exercises listing five things for which they were grateful, reported higher levels of short-term and long-term wellbeing, and a strong significant relationship was found between gratitude and school satisfaction (Shoshani & Steinmetz, 2014).

Enhanced health and overall well-being, improved relationships, and resilience in the face of difficulties are all among the benefits of harnessing one's character strengths daily. Research has shown that when people work from a strengths-perspective, their

performance increases, they learn faster, and they experience greater levels of satisfaction, mastery and competence (Shankland & Rosset, 2017). Researchers have attempted to explain the connection between improved wellbeing and the use of character strengths through the fact that exercising one's strengths fills basic psychological needs for social relatedness, competence, and autonomy (Shankland & Rosset, 2017). Identifying student character strengths and exercising them may enhance positive student-teacher and peer relationships within the classroom, which can nurture a more positive classroom climate, thereby improving student wellbeing and academic outcomes (Shankland & Rosset, 2017). Student autonomy can be enhanced by drawing attention to the fact that students have control over the strengths they utilize, and competence can be enhanced via identifying strengths and developing them. Identifying one's highest strengths, and then "using them to belong to and serve something you believe is larger than the self" (Seligman, Ernst, Gillham, Reivich & Linkins, 2009, p. 296), is a pathway to finding meaning and enhanced wellbeing within the framework of positive psychology. A strong body of research has shown that rather than developing new strengths, using individual existing strengths in new ways daily is extremely effective in improving wellbeing, both in the short and long term (Molony & Henwood, 2010; Seligman et al., 2009; Shankland & Rosset, 2017; Waters, 2011).

COVID-19 and Resilience

The stress of the COVID-19 pandemic, the crisis and loss it has induced, together with the ongoing disruptions and challenges it has brought to daily life activities and routines for adolescents, has raised the concept of resilience to front and center in discussions of recovery, particularly with so much unknown about the future course of the pandemic (Walsh, 2020). Resilience has played a major role in the field of positive psychology in

fostering wellbeing, adjustment, life satisfaction, social-emotional functioning, as well as physical and psychological health (Mak et al., 2011). Definitions and conceptualizations of resilience are many, and have evolved from the conceptualization of resilience as a stable, fixed personality trait that allows one to manage and adapt to stress and trauma, to an understanding of a more dynamic process that takes into account the complex and changing contextual interactions between individuals and their surrounding environment, which includes family, community and social systems, that influence one's capacity to overcome adversity (Lee et al., 2013). Contemporary understanding of resilience has shifted from more than dealing with life's disruptions and surviving loss, to include elements of positive adaptation, as individuals regain an ability to thrive and the potential for positive growth and transformation (Walsh, 2020).

Essentially, resilience has been conceptualized as an ability to withstand and cope with stress that facilitates thriving despite adversity (Connor & Davidson, 2003), with two core components at the heart of resilience being: positive adaptation and adversity (Fletcher & Sarker, 2013). There are differing opinions regarding the nature of adversity that applies to the definition of resilience, with some arguing that adversity includes negative life circumstances linked to adjustment difficulties (Luthar & Cicchetti, 2000), while others argue that adversity relates to disruptions that are part of daily life (Martinez-Marti & Ruch, 2017). Werner (2005) presented research from large-scale longitudinal studies of resilience demonstrating that children who displayed the following attributes managed to cope well despite adversity: a tendency to become less easily distressed; a sociable, active temperament; social maturity; average/above average intelligence; high achievement motivation; positive self-concept; internal locus of control; impulse control; good

communication and problem-solving skills; self-efficacy (Martinez-Marti & Ruch, 2017). External familial and communal resources and support that serve to provide close ties that foster trust, autonomy, agency, and initiative have also been found to bolster children's ability to cope with adversity (Martinez-Marti & Ruch, 2017). The basic assumption underlying these resilience studies was that those who have a higher number of attributes linked to resilience would be more likely to cope adaptively with a disruptive life event (Lee et al., 2013), which would help to crystallize why some individuals cope with traumatic incidents and events more effectively than others. Enhanced resilience is associated with adaptive behavior, as well as physiological and psychological growth which facilitates positive adjustment following adversity (Lee et al., 2013), a trait that would seem crucial to students' psychological wellbeing during the COVID-19 pandemic.

Essentially, contemporary understandings of resilience have shifted to conceptualizing resilience as more than enduring adversity but utilizing stress to arouse core human strengths that involve growth (Niemiec, 2019). Demographic variables such as age and gender have been frequently researched in connection with resilience, with some studies suggesting that as individuals age, they become more resilient (Campbell-Sills, Forde & Stein, 2009; Gillespie, Chaboyer & Wallis, 2009), while other studies have demonstrated a negative relationship between age and resilience (Beutel et al., 2009; Lamond et al., 2008). Likewise, some studies have demonstrated that males are more resilient (Stein, Campbell-Sills & Gelernter, 2009; Campbell-Sills et al., 2009), while others have shown that females are more resilient (McGloin & Wisdom, 2001; Davidson et al., 2005), with the varied results likely owing to the small homogenous samples in each of the aforementioned studies (Lee et al., 2013). Psychological factors associated with resilience are predominantly

of two types: risk factors that increase the probability of maladaptation, such as depressive and anxiety-related symptoms and high stress levels, and positive protective factors that enhance adaptation, such as life satisfaction, optimism, self-esteem, positive affect and self-efficacy (Lee et al., 2013; Mak, Ng & Wong, 2011). In a meta-analysis, Lee and colleagues (2013) explored the strength and predictive power of demographic and psychological factors' effects on resilience. The greatest effect on resilience emerged from protective factors (life satisfaction, optimism, positive affect, self-efficacy, self-esteem, social support), while a medium effect came from risk factors (anxiety, depression, negative affect, perceived stress, post-traumatic stress disorder) and the smallest effect emerged from demographic factors (age and gender) (Lee et al., 2013). Interestingly, of all the variables, the largest average effect size came from self-efficacy, with higher levels of self-efficacy most strongly related to an increase in individual resilience, followed closely by positive affect, demonstrating that those with higher levels of resilience were likely able to utilize coping and problem-solving skills to adapt to change, and positive affect to protect themselves from the impact of trauma (Lee et al., 2013). Depression and anxiety were the strongest negatively related variables to resilience among risk factors, while sociodemographic factors of age and gender had the smallest effect on resilience. Of the psychological variables, protective factors were more strongly related to resilience than risk factors, which was interpreted to mean that the resilience construct may be composed mainly of positive factors, and that resilience in and of itself may be considered a category of positive factor or part of a protective process that both buffers against the negative impact of depression, anxiety and PTSD, and is strongly tied to optimism and positive affect, which are subsequently positively related to self-efficacy (Lee et al., 2013; Mak et al., 2011). This meta-analysis suggests that maximizing and enhancing

one's protective factors may be more effective than attempting to minimize risk factors when trying to bolster resilience (Martinez-Marti & Ruch, 2017). This is consistent with research suggesting that resilience appears to be a dynamic process that protects an individual in difficult situations, as resilient individuals may be more likely to have developed a positive view of their self, the world and have hope for the future, with higher levels of protective factors such as self-efficacy facilitating an enhanced ability to withstand adversity (Lee et al, 2013; Mak, Ng & Wong, 2011). Having a positive view of self, social surroundings and the future may render individuals more confident and capable of finding opportunities within adversity and dealing with challenges, as resilient individuals have been shown to have enhanced levels of optimism, hope, life satisfaction and wellbeing (Mak et al., 2011). Essentially, resilience can be understood and enhanced via the existence of protective processes (such as self-efficacy, life satisfaction, positive affect and self-esteem) and factors that interface with stressors in order to minimize the impact of negative outcomes, thereby mediating the relationship between stress and threat and helping individuals adapt functionally despite difficulties (Mak et al., 2011; Masten, Best & Garnezy, 1990).

The stress and strain of the pandemic has prompted considerable research on both the impact on adolescents and their wellbeing and resilience. In a pivotal study of the effects of the COVID-19 pandemic on US adolescents, Jean Twenge and colleagues (Twenge, Coyne, Carroll & Wilcox, 2020a) surveyed a national sample of 1,523 teenagers in May, June and July 2020 on measures of mental health and wellbeing that included: life satisfaction, happiness, depression and loneliness, and then compared the data with the same questions that were asked to teenagers in 2018. In the 2020 respondents, the significant impact of the pandemic was clearly demonstrated with close to two-thirds of teenagers (63 percent) having

reported concerns about being infected with COVID-19, nearly one-third (29 percent) of teenagers knew someone who had COVID-19, two-thirds were concerned about not seeing their friends, while 27 percent reported a parent had lost their job, and 25 percent reported concerns about their family not having enough food, with family financial strain and food insecurity having the largest impact on reported depression (Twenge et al., 2020a). Surprisingly, when the 2020 results were compared to those of 2018, American teenagers' mental health during the pandemic did not appear as bleak as had been predicted, with decreases in depression and loneliness, and minimal increases in dissatisfaction with life and unhappiness (Twenge et al., 2020a). Twenge and colleagues refer to increased sleep and family time as well as the use of social media in active, connective ways as protective factors that helped offset teenagers' anxieties and bolstered their mental health during the pandemic, allowing them to "manage the challenges of 2020 with resilience, taking comfort in their families and the slower pace of life" (Twenge et al., 2020a, p.11). Remarkably, 53 percent of teens reported that they had become stronger and more resilient during the pandemic, however this does not detract from the fact that levels of depression, loneliness and unhappiness remain very high among American teens (Twenge et al., 2020a). This study reinforces the need to explore the multi-faceted nature of adolescent resilience and mental health and wellbeing during the pandemic.

Character Strengths Hope and Spirituality, Resilience and Post-Traumatic Growth

The field of positive psychology offers great insight into the role of character strengths in adjusting to adverse life events, with character strengths functioning as positive protective factors that build resilience, self-acceptance, social adjustment, and psychological wellbeing in adolescence (Gilham et al., 2011; Martinez-Marti & Ruch, 107; Shoshani &

Slone, 2013; Shoshani & Slone, 2016). Character strengths have long been conceptualized as global personal assets that constitute a primary positive foundation of personality, linked to mental health wellness and adjustment in many contexts across cultures and religions (Shoshani & Slone, 2016). Researchers Martinez-Marti and Ruch (2017) conducted a seminal study examining the value of character strengths in predicting resilience after the effects of other well-known resilience-related factors and socio-demographic variables were accounted for, which included positive affect, self-efficacy, optimism, social support, self-esteem, and life satisfaction. They found that character strengths had greater predictive value than the other resilience-related factors, aligned with similar research by Weber and colleagues (Weber, Ruch, Littman-Ovadia, Lavy & Gai, 2013) demonstrating that character strengths seem to be predictive of general self-efficacy as a buffer against the detrimental effects of difficulties in one's life, which is consistent with the research on resilience that has been cited thus far (Lee et al., 2013; Mak et al., 2011). Interestingly, the character strength "hope" was found to have the highest correlation with resilience among other character strengths (Martinez-Marti & Ruch, 2017), which is consistent with previous research showing hope as a reliable predictor of life satisfaction and happiness for adolescents, and will be investigated in this study (Toner, Haslam, Robinson & Williams, 2012). Park and Peterson (2006, 2008) also found that hope at the beginning of the school year predicted greater life satisfaction and higher end-year grades for Middle School students, just as research that demonstrated optimism and positive affect were fundamental to wellbeing (Martinez-Marti & Ruch, 2014).

Understandably, character strengths serve a protective and buffering role against adversity, stress, and trauma, while fostering positive adolescent development (Park,

2004). Martinez-Marti and Ruch (2017) proposed that character strengths foster resilience in different ways, with emotional strengths such as zest, bravery and social intelligence providing individuals with the positive energy, social support and connectedness required to face difficulties. Character strengths such as self-regulation, persistence, prudence, and perspective were proposed to bolster resilience by regulating behavior, emotions and promoting determination to achieve goals and make choices that allow for positive adaptation. Intellectual strengths such as creativity, curiosity, love of learning and open-mindedness were presumed to promote resilience by allowing individuals to reframe their experiences, engage in broader perspective-taking and problem-solving. Interpersonal strengths such as leadership, forgiveness and kindness were proposed to facilitate healthy relationships crucial for resilience. Transcendence strengths such as spirituality, hope and gratitude were presumed to facilitate appreciation for one's experiences, as well as provide uplifting connections with a cause beyond oneself, which foster coping via making meaning of difficult and adverse situations (Martinez-Marti & Ruch, 2017).

Research has shown that character strengths are interwoven in coping with personal traumas and disruptive life events such as war, natural disasters, and illness (Niemić, 2019). Some have argued that there may be a bi-directional relationship between character strengths and resilience, in that strengths may foster resilience and resilience may also foster the development and strengthening of character (Martinez-Marti & Ruch, 2016; Peterson et al, 2008). Shoshani and Slone (2016) studied the role of character strengths in moderating associations between exposure to conflict and psychiatric symptoms for Israeli adolescents exposed to political conflict, war, and terrorism. Their research found that the transcendence strengths virtue, consisting of spirituality, gratitude, hope, zest, humor, and forgiveness, had

the strongest moderating effect, which can be explained by the nature of transcendence as mobilizing individuals to focus on the positive aspects of life circumstances, even in the face of difficulties (Shoshani & Slone, 2016).

There is an emerging trend in research that demonstrates the role that character strengths play in supporting individuals in coping with and transcending difficulties, with an eye towards healing and recovery (Niemic, 2019). Two months after the terrorist attacks on the World Trade Center on September 11, 2001, positive psychologists found an increase in these seven-character strengths, which remained elevated ten months later: gratitude, hope, kindness, leadership, love, spirituality, and teamwork (Peterson & Seligman, 2003). Researchers Peterson and Seligman analyzed responses for the Values in Action character strengths questionnaire pre-and post- September 11 and attributed the increase in transcendence character strengths to individuals enhancing their sense of belonging, with the caveat of “the role of crisis as a possible crucible for what is best about people” (Peterson & Seligman, 2003, p.384). Likewise, Peterson, Park and Seligman (2006) found that those who had recovered from a psychological disorder or physical illness had elevated character strength scores when compared to others who had not had a history of illness or recovery, with transcendence strengths mediating the relationships between a history of illness and life satisfaction post-recovery.

The contributions of transcendence strengths spirituality and hope to positive psychological outcomes particularly during times of distress, have been shown to reduce levels of anxiety and depression, and will be explored in the current study (e.g.: Ai et al., 2005; Pirutinsky et al., 2020). Character strengths such as hope and spirituality may be important predictors of positive outcomes in the context of life disruption and trauma,

however the connection between these character strengths and their potential to serve as a resource for Jewish adolescents in times of adversity, particularly the current COVID-19 pandemic, remains understudied. Research by Ai and colleagues (2013) after Hurricanes Katrina and Rita found that students who reported greater experiences of spirituality held greater hope and optimism, which in turn predicted resilience and mitigated against depression in the aftermath of the collective trauma of the natural disasters. Likewise, researchers Ai and colleagues (2005) investigated the relationship of hope and spirituality with depression and anxiety on a sample of university students three months after the terrorist attacks of September 11, 2001, and found that both hope and spirituality contributed to lower levels of anxiety and depression symptoms, and students reported changes in self, relationships and worldviews that aligned with growth. Character strengths hope and spirituality have been found to predict future wellbeing among adolescents, helping to facilitate goals of affirming one's purpose, finding meaning, as well as strengthening self-awareness and connectedness (Gilham et al., 2011; Kor et al., 2019). Positive psychologists found an increase in the character strengths hope and spirituality after the terror attacks of September 11, 2001, suggesting that growth after experiencing trauma may involve a strengthening of character, which is consistent with the resilience research previously cited (Lee et al., 2013; Peterson et al., 2008, p.214; Peterson & Seligman, 2003).

Recent research during the COVID-19 pandemic by Pirutinsky and colleagues (2020) found that direct exposure to COVID-19 correlated with elevated religiosity and that spirituality, faith in God and positive religious coping may enhance resilience during distress. This is consistent with other research that has demonstrated the role of spirituality and religious coping in enhancing psychological wellbeing within a Jewish context (e.g.,

Krumrei et al., 2013), suggesting that spirituality may serve as an important predictor and enhancer of psychological wellbeing when dealing with adversities. Each of these concepts will be explored in detail in the following sections.

Hope

Despite the COVID-19-related challenges and stress faced by adolescents interviewed as part of the 2020 Stress in America survey (American Psychological Association, 2020), 71 percent of those polled reported feeling hopeful about their future. This is a key finding considering that one of the primary ways to bolster mental health in times of adversity is by remaining hopeful, suggesting that the concept of restoring and bolstering hope is crucial to resilience, healing and recovering from the pandemic.

As previously outlined, hope is part of a group of character strengths factored as transcendence, which include gratitude, spirituality, zest, humor, and forgiveness, all associated with positive conceptualization of one's life circumstances, mobilizing emotional processes that highlight the positive elements of one's experience and allow one to overcome difficulties (Shoshani & Slone, 2016). Hope is critical during times of adversity as it drives efforts to cope and is consoling when dealing with overwhelm and uncertainty (Walsh, 2020). Walsh (2020) posits that a reorientation of hope can foster resilience by shifting families from despair to a realistic understanding and acceptance of their current circumstances and what is both within and beyond their control, with an eye towards future possibilities and optimism beyond the crisis of the pandemic. Walsh (2020) emphasizes that maintaining hope and a positive outlook does not translate as an unrealistic and relentless sense of optimism that could potentially undermine the challenging nature of the pandemic, causing individuals to over- or under-react to their circumstances. Rather, maintaining a

realistic and reasonable sense of hope considering the realities that families face can fuel a coping and adaptive mindset, as individuals struggle to navigate the uncertainty and balance a sense of optimism with a reality that seems to be ever-shifting, due to the evolving nature of the pandemic stressors. A realistic sense of hope and optimism can assist families in conceptualizing what they can realistically hope for and work towards with continuous and targeted efforts, wherein support may be necessary to withstand prolonged challenges and recovery.

Furthermore, the connection between hope and resilience has been highlighted in Dr. Panter-Brick's research involving interviews with families, youth, and adults in Afghanistan, as he conceptualized their resilience as rooted in hope, citing their ability to focus their harnessing of resources towards paving the way for a brighter future rather than returning to the trauma of their past (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). Panter-Brick and colleagues (2014) postulated that hope served to facilitate a sense of meaning and optimism, allowing individuals to articulate a coherent narrative that linked their future to their past and present circumstances.

Hope as a character strength involves optimistic thinking and expectations of a positive future. Hope is also a strength-based construct that is part of the positive psychology field and has been defined as the process of conceptualizing one's goals, together with the motivation to advance towards (agency) and the means to achieve (pathways) them (Snyder, 1995; Snyder et al., 2003). Thus, hope is comprised of two components: agency thinking, which is the cognitive determination or willpower to move towards a goal, and pathways thinking, which is one's perceived ability to plan cognitive strategies to achieve the goal (Snyder, 1995). Essentially, hope is one's perception regarding their capacity to implement

motivational tools (agency thinking) to plan specific cognitive strategies (or pathways) to achieve desired goals (Gilman, Dooley & Florell, 2006). By combining agency and pathways thoughts, individuals think and act toward achieving their goals, with perceptions of successful goal attainment thought to facilitate positive emotions, and unsuccessful goal attainment facilitating negative emotions (Snyder et al., 1996; Snyder, Sigmon & Feldman, 2002). An individual's belief in their capacity to achieve their goals is thought to facilitate hopeful behaviors that bolster hopeful thoughts, suggesting that hope is an acquired pattern of thinking that can develop over time (Shorey et al., 2002; Snyder et al., 2000). According to hope theory, a goal consists of anything an individual wishes to create, experience, attain, do or become, and can be a life-long, significant pursuit or brief in nature (e.g., attaining a doctoral level degree versus getting a ride to work) (Snyder et al., 2003). Those with elevated levels of hope are thought to approach a goal with an eye toward meeting a challenge, focusing on success rather than failure, and in a positive emotional state, whereas low-hope individuals are presumed to approach a goal with a focus on failure and ambivalence rather than success, with a negative emotional state (Snyder, 1995). Those with elevated hope are more likely to view failure as an opportunity for growth, attributing difficulties and setbacks to poor strategy rather than character flaw and are able to consider and mobilize multiple resources and strategies for handling problems, while acknowledging the potential roadblocks to goal achievement (Kaufman, 2020). On the other hand, those with low levels of hope ruminate about feeling stuck and often engage in avoidance thinking which encourages passivity and disengaged coping (Snyder, 2002).

As hope involves both the optimistic expectation of a positive future and the determination and means to achieve one's goals, a hope mindset allows individuals to see

multiple pathways to achieving goals, facilitating flexibility when encountering difficulties (Kaufman, 2020). Hope may facilitate the process of finding benefits when experiencing painful and difficult life events, as a study of women diagnosed with fibromyalgia found that hope was a strong predictor of finding benefits, with individuals' pathways thinking (planning routes to achieve their goals) allowing them to utilize positive reframing as an active coping tool (Michael & Snyder, 2005; Affleck & Tennen, 1996). Likewise, higher levels of hope predicted greater levels of wellbeing among a group of college students who had lost a loved one, as hopeful thinking was found to assist the bereaved students in reorienting themselves to focus on their present concerns and begin the task of advancing towards their present and future life goals beyond their experience of loss, with hope playing a large role in facilitating redefining the self and one's purpose despite difficulties (Michael & Snyder, 2005).

Moreover, individuals with higher levels of hope have been found to have enhanced happiness and less distress, exemplary coping skills, and hope has been associated with increased physical health, mental health, creativity, athletic performance, and academic achievement, and has been found to facilitate resilience and serve as a protective factor against the experience of adverse life events (Kaufman, 2020; Shorey et al., 2002; Snyder, 1995; Snyder, 2002; Snyder et al., 2000). Researchers have attributed the connection between high levels of hope and positive outcomes to the ability to: generate clearly defined goals; identify and utilize several pathways and strategies towards achieving goals, even when current pathways fail; sustain enhanced positive affect following failure when compared to those with lower levels of hope, which promotes a sense of agency and subsequent persistence (Shorey et al., 2007; Snyder, 1999; Snyder, 2002). As those with

higher levels of hope remain motivated towards achieving their goals (agency), the positive emotions they experience upon successful goal pursuit serve to energize and reinforce their sense of agency, with a resultant belief in a positive future lowering psychological distress and enhancing psychological wellbeing via life satisfaction and positive affect (Shorey et al., 2007; Snyder et al., 1991).

Snyder and colleagues (1997) developed the Children's Hope Scale to assess levels of hope for children ages seven through 14 years, which will be utilized in the current study (Snyder et al., 1997). The Children's Hope Scale assesses children's agency and pathways thinking, with demonstrated satisfactory internal consistencies (alphas from .72 to .86), test-retest reliabilities of .71 to .73 within a month, as well as discriminant and convergent validities (Snyder et al., 2003). In developing the scale, Snyder and colleagues (1997) argued that children's level of hope emerges from their perception of proficiency at pursuing goals, with the premise that children are by nature goal-directed, and their positive goal-related thinking can be conceptualized by two aspects: agency and pathways. Just as with adults, pathways thinking involves imagining various means and options to achieve one's goals, whereas agentic thinking involves the ability to initiate and persevere with the means to achieve one's goals (Snyder et al., 2003). Snyder (2000) articulated that hopeful children are able to expend mental energy to direct their goal pursuits via self-regulating their emotions, thoughts and behaviors so that they are aligned with their goals. The Children's Hope Scale is an evaluation of children's ability to achieve goals in general, and is not connected to one specific goal, rather it reflects their perceptions regarding their ability to generate agency and pathways thinking if desired (Snyder et al., 2002). Children's perception of their ability to navigate towards successfully achieving their goals encourages positive feelings of self-

worth and self-esteem (Snyder et al., 1997), with the foundations of hopeful thinking towards attaining goals set within the first few years of life, continuing throughout preschool, middle school and adolescence, at which point hope levels should be stable (Snyder et al., 1997).

Hope can be learned and is thought to reflect a child's interaction with their social and environmental context (Hellman & Gwinn, 2017). The process of nurturing hope in children begins with the experience of setting goals and identifying the means to achieve those goals, noting progress towards goal achievement while entertaining potential obstacles, thereby building agency and pathways thinking. Children who experience setbacks and have low levels of hope may demonstrate anger, despair and frustration and a lack of motivation and goal-directed behavior (Hellman & Gwinn, 2017). Obstacles to achieving one's goals are thought to trigger negative emotions, while successful pursuit and attainment of goals, especially despite difficulties, elicits positive emotions, with the efforts and encouragement of role models such as parents, teachers and peers contributing towards children acquiring the ability to identify goal-directed pathways and to sustain motivation towards achieving those goals (Snyder et al., 1997).

Children's capacity for hopeful thinking in navigating goal-related setbacks and challenges in early childhood, may in fact protect them and bolster their ability to deal with subsequent difficulties. Snyder and colleagues (1997) found that children with higher levels of hope reported more positive thoughts about themselves and feeling less depressed, as an enhanced sense of their capacity to achieve goals led to increased feelings of esteem and decreased depression-related emotions. Furthermore, children with higher levels of hope have been found to draw from their memories of positive experiences to uplift them during difficulties, as they create their own positive personal narratives and recall and retell their

own inspirational stories, demonstrating a stronger sense of agency (Snyder et al., 2003; Snyder, McDermott et al., 2002).

Research has shown that low levels of hope among youth are related to poor outcomes such as psychological distress and poor academic achievement, which may in part be due to the proposition that youth with low hope may utilize ineffective and inflexible cognitive strategies that are limited in their capacity to facilitate goal-achievement, which then stymie motivation and initiative required for behaviors directed towards goals (Gilman et al., 2006; Snyder et al., 1991). Low hope may also be related to poor psychological adjustment as those with low hope often do not utilize feedback from failure experiences to boost future performance, often engaging in negative rumination, self-deprecatory thoughts and self-doubt, which can exacerbate psychological distress and lead to anxiety (Snyder et al., 2002).

Gilman and colleagues (2006) found that middle and high-school aged adolescents who reported high levels of hope also reported significantly higher levels of life satisfaction, self-reported grade point average and lower levels of emotional distress than students who reported average levels of hope, suggesting that increased hope is associated with optimal psychological adolescent functioning and more positive educational outcomes. Children's hopeful thinking has been positively associated with their perceived self-esteem and competence, social support, optimism, self-efficacy, and negatively related to depression and anxiety (Esteves et al., 2013; Ong, Edwards & Bergeman, 2006). An integrative review of research on adolescent hope revealed that hope is a powerful predictor of positive outcomes such as life satisfaction, enhanced psychological wellbeing, purpose, academic achievement and positive affect (Esteves et al., 2013). Children with higher levels of hope have been

shown to have greater optimism regarding their future, stronger problem-solving skills, more life goals and stronger perceived interpersonal relationships, suggesting that hope serves a significant role in promoting children's ability to thrive and remain resilient when facing difficulties (Hellman & Gwinn, 2017). Hope, as a psychological strength, was found to serve as a coping and protective resource for children exposed to domestic violence whose levels of hope were assessed after attending a summer camp that utilizes Snyder's (2000) theory of hope as an underlying therapeutic framework geared towards treating the way children perceive themselves and their future (Hellman & Gwinn, 2017). The researchers analyzed changes in hope before and after camp and correlated children's hope with character strengths that were rated by camp counselors. The researchers found that children's hope improved from pretest to post-test, and those with elevated hope demonstrated an enhanced ability to identify feasible pathways and exert mental energy (agency) towards their goals (Hellman & Gwinn, 2017). Additionally, children's hope was associated with character strengths that represented striving toward future opportunities (zest, optimism, grit, curiosity), the capacity to regulate feelings and thoughts (self-control) and appreciating the feelings and needs of others (social intelligence, gratitude), thereby demonstrating that hope can serve as a protective resource to support children dealing with stress, promoting resilience and enhanced coping by empowering children toward a positive outlook for the future during difficult times (Hellman & Gwinn, 2017).

As hope represents a process of active goal-directed thinking, it would seem that pathways and agency thinking would facilitate flexible and adaptive coping despite difficulties, as hopeful individuals are able to effectively remain motivated towards generating plans for meeting their goals and adjusting the plans according to their

circumstances (Michael & Snyder, 2005). The impact of hope, as both a character strength and construct, could potentially serve a significant purpose in buffering against the negative effects and impacts of the COVID-19 pandemic on adolescent wellbeing, and will be investigated in this study.

Spirituality

For many years, there was a distinct divide between religion and mental health, with many mental health professionals ignoring patients' religious resources, viewing spirituality and religion as a sign of weakness and pathology (Koenig, 2012). More recently, and particularly in the field of positive psychology, research examining the benefits of religion, spirituality and health has rapidly expanded, with the many benefits of religion and spirituality including enhanced subjective wellbeing, hope and optimism (Koenig, 2012). Linking the field of positive psychology and psychology of religion, spirituality is one of the transcendence character strengths and is characterized by both a belief and connection to a sacred life force that serves to provide a sense of meaning and purpose (Kor et al., 2019). As previously outlined, the transcendence character strengths hope and spirituality establish connections to purposes beyond the self and have been found to predict future wellbeing among adolescents (Gilham et al., 2011), establishing the capacity for self-transcendence and helping to facilitate goals of affirming one's purpose, finding meaning, as well as strengthening self-awareness and connectedness (Kor et al., 2019).

Recent research suggests that spirituality is subjectively constructed and represents an individualized exploration of core questions about life, meaning and sacred forces, which may (or may not) facilitate commitment to religious practices and beliefs (Kor et al., 2019). Spiritual development is a dynamic process that facilitates adolescents' discovery of

self as well as their place in the world around them, strengthening their sense of personal identity and thriving (Benson, 2004). Moreover, spiritual development is thought to spark the growth of an individual's internal capacity for self-transcendence, wherein one's identity is connected to powers beyond the self, which include the sacred (Benson, Roehlkepartain & Rude, 2003). Thus, spiritual development has been conceptualized as a "developmental engine" (Benson, Roehlkepartain & Rude, 2003, p.205) that sets in motion one's pursuit of meaning, purpose and connectedness, both within and beyond the context of religious traditions, beliefs and practices, as individuals seek to discover more about themselves, the universe around them and the meaning of life particularly during adolescence, a sensitive period of personal identity and spiritual exploration (Benson et al., 2012).

Spiritual development has been explicitly conceptualized as a hallmark of thriving, as the inherent connection to a sacred, transcendent force reorients adolescents towards concerns beyond themselves, thereby allowing adolescents to rise above and beyond their own self-interests (Benson & Scales, 2009). Seminal research on adolescent spirituality by scholars Benson and Scales (2009) conceptualized spiritual development as a fluid interaction between three psychological processes: 1) awareness of intrapersonal and external strengths, wonder and beauty in the world that fosters purpose, identity and meaning; 2) searching for and experiencing significant connections with others or transcendent beings (God or a higher power) that imbue life with meaning; 3) expressing personal passions, values and identity via authentic interpersonal relationships and practices that cultivate internal peace and wellness (Benson & Scales, 2009; Kor et al., 2019). Research on spiritual development suggests that individuals are intrinsically driven towards self-transcendence and spirituality, as they actively search for a sense of purpose and meaning, pursuing an identity

that is contextualized within a system of tradition, values and community (Benson et al., 2003).

Studies of adolescent spirituality suggest that heightened stress and negative emotions during adolescence can give rise to increased interest and exploration of spiritual beliefs and observances (Kor et al., 2019). Spirituality serves a strong protective benefit for psychological wellbeing, and has been associated with enhanced life satisfaction, positive emotion, prosociality, and serves as a source of optimism for future-directed outcomes, buffering against distress and despair during difficulties (Kor et al., 2019). Spirituality has also been found to enhance resistance to adolescent risk factors such as substance abuse, sexual promiscuity, delinquency, depression, anxiety and suicidality (King & Roeser, 2009; Kor et al., 2019). Kor & colleagues (2019) conducted a longitudinal study of middle school adolescents in Israel, who were measured three times over a 14-month period on measures of character strengths, spirituality, subjective wellbeing (life satisfaction, positive emotions) and prosociality. Their study found that spirituality was stable over time and contributed significantly to positive adolescent development, as students with high and increasing spirituality consistently scored highest on measures of subjective wellbeing (their cognitive and emotional evaluations of their lives via subjective measures of life satisfaction and positive emotions) and prosocial behavior, with those demonstrating spiritual growth showing the greatest increases in subjective wellbeing. Interestingly, the researchers found that spirituality constituted a distinct category of character strengths beyond the three established categories of intrapersonal, interpersonal and intellectual strengths, as the Israeli adolescents varied along an underlying factor of spirituality that included measures of faith maturity, personal devotion, intrinsic religiosity, commitment to religious practices and the

VIA character strength measure of spirituality. Thus, spirituality was identified as a fourth fundamental category of character strengths that contributed longitudinally to positive development, suggesting that spirituality plays a significant role in and of itself in bolstering wellbeing, however the researchers cite the need to conduct further studies to explore this relationship, as research on adolescent spirituality and its impact on psychological wellbeing is still in its early stages (Kor et al., 2019). The researchers proposed that spirituality may support psychological wellbeing by facilitating a sense of purpose and connection to the self and the Divine and provide a sense of consolation during distress and setbacks (Gillham et al., 2011; Kor et al., 2019). This highlights the need to include spirituality as a fundamental dimension within character education and psychological wellbeing, as it has traditionally been absent from discussions related to children's social-emotional, moral and intellectual development. Hence, the current study will examine the role of spirituality in promoting resilience, psychological wellbeing and post-traumatic growth in adolescents living through the pandemic, with an eye towards extending the research on adolescent spirituality beyond the population of Israeli middle-school adolescents that was utilized in the aforementioned study.

Spiritual connections are often revived during times of difficulty and support adaptation to life disruptions. Research has shown that many individuals turn to spiritual resources and religion in order to cope during stress and trauma (Ai, Tice, Peterson & Huang, 2005; Pirutinsky et al., 2020; Rosmarin, Pirutinsky, Greer & Korbman, 2016). Research has demonstrated that religious practice, the emergence of spirituality and expressions of faith can enhance one's psychological resilience, and buffer against disorders such as depression and anxiety (Levin, 2020). Spirituality and religion may serve as an organized framework

that provides mental representation of attitudes and beliefs that can reframe negative events and lessen psychological distress, allowing individuals to make meaning of the COVID-19 crisis and pandemic experience (Fegert, Vitiello, Plener & Clemens, 2020).

Spirituality and religion incorporate practices such as prayer, study of religious texts and mindfulness that can increase one's gratitude, decrease negative affect and buffer against sadness, depression and anxiety, as positive religious coping, the process of utilizing religion and spiritual resources to cope with distress and threat, has been found to enhance wellbeing particularly within the Orthodox Jewish population (Rosmarin et al., 2016). Cognitive religious coping mechanisms, such as viewing challenges and adversity as opportunities to enhance one's trust in and connection with God, as well as viewing events as divinely purposed and searching for the lessons to be learned, all serve to promote benefit-detection, optimism, as well as recognition of one's blessings in life (Rosmarin et al., 2016). Religious coping has positive aspects such as reliance on God for support, seeking religious counsel, engaging in spiritual practices such as Sabbath observance and prayer, that have all been linked to decreased levels of anxiety and worry. Negative religious coping, on the other hand, includes negative affective attitudes about God such as feeling divinely punished or abandoned, and involves religious behaviors or beliefs such as religious disengagement, spiritual struggle and anger at God, which have been associated with heightened psychological distress, depression and anxiety particularly among Orthodox Jews (Pirutinsky, Rosmarin, Pargament & Midlarsky, 2011).

Adverse life events and trauma can exacerbate stress and spiritual struggle. As previously mentioned, Pirutinsky and colleagues (2020) conducted a seminal study during the initial height of the pandemic in May to April 2020 using a sample of 419 American

Orthodox Jews ranging from the age of 18 through 83, that completed an anonymous online survey focused on exposure to COVID-19, the impact of COVID-19 and correlational associations between COVID-19 experiences and religion via measures of demographics, COVID-19 risk factors, cognitive attitudes and behaviors, as well as spirituality and religion, psychological health and wellbeing (Pirutinsky et al, 2020). COVID-19 exposure was assessed via three questions asking whether the participant, someone with whom they had contact or whom they consider close, had a confirmed or suspected case of COVID-19. The impact of COVID-19 was assessed as participants were asked to indicate the extent to which COVID-19 affected a series of life domains, such as their sleep, diet, faith and relationships, and three scales that have been demonstrated to assess domains of religious experience relating to mental health in the Jewish community were used as well, measuring intrinsic motivations for religiosity (the Intrinsic Religiosity subscale of the Duke Religion Index), positive/negative religious coping (the Jewish Religious Coping scale) and trust/mistrust in God (Trust and Mistrust in God scale) (Pirutinsky et al., 2020). Twenty percent of the sample reported a suspected or confirmed COVID-19 infection, with 48% reporting contact with a person infected and 58% reporting someone closely associated with them was infected (Pirutinsky et al., 2020). Their investigation of the impact of COVID-19 and the relationships between distress, exposure and religiosity revealed that negative religious coping and mistrust in God were correlated with higher stress and reduced positive impact. Fear of COVID-19 exposure was also related to negative religious coping and mistrust of God. This is consistent with previous research demonstrating that spiritual struggle may pose a risk factor for potential stress and anxiety, much like negative religious coping has predicted subsequent depression (Pirutinsky et al., 2011; Pirutinsky et al, 2020). On the other hand,

their study found that trust in God, positive religious coping and religiosity all correlated with lower levels of stress and stronger positive impact, suggesting that faith in God among American Orthodox Jews during the COVID-19 pandemic may bolster resilience, promote growth and foster a positive outlook that can buffer against distress (Pirutinsky et al., 2020). The researchers proposed that participants' integration of religious practices and beliefs within their lives served as a wellbeing and resilience enhancing resource and coping mechanism, with their trust in God allowing them to relinquish control over their situation and search for the benefits, meaning and purpose behind the events of COVID-19 (Pirutinsky et al., 2020). The researchers also found that direct exposure to COVID-19 was correlated with elevated levels of religiosity, which is aligned with research that found trust in God and positive religious coping are associated with lower levels of depressive symptoms and physical health in a Jewish community sample, such that core spiritual beliefs may activate coping tools during distress, positively impacting psychological wellbeing for those in a Jewish context (Krumrei et al., 2013; Pirutinsky et al., 2020).

Likewise, utilizing an anonymous internet survey completed by 208 Jewish men and women living in the USA, researchers found that trust in God (core beliefs that God is kind, compassionate and all-knowing) and positive religious coping were related to lower rates of depression symptoms, whereas mistrust in God and negative religious coping were related to enhanced depression symptoms (Krumrei et al., 2013). The researchers interpreted the finding of positive religious coping mediating the link between trust in God and lower rates of depression symptoms, and negative religious coping mediating the link between mistrust in God and enhanced rates of depression symptoms, to mean that intrinsic spiritual beliefs trigger active coping mechanisms, suggesting that spirituality plays a fundamental role in the

mental health and wellbeing for Jewish individuals in times of distress (Krumrei et al., 2013). Further research has demonstrated that belief in God is significantly connected to the mental health of Orthodox Jews, with higher levels of belief predicting lower levels of anxious and depressive symptoms, as trust in God has been conceptualized as mitigating against assessments of threat and danger, facilitating the capacity to tolerate uncertainty (Krumrei et al., 2013; Rosmarin et al., 2009; Rosmarin et al., 2011). Likewise, religious beliefs and practices have been associated with decreased anxiety and depression, as well as increased levels of life satisfaction, happiness, and psychological wellbeing, as individuals are thought to draw upon spiritual resources in order to cope with stress and threat (Koenig et al., 1993; Koenig et al., 2001). These studies offer support for the premise that spirituality and religious practices function as a primary protective factor against distress in the Orthodox Jewish community, wherein core spiritual beliefs may be triggered as coping mechanisms which bolster psychological wellbeing and resilience (Krumrei et al., 2013; Rosmarin, et al., 2009).

In sum, during COVID-19, hope and spirituality could potentially bolster psychological wellbeing as they provide adolescents with an enhanced sense of connection to others, as well as a sense of purpose and meaning, while providing comfort during difficulties (Gillham et al., 2011; Kor et al., 2019). There is an abundance of research demonstrating that hope and spirituality offer many positive outcomes, as Gillham and colleagues (2011) found that strengths that build connections to other people and purposes beyond oneself predicted future wellbeing and subsequent life satisfaction. Research has also suggested that a secure spiritual connection with God can serve as a source of hopefulness and a reassurance of one's safety, just as positive religious coping can facilitate a

sense of optimism and post-traumatic growth (Pirutinsky et al., 2019). A recent longitudinal study of Jewish middle school adolescents in Israel revealed that those with elevated and increasing levels of spirituality reported the highest life satisfaction, positive emotions, and prosocial behaviors (Kor et al., 2019), adding to the growing body of research suggesting that spirituality contributes fundamentally to psychological wellbeing (Gillham et al., 2011). The aforementioned research suggests a need to closely examine the role of spirituality when considering the psychological wellbeing, resilience and life satisfaction of Orthodox Jewish adolescents living through the pandemic, as for individuals who believe in God, their trust in God and spiritual coping assume a fundamental role in their emotional experience, overall wellbeing and outlook regarding their future (Pirutinsky, Cherniak & Rosmarin, 2019).

Post-Traumatic Growth

Having considered the roles of hope and spirituality, we turn to more broadly consider the potential that trauma, even with all its negative impacts, actually opens individuals to opportunities for growth, an area of particular importance given adolescents' subjective experiences of the COVID-19 pandemic. Tedeschi and Calhoun (1995) coined the term "post-traumatic growth" to describe the positive psychological changes one experiences as an outcome of an encounter with trauma or extremely challenging life circumstances (Tedeschi, Shakespeare-Finch, Taku & Calhoun, 2018). Post-traumatic growth (PTG) is a process that involves developing beneficial psychological responses following difficult and undesirable life experiences, crisis or trauma. Tedeschi and Calhoun use the metaphor of a "seismic" earthquake to depict the manner in which trauma can challenge and give rise to re-examination and rebuilding of one's beliefs and perceptions about the world around them, as inherent in the traumatic experience itself lies the loss of loved ones and an uprooting

of one's fundamental understanding of their purpose, capabilities and the meaning of life (Kaufman, 2020; Tedeschi et al., 2018; Tedeschi, Park & Calhoun, 1998). Tedeschi and colleagues (2018) extended their reference of a defining traumatic, stressful, or challenging *event* that precedes PTG to include life-altering *circumstances* that are not easily depicted in relation to a single event (Tedeschi et al., 2018), which seems most appropriate to the current reality of the COVID-19 pandemic. The circumstances surrounding COVID-19 make it difficult to conceptualize it as a single traumatic event, much like a natural disaster that includes processes and components such as the actual disaster itself, locating aid immediately after, and then the extended and arduous task of strengthening and restoring physical and psychological wellbeing. The period that is considered "posttraumatic" is typically extended, and can range from days to years, whereby individuals develop new and transformative patterns of thinking, feeling, and behaving due to their life-altering experience of events that incapacitate a restoration to baseline functioning (Tedeschi et al., 2018). In this regard, PTG differs from resilience, which is understood as a "return to baseline or resistance to trauma" (Tedeschi et al., 2018, p.5). The characteristic PTG-related changes typically occur as a result of a struggle to cope or survive in the aftermath of a life crisis or trauma, and result from the challenges to one's way of life and core beliefs (Tedeschi et al., 2018). Joseph (2011) contends that the stress experienced as a result of trauma serves an adaptive and transformative purpose for recovery and post-traumatic growth, as individuals search for a way to imbue their experiences with meaning and incorporate them into their life's narrative. Joseph (2011) likens individuals that have experienced trauma to storytellers, as trauma awakens the need to tell stories in order to make sense of the events that have transpired, with the struggle that individuals face in telling their stories and integrating their experiences

facilitating growth and transformation. Furthermore, Joseph (2011) cites research on self-determination theory as central to PTG, stating that individuals have a natural growth-oriented tendency and are intrinsically motivated to work toward actualizing their psychological potential, provided their basic needs for autonomy, competence and relatedness have been met. Studies of trauma survivors cite experiences of acceptance, feeling a sense of belonging and connection as well as acquiring a sense of mastery and accomplishment as key to their recovery and growth, suggesting that PTG can be viewed as a change process and not merely positive-related outcomes (Joseph, 2011).

Tedeschi and Calhoun (1995) identified five positive changes or benefits of post-traumatic growth in the areas of: renewed appreciation for life, enhanced interpersonal relationships, enhanced personal strength, identification of new possibilities for the self, as well as enhanced spiritual development and satisfaction. Increased altruism and compassion as well as creative growth have also been observed as PTG-related effects (Kaufman, 2020). Holocaust survivor and Austrian psychiatrist Dr. Viktor Frankl wrote in his famed memoir *Man's Search for Meaning*: "When we are no longer able to change a situation, we are challenged to change ourselves" (Frankl, 1984), which is echoed in the work of psychologist Steven Joseph, who writes of trauma as awakening within the individual an existential realization of life's uncertainty and unpredictability, as well as an understanding of the individual's vulnerability and fragility, which facilitates the process of PTG (Joseph, 2011).

Research regarding resilience and the potential PTG effects of the global COVID-19 pandemic on Jewish adolescents would help foster understanding regarding how students have been able to maintain a positive and hopeful frame of mind to transcend their

challenges, and make meaning of their experiences, which will be explored in the current study.

Aligned with positive psychology research, character strengths can promote PTG by helping to create a narrative that imbues meaning to the situation one is experiencing (Southwick et al., 2014). Peterson and colleagues (2008) proposed that character strengths may be enhanced post-trauma, as resilience may result in strengthening of character, with the various changes resulting from PTG represented by these character strengths: better relationships with others (kindness, love), openness to new possibilities (curiosity, creativity, love of learning), greater appreciation of life (appreciation of beauty, gratitude, zest), greater personal strength (bravery, honesty, perseverance) and spiritual development (spirituality). Interpersonal strengths (humor, kindness, leadership, love, social intelligence and teamwork) and cognitive strengths (appreciation of beauty, creativity, curiosity and love of learning) had linear relationships with the number of traumatic events experienced, with higher numbers of potentially traumatic events associated with higher character strength scores. Additionally, all character strengths correlated positively with measures of PTG, particularly transcendence strengths such as spirituality, gratitude, and hope, as well as kindness and bravery.

While there is a great deal of trauma research focused on predictors of stress, recent trends in the field of positive psychology suggest that connections between character strengths as predictors of resilience and PTG have been understudied (Ai et al., 2013; Rosmarin et al., 2016). Certain character strengths may be important predictors of outcomes in the context of crisis and trauma, as Ai and colleagues' research (Ai et al., 2013) with student volunteers post-Hurricanes Katrina and Rita demonstrated that character strengths

that promote deep spiritual and social connections enhanced hope, which then mitigated depression. Their research found that those who reported greater experiences of deep connections - spirituality and altruism, held greater hope and optimism which in turn predicted resilience in the aftermath of the collective trauma of the hurricanes (Ai et al, 2013).

Spirituality has a long history of providing a deep intrapersonal and supportive connection with a higher sacred entity that can serve as a protective factor for psychological wellbeing, as it serves as a coping resource allowing individuals to understand their place in the world and transcend adversities (Ai et al, 2013; Ai et al, 2005). Researchers Ai, Cascio, Santangelo and Evans-Campbell (2005) conducted a seminal study on a sample of university students three months after the terrorist attacks of September 11, 2001, to investigate the relationship of character strengths hope and spirituality to positive states of mental health and found that both hope and spirituality contributed to lower levels of anxiety and depression symptoms. They also did a qualitative analysis to explore the personal change and growth students experienced as they attempted to make meaning of their trauma-related experiences. Students' responses aligned with areas of change related to PTG, as they reported changes in self and their behaviors, in their relationships and worldviews, particularly their spiritual beliefs and understanding of their life's purpose, as well as changes in their political views. The researchers reported that students' responses reflected an enhanced sense of belonging and empathy towards other victims of injustice, as well as enhanced care for their loved ones, life appreciation and questioning of the broader spiritual impact of the attacks and meaning in life (Ai et al., 2005). Many students relayed stories of turning to a higher power to help cope with the fear and distress related to the attacks, while

others relayed that their spiritual relationships were enhanced as they were drawn closer to God, with some reporting disillusionment and others questioning their life's purpose. This study highlights the significant potential of transcendence character strengths hope and spirituality in empowering individuals and easing the vulnerability they experienced post-September 11, which is consistent with the premise of positive psychologists that increased hope and spirituality post-trauma can imbue individuals with an enhanced sense of meaning and belonging, such that strengths that build connection to purposes larger than the self can both protect psychological wellbeing and predict future wellbeing (Ai et al., 2005; Gilham et al., 201; Peterson & Seligman, 2003).

The Current Study

Due to the complex combination of stressors and the variable degree of exposure for Jewish adolescents during the COVID-19 pandemic, the current study provides a unique opportunity to examine their psychological wellbeing, resilience, self-perceived growth and change a year after the pandemic took hold of their world, and the COVID-19 vaccination has begun to be administered. Research regarding psychological wellbeing, resilience and the potential PTG effects of the global COVID-19 pandemic on Jewish adolescents would help foster understanding regarding how students have been able to maintain a positive and hopeful frame of mind in order to transcend their challenges and make meaning of their experiences, in light of research suggesting that hope and spirituality may serve as protective factors promoting wellbeing, resilience and positive growth within the Jewish American Orthodox community (Pirutinsky et al., 2020).

With great speculation surrounding the potential impact of the COVID-19 global pandemic, the aim of this research is to examine the perceived emotional wellbeing in a

sample of children attending a Jewish Modern Orthodox Middle School who resumed in-person schooling after having been quarantined and schooled remotely during the height of the pandemic, faced the potential of a second shutdown due to the possibility of a second wave of COVID-19 infection, and are now one year post the COVID-19 outbreak, whereupon the COVID-19 vaccination is in the initial stages of administration to adults around them. The goal of the current study is to explore the relationship between the perceived impact of the COVID-19 pandemic and adolescent psychological wellbeing. Furthermore, while research has historically homed in on predictors of trauma-related stress reactions, less attention has been paid to the potential protective factors for psychological wellbeing, as well as predictors of resilience and positive post-traumatic growth. This study will examine the perceived role of hope and spirituality as correlates of psychological wellbeing, resilience, and post-traumatic growth, drawing from the field of positive psychology and the psychology of religion and spirituality, to gain insight into supporting the mental health and wellness of adolescents in Jewish day schools.

While COVID-19 has been a shared traumatic reality for many, there is variability in the exposure to stress, trauma and COVID-19 related limitations that adolescent students experienced. Previous research has demonstrated that the strongest effect on resilience has emerged from protective factors that enhance psychological wellbeing rather than risk factors that increase the probability of maladaptation, such as anxiety and depression (Lee et al., 2013). The current study will focus on the potential protective function that hope and spirituality can serve, as research on trauma suggests that maximizing and enhancing one's protective factors may be more effective than attempting to minimize risk factors when

trying to bolster resilience, psychological wellbeing and positive growth (Martinez-Marti & Ruch, 2017).

A great deal of trauma research has focused on predictors of stress reactions rather than on predictors of resilience and post-traumatic growth, and studies have shown that certain character strengths such as spirituality, may be important predictors of outcomes in the context of life disruption and trauma as they may facilitate enhanced coping ability, hopeful thinking and optimism (Ai et al 2013). Thus, this study will examine the personal mental health impact of COVID-19 on a sample of children attending a Jewish Modern Orthodox Middle School, as well as their self-reported personal changes and growth, and the relationships between hope, spirituality, psychological wellbeing, resilience, and post-traumatic growth.

Chapter 3: Research Questions and Related Hypotheses

The following research questions and hypotheses will be explored in this study:

Research Question 1: What is the psychological effect of the COVID-19 pandemic on a sample of Jewish Day School Middle School students?

Hypothesis 1a: Higher levels of COVID-19 psychological impact will be associated with lower levels of adolescent life satisfaction and psychological wellbeing.

Research Question 2: Is there an association between hope and life satisfaction, psychological well-being, resilience, and post-traumatic growth?

Hypothesis 2a: Higher levels of hope will be associated with higher levels of adolescent life satisfaction.

Hypothesis 2b: Higher levels of hope will be associated with higher levels of adolescent psychological wellbeing.

Hypothesis 2c: Higher levels of hope will be associated with higher levels of resilience.

Hypothesis 2d: Higher levels of hope will be associated with higher levels of post-traumatic growth.

Research Question 3: Is there an association between spirituality and life satisfaction, psychological wellbeing, resilience, and post-traumatic growth?

Hypothesis 3a: Higher levels of spirituality will be associated with higher levels of adolescent life satisfaction.

Hypothesis 3b: Higher levels of spirituality will be associated with higher levels of adolescent psychological wellbeing.

Hypothesis 3c: Higher levels of spirituality will be associated with higher levels of adolescent resilience.

Hypothesis 3d: Higher levels of spirituality will be associated with higher levels of post-traumatic growth.

Research Question 4: What role does hope serve in moderating the psychological effects of COVID-19 on satisfaction with life, psychological wellbeing, resilience, and post-traumatic growth for adolescents?

Hypothesis 4a: Higher levels of hope will enhance adolescent life satisfaction in light of the psychological impact of COVID-19.

Hypothesis 4b: Higher levels of hope will enhance adolescent psychological wellbeing in light of the psychological impact of COVID-19.

Hypothesis 4c: Higher levels of hope will enhance resilience in light of the psychological impact of COVID-19.

Hypothesis 4d: Higher levels of hope will enhance post-traumatic growth in light of the psychological impact of COVID-19.

Research Question 5: What role does spirituality serve in moderating the psychological effects of COVID-19 on life satisfaction, psychological wellbeing, resilience, and post-traumatic growth for adolescents?

Hypothesis 5a: Higher levels of spirituality will enhance adolescent life satisfaction in light of the psychological impact of COVID-19.

Hypothesis 5b: Higher levels of spirituality will enhance adolescent psychological wellbeing in light of the psychological impact of COVID-19.

Hypothesis 5c: Higher levels of spirituality will enhance resilience in light of the psychological impact of COVID-19.

Hypothesis 5d: Higher levels of spirituality will enhance post-traumatic growth in light of the psychological impact of COVID-19.

Research Question 6 (Exploratory Research Question): What factors will most strongly predict life satisfaction, psychological well-being, resilience, and post-traumatic growth?

Chapter 4: Methodology

Participants

Participants of this study were 6th, 7th, and 8th grade students between the ages of 11-14 who attend a private, co-educational Modern Orthodox Jewish day school in an east-coast suburb of a major Orthodox Jewish community. Students come from a range of socioeconomic backgrounds; however, data is not available regarding household income as students attend a private school. A total of 277 students participated in the study, of which 158 were male and 119 were female. Parents of six students opted out of the study.

Procedure

After obtaining permission for the study from the Head of School (Appendix A, Appendix B), an email describing the study was sent to the parents of each student, which described the study in general terms and stated that any student can withdraw from the study at any time without penalty, and that students' names will not be used in the study as all information will remain confidential (Appendix A). The email stated that parents can contact the researcher by the specified date if they do not want their child to participate in the study (Parents of six children declined participation in the study). A second email was sent to parents two weeks later (with the exception of those parents who opted out of the study) which included a Participant Information Sheet with a detailed description of the study (Appendix A).

At the very beginning of the online survey, students were provided with an assent form (Appendix C) that described the study in general terms and stated that students can withdraw from the study at any time without penalty. The assent form indicated that answering the survey is optional, they can stop at any time and their responses to the survey are anonymous. Students were required to check a box confirming their assent before proceeding to the survey questions (Appendix C). Students were administered the survey during a designated classroom period. They utilized their school-designated iPads and were provided with a QR code that they scanned, which took them to a link to the survey. Students were spaced apart and socially distanced, seated behind plexiglass barriers when taking the survey, which ensured privacy when answering questions. The anonymous student survey was created utilizing Qualtrics software and was estimated to take up to 15 minutes to complete. Students were instructed to scan the QR code and begin the survey. As indicated in the Assent form (Appendix C), students were informed that the survey is anonymous, their answers will remain confidential, their participation in the survey is voluntary, and they can stop the survey at any time. Students were also be informed that they are welcome to speak to a staff member or a member of the Guidance team after they have completed the questionnaire, if there is anything they would like to discuss.

Measures

Socio-demographic information related to age, grade and gender was collected.

Psychological Impact

The Children's Impact of Events Scale – 8 (CRIES-8; Perrin, Meiser-Stedman, & Smith, 2005) is an 8 item self-report scale, designed for use with children ages 8 and older to assess subjective psychological responses to traumatic life events. The CRIES-8 was

developed in order to support research regarding the effects of trauma, war and disasters on children. The CRIES-8 is often used to screen children following a traumatic event (Appendix D). The CRIES-8 was adapted for use with children aged 8 years and above who are able to read independently, from the original Impact of Event Scale measure, which has been utilized in several studies of the mental health impact of COVID-19 (e.g.: Zhang, et al. 2020; Tee et al., 2020). The CRIES-8 has 2 subscales that measure intrusion and avoidance symptoms, and is scored using a four-point scale: 0=not at all; 1=rarely; 3=sometimes; 5=often. The CRIES-8 has good face and construct validity, and has been used cross-culturally to screen many at-risk children after experiencing traumatic events (Children and War Foundation, 1998). Children with a score of 17 or higher on the Intrusion and Avoidance scales would have a high probability of a diagnosis of PTSD. The CRIES-8 will be administered as part of the current study to assess the psychological impact of COVID-19.

Psychological Wellbeing

The EPOCH Measure of Adolescent Wellbeing (Kern, Benson, Steinberg & Steinberg, 2015) assesses five pillars of youth wellbeing that are aligned with the multidimensional nature of human flourishing as defined by Dr. Martin Seligman, the founder of positive psychology (Seligman, 2011). Presenting a multi-faceted picture of adolescent wellbeing, the EPOCH is a 20-item instrument that measures positive adolescent psychological functioning. The EPOCH assesses five positive characteristics that sustain enhanced wellbeing: engagement (the experience of absorption and focus on one's work and interest in life activities), perseverance (sticking to and pursuing goals despite challenges), optimism (having a sense of hope and confidence regarding one's future), connectedness (the

experience of forming and connecting with others via enriching, healthy and positive interpersonal interactions) and happiness (contentment with life, feeling pleasurable emotions); (Kern, Waters, Adler & White, 2015). The EPOCH has been validated cross-culturally and internationally, (Kern, Benson, Steinberg & Steinberg, 2016; Appendix E).

Life Satisfaction

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985) is a five-item measure that assesses one's cognitive appraisal of their happiness and satisfaction with life, or subjective wellbeing (Appendix F). Participants rate items on a seven-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree), with higher total Satisfaction with Life scores representing enhanced life satisfaction. Studies utilizing the SWLS have demonstrated strong convergent and discriminant validity (Pavot & Diener, 2008), as well as construct validity, particularly for use with children (Gaderman et al., 2010).

Hope

The Children's Hope Scale (Snyder et al., 1997) is a 6-item self-report measure that assesses agency and pathways of hope (e.g.: "I think the things I have done in the past will help me in the future") (Appendix G). The total Hope Scale Score is reached by adding responses to the six items, with "None of the time" =1; "A little of the time" =2; "Some of the time" =3; "A lot of the time" = 4; "Most of the time" =5; "All of the time" = 6. The three odd-numbered items assess agency, and the three even-numbered items assess pathways. Snyder and colleagues (1997) developed the Children's Hope Scale with the premise that children are by nature goal-directed, and their positive goal-related thinking can be conceptualized by two aspects: agency and pathways. Pathways thinking involves imagining various means and options to achieve one's goals, whereas agentic thinking

involves the ability to initiate and persevere with the means to achieve one's goals. The Children's Hope Scale has demonstrated sound internal consistency, as well as convergent, discriminant and incremental validity (Snyder et al., 1997).

Spirituality

The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) (Fetzer Institute, 1999) was included within the 1997-1998 national General Social Survey in order to gather data on the role of religion in contemporary American society. The BMMRS examines a broad range of religious and spiritual domains of experiences and cognitive beliefs, including daily spiritual experiences, meaning, values/beliefs, private religious practices, religious and spiritual coping, religious/spiritual history, and overall self-ranking. Items are scored on a Likert scale, and the measure has demonstrated sound reliability and validity for use among adolescents (Harris, Sherritt, Holder, Kulig, Shrier, Knight, 2008). The following subscales of the BMMRS were included in the current study: Daily Spiritual Experiences, Religious/Spiritual Coping, Values/Beliefs and Meaning (Appendix H). Items related to negative religious/spiritual coping were omitted as they do not reflect a positive relationship with religion and spirituality, in the same manner as the other items in the measure do.

Resilience

The Connor-Davidson Resilience Scale (CD-RISC-10, 2018) is a 10-item self-report measure, in which participants are asked to respond to statements with reference to the past month. The CD-RISC-10 assesses one's skill in adapting after stressful events, trauma or tragedy, which is particularly pertinent in the current study of adolescents' response to the COVID-19 pandemic. The CD-RISC-10 was purchased from its authors and exhibits good

psychometric reliability and validity for use among adolescents (Davidson, 2020). Each item of the CD-RISC-10 is scored on a scale from a 0 (not true at all) to 4 (true nearly all the time), with higher total scores indicative of greater resilience. A sample item from the CD-RISC-10 was “I am able to adapt when changes occur”.

Post-traumatic Growth

The Post-traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a 21-item measure that assesses personal growth and self-improvement following trauma and stressful experiences. The PTGI assesses five dimensions of post-traumatic growth: personal strength, new possibilities, relating to others, appreciation of life and spiritual change, scored on a six-point scale ranging from 0=no change to 5=very great degree of change (Appendix I). The PTGI has been used extensively in studies of individuals impacted by trauma and stressful life events, with the total score indicating one’s level of post-traumatic growth. A closer examination of scores within each of the 5 domains of the PTGI provides insight regarding specific areas of self-development and growth. Reliability, internal consistency, test-retest reliability and concurrent validity for the PTGI with conceptually similar constructs has been well established in multiple studies of diverse populations, including studies involving adolescents (An, Ding & Fu, 2017; Tedeschi et al., 2018). Construct validity has been shown by the association of all five PTGI factors with measures of associated positive behavioral changes in those areas, and factorial validity has been demonstrated by confirmatory factor analysis of the PTGI (Tedeschi et al., 2018). The PTGI will be utilized as an instrument to assess the positive outcomes and changes reported by students based on their past and ongoing experiences with the COVID-19 pandemic. The PTGI was chosen for this study due to its sensitivity in examining how “successful individuals, coping with the aftermath of

trauma, are in reconstructing or strengthening their perceptions of self, others and the meaning of events” (Tedeschi & Calhoun, 1996, p.455).

Chapter 5: Results

Analyses

The data was screened for outliers, unusual scores, and normality. Next, descriptive statistics were calculated for all the study variables. To address research questions 1-3, a series of bivariate correlations were calculated. Research questions 4 and 5 were aimed at identifying possible interactions, so a series of hierarchical multiple regressions were calculated. On the first step of each regression, both the predictor and the moderator were entered to examine and control for any possible main effects. Next, the product term for each predictor and moderator was entered to test for interaction effects.

Power Analysis

A sample size of 190 or more individuals was needed to provide adequate power (>80%, 2-tailed) for small to medium effects for each correlation ($r = .2$) or interaction effect ($f^2 = .07$). Small to medium effects were used to calculate power, in order to detect modest, but not trivial effects.

Screening the Data

All data were entered into SPSS statistical software and screened for any unusual, out of range, or extreme scores. Next, data was screened for univariate outliers and normality. Although all the variables were roughly normal, one individual was an outlier on two variables ($z > 3.29$; Tabachnick & Fidell, 2013). All analyses were run with and without the outlier and results were nearly identical, so the individual was retained.

Descriptive Statistics

Descriptive statistics are provided in Table 1 for all study variables. Examination of the intercorrelations between subscales revealed that subscales on the EPOCH were strongly intercorrelated ($r = .57-.86$), and subscales on the BMMRS ($r = .76 - .94$) and the PTGI ($r=.80-.94$) were very highly intercorrelated. In addition, a few of the smaller subscales had inadequate internal consistency and, given the hundreds of analyses that would need to be done to test the hypotheses with each subscale separately, results are reported for the overall EPOCH, BMMRS, and PTGI scores. The primary hypotheses were tested utilizing every combination of subscales and the pattern of results for the subscales closely mirrored the pattern for the overall scales.

Table 1

Descriptive Statistics for Primary Study Variables

Variables	M	SD	Range	
			<i>Min</i>	<i>Max</i>
Psychological Impact of COVID	1.36	1.06	.00	4.50
Wellbeing - EPOCH	3.49	.69	1.00	4.80
Life Satisfaction	3.78	.93	1.00	5.00
Hope	4.09	1.09	1.00	6.00
Religiosity/Spirituality ^a	-.01	.70	-2.24	1.08
Resilience	3.48	.74	1.00	5.00
Post-Traumatic Growth	3.52	1.26	1.00	5.95

^a Means were calculated using z-scores for each item, all other variables used raw scores.

Gender and Grade Effects

All variables were examined to determine if there were significant differences in scores for the different genders and grades. The only significant gender effect was found for the psychological impact of Covid-19, $t(271) = -2.06, p < .05$. Females reported significantly greater impact ($M = 1.51, SD = 1.03$) than males ($M = 1.25, SD = 1.07$). The only significant grade effect was also for the psychological impact of Covid-19, $F(2, 270) = 10.63, p < .001$. Sixth grade students reported significantly greater impact ($M = 1.79, SD = 1.19$) than both 7th grade ($M = 1.17, SD = .79$) and 8th grade ($M = 1.17, SD = 1.06$) students. Because only one variable demonstrated significant gender and grade effects, neither was controlled for in subsequent analyses.

Correlations

Intercorrelations between the study variables were computed and are presented in Table 2. It should be noted that factors that seems to reflect a positive outlook on life (i.e., life satisfaction, psychological well-being, hope, resilience, and post-traumatic growth) were highly intercorrelated ($r = .61-.81, p < .001$). In addition, those who were more impacted by Covid-19 showed significantly higher levels of post-traumatic growth ($r = .17, p < .01$).

Table 2*Intercorrelations Between Study Variables*

Variable	1	2	3	4	5	6
1. Psychological Impact of COVID	-					
2. Wellbeing	-.14*	-				
3. Life Satisfaction	-.23***	.71***	-			
4. Hope	-.19**	.81***	.72***	-		
5. Religiosity/Spirituality	-.02	.59***	.50***	.47***	-	
6. Resilience	-.15*	.66***	.61***	.74***	.47***	-
7. Post-Traumatic Growth	.17**	.45***	.35***	.33***	.42***	.38***

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

Research Question 1: RQ1 What is the psychological effect of the COVID-19 pandemic on a sample of Jewish Day School Middle School students?

Hypothesis 1a: Higher levels of COVID-19 psychological impact will be associated with lower levels of adolescent life satisfaction and psychological wellbeing.

Higher levels of COVID-19 psychological impact are associated with lower life satisfaction ($r = -.23, p < .001$) and psychological well-being ($r = -.14, p < .05$). This suggests that students who experienced a greater level of impact for Covid-19 felt less satisfied with life and rate their psychological well-being more negatively.

Research Question 2: Is there an association between hope and life satisfaction, psychological well-being, resilience, and post-traumatic growth?

Hypothesis 2a: Higher levels of hope will be associated with higher levels of adolescent life satisfaction.

Hypothesis 2b: Higher levels of hope will be associated with higher levels of adolescent psychological wellbeing.

Hypothesis 2c: Higher levels of hope will be associated with higher levels of resilience.

Hypothesis 2d: Higher levels of hope will be associated with higher levels of post-traumatic growth.

Higher levels of hope are associated with greater life satisfaction ($r = .72, p < .001$), psychological wellbeing ($r = .81, p < .001$), resilience ($r = .74, p < .001$), and post-traumatic growth ($r = .33, p < .001$). This suggests that students who are more hopeful tend to feel more satisfied with their lives, rate their psychological well-being more positively, are more resilient to adversity, and report greater levels of personal growth in the face of Covid-19.

Research Question 3: Is there an association between spirituality and life satisfaction, psychological well-being, resilience, and post-traumatic growth?

Hypothesis 3a: Higher levels of spirituality will be associated with higher levels of adolescent life satisfaction.

Hypothesis 3b: Higher levels of spirituality will be associated with higher levels of adolescent psychological wellbeing.

Hypothesis 3c: Higher levels of spirituality will be associated with higher levels of adolescent resilience.

Hypothesis 3d: Higher levels of spirituality will be associated with higher levels of post-traumatic growth.

Higher levels of spirituality are associated with greater life satisfaction ($r = .50, p < .001$), psychological well-being ($r = .59, p < .001$), resilience ($r = .47, p < .001$), and post-traumatic growth ($r = .42, p < .001$). This suggests that students who report being more religious/spiritual tend to feel more satisfied with their lives, rate their psychological well-being more positively, are more resilient to adversity, and report greater levels of personal growth in the face of Covid-19.

Research Questions 4: What role does hope serve in moderating the psychological effects of COVID-19 on satisfaction with life, psychological wellbeing, resilience, and post-traumatic growth for adolescents?

Hypothesis 4a: Higher levels of hope will enhance adolescent life satisfaction in light of the psychological impact of COVID-19.

Hypothesis 4b: Higher levels of hope will enhance adolescent psychological wellbeing in light of the psychological impact of COVID-19.

Hypothesis 4c: Higher levels of hope will enhance resilience in light of the psychological impact of COVID-19.

Hypothesis 4d: Higher levels of hope will enhance post-traumatic growth in light of the psychological impact of COVID-19.

To test for interactions, the main effects of the predictor (i.e., Covid impact) and the moderator (i.e., hope) were entered on the first step of a hierarchical multiple regression. The centered product term of the two variables was then entered on the second step and examined for significance. Table 3 shows the main effects and the interactions of psychological impact of COVID-19 and hope. For life satisfaction there was a small negative main effect of psychological impact and a larger positive main effect of hope. For psychological well-being

and resilience there were no main effects for psychological impact but positive, significant effects of hope. With regards to post-traumatic growth, there were positive main effects for both psychological impact and hope. The only product term which was significant was the interaction of psychological impact and hope on resilience. Post-hoc follow ups revealed a weak but unusual pattern. Psychological impact was mildly negatively related to resiliency ($\beta = -.12, p = .05$) when student scored high in hope, but the relation was potentially very mildly positive ($\beta = .09, p = .11$) when students had less hope. That suggests that a more negative impact from COVID-19 was associated with less resiliency when students were high in hope. However, a greater negative impact from COVID-19 predicted more resiliency when students were low in hope. This is unexpected, given that it was assumed that the negative effects of COVID-19 on resiliency were expected to be evident primarily when students were less hopeful.

Table 3

The Interaction between the Psychological Impact of Covid-19 and Hope in Predicting Life Satisfaction, Psychological Well-Being, Resilience, and Post-Traumatic Growth

Predictor	Life Satisfaction		Psychological Well-Being		Resilience		Post-Traumatic Growth	
	B	ΔF	B	ΔF	B	ΔF	β	ΔF
Step 1		143.21***		244.45***		147.12***		21.17***
Psychological Impact of Covid-19	-.11*		.01		-.01		.23***	
Hope	.70***		.81***		.74***		.37***	
Step 2		.001		.34		7.01**		.27
Psychological Impact X Hope	.001		.02		1.11**		-.03	

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

Research Question 5: What role does spirituality serve in moderating the psychological effects of COVID-19 on life satisfaction, psychological well-being, resilience, and post-traumatic growth for adolescents?

Hypothesis 5a: Higher levels of spirituality will enhance adolescent life satisfaction in light of the psychological impact of COVID-19.

Hypothesis 5b: Higher levels of spirituality will enhance adolescent psychological wellbeing in light of the psychological impact of COVID-19.

Hypothesis 5c: Higher levels of spirituality will enhance resilience in light of the psychological impact of COVID-19.

Hypothesis 5d: Higher levels of spirituality will enhance post-traumatic growth in light of the psychological impact of COVID-19.

Table 4 shows the main effects and the interactions of psychological impact of COVID-19 and spirituality. For life satisfaction, psychological well-being, and resilience there was a small negative main effect of psychological impact and a larger positive main effect of spirituality. With regards to post-traumatic growth, there were positive main effects for both psychological impact and spirituality. Just like in Research Question 4, the only product term which was significant was the interaction of psychological impact and spirituality on resilience. Post-hoc follow ups revealed results were opposite of the expected direction. Psychological impact was negatively related to resilience ($\beta = -.30, p < .001$) when student scored high in spirituality, but it was unrelated ($\beta = .02, p = .79$) for students low in spirituality. That suggests that a more negative impact from COVID-19 was associated with less resilience when students were high in spirituality, a pattern that disappeared when

students were less spiritual. This is unexpected, given that it was assumed that the negative effects of COVID-19 on resilience were expected to be evident primarily when students were less spiritual.

Table 4

The Interaction between the Psychological Impact of Covid-19 and Religiosity/Spirituality in Predicting Life Satisfaction, Psychological Well-Being, Resilience, and Post-Traumatic Growth

Predictor	Life Satisfaction		Psychological Well-Being		Resilience		Post-Traumatic Growth	
	B	ΔF	B	ΔF	B	ΔF	β	ΔF
Step 1		51.06***		70.48***		38.10**		28.40***
Psychological Impact of Covid-19	-.21***		-.12*		-.14*		.17**	
Spirituality	.49***		.59***		.46***		.42***	
Step 2		.01		.99		9.33**		.003
Psychological Impact X Spirituality	.01		.05		.17**		.003	

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

Research Question 6 (Exploratory Research Question): What factors will most strongly predict life satisfaction, psychological well-being, resilience, and post-traumatic growth?

In order to examine the relative predictive utility of the psychological impact of COVID-19, hope, and spirituality scales on the four outcomes (life satisfaction, psychological well-being, resilience, and post-traumatic growth), four multiple regressions were computed, one for each outcome. Table 5 shows the results of the four analyses. Psychological impact of COVID-19, hope, and spirituality (predictors) together significantly predicted all four outcomes and accounted for 24-72% on the variance in these outcomes. When examining the independent effect of each predictor, hope and spirituality were uniformly significantly positive predictors. Hope was a particularly strong predictor of life satisfaction, psychological well-being, and resilience. Covid-19 impact only positively predicted post-traumatic growth. It was unrelated to psychological well-being and resilience, and negatively related to life satisfaction.

Table 5

The Effects of Psychological Impact of Covid-19, Hope, and Spirituality on Life Satisfaction, Psychological Well-Being, Resilience, and Post-Traumatic Growth

Predictor	Life Satisfaction		Psychological Well-Being		Resilience		Post-Traumatic Growth	
	B	F	B	F	B	F	β	F
Psychological Impact of Covid-19	-.13**		-.02		-.03		.20**	
Hope	.59***		.67***		.69***		.22**	
Spirituality	.24***		.29***		.16**		.32***	
R^2	.57	109.26***	.72	205.23***	.60	121.30***	.24	23.26***

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

Chapter 6: Discussion

This chapter provides an interpretation and analysis of the findings and reviews the implications of the study in light of the research discussed in the literature review. This section will also discuss the limitations of the study and propose recommendations for future research. Overall, three of the study's hypotheses were supported, however a surprising and interesting pattern of results emerged from the main effects and interactions of the variables, each of which will be detailed in this section.

At the time of this manuscript, there is great speculation surrounding the global mental health effects of the COVID-19 pandemic. The purpose of this study was to explore the relationship between the perceived impact of the COVID-19 pandemic and psychological wellbeing for a sample of children attending a Jewish Orthodox Middle School to learn more about supporting adolescent mental health and wellness during the pandemic. Students who participated in this study resumed in-person schooling after having been schooled remotely during the height of the pandemic and faced the potential of quarantine daily due to ongoing cases of COVID-19 within the community, as the COVID-19 vaccine had begun to be administered. This study examined the psychological impact of COVID-19 on life satisfaction and wellbeing and the relationships between hope and spirituality as potential protective factors of psychological wellbeing, life satisfaction, resilience and post-traumatic growth amongst Jewish Orthodox adolescents living through the COVID-19 pandemic. This study focused on the potential protective function of hope and spirituality, as research on

trauma suggests that maximizing and enhancing one's protective factors may be more effective than attempting to minimize risk factors such as anxiety and depression when trying to bolster resilience, psychological wellbeing, and positive growth (Martinez-Marti & Ruch, 2017). Likewise, studies have shown that certain character strengths such as spirituality may be important predictors of outcomes in the context of life disruption and trauma as they may facilitate enhanced coping ability, hopeful thinking, and optimism (Ai et al., 2013). Thus, this study represents a unique window of opportunity to gain insight into the personal impact of COVID-19 on adolescents in Jewish day schools and examine the function that hope, and spirituality serve in relation to adolescent life satisfaction, psychological wellbeing, resilience, and post-traumatic growth.

Before discussing the hypotheses, it is important to note the gender and grade effects for participants in the study. Only one variable, the psychological impact of COVID-19, demonstrated significant gender and grade effects. Females reported significantly greater COVID-19 impact than males, and sixth-grade students reported significantly greater impact than both 7th grade and 8th grade students. Although children may have had a lower incidence of COVID-19 mortality and less severe symptomatology, trauma research has demonstrated that children who have experienced disaster events may be at greater risk of stress and trauma due to a lack of development of appropriate emotional reactions and coping tools (Duan et al., 2020). The finding that sixth graders struggled most with the impact of COVID-19 is aligned with research suggesting that the period in which students transition to middle school is a particularly sensitive time marked by pubertal, cognitive, and social developmental changes which, when juxtaposed with the adjustment demands that COVID-19 induced, made for a very difficult situation for students already deemed so vulnerable

(Elias, 2001; Lester & Cross, 2015). The transition to middle school traditionally represents a time of significant referral for mental health support as students are faced with increasingly demanding needs to learn to adapt to and cope with change, many of which are underestimated by educators and parents alike (Elias, 2001). There are numerous physical and chemical changes that occur in the brain during this stage of early adolescence that make this period so fragile, whereby emotionality is typically heightened because of real or perceived stressors, however the self-regulatory mechanisms that mitigate emotions are under-developed until early adulthood (Magson et al., 2020).

In fact, feeling a sense of peer support, connection, belonging and social-emotional safety at school are among the school climate factors most protective of emotional wellbeing as students transition to middle school (Lester & Cross, 2015), all of which were compromised at the time of this study due to social-distancing requirements and necessary efforts put in place to curb the spread of COVID-19. Sixth grade students who attended school virtually from March of their fifth grade year until the beginning of sixth grade, with multiple instances of quarantine during sixth grade as well, were dealt a difficult blow by virtue of the fact that so much of the time that is typically devoted to wrapping up their lower-school experience and easing their transition to middle school was marred by quarantine, social distancing and limitations placed on in-person interactions. Young adolescents may have struggled significantly with social isolation and loneliness, as the impact of COVID-19 may have been elevated due to their developmental need to satisfy an increasing desire for peer interaction and autonomy, both of which were hampered due to social distancing measures taken to stop the spread of the virus, which may have provided the social and emotional support to buffer against the adjustment difficulties they experienced

(Ellis et al., 2020; Magson et al., 2020). Likewise, a change in access to supportive educator-student relationships in addition to peer relationships due to social distancing requirements, that typically serve as protective anchors within the school system, may have represented a barrier in dealing with the stress of the pandemic and the transition to middle school (De France et al., 2021).

We now turn to the finding in this study that females reported significantly greater COVID-19 impact than males. This finding is consistent with research suggesting that female adolescents often report heightened levels of anxiety and depression in clinical and community samples, and adolescent girls tend to demonstrate distinct patterns from boys in reacting to stressful life events, especially around the stage of puberty (Zahn-Wexler et al., 2008). Female adolescents tend to have a heightened focus on interpersonal relationships and tend to become depressed when those relationships are compromised as girls often rely on their peers for support when experiencing life stressors (Magson et al., 2020; Zahn-Wexler et al., 2008). The social restrictions due to the pandemic may have prevented adolescent girls from accessing their social support networks. Furthermore, a recent Canadian study of a community adolescent sample who had completed a two-year longitudinal investigation of adolescent mental health and wellbeing right before the COVID-19 outbreak, were contacted to investigate levels of anxiety, depression, and emotion dysregulation during the pandemic (De France et al., 2021). The study found that scores on measures of symptoms of anxiety and depression were significantly higher than past trajectories would have predicted, and differences in personal trajectories were related to heightened lifestyle impact from the pandemic, which is consistent with previous research noting increased adolescent anxiety and depression symptoms following a disaster (De

France et al., 2021). The study also found that the extent to which adolescents perceived a negative impact was related to increased depression symptoms and emotion dysregulation during the pandemic (De France et al., 2021). Interestingly, the Canadian study reported gender differences in the way the psychological stress of the pandemic manifested in adolescents, which may shed light on the reported heightened impact of the pandemic on females in the current study. The Canadian study reported an increase in depression symptoms for male adolescents but not females, and an increase in anxiety symptoms for females but not for males, while perceptions of the extent to which the pandemic negatively affected personal lifestyle was strongly related to mental health symptom increase for female adolescents (De France et al., 2021).

Additional research has demonstrated that females have been at an increased risk of depression, anxiety and loneliness during COVID-19, and a recent study investigating gender differences in mental health and stress of Canadian university students during the pandemic also found a stronger negative impact on female students' social isolation, academics, stress levels and mental health compared to males (Prowse et al., 2021). This pattern is consistent with an emerging trend of research demonstrating that females have experienced more significant changes in levels of loneliness, with social isolation having a greater impact on females rather than males (Lee et al., 2020; Prowse et al., 2021). This is concerning by virtue of the finding that females are likely to be more susceptible to the impact of loneliness on mental health and wellbeing, particularly considering that social support can act as a protective buffer against the detrimental impact of stress (Lee et al., 2020; Prowse et al., 2021). While research on the impact of COVID-19 is still emerging, research has shown that

adolescent females have heightened levels of emotional distress, panic, anxiety, depression and stress as a result of the pandemic (McQuaid et al., 2020; Piceh, Budimir & Probst, 2020).

We will now turn to address each of the study's hypotheses and their results. The first hypothesis, that higher levels of COVID-19 psychological impact would be associated with lower levels of adolescent life satisfaction and psychological wellbeing, was supported. This suggests that students who experienced a greater level of impact of COVID-19 rated themselves as less satisfied with life and rated their psychological wellbeing more negatively. This is consistent with emerging research on the psychological impact of the pandemic that cites declining levels of life satisfaction, positive and negative affect and subjective wellbeing (Zacher & Rudolph, 2020). A longitudinal study in Australia investigated the psychological impact of the pandemic on adolescents' mental health, wherein adolescents were surveyed within a year of the COVID-19 outbreak and then two months after the introduction of government restrictions and virtual learning (Magson et al., 2020). As predicted and consistent with the findings of the current study, the researchers found a significant decrease in life satisfaction and an increase in adolescent anxious and depressive symptoms from the period prior to the pandemic to several months after the outbreak, with particularly elevated symptoms among females, who tend to rely on peer networks as emotional support that were likely disrupted due to social distancing measures (Magson et al., 2020). It would have been helpful to further explore the reasoning behind the decline in life satisfaction and subjective wellbeing in the current study, as Magson and colleagues' (2020) study found that COVID-19 related concerns, difficulties with online learning, and increased adolescent conflict with parents predicted higher levels in mental health difficulties from before the pandemic to afterward, however observance of stay-at-home government

restrictions and peer social connections served as protective factors against adolescent mental health decline. It would be enlightening to explore whether the current study's results mimicked those of Magson and colleagues (2020), wherein adolescents' COVID-19 related concerns, increased family conflict and difficulties managing online learning were related to increased psychological maladjustment, with adolescents' main source of distress centering around disrupted socialization and the restrictions put in place, rather than the actual virus itself (Magson et al., 2020).

The findings of the current study seem to be aligned with a pattern of research suggesting that adolescent stress connected to COVID-19 was significantly related to poorer adjustment, namely heightened depression and loneliness, as adolescents have reported feeling concerned about their family's finances, infection of self and family, their schooling and friendships (Ellis et al., 2020). Although the current study is not of a longitudinal nature and there is no prior point of reference available against which one can compare participants' levels of life satisfaction and subjective wellbeing, it is helpful to examine results in light of a longitudinal study in Canada that reported significant deterioration of mental health in both a clinical and community adolescent sample, with the greatest decline in the community sample particularly with elevated levels of depression/low mood and anxiety (Hawke et al., 2020). Interestingly, in the community sample, mental health symptom levels were higher than the pre-pandemic levels of the clinical sample, and more than a third of the community sample met screening criteria for a mental health diagnosis (Hawke et al., 2020). The study found that many youths were worried about loved ones or themselves becoming sick with COVID-19, as well as the impact of the pandemic on their schooling and navigating their future careers. Likewise, the National 4-H Council and Harris Poll study during the height of

the pandemic in 2020 found that more than half their sample of teens reported that they believed COVID-19 would have a permanent effect on their mental health and wellbeing, reporting elevated feelings of loneliness, anxiety, stress, and depression (National 4-H Council, 2020). The 2020 Stress in America report was another pivotal study undertaken by the American Psychological Association in August 2020 which revealed that adolescents perceived the pandemic as severely disrupting their ability to plan for the future, with students reporting decreased motivation to complete schoolwork, difficulty concentrating on schoolwork and increased stress in their lives (Stress in America 2020, APA).

We now turn our attention to the second set of hypotheses as we examine the potential role of hope in fostering psychological wellbeing, life satisfaction, resilience, and post-traumatic growth for participants of the current study. Consistent with previous research (e.g., Esteves et al., 2013; Walsh, 2020), the present data demonstrated that elevated levels of hope were strongly associated with greater life satisfaction, psychological wellbeing, resilience and moderately associated with post-traumatic growth, as students with higher levels of hope rated their psychological wellbeing and life satisfaction more positively, were more resilient and reported enhanced personal growth. Hope for a brighter future, despite the uncertainty of the pandemic, appears to be strongly related to adolescents' wellbeing and the other positive outcomes investigated in the current study, consistent with research that has demonstrated the significance of a positive hopeful outlook for resilience and coping (Esteves et al., 2013; Walsh, 2020).

Walsh (2020) posited that in working through COVID-related difficulties, a reorientation of hope can foster resilience by shifting families from despair to an understanding and acceptance of what has been lost and what is both within and beyond their

control to change, with an eye towards realistic future possibilities and optimism beyond the crisis of the pandemic. Walsh (2020) depicted healing and resilience in response to life disruption as a process that is attained through experiencing setbacks and integrating difficulties into one's life story, with hope playing a critical role during adversity as it drives efforts to cope and is consoling when dealing with overwhelm and uncertainty (Walsh, 2020). Hope was found to be a reliable predictor of adolescent life satisfaction and happiness (Toner et al., 2012), and children with elevated levels of hope report more positive self-thoughts as an enhanced capacity to achieve goals led to increased feelings of esteem and decreased depression-related emotions (Snyder et al., 1997). Likewise, research by Dr. Panter-Brick and colleagues found that hope can serve to facilitate a sense of resilience through meaning and optimism, as it allows individuals to articulate a coherent narrative that links their future to their past and present circumstances, as they focus their efforts on a brighter future (Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). Research with middle-school and high-school adolescents with elevated levels of hope also reported significantly enhanced life satisfaction, grade point average, as well as decreased emotional distress (Gilman et al., 2006). This pattern of research, combined with the results of the current study seems to suggest that hope is associated with enhanced adolescent psychological wellbeing, growth and life satisfaction, as children with higher levels of hope have been shown to have heightened optimism regarding their future, stronger problem solving skills, more life goals and stronger perceived interpersonal relationships, suggesting that hope serves a significant role in promoting children's ability to thrive and remain resilient when facing difficulties (Hellman & Gwinn, 2017).

The positive association between hope and life satisfaction, psychological wellbeing, resilience and post-traumatic growth from the current study, despite the COVID-19-related challenges and stress participants faced, is aligned with research that suggests that the two aspects of hope, agency and pathways, are crucial when experiencing difficulties (Ai et al., 2005). Hopeful individuals are strengthened by their ability to conceptualize their goals and the will to advance towards them (agency), combined with the means to achieve them (pathways; Snyder, 1995; Snyder et al., 2003). The benefits of elevated levels of hope during times of crisis and trauma have previously been articulated and seem to suggest that the concept of restoring and bolstering hope is crucial to coping with and healing from the pandemic. Indeed, those with elevated levels of hope are thought to approach a goal in a positive emotional state, with an eye toward meeting a challenge, focusing on success rather than failure, whereas low-hope individuals are presumed to approach a goal with a focus on failure and uncertainty rather than success, with a negative emotional state (Snyder, 1995). Those with elevated hope are more likely to view failure as an opportunity for growth, attributing difficulties and setbacks to poor strategy rather than character flaw, and often consider and mobilize multiple resources and strategies for handling problems, while acknowledging the potential roadblocks to goal achievement (Kaufman, 2020). On the other hand, those with low levels of hope ruminate about feeling stuck and often engage in avoidance thinking which encourages passivity and disengaged coping (Snyder, 2002). Understandably, elevated levels of hope for participants in the current study would seem to empower them with a hope mindset, allowing them to develop optimistic expectations for the future and envision multiple pathways to achieving goals, facilitating

flexibility when encountering difficulties and uncertainty during the stressful period of the pandemic.

Likewise, hope has been found to facilitate the process of finding benefits when experiencing painful and difficult life events which would account for the association between hope and post-traumatic growth, as studies of individuals with chronic illness have found that hope's pathways thinking (planning routes to achieve their goals) allowed patients to utilize positive reframing as an active coping tool (Affleck & Tennen, 1996; Michael & Snyder, 2005). Higher levels of hope have also been found to predict enhanced wellbeing among bereaved students, as hopeful thinking allowed students to reorient themselves to focus on the present and begin the task of healing by advancing towards their present and future life goals beyond their experience of loss, with hope playing a large role in facilitating redefining the self and one's purpose despite difficulties (Michael & Snyder, 2005). Elevated levels of hope may have facilitated the ability of students in the current study to positively conceptualize the challenging reality they faced during the pandemic, as individuals with elevated hope have been found to have enhanced mental and physical health, happiness, less distress, exemplary coping skills, and hope has been found to facilitate resilience and serve as a protective factor against the experience of adverse life events (Kaufman, 2020; Shorey et al., 2002; Snyder, 1995; Snyder, 2002; Snyder et al., 2000). As those with higher levels of hope remain motivated towards achieving their goals, the resultant positive emotions they experience serve to energize and reinforce their sense of agency, thereby lowering psychological distress and enhancing psychological wellbeing via life satisfaction and positive affect (Shorey et al., 2007; Snyder et al., 1991). This would likely account for the positive outcomes and post-traumatic growth observed in the current study

for students with elevated levels of hope, as students' pathways and agency thinking would seem to facilitate flexible and adaptive coping during the pandemic.

We now turn to the third set of hypotheses that examined the association between spirituality and life satisfaction, psychological wellbeing, resilience, and post-traumatic growth. As predicted, higher levels of spirituality were associated with greater life satisfaction, psychological wellbeing, resilience, and post-traumatic growth. Students who rated themselves as being more religious/spiritual tended to feel more satisfied with their lives, rated their psychological wellbeing more positively, were more resilient to adversity, and reported greater levels of personal growth in the face of COVID-19. This is consistent with the body of research reviewed thus-far suggesting that spiritual connections can act as a resource to support coping with and adaptation to the changes that the pandemic brought as well as life disruption and adversity by fostering a sense of meaning, harmony, and purpose (Walsh, 2020).

The results of the current study are supported by research that proposes the integration of spirituality and religiosity within one's life serves as a strong resource for mental health and wellbeing particularly during stress and trauma and can enhance psychological resilience and buffer against depression and anxiety (Ai, Tice, Peterson & Huang, 2005; Levin, 2020; Pirutinsky et al., 2020; Rosmarin, Pirutinsky, Greer & Korbman, 2016). Recent research during the COVID-19 pandemic by Pirutinsky and colleagues (2020) found that direct exposure to COVID-19 correlated with elevated religiosity, and that spirituality, faith in God and positive religious coping may enhance resilience during distress. This is consistent with other research that has demonstrated the role of spirituality and religious coping in enhancing psychological wellbeing within a Jewish context (e.g.,

Krumrei et al., 2013), suggesting that spirituality may serve as an important predictor and enhancer of psychological wellbeing when dealing with adversities.

Indeed, it is helpful to examine Bentzen's research during the pandemic that found that the COVID-19 crisis increased Google searches for prayer to the maximal level on record for the duration of which data is available (Bentzen, 2020). Bentzen explains this phenomenon via religious coping, as individuals use religion to deal with difficulty, praying for comfort and understanding, which is consistent with the idea that adversity caused by natural disasters can cause individuals to engage in their religious and spiritual practices with increased vigor. Participants in the current study may have turned to their spiritual practices and beliefs to help them deal with the uncertainty, emotional distress and fear around them, as individuals tend to utilize religion and spirituality to support efforts to cope, find comfort and search for meaning and explanation during distress, particularly in more religious societies (Bentzen, 2020; Pirutinsky et al., 2020). Moreover, the results of the current study are consistent with the findings of Pirutinsky and colleagues (Pirutinsky et al., 2020), who investigated the impact of COVID-19 and the relationships between distress, exposure, and religiosity in a sample of Orthodox American Jewish adults aged 18 and older. This study's findings of positive significant associations between heightened spirituality and life satisfaction, psychological wellbeing, resilience and post-traumatic growth are aligned with those suggesting that trust in God, positive religious coping, spirituality and religiosity all correlated with lower levels of stress and stronger positive impact, suggesting that enhanced spirituality and faith in God among American Orthodox Jews during the COVID-19 pandemic may promote resilience, growth and a positive outlook that can buffer against distress (Pirutinsky et al., 2020).

We now turn to the fourth set of hypotheses which examined the role of hope in moderating the psychological impact of COVID-19 on life satisfaction, psychological wellbeing, resilience, and post-traumatic growth for adolescents. For all four outcomes, there was a strong significant positive main effect of hope, however, the main effect for COVID-19 impact varied depending on the outcome. While controlling for hope, there was no significant effect of COVID-19 impact on psychological wellbeing and resilience, however, it was significantly positively associated with post-traumatic growth and negatively related to life satisfaction, suggesting that regardless of one's level of hope, the psychological impact of COVID-19 positively predicted post-traumatic growth. One can understand this from the perspective that post-traumatic growth is directly linked to the experience of adversity or the impact of a significant life event. Furthermore, these findings are aligned with the results discussed earlier in relation to the first hypothesis, whereby higher levels of COVID-19 psychological impact were associated with lower life satisfaction, suggesting that students who experienced a greater level of COVID-19 impact rated themselves as less satisfied with life, which is consistent with emerging research on the mental health impact of the pandemic demonstrating declining levels of life satisfaction, positive and negative affect and subjective wellbeing (Zacher & Rudolph, 2020). Likewise, the current findings regarding the effect of hope are aligned with the aforementioned results of the second set of hypotheses demonstrating that elevated levels of hope were strongly associated with greater life satisfaction, psychological wellbeing, resilience and moderately associated with post-traumatic growth, as students with higher levels of hope rated their psychological wellbeing and life satisfaction more positively, were more resilient and reported enhanced personal growth in light of the pandemic.

Of particular interest in the current study is the finding that the only product term which was significant was the interaction of the psychological impact of COVID-19 and hope on resilience. Post-hoc analysis revealed a weak but unusual pattern, as psychological impact was mildly negatively related to resilience when students scored high in hope, but the relation was potentially very mildly positive when students had less hope. That suggests that a stronger negative impact from COVID-19 was associated with less resilience when students were high in hope. However, a greater negative impact from COVID-19 predicted more resilience when students were low in hope. This is unexpected, given that it was assumed that the negative effects of COVID-19 on resilience were expected to be evident primarily when students were less hopeful. These results should be interpreted with caution, as these post-hoc patterns were statistically weak and not statistically significant from zero. These results also run counter to the research reviewed thus-far which demonstrates the important role that hope serves in promoting resilience, post-traumatic growth and protecting individuals against the negative impact of the pandemic. Indeed, a recent study of adults aged 16 and over found that hopelessness (low levels of hope) and resilience moderated the relationship between COVID-19 stress and suicidal thoughts, such that the relationship between COVID-19 stress and suicidal thoughts was enhanced for those with high hopelessness (low hope) and low resilience, which emphasizes the important role that hope and resilience play in protecting individuals from the negative impact of the pandemic (Knowles et al., 2021). Resilience and hope for the future have long been seen as buffering against the negative psychological outcomes one can experience following adversity, as hope is thought to facilitate positive reframing of difficulties by arousing positive expectations for change and a brighter future (Knowles et al., 2021; Shoshani & Slone, 2016).

The current study proposed that hope could potentially buffer against the negative impact of COVID-19 by reframing one's negative experiences, emotions, and thoughts via a more positive outlook, which would facilitate greater coping, resilience, and personal growth considering students' personal circumstances. However, the current results suggest that it is important to consider the role of individual differences, situational factors, social and family support and adolescents' mental health and exposure to life stressors prior to the pandemic which are not identified in the study, and may have potentially impacted the present findings, including levels of hope, resilience, and COVID-19 impact. Additionally, it is possible that many of the participants in the current study had not previously experienced significant psychological distress, which may have made it more difficult and challenging to manage and cope with the stress of the COVID-19 pandemic, as many of the students included in the sample are considered to come from middle to high-income families and are typically developing for their age group. Other participants in this sample, on the other hand, may have had greater exposure to life stressors or mental health difficulties prior to the pandemic and may have developed coping tools and had access to mental health supports and resources, with many of the factors that triggered stress prior to the pandemic (such as attending school, bullying, social interactions) having been reduced, which may have alleviated their stress during the pandemic.

It is also possible that the enhanced exposure to life stressors for some participants may have buffered against the negative impact of subsequent stressors such as those introduced by the pandemic and affected their levels of hope and resilience. This may explain the current results and variable levels of COVID-19 impact, resilience and hope among adolescents in the study, as all three variables may reflect individual differences in terms of

adolescents' personal prior experiences with life disruption. It is possible to speculate that those who have had greater prior exposure to life stressors, crisis, trauma, or mental health difficulties may have variable levels of hope, COVID-19 impact and resilience when compared to others who have had relatively little experience with stressful life events which may have functioned as a vulnerability, making it more challenging to manage the stress of the pandemic.

Research related to this concept, known as the steeling effect, suggests that adolescents' prior exposure to moderate levels of stress that are not overwhelming (e.g., moving to a new city, parental hardship, academic failure, difficult living conditions, conflict with family or peers) during childhood may lower their vulnerability and buffer against the negative impact of subsequent stressful events and help to facilitate an adaptive response (Shapero et al., 2015). Moderate stressors during childhood may provide adolescents with the opportunity to develop coping strategies for managing stress, such as accessing social support and developing positive cognitive appraisals and beliefs about their self-efficacy, which may facilitate a sense of control and help to develop adolescents' cognitive and emotional ability to cope with life disruption (Shapero et al., 2015). On the other hand, those who have had minimal exposure to adversity or stressors during childhood may have enhanced sensitivity and greater difficulty managing stressful events, especially during the vulnerable stage of adolescence, as they may lack the coping skills or may not have developed the appropriate support system to deal with stressful events (Shapero et al., 2015). It is possible to speculate that in the current study, those with prior exposure to life stressors may have developed greater resilience which may buffer against the negative impact of the pandemic; however, this may have affected their levels of hope, such that those with greater

exposure to stressors may have had less hope than others, yet higher levels of resilience. On the other hand, those with higher levels of hope may have had less exposure to life stressors, which, when combined with higher levels of COVID-19 impact, may have led to heightened reactivity to the stressors of the COVID-19 pandemic, as seen in their lower levels of resilience. It is important to remember that these ideas are speculative at best, since the statistical patterns of these findings were particularly weak in addition to the fact that information regarding participants' prior level of exposure to life stressors was not assessed in the current study. This pattern of results suggests that it would be of particular interest to explore these individual differences among participants that may have contributed to diversity in hope, COVID-19 impact and resilience.

Likewise, it is important to consider that within the pandemic experience was a strong sense of struggle with the uncertainty brought about by the COVID-19 virus and the sense that the drastic lifestyle changes it brought were beyond adolescents' control, leading to a strong sense of helplessness, or low levels of hope (DeFrance et al., 2021). It is possible that adolescents' perception of the pandemic-induced lifestyle changes spurred feelings of low hope and may shed light on an alternative process suggesting that COVID-19 and the ensuing life circumstances it brought was truly an unpredictable event over which adolescents had little control. This essentially challenges the very nature and definition of hope, as hope is comprised of two components: agency thinking, which is the cognitive determination or willpower to move towards a goal, and pathways thinking, which is one's perceived ability to plan cognitive strategies to achieve the goal (Snyder, 1995). Hope is one's perception regarding their capacity to implement motivational tools (agency thinking) to plan specific cognitive strategies (or pathways) to achieve desired goals (Gilman, Dooley & Florell,

2006). However, COVID-19 may have unleashed feelings of low or high levels of hope for adolescents, but their actual ability to navigate the stress of the pandemic may have been compromised due to the uncertainty around them, which may have either perpetuated lower or higher levels of hope and a compromised sense of resilience as adolescents may have felt that they were in a helpless situation over which they had little control.

We now turn to the fifth set of hypotheses that investigated the role of spirituality in moderating the psychological effects of COVID-19 on life satisfaction, psychological well-being, resilience and post-traumatic growth for adolescents. For all four outcomes, there was a strong significant positive main effect of spirituality, however, the direction of the main effect for COVID-19 psychological impact varied depending on the outcome. While controlling for spirituality, there was a small negative main effect of psychological impact of COVID-19 on life satisfaction, psychological wellbeing, and resilience. Just as in the results of the fourth set of hypotheses, there were positive main effects for both psychological impact of COVID-19 and spirituality on post-traumatic growth. This pattern is consistent with the results relating to the third set of hypotheses, wherein higher levels of spirituality were associated with greater life satisfaction, psychological wellbeing, resilience, and post-traumatic growth. Furthermore, intercorrelations between the study's variables indicated that those who were impacted by COVID-19 showed significantly higher levels of post-traumatic growth.

Interestingly, much like the results derived from the fourth set of hypotheses, the only product term which was significant was the interaction of the psychological impact of COVID-19 and spirituality on resilience. Post-hoc analysis revealed results were in the opposite of the expected direction. Psychological impact was negatively related to resilience

when students scored high in spirituality, but it was unrelated for students low in spirituality. This suggests that a more negative impact from COVID-19 was associated with less resilience when students were high in spirituality, a pattern that disappeared when students were less spiritual. This is unexpected, given that it was assumed that the negative effects of COVID-19 on resilience were expected to be evident primarily when students were less spiritual. This runs counter to research that indicates spirituality can buffer against depression and anxiety, as it prompts positive reframing of difficult life circumstances to facilitate a more positive outlook and enhanced coping when faced with stress (Shoshani & Slone, 2016; Levin, 2020).

It is possible to reconcile the findings of the current study considering research discussed in relation to the fourth set of hypotheses, wherein adolescents' levels of resilience may reflect individual differences in terms of their personal prior experiences with life stressors and disruption. It is possible to speculate that those who have had greater prior exposure to life stressors, crisis, trauma, or mental health difficulties may have variable levels of spirituality, COVID-19 impact and resilience when compared to others who have had relatively little experience with stressful life events. This lack of exposure may function as a vulnerability, making it more challenging for adolescents to manage the stress of the pandemic, which would explain their lowered level of resilience. In the current study, those who have had minimal exposure to adversity or stressors during childhood may have enhanced sensitivity and greater difficulty managing the stressful events of the pandemic, especially during the vulnerable stage of adolescence, as they may lack the coping skills or may not have developed the appropriate support system to deal with stressful events (Shapiro et al., 2015). In the current study, those with prior exposure to life stressors may

have developed greater resilience irrespective of whether they were low or high in spirituality, which may buffer against the negative impact of the pandemic. These speculations are tentative at best, as information regarding participants' prior level of exposure to life stressors was not assessed nor available in the current study. This pattern of results suggests that it would be of particular interest to explore these individual differences among participants that may have contributed to diversity in spirituality, COVID-19 impact and resilience.

It is of particular importance to recall that the pandemic was an unprecedented and unpredictable life event, marked by uncertainty and the reality that adolescents had very little control over their circumstances, which when juxtaposed with the idea of resilience as an indication of one's ability to cope with stress and positively adapt to one's circumstances (Martinez-Marti & Ruch, 2017), sheds light on the reality that adolescents, despite heightened levels of spirituality, may genuinely have struggled to manage during the pandemic, as evidenced in lower levels of resilience. It is also possible to speculate that those with higher levels of spirituality may have processed the impact of COVID-19 more intensely, as they may have struggled to make sense of their situation, search for meaning, understanding and purpose, actively engaging in questioning God and looking to God for answers, which may have impacted their resilience. An enhanced level of spirituality may have spurred a deeper search for meaning and purpose within students. It is well known that those in more religious societies tend to turn to spirituality and faith when faced with adversity and uncertainty, searching for explanation and comfort (Bentzen, 2020), which may explain adolescents' turning to spirituality and religion to cope during the pandemic, as they may have struggled with the negative impact of the pandemic due to a deeper, more spiritual

connection. While adverse life events can exacerbate stress, it seems that adolescents in the current study held onto their faith, religious and spiritual practices as evidenced in high levels of spirituality. However, they may have genuinely struggled to cope with the stress and unfortunate circumstances of the pandemic, with lower levels of resilience implying that the underlying energy, creativity, and flexibility required to meet the demands of the new pandemic reality thrust upon them, was simply beyond their scope of adaptation. Much has been mentioned about the adolescent years representing a period of “storm and stress”, during which time significant brain regions such as the prefrontal cortex, as well as cognitive skills such as planning, inhibition and abstract thought are in the early stages of development, leaving adolescents with immature cognitive capacity to grapple with and understand the realities of the pandemic (DeFrance et al., 2021). Likewise, adolescents may have struggled to assimilate and integrate their experiences during the pandemic into their understanding of the world around them, as their innermost beliefs and values may have been challenged by the spiritual tension and conflict ensuing from the stress and unfortunate circumstances of the pandemic. Perhaps those students who scored lower on spirituality utilized other coping mechanisms that may have supported and protected their wellbeing and resilience. However, it is important to recall that in all other areas of the current study, higher levels of spirituality were strongly associated with greater life satisfaction, psychological wellbeing, resilience, and post-traumatic growth for adolescents. This suggests that for individuals who believe in God, their trust in God and spiritual coping may serve a fundamental role in enhancing their emotional experience, mental health, personal growth, and outlook for the future, consistent with previous research (Gillham et al., 2011; Pirutinsky, Cherniak & Rosmarin, 2019).

We now turn to the last research question that explored which factors most

strongly predicted life satisfaction, psychological well-being, resilience, and post-traumatic growth. Psychological impact of COVID-19, hope, and spirituality together significantly predicted all four outcomes and accounted for 24-72% of the variance in the outcomes. When examining the relative contribution of all three predictors, hope was the strongest independent predictor, followed by spirituality, but the psychological impact of COVID-19 was differentially predictive of the outcomes. When examining the independent effect of each predictor, hope and spirituality were uniformly significantly positive predictors. Hope was a particularly strong predictor of life satisfaction, psychological wellbeing, and resilience, while spirituality was a more moderate predictor of all outcomes. COVID-19 impact only positively predicted post-traumatic growth and was unrelated to psychological well-being and resilience, and negatively related to life satisfaction. Spirituality was the strongest predictor of post-traumatic growth, followed by hope and then COVID-19 impact.

The results of the current study suggest that hope and spirituality serve a significant purpose in buffering against the negative effects and impacts of the COVID-19 pandemic on adolescent wellbeing. Hope and spirituality seem to play a critical role in supporting individuals to cope with and transcend difficulties with an eye towards healing and growth. The significance of hope and spirituality in relation to positive psychological outcomes during the pandemic draws from an abundance of research during times of distress and life disruption that documents the contribution of the two character strengths toward reducing levels of anxiety and depression and boosting optimism and resilience, with students reporting changes in self, relationships and worldviews aligned with post-traumatic growth (e.g.: Ai et al., 2005; Ai et al., 2013; Pirutinsky et al., 2020). Hope and spirituality are both character strengths that have been found to predict future wellbeing among adolescents,

helping to facilitate goals of affirming one's purpose, finding meaning as well as strengthening self-awareness and connectedness (Gilham et al., 2011; Kor et al., 2019). Understandably, hope and spirituality have been found to facilitate appreciation for one's experiences and serve to provide uplifting connections with a cause beyond the self, which fosters coping via meaning-making of difficult and adverse situations (Martinez-Marti & Ruch, 2017). Likewise, character strengths hope and spirituality, among others of the transcendence virtue, were found to have the strongest moderating effect between exposure to conflict and psychiatric symptoms for Israeli adolescents exposed to political conflict, war, and terrorism, which researchers explained by the nature of the character strengths as mobilizing individuals to focus on the positive aspects of life circumstances, even in the face of difficulties (Shoshani & Slone, 2016).

As previously outlined, researchers Tedeschi and Calhoun (1995) introduced the term "post-traumatic growth" as the positive psychological change individuals experience as an outcome of an encounter with trauma or extremely challenging life circumstances (Tedeschi, Shakespeare-Finch, Taku & Calhoun, 2018). Post-traumatic growth refers to the process that involves developing beneficial psychological responses following difficult and undesirable life experiences, crisis, or trauma. Much has been written about the adverse mental health impact of the pandemic on youth (e.g., Ellis et al., 2020; Magson et al., 2020), however it is reassuring to see that those adolescents in the current study who were more impacted by the pandemic also tended to experience higher levels of post-traumatic growth. The positive changes resulting from post-traumatic growth are thought to occur due to a struggle to cope in the aftermath of life disruption and result from the challenges to one's way of life and core beliefs, as the stress experienced within the struggle serves an adaptive and transformative

purpose, allowing individuals to search for a way to imbue their experiences with meaning and incorporate them into their life's narrative (Joseph, 2011; Tedeschi et al., 2018).

The psychological impact of the pandemic, hope and spirituality all had a significant effect on post-traumatic growth for adolescents in the current study, suggesting that they all played a significant role in opening adolescents to opportunities for growth, however those students who had greater psychological impact demonstrated higher levels of post-traumatic growth. This is consistent with research conducted on a sample of university students three months after the terrorist attacks of September 11, 2001, which found that both hope and spirituality contributed to lower levels of anxiety and depression symptoms, and students reported changes in self, relationships and worldviews that aligned with post-traumatic growth (Ai et al., 2005). It appears that hope and spirituality acted as a protective buffer against the negative impact of the pandemic and facilitated growth for adolescents in the current study, as hope may have mobilized adolescents to focus on the positive aspects of their experiences, even in the face of difficulty. This is congruous with previously cited research, wherein hope and spirituality were found to predict future wellbeing among adolescents, helping to facilitate goals of affirming one's purpose, finding meaning, as well as strengthening self-awareness and connectedness (Gilham et al., 2011; Kor et al., 2019).

One could argue that hope and spirituality may promote post-traumatic growth by helping adolescents generate their own narrative that imbues a sense of purpose and meaning to the pandemic experience they lived through (Southwick et al., 2014). However, growth after experiencing trauma may also involve strengthening of character, thus adolescents' levels of hope and spirituality may be a direct outcome of personal growth from the pandemic. Indeed, positive psychologists found an increase in the character strengths hope and

spirituality after the terror attacks of September 11, 2001, suggesting that growth after trauma may involve a strengthening of character, which is consistent with the research on resilience and post-traumatic growth previously cited (Lee et al., 2013; Peterson et al., 2008; Peterson & Seligman, 2003). Peterson and colleagues (2008) found that all character strengths correlated positively with measures of post-traumatic growth, particularly strengths such as spirituality, hope, gratitude, kindness, and bravery.

We now turn our attention to the finding that hope was the strongest predictor of life satisfaction, psychological wellbeing, and resilience in the current study. Indeed, individuals with higher levels of hope have been found to have enhanced happiness and less distress, exemplary coping skills, and hope has been associated with increased physical and mental health, creativity, athletic performance, academic achievement and has been found to serve as a protective factor against the experience of adverse life events (Kaufman, 2020; Shorey et al., 2002; Snyder, 1995; Snyder, 2002; Snyder et al., 2000). Hope consists of an enduring set of optimistic beliefs and expectations about oneself and the future, as hopeful individuals possess agency, the will to survive, and the determination and means to achieve their goals (pathways), both of which seem to be critical for individuals to manage throughout difficulty and crisis (Ai et al., 2005). It is this hope mindset that empowers individuals to see multiple pathways to goal attainment, facilitating flexibility when encountering difficulties, which no doubt adolescents were faced with due to the uncertainty that surrounded them throughout the pandemic (Ai et al., 2005; Kaufman, 2020).

As previously mentioned, hope facilitates the process of personal growth when experiencing difficult life events, as hope has been found to be a strong predictor of finding benefits, with individuals' pathways thinking (planning routes to achieve their goals)

allowing them to utilize positive reframing as an active coping tool (Affleck & Tennen, 1996; Michael & Snyder, 2005). Higher levels of hope predicted enhanced wellbeing in a study of college students who had lost a loved one, as hopeful thinking was found to assist the bereaved students in reorienting themselves to focus on their present concerns and begin the task of advancing towards their present and future life goals beyond their experience of loss, as hope facilitated their ability to redefine their self and their purpose despite difficulties (Michael & Snyder, 2005). Essentially, hope enables individuals to generate clearly defined goals, identify and utilize multiple pathways and strategies to achieve them even when current pathways fail, and sustain enhanced positive affect following failure, which promotes a sense of agency and persistence, (Shorey et al., 2007; Snyder, 2002; Snyder, 1999) all of which may have sustained adolescents during the pandemic and bolstered their personal growth. Hope is thought to help individuals remain motivated towards achieving their goals (agency), with the positive emotions they experience upon successful goal pursuit serving to energize and reinforce their sense of agency, with a subsequent belief in a positive future easing psychological distress and enhancing psychological wellbeing via life satisfaction and positive affect (Shorey et al., 2007; Snyder et al., 1991).

Spirituality was found to be a moderate predictor of life satisfaction, psychological wellbeing, resilience, and the strongest predictor of post-traumatic growth in the current study. Spiritual beliefs and practices during the pandemic can promote coping by facilitating a sense of meaning, purpose, and connection to a Higher Power, particularly for those with a strong religious group identity, as relating to spiritual and faith practices can serve to consolidate and reaffirm group belonging, which may be true of the adolescents in the current study (Pirutinsky et al., 2020; Walsh, 2020). Indeed, spirituality has a long history of

providing a supportive intrapersonal connection with a higher sacred entity that acts as a protective mechanism and coping resource for psychological wellbeing, allowing individuals to understand their place in the world and transcend adversities (Ai et al, 2013; Ai et al, 2005). Previously cited research conducted several months after the terrorist attacks of September 11, 2001, determined that spirituality and hope contributed to lower levels of anxiety and depression symptoms in university students and their reflections indicated personal changes in self, behaviors, relationships, and worldviews aligned with post-traumatic growth, with particular emphasis on their spiritual beliefs and understanding of life's purpose (Ai et al., 2005). Students recounted turning to a higher power to help cope with the fear and distress related to the traumatic attacks, while others relayed that their spiritual relationships were enhanced as they were drawn closer to God, and some reported questioning the broader spiritual impact and meaning of the attacks and their life's purpose (Ai et al., 2005). This study illustrates the potential of spirituality to awaken personal change and growth and sheds light on the results of the current study, suggesting that spirituality has the potential to empower individuals, ease the vulnerability they may have experienced in dealing with the stressful events of the COVID-19 pandemic, while mobilizing them to focus on the positive aspects of life circumstances. It is possible to understand the personal growth associated with adolescents' spirituality in the current study through the premise that spirituality can imbue individuals with an enhanced sense of meaning and belonging, protect psychological wellbeing, facilitate appreciation for one's experiences and foster uplifting connections to purposes larger than the self that allow for coping and making meaning of difficult and adverse situations (Ai et al., 2005; Gilham et al., 2011; Martinez-Marti & Ruch, 2017; Peterson & Seligman, 2003).

A recent study conducted in Israel explored the stress and resilience in three diverse cultural groups (Ultra-Orthodox Jews, secular Jews and Arabs) aged 18-70 during the second wave of the COVID-19 pandemic as a second lockdown before the Jewish New Year and High Holidays began in 2020 (Braun-Lewinson et al., 2021). Their results demonstrated that Ultra-Orthodox Jews, when compared with secular Jews and Arabs, scored lowest on symptoms of psychological distress and highest on measures of factors relating to coping and resilience (e.g., hope, sense of coherence). The researchers proposed this finding could be explained by the benefit of staunch faith in God, which facilitates the experience of a more meaningful life and increased mental health, citing research related to the positive association between religious practices and beliefs and life satisfaction, psychological wellbeing, and happiness (Braun-Lewenson et al., 2021; Koenig, 2001). The researchers concluded that religious and spiritual beliefs can foster a positive perspective on life events, which imbues individuals' personal life experiences with a sense of meaning and purpose, enhanced hope, optimism and bring forth positive emotions which alleviate stress (Braun-Lewenson et al., 2021). Likewise, personal characteristics such as intrinsic religiousness have been found to determine stress-related growth, as it serves to support finding meaning in a time of crisis (Fegert et al., 2020). This research sheds light on the findings of the current study, suggesting that enhanced spirituality and religious beliefs, despite the psychological stress of the pandemic, may have allowed adolescents to explore their difficult situation and grow from their experiences. This is aligned with an emerging trend in positive psychology research, known as the second wave of positive psychology, that demonstrates the role that factors such as spirituality and hope can serve in supporting individuals in coping with and transcending difficulties, with an eye towards healing, recovery and personal transformation

associated with post-traumatic growth (Braun-Lewensohn et al, 2021; Niemiec, 2019). This is aligned with the finding in the current study that spirituality was the strongest independent predictor of post-traumatic growth. This pattern of post-traumatic growth is further supported by previously cited research post-September 11, 2001, wherein positive psychologists found an increase in transcendence character strengths such as hope and spirituality which remained elevated ten months later, as strengths were perceived to enhance individuals' sense of identity and belonging (Peterson & Seligman, 2003), with the crisis and life disruption proposed to have spurred personal transformation.

Likewise, utilizing an anonymous internet survey completed by 208 Jewish men and women living in the USA, researchers found that trust in God (core beliefs that God is kind, compassionate and all-knowing) and positive religious coping were related to lower rates of depression symptoms, whereas mistrust in God and negative religious coping were related to enhanced depression symptoms (Krumrei et al., 2013). The researchers interpreted the finding of positive religious coping mediating the link between trust in God and lower rates of depression symptoms, and negative religious coping mediating the link between mistrust in God and enhanced rates of depression symptoms, to mean that intrinsic spiritual beliefs trigger active coping mechanisms, suggesting that spirituality plays a fundamental role in the mental health and wellbeing for Jewish individuals in times of distress (Krumrei et al., 2013). Further research has demonstrated that belief in God is significantly connected to the mental health of Orthodox Jews, with higher levels of belief predicting lower levels of anxious and depressive symptoms, as trust in God has been conceptualized as mitigating against assessments of threat and danger, facilitating the capacity to tolerate uncertainty (Krumrei et al., 2013; Rosmarin et al., 2009; Rosmarin et al., 2011). Likewise, religious beliefs and

practices have been associated with decreased anxiety and depression, as well as increased levels of life satisfaction, happiness, and psychological wellbeing, as individuals are thought to draw upon spiritual resources to cope with stress and threat (Koenig et al., 1993; Koenig et al., 2001). These studies offer support for the premise that spirituality and religious practices function as a primary protective factor against distress in the Orthodox Jewish community, wherein core spiritual beliefs may be activated as coping mechanisms that bolster psychological wellbeing and resilience (Krumrei et al., 2013; Rosmarin, et al., 2009).

Aligned with the recent research by Pirutinsky and colleagues cited above (2020), Krumrei, Pirutinsky and Rosmarin (2013) found that trust in God and positive religious coping were associated with lower levels of depressive symptoms and physical health in a Jewish community sample and postulated that core spiritual beliefs about God may activate coping tools during distress, positively impacting psychological wellbeing for those in a Jewish context. Religious beliefs and practices have been associated with decreased anxiety and depression, as well as increased levels of life satisfaction, happiness, and wellbeing (Koenig, Ford, George, Blazer & Meador, 1993; Koenig, McCullough & Larson, 2001). Further research has demonstrated that belief in God is significantly connected to the mental health of Orthodox Jews, with higher levels of belief predicting lower levels of anxious and depressive symptoms, lending further support to the premise that spirituality and religious practices function as a “significant protective factor against distress in the Orthodox Jewish community” (Rosmarin, Pirutinsky, Pargament & Krumrei, 2009, p.188). A recent longitudinal study of Jewish middle school adolescents in Israel revealed that those with high and increasing levels of spirituality reported the highest rates of positive emotions, life satisfaction and prosocial behaviors (Kor, Pirutinsky, Mikulincer, Shoshani & Miller, 2019),

adding to the growing body of research suggesting that spirituality contributes fundamentally to psychological adjustment and can predict future wellbeing (Gillham, Adams-Deutsch, Werner, Reivich, Coulter-Heindl, Linkins, Winder, Peterson, Park, Abenavoli, Contero & Seligman, 2011).

For many years, there was a distinct divide between religion and mental health, with many mental health professionals ignoring patients' religious resources, viewing spirituality and religion as a sign of weakness and pathology (Koenig, 2012). More recently, and particularly in the field of positive psychology, research examining the benefits of religion, spirituality and health has rapidly expanded, with the many benefits of religion and spirituality including enhanced subjective wellbeing, hope and optimism (Koenig, 2012). Linking the field of positive psychology and psychology of religion, spirituality is one of the transcendence character strengths and is characterized by both a belief and connection to a sacred life force that serves to provide a sense of meaning and purpose (Kor et al., 2019). As previously outlined, the transcendence character strengths hope and spirituality establish connections to purposes beyond the self and have been found to predict future wellbeing among adolescents (Gillham et al., 2011), establishing the capacity for self-transcendence and helping to facilitate goals of affirming one's purpose, finding meaning, as well as strengthening self-awareness and connectedness (Kor et al., 2019).

Recent research suggests that spirituality is subjectively constructed and represents an individualized exploration of core questions about life, meaning and sacred forces, which may (or may not) facilitate commitment to religious practices and beliefs (Kor et al., 2019). Spiritual development is a dynamic process that facilitates adolescents' discovery of self as well as their place in the world around them, strengthening their sense of personal

identity and thriving (Benson, 2004). Moreover, spiritual development is thought to spark the growth of an individual's internal capacity for self-transcendence, wherein one's identity is connected to powers beyond the self, which include the sacred (Benson, Roehlkepartain & Rude, 2003). Thus, spiritual development has been conceptualized as a "developmental engine" (Benson, Roehlkepartain & Rude, 2003, p.205) that sets in motion one's pursuit of meaning, purpose and connectedness, both within and beyond the context of religious traditions, beliefs and practices, as individuals seek to discover more about themselves, the universe around them and the meaning of life particularly during adolescence, a sensitive period of personal identity and spiritual exploration (Benson et al., 2012).

Limitations and Future Directions

This study is original in its focus on positive predictors of mental health, resilience, psychological wellbeing, and post-traumatic growth for a sample of middle school aged adolescents in a Jewish day school during the COVID-19 pandemic. However, this study has several limitations.

First, this research was cross-sectional, which rules out the possibility of drawing any causal inferences between variables. It is also important to note that the research of the current study measured one point in time and represents one period during the pandemic. It is possible that research at different waves and stages of the pandemic could yield different results and may need to be revisited due to the nature of COVID-19 as an ongoing global stressor (Bridgland et al., 2021). As the study only measured one point in time, the long-term effects of the variables under examination cannot be determined. It would be extremely helpful to conduct several waves of assessment for the variables of interest to examine adolescents' developmental trajectory longitudinally, as it is possible that participants'

responses may vary at different points in time, particularly as the pandemic progresses. Longitudinal data on the psychological impact of the pandemic, adolescent life satisfaction, resilience, post-traumatic growth as well as hope and spirituality would be extremely valuable as students mature and would allow for a more comprehensive perspective on the long-term effects of the pandemic. Follow-up studies are needed to examine the long-term impact and consequences of the pandemic in adolescents' lives, and whether hope and spirituality continue to manifest and affect students' psychological wellbeing, life satisfaction, resilience, and personal post-traumatic growth.

Furthermore, baseline data regarding mental health and wellbeing from before the onset of the COVID-19 pandemic is not available for the study's participants and it is not possible to determine or quantify pre-existing individual differences that may have impacted the results. Likewise, data on previous trauma exposure or pre-existing mental health difficulties prior to the pandemic was not assessed in this study and would have been helpful in framing students' experiences and interpreting data. Since the study lacks this baseline information, it is difficult to determine the true relationships between variables and ascertain whether the mental health related outcomes are a genuine result of the impact of the pandemic. Moreover, the current study did not include data on how factors such as social support, family systems and other relationships may have changed or been impacted by the pandemic, which may have acted as protective factors against the development of mental health difficulties. A more direct assessment of the impact of COVID-19 on students' lives, including students' direct exposure to the virus, and/or insight into whether close relatives, family members or friends were sick, hospitalized or had passed away, in addition to data regarding changes in family life, such as parental employment, was not assessed due to

concerns relating to the sensitive nature of this information and the potential for it to upset or trigger children in their responding. It would be most helpful for future studies to consider how best to incorporate methodology to examine the impact of COVID-19 in a more direct and sensitive way to gain greater insight into adolescents' personal, familial and communal experience of the pandemic and how that may have impacted their wellbeing.

The current study utilized a narrow, homogenous, low-risk community sample in terms of age, religious background and socio-economic status as all students lived in the same geographic area, making the generalizability of the results to other populations questionable and limited. Future studies would benefit from expanding the sample to include a wider age-band of children and a broader scope of socio-economic variability, comparing factors such as hope and spirituality across different cultures and backgrounds, which would help build a broader concept of the impact of hope and spirituality on adolescents and the mental health impact of the pandemic. Due to the global reach of the pandemic, this research could also be extended to include samples of adolescents from different countries, which would allow for a more generalized understanding of the current state of adolescent mental health, resilience, and post-traumatic growth. This study does, however, represent a solid basis and template that could be used to conduct research and compare results for students in other Jewish day schools and parochial schools.

The data represented in this study is based solely on subjective self-report measures, which may be limited by the chance that students' responses could potentially be biased, inflated, or understated. Future studies would benefit from including the perspectives of significant others such as parents and teachers, facilitating a richer data-set and multiple views of students' wellbeing, allowing for comparison and confirmation of student self-

reported data. Furthermore, the study assessed positive protective factors hope and spirituality and positively framed outcomes such as life satisfaction, resilience, wellbeing and post-traumatic growth, but did not directly assess mental health difficulties such as anxiety and depression. Future studies should consider incorporating mental health measures that assess mental health challenges that may have arisen from the pandemic.

Notwithstanding these limitations, the significance of this study lies in its ability to examine factors related to the mental health of adolescents living through the pandemic and provide insight into the positive predictors of psychological wellbeing, resilience and post-traumatic growth as we begin to emerge from this monumental historic experience.

Implications and Contributions

The current study's finding that higher levels of COVID-19 impact are associated with lower life satisfaction and wellbeing suggests increased vulnerability and concern surrounding adolescents' wellbeing due to their potential exposure to stressors generated by the pandemic, combined with the heightened emotionality of adolescence, puberty and the developmental onset of mental health disorders such as depression and anxiety (Figuerido et al., 2020; Magson et al., 2020; Prowse et al., 2021). The present data indicate that the pandemic has been particularly impactful on adolescents, on females in particular, which highlights the need to continue to assess adolescent wellbeing and consider appropriate educational and social-emotional interventions as conditions are restored to pre-pandemic norms.

The COVID-19 pandemic has highlighted the need for an educational paradigm shift geared towards educating for both academic outcomes and social-emotional wellness. Research has shown that individuals with enhanced wellbeing have stronger physical health

and immunity and are more likely to have stronger and happier relationships, greater resilience, and more productive brain functioning (Howell, Kern & Lyubomirsky, 2007; Seligman, 2011). The current study supports the premise that embedding the skills of social, emotional, and spiritual wellness school-wide can elevate resilience and create the conditions that promote wellbeing as an enduring resource that students can draw from to establish healthy relationships, regulate their emotions, and develop tools to manage stress and challenges (Huppert, 2015). Positive psychology interventions within education have led to great advances in promoting student wellbeing and can be implemented and embedded into daily school practices. Positive psychology interventions are aimed at increasing subjective wellbeing via purposeful activities that are geared towards eliciting positive emotions about one's past, present, and future (Suldo et al., 2015), which can support students in dealing with distress while also guiding them toward identifying and amplifying positive emotions and experiences (Waters et al., 2021). Some examples of these interventions include journaling of positive experiences and counting blessings in daily and weekly diaries, which have led to increases in student subjective well-being (Shoshani & Steinmetz, 2014); Practicing mindful breathing at the beginning of class is another intervention that can assist students in reflecting on their stress and negative thoughts via compassion and curiosity and can also spark heightened spiritual awareness. Adolescents who took part in daily exercises listing five things for which they were grateful, reported higher levels of short-term and long-term subjective wellbeing, and a strong significant relationship was found between their levels of gratitude and school satisfaction (Shoshani & Steinmetz, 2014). Research in the field of positive psychology has identified that factors such as gratitude, hope, positive emotions, goal setting and character strengths have been strongly associated with advances in

subjective wellbeing and greater performance among adolescents (Shoshani & Steinmetz, 2014).

In coordinating ways to protect and enhance wellbeing during and beyond the pandemic, it is best to coordinate the implementation of wellbeing interventions via an evidence-based framework, one of which is Waters' and Loton's (2019) SEARCH framework, exemplary in its synergistic integration of positive psychology interventions that build and support youth psychological wellbeing via six pathways: character strengths, emotional management, attention and awareness, relationships, coping, habits and goals (Waters et al., 2021). SEARCH is a holistic, multi-dimensional, data-driven meta-framework that addresses the need for students to be able to develop a broad spectrum of skills to support their wellbeing (Waters & Loton, 2019). In brief, the Strengths pathway includes interventions that guide students to identify their character strengths, set goals to translate their strengths into action, as well as teach students to notice when others are utilizing their strengths. The Emotional Management pathway includes interventions focused on teaching students to understand, perceive, and regulate their emotions, with gratitude interventions assisting students to appreciate and notice the good in their lives. The Attention and Awareness pathway builds students' ability to focus on a stimulus as it occurs and sustain awareness on where their attention is focused, via meditation and mindfulness interventions. The Relationships pathway focuses on building social and interpersonal skills via interventions such as mentoring and facilitating peer-to-peer support. The Coping pathway homes in on resilience and coping interventions to guide students in developing tools for navigating and recovering from challenges. Lastly, the Habits and Goals pathway focuses on building decisions-making skills, positive routines and goals, via goal-setting and self-

regulated learning interventions that teach students critical skills of self-evaluation, self-monitoring, goal setting as well as planning, implementing and monitoring strategy use (Waters, 2019). Waters and colleagues (2021) found that learning the SEARCH pathways to wellbeing before the COVID-19 pandemic was related to positive reappraisal, emotional processing and character strengths use during remote learning. Likewise, the extent to which students rated their school as developing SEARCH pathways before the pandemic was significantly related to the extent to which they reported stress-related growth upon resuming school (Waters et al., 2021).

Evidently, positive psychology interventions integrated within education offer numerous benefits that can promote flourishing both within and beyond the classroom, some of which include increased life satisfaction, positive state of mind, richer social support and social interactions, as well as greater quality of work, creativity and productivity (Lyubomirsky et al., 2005). In the current pandemic climate, as energy and resources are stretched thin, contextualizing positive psychology interventions within classroom practices can center student wellbeing, foster a resilience toolbox that students can draw from in learning to self-regulate and cope with their emotions, as well as find hope and meaning in their experiences, while acting as a gateway to enhanced spiritual awareness.

Given the powerful associations between hope, spirituality and positive predictors of adolescent psychological wellbeing and growth presented in this research study, it seems logical to consider how to integrate and develop these character strengths in our educational discourse and communities, particularly within Jewish day schools. The educational field would benefit greatly from further research guided towards embedding hope and spirituality within the schooling experience to bolster adolescent resilience, life satisfaction,

psychological wellbeing and growth beyond the COVID-19 pandemic. Working with students to clarify their goals and enhance the sense of agency and pathways they have towards achieving their goals would engender a sense of hope and empowerment, allowing them to turn inwards and develop internal resources to overcome challenges and build resilience. Research previously reviewed in this study attributes the connection between enhanced hope and positive outcomes to the ability to identify clear goals and utilize multiple pathways and strategies to achieve them, even when current pathways fail; sustain enhanced positive affect following failure when compared to those with lower levels of hope, which promotes a sense of agency and persistence (Shorey et al., 2007; Snyder, 2002; Snyder, 1999). Indeed, hope as a character strength is central to a trauma-informed, strengths-based classroom approach, as it facilitates a climate that allows educators to support all students in setting expectations for optimal outcomes in their future and working to actualize them, cultivating strategies that enable them to achieve their life's goals (Brunzell & Norrish, 2021). Agency and pathways are teachable capacities that can bolster psychological wellbeing and serve as strong psychological resources which can buffer against mental ill-health, which is particularly pertinent during this pandemic period (Brunzell & Norrish, 2021). This can be facilitated by giving students practice in generating goals for themselves as well as identifying multiple plans and strategies for achieving their goals, including counterstrategies and contingency plans ('if...then...' thinking) when they encounter difficulties (Brunzell & Norrish, 2021). Supporting students' motivation and agency can be enhanced via building their self-reflective capacity, providing ongoing feedback, breaking large goals into manageable tasks, sharing moments of success, and providing supportive and nurturing student-teacher relationships, which can all bolster students' hopeful thinking about

their future, allowing them to develop the motivation, confidence and strategies to achieve their goals (Brunzell & Norrish, 2021).

Likewise, studies of adolescent spirituality suggest that heightened stress and negative emotions during adolescence can give rise to increased interest and exploration of spiritual beliefs and observances (Kor et al., 2019). The researchers proposed that spirituality may support psychological wellbeing by facilitating a sense of purpose and connection to the self and the Divine and provide a sense of consolation during distress and setbacks (Gillham et al., 2011; Kor et al., 2019). This highlights the need to include spirituality as a fundamental dimension within character education and psychological wellbeing, as it has traditionally been absent from discussions related to children's social-emotional, moral and intellectual development. Spirituality serves a strong protective benefit for psychological wellbeing, and has been associated with enhanced life satisfaction, positive emotion, prosociality, and serves as a source of optimism for future-directed outcomes, buffering against distress and despair during difficulties (Kor et al., 2019). Spirituality has also been found to enhance resistance to adolescent risk factors such as substance abuse, sexual promiscuity, delinquency, depression, anxiety, and suicidality (King and Roeser, 2009; Kor et al., 2019). Kor and colleagues (2019) conducted a longitudinal study of middle school adolescents in Israel, who were measured three times over a 14-month period on measures of character strengths, spirituality, subjective wellbeing (life satisfaction, positive emotions) and prosociality. Their study found that spirituality was stable over time and contributed significantly to positive adolescent development, as students with high and increasing spirituality consistently scored highest on measures of subjective wellbeing (their cognitive and emotional evaluations of their lives via subjective measures of life satisfaction and

positive emotions) and prosocial behavior, with those demonstrating spiritual growth showing the greatest increases in subjective wellbeing. Interestingly, the researchers found that spirituality constituted a distinct category of character strengths beyond the three established categories of intrapersonal, interpersonal, and intellectual strengths, as the Israeli adolescents varied along an underlying factor of spirituality that included measures of faith maturity, personal devotion, intrinsic religiosity, commitment to religious practices and the VIA character strength measure of spirituality. Thus, spirituality was identified as a fourth fundamental category of character strengths that contributed longitudinally to positive development, suggesting that spirituality plays a significant role in and of itself in bolstering wellbeing, however the researchers cite the need to conduct further studies to explore this relationship, as research on adolescent spirituality and its impact on psychological wellbeing is still in its early stages (Kor et al., 2019).

The findings of the current study suggest that elevated hope and spirituality during the pandemic could potentially provide adolescents with an enhanced sense of connection to God, to others, as well as a sense of purpose and meaning, while providing comfort during the uncertainty and difficult experiences they have been through. Hope and spirituality are strengths that build connections to other people and purposes beyond the self and research has demonstrated that a secure spiritual connection with God can serve as a source of hopefulness and reassurance of one's safety, just as positive religious coping can facilitate a sense of optimism and post-traumatic growth (Pirutinsky et al., 2019). The results of the current study suggest that elevated levels of hope and spirituality contribute fundamentally to psychological wellbeing, resilience, life satisfaction and post-traumatic growth for Orthodox Jewish adolescents living through the pandemic. For individuals who believe in God, their

trust in God and spiritual coping and their hope for the future assume a fundamental role in their emotional experience, overall mental health, and outlook for the future, consistent with previous research (Gillham et al., 2011; Pirutinsky, Cherniak & Rosmarin, 2019).

In considering recommendations for supporting the spiritual development of Jewish day school students, it is important to recognize that there are multiple pathways towards spirituality and allow for individualized expression in this regard (Goldberg, Pelcovitz & Rosenberg, 2011). Meditation, mindfulness, self-reflective and gratitude practices are significant gateways to spirituality as they awaken students to an awareness of G-d and can be incorporated within daily school routines. Likewise, engaging students in conversation about G-d by sharing stories before prayer, writing letters to G-d, encouraging personal reflection before or during prayer in practices such as “Hitbonenu” – a form of Hassidic meditation whereby students can pause and contemplate their requests to G-d and personal spiritual goals, are all helpful in creating safe spaces to converse about G-d and explore one’s beliefs and spiritual aspirations. Approaching prayer as an opportunity for students to converse with G-d and empowering them to personalize their prayers and lead prayer services can create a sense of greater spiritual identity and integration of their spiritual selves and practices. Moreover, establishing spiritual guidance and mentorship programs within schools can give students voice and choice in topics they would like to explore or discuss, facilitating powerful conversations and opportunities for students to ask questions in a more personalized way and develop a meaningful connection with spiritual mentors and role models. It is important for Jewish schools to partner with parents and families in creating safe spaces where children can talk about and explore their connection to G-d through purposeful experiences such as student-led service learning initiatives, parent-child prayer and learning

programs, as well as experiential programs like a kumzits – soulful musical gathering, or a Hassidic *farbrengen*, which is an informal gathering where individuals share words of Torah, sing Hassidic melodies or Jewish songs and share refreshments. Allowing students to take ownership and initiative in designing, planning, and implementing experiential programs such as these will facilitate greater student connection. Lastly, fostering an environment at home and school whereby discussing, modelling, and reflecting upon moments of gratitude, shared values, spiritual aspirations and practices, allows students to appreciate that their spirituality is a dynamic, lived and meaningful experience that keeps them grounded through their challenges and daily lives. These are but a few suggestions geared toward inspiring an enhanced spiritual connection in students, but what would be most ideal is for educators of different religious backgrounds within the Orthodox and Hassidic Jewish communities, some of whom specialize in teaching spiritual customs and values to children from a very young age (e.g., Chabad), to convene and form learning collaboratives to share ideas, customs and practices.

Evidently, embedding hope and spirituality within educational experiences would help students to think and act with more agency and build more supportive, growth-oriented, and meaning-laden environments for themselves and those around them. Hope, spirituality, and religion may serve as an organized framework that provides mental representation of attitudes and beliefs that can reframe negative events and thereby lessen psychological distress, allowing individuals to search for meaning beyond the COVID-19 crisis and pandemic experience (Fegert, Vitiello, Plener & Clemens, 2020; Pirutinsky et al., 2020). Moreover, spiritual beliefs and trust in God incorporate practices such as prayer, study of religious texts and mindfulness that can increase one's gratitude, decrease negative

affect and buffer against sadness, depression and anxiety, as positive religious coping, the process of utilizing religion and spiritual resources to cope with distress and threat, has been found to enhance wellbeing particularly within the Orthodox Jewish population (Pirutinsky et al., 2020; Rosmarin et al., 2016). Cognitive religious coping mechanisms, such as viewing challenges and adversity as opportunities to enhance one's trust in and connection with God, as well as viewing events as divinely purposed and searching for the lessons to be learned, all serve to promote benefit-detection, optimism, as well as recognition of one's blessings in life (Rosmarin et al., 2016), which would help underscore the potential role of spirituality in promoting the positive outcomes of the current study. These findings imply that elevated levels of spirituality in the current adolescent sample was associated with increased life satisfaction, wellbeing, resilience and growth, as core spiritual beliefs are often revived during stress and may activate coping tools, thereby positively impacting mental health for those in a Jewish context as spiritual connections serve many benefits during times of difficulty and support adaptation to life disruptions (Pirutinsky et al., 2020; Krumrei et al., 2013).

The findings of the current study suggest that it is time to implement interventions that imbue children and adolescents with a strong sense of hope and spirituality as foundational aspects of character education and wellbeing. Further research is required to determine the most effective methods of integrating hope and spirituality within educational curricula and wellbeing practices in Jewish day schools and universally to build resilience and encourage personal and collective growth beyond the pandemic.

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Appendices

Appendix A: Letter to Head of School requesting participation

Date

Name of School

Address of School

Dear Head of School,

I would like to invite the (*Name of School*) to take part in a research study to learn more about the impact of COVID-19 on adolescents in Jewish Day Schools. Currently, there is much speculation surrounding the effect of COVID-19 on young adults' mental health and wellbeing. I am interested in conducting a research study by asking Middle School students to complete an anonymous survey about their response to the unprecedented times in which we are living. The goal of the study is to explore the relationship between the perceived impact of the COVID-19 pandemic and adolescent psychological wellbeing. Furthermore, this study will also examine the role of potential protective factors, such as spirituality, for psychological wellbeing, as well as predictors of resilience and positive growth.

This study is being undertaken by Carly Namdar, M.S. Ed. CSP, an educational psychologist and doctoral candidate at the Azrieli Graduate School of Jewish Education and Administration of Yeshivah University as part of her doctoral dissertation work under the supervision of Dr. David Pelcovitz, clinical psychologist and Gwendolyn & Joseph Straus Chair in Psychology and Jewish Education at Azrieli. This study will hopefully provide insight regarding the adolescent experience during the pandemic, and will also explore protective mechanisms that bolster resilience, psychological wellbeing and positive growth. Participation in this study will allow us to better understand the adolescent experience and response to the pandemic, which will help shape efforts to support students in the future. Parents of students will be asked to grant consent for their children to complete the questionnaire. Participation in this study is voluntary. Students may refuse to participate or withdraw at any time without penalty. Confidentiality of research records will be maintained. There is little to no risk associated with participation in this research - at worst, students may experience some discomfort answering questions about their personal experiences during COVID-19. Students will be able to debrief with a staff member or a member of the Guidance team if they would like to do so.

I would like you to please send the text below to the parents in your Middle School, which explains the research study, survey measure and confidentiality.

I greatly appreciate your assistance and am happy to answer any questions you might have. Please feel free to email me at

Thanking you in advance,

Carly Namdar

Email to Parents:

Dear Middle School Parents,

Our school is participating in a research study to learn more about the impact of COVID-19 on adolescents in Jewish Day Schools. Currently, there is much speculation surrounding the effect of COVID-19 on young adults' mental health and wellbeing. This research is being conducted by Mrs. Carly Namdar, M.S.Ed. CSP, [redacted] doctoral candidate at the Azrieli Graduate School of Jewish Education and Administration of Yeshiva University, as part of her doctoral dissertation work under the supervision of Dr. David Pelcovitz, clinical psychologist and Gwendolyn & Joseph Straus Chair in Psychology and Jewish Education at Azrieli. This study will hopefully provide insight regarding the adolescent experience during the pandemic, and will also explore protective mechanisms that bolster resilience, psychological wellbeing and positive growth. Participation in this study will allow us to better understand the adolescent experience and response to the pandemic, which will help shape efforts to support students in the future.

I am writing to request your permission for your child/children's participation in the study, whereby Middle School students will be asked to complete an anonymous survey about their response to the unprecedented times in which we are living. Furthermore, this study will also examine the role of potential protective factors for psychological wellbeing, as well as predictors of resilience and positive growth. Please contact [redacted] by Monday, April 12 if you do not want your child to participate. Participation in this study is voluntary. Students may refuse to participate or withdraw at any time without penalty. Confidentiality of research records will be maintained. There is little to no risk associated with participation in this research. Students will be able to debrief with a staff member or a member of the Guidance team if they would like to do so.

We greatly appreciate your assistance and partnership in this unique research opportunity. Please feel free to email [redacted] or call [redacted], if you have any questions about the study.

Thanking you in advance,

[redacted]

Head of School, Elementary School [redacted]

Second Email to Parents (not sent to those who opted out)

Dear Parents,

As previously emailed, our school is participating in a unique research opportunity to learn more about the impact of COVID-19 on adolescents in Jewish Day Schools. We expect that this information will help us to better support our students. This research is being conducted

by Mrs. Carly Namdar, M.S.Ed. CSP, doctoral candidate at the Azrieli Graduate School of Jewish Education and Administration of Yeshiva University, as part of her doctoral dissertation work under the supervision of Dr. David Pelcovitz, clinical psychologist and Gwendolyn & Joseph Straus Chair in Psychology and Jewish Education at Azrieli.

Please read below for more information about the study. Participation in this study is voluntary.

If you have any questions or concerns about this study, please contact Mrs. Carly Namdar at

Thanking you in advance,

Head of School

PARTICIPANT INFORMATION SHEET

TITLE: The COVID-19 Pandemic: Psychological Wellbeing, Resilience and Post-Traumatic Growth in Adolescent Jewish Day School Students

PROTOCOL NO.: None
IRB Protocol #20211195

SPONSOR: Yeshiva University

INVESTIGATOR:
Carly Solowiejczyk-Namdar, MS Ed

500 W185th Street

New York, New York 10033

United States

**STUDY-RELATED
PHONE NUMBER(S):**

Dear Parents,

My name is Carly Namdar and I am an educational psychologist and doctoral candidate at Azrieli Graduate School of Jewish Education and Administration at Yeshiva University. I am writing to request your permission for your child/children's participation in this research

study, whereby Middle School students will be asked to complete an anonymous survey about their response to the unprecedented times in which we are living.

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant. In this consent form, “you” generally refers to the research subject. If you are being asked as the legally authorized representative, parent, or guardian to permit the subject to take part in the research, “you” in the rest of this form generally means the research subject.

What should I know about this research?

Taking part in this research study is voluntary. Whether you take part in this study is up to you. You can choose not to take part. You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled. Even if you give your permission for your child to participate, your child will also be given the opportunity to choose not to participate in any part of the study, with no consequences. I will also ask your child if he or she wants to be in the study, and I will only collect information if both you and your child agree. Before making your decision, please read the information below and please ask me any questions that you have about the research; I will be happy to explain anything in greater detail. I can be reached at

Why is this research being done?

The focus of this research study is to learn more about the impact of COVID-19 on adolescents in Jewish Day Schools. Currently, there is much speculation surrounding the effect of COVID-19 on young adults’ mental health and wellbeing. The goal of this study is to examine the relationship between the perceived impact of the COVID-19 pandemic and adolescent wellbeing, resilience and positive growth as well as the role of potential protective factors such as spirituality, that may promote resilience, wellbeing and positive growth. Participation in this study will allow us to better understand the adolescent experience in response to the pandemic, which will help shape efforts to support students in the future.

Approximately 320 subjects are being asked to take part in this research.

What happens if I agree to take part in this research? How long will I be in this research?

If you agree for your child to take part, participation in this study will involve your child completing an online anonymous survey that will take up to 20 minutes. Your child will be asked to complete survey questions that relate to the impact of the pandemic, their wellbeing, resilience and growth in response to the pandemic, as well as questions regarding positive protective mechanisms such as spirituality. Socio-demographic information related to age, grade and gender will be collected. Only aggregate data will be evaluated.

Participation in this study is voluntary and student responses will remain anonymous. Whether your child participates in this study is up to you and your child. Your child will have the choice to decline participation in the study at any time without penalty. Children will be

able to debrief with a staff member or a member of the Guidance team if they would like to do so.

Children will complete the online survey while in school or learning remotely. They will be able to access the survey via a QR code that when scanned, will link them directly to the survey. Children will be spaced apart and socially distanced, seated behind plexiglass barriers when taking the survey, which will ensure privacy when answering questions. Children will be informed that the survey is anonymous, their answers will remain confidential, their participation in the survey is voluntary, and they can stop the survey at any time. Children will also be informed that they are welcome to speak to a staff member or a member of the Guidance team if there is anything they would like to discuss.

Are there any risks from participating in this research?

We do not anticipate any serious risks to you or your child from participating in this research - at worst, children may experience some discomfort answering questions regarding the pandemic. If any child feels uncomfortable, they can stop participating at any time, and can choose to not answer any questions if they do not wish to. Students will also be able to debrief with a staff member or a member of the Guidance team if they would like to do so.

Will being in this research benefit me or my child?

You or your child will not experience any direct benefit personally from participating in this study. We hope you will participate because the study will generate important data about the impact of the pandemic on adolescents in Jewish day schools as well as protective factors for wellbeing.

What choices do I have other than participating in this study?

You can refuse to participate in the study. Children who do not take part in the study will complete another school-related task.

Will I be paid for being in this research study?

You will not receive any payment or other compensation for taking part in this study.

Are there any costs to participation?

There will be no cost to you or your child to participate in the study, aside from the time it takes to complete the questionnaire.

What happens to the information collected for this research?

The study research records will be kept confidential. Only aggregate data will be made available from this study; individually identified results will not be reported. All responses to the survey measures are anonymous, as children are not asked to identify themselves by name. The researcher will not report any information using any identifying information. The research records will be kept in a secured manner and digital records will be password protected. Only the researchers involved in this study and those responsible for research oversight (such as representatives of WCG IRB, the Institutional Review Board (IRB) that reviewed this research, and the research sponsor, Yeshiva University) will have access to the research records.

We may publish the results of this research, however all data will be reported in aggregate form such that there is no risk of any individual being identified.

Who can answer my questions about this research?

If you have questions, concerns or complaints, please call [] or contact the Principal Investigator at [] or email at [], or the Dissertation Chairperson, Dr. David Pelcovitz at []. If you would like to learn about the results of this research, please feel free to be in touch as well.

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may reach them at 855-818-2289 or researchquestions@wcgirb.com if:

- You have questions, concerns or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

What happens if I agree to be in this research, but I change my mind later?

Allowing your child to take part in this study is your choice. You can choose to allow your child to take part, or you can choose not to allow your child to take part in this study. You also can change your mind at any time. Even if you give your permission for your child to participate, your child will be given the opportunity to choose not to participate in any part of the study, with no consequences.

Appendix B

Letter from Head of School



March 24, 2021

To Whom It May Concern,

I authorize Mrs. Carly Namdar to conduct research at the [redacted] Middle School as part of her doctoral dissertation work under the supervision of Dr. David Peleovitz, clinical psychologist and Gwendolyn & Joseph Straus Chair in Psychology and Jewish Education at Azrieli Graduate School of Education. I feel strongly that taking part in this unique research study will allow us to learn more about the impact the pandemic has had on the adolescents in our Middle School. This will allow us to better understand the adolescent experience in response to the pandemic, which will help shape efforts to support students in the future. I understand that Mrs. Namdar's research will examine the impact of the pandemic, adolescent psychological well being, resilience and positive growth as well as the role of potential protective factors such as hope and spirituality that may bolster resilience, psychological wellbeing and positive growth. I look forward to our school participating in this exciting research opportunity. Please feel free to contact me at [redacted] with any questions or concerns.

Sincerely,

Head of School

Appendix C

Child Assent Form

Dear Student,

I am writing to ask if you would like to be part of this research study. I am interested in learning more about students' experience during the unprecedented times in which we are living. Your responses will help us understand the adolescent experience in response to the pandemic, which will help shape efforts to support students in the future. I have already asked your parent or guardian if they will permit you to be in this study, and you are receiving this as they have agreed, however it is still your choice as to whether you would like to participate in this study.

If you choose to participate, you will be asked to complete an anonymous questionnaire regarding the Covid-19 pandemic, your wellbeing, resilience and growth, as well as spirituality. Your answers will remain confidential. The questionnaire will take up to 20 minutes to complete. Your participation in this survey is voluntary. You can stop the survey at any time, and skip a question if you prefer not to answer it. Your responses will remain anonymous. There is little to no risk associated with participation in this research.

If you have any questions, you can contact me at any time: You are welcome to speak to a staff member or a member of the Guidance team if there is anything you would like to discuss.

Thank you in advance for your time and your assistance.

I have read the above information and agree to complete the questionnaire.

Appendix D

The Revised Child Impact of Event Scale (CRIES-8); (Children and War Foundation, 1998)

Below is a list of comments made by people after stressful life events. Please mark each item showing how frequently these comments were true for you *during the past seven days with respect to the COVID-19 pandemic*. If they did not occur during that time please mark the “not at all” box.

0 = Not at all. 1 = Rarely. 3 = Sometimes. 5 = Often.

1. Do you think about it even when you don't mean to?
2. Do you try to remove it from your memory?
3. Do you have waves of strong feelings about it?
4. Do you stay away from reminders of it (e.g., places or situations)?
5. Do you try not to talk about it?
6. Do pictures about it pop into your mind?
7. Do other things keep making you think about it?
8. Do you try not to think about it?

Appendix E

The Epoch Measure of Adolescent Wellbeing

https://www.peggykern.org/uploads/5/6/6/7/56678211/epoch_measure_of_adolescent_well-being_102014.pdf

This is a survey about you! Please read each of the following statements. Circle how much each statement describes you. Please be honest - there are no right or wrong answers!

	Almost Never	Sometimes	Often	Very Often	Almost Always
When something good happens to me, I have people who I like to share the good news with.					
I finish whatever I begin.					
I am optimistic about my future.					
I feel happy.					
When I do an activity, I enjoy it so much that I lose track of time.					
I have a lot of fun.					
I get completely absorbed in what I am doing.					
I love life.					
I keep at my schoolwork and am done with it.					
When I have a problem, I have someone who will be there for me.					
I get so involved in activities that I forget about everything else.					

When I am learning something new, I lose track of how much time has passed.					
In uncertain times, I expect the best.					
There are people in my life who really care about me.					
I think good things are going to happen to me.					
I have friends that I really care about.					
Once I make a plan to get something done, I stick to it.					
I believe that things will work out, no matter how difficult they seem.					
I am a hard worker.					
I am a cheerful person.					

Scoring EPOCH

Item	Question
C1	When something good happens to me, I have people who I like to share the good news with.
P1	I finish whatever I begin
O1	I am optimistic about my future
H1	I feel happy
E1	When I do an activity, I enjoy it so much that I lose track of time
H2	I have a lot of fun
E2	I get completely absorbed in what I am doing
H3	I love life
P2	I keep at my schoolwork until I am done with it

C2	When I have a problem, I have someone who will be there for me
E3	I get so involved in activities that I forget about everything else
E4	When I am learning something new, I lose track of how much time has passed
O2	In uncertain times, I expect the best.
C3	There are people in my life who really care about me
O3	I think good things are going to happen to me
C4	I have friends that I really care about
P3	Once I make a plan to get something done, I stick to it
O4	I believe that things will work out, no matter how difficult they seem
P4	I am a hard worker
H4	I am a cheerful person

Across domains, each item is scored on a 1 to 5 scale (almost never = 1; almost always =5). Scores are computed as the average of the four items for each domain, and results can be shown as a profile across domains, as follows:

Engagement = mean (E1, E2, E3, E4)

Perseverance = mean (P1, P2, P3, P4)

Optimism = mean (O1, O2, O3, O4)

Connectedness = mean (C1, C2, C3, C4)

Happiness = mean (H1, H2, H3, H4)

Appendix F

Satisfaction with Life Scale (SWLS)

For each of the following statements, please circle the number that describes you the best.

Please reach each sentence carefully and answer honestly.

1= Disagree a lot; 2= Disagree a little; 3= Don't agree or disagree; 4= Agree a little; 5= Agree a lot.

1. In most ways my life is close to the way I would want it to be.
2. The things in my life are excellent.
3. I am happy with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would have it the same way.

Items are scored on a 5-point scale, then averages together yielding a total score ranging from 1-5.

Appendix G

Children's Hope Scale*

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check in the circle above "None of the time" if this describes you. Or, if you are this way "All the time" check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

Response options: None of the time, a little of the time, some of the time, a lot of the time, most of the time, all of the time.

1. I think I am doing pretty well.
2. I can think of many ways to get the things in life that are most important to me.
3. I am doing just as well as other kids my age.
4. When I have a problem, I can come up with lots of ways to solve it.
5. I think the things I have done in the past will help me in the future.
6. Even when others want to quit, I know that I can find ways to solve the problem.

*When administered to children, the scale is not labeled "The Children's Hope Scale" but is called "Questions About Your Goals".

Appendix H

Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer Institute, 1999)

Daily Spiritual Experiences

The following questions deal with possible spiritual experiences. To what extent can you say you experience the following:

1. I feel God's presence.

- 1 - Many times a day
- 2 - Every day
- 3 - Most days
- 4 - Some days
- 5 - Once in a while
- 6 - Never or almost never

2. I find strength and comfort in my religion.

- 1 - Many times a day
- 2 - Every day
- 3 - Most days
- 4 - Some days
- 5 - Once in a while
- 6 - Never or almost never

3. I feel deep inner peace or harmony.

- 1 - Many times a day
- 2 - Every day
- 3 - Most days

4 - Some days

5 - Once in a while

6 - Never or almost never

4. I desire to be closer to or in union with God.

1 - Many times a day

2 - Every day

3 - Most days

4 - Some days

5 - Once in a while

6 - Never or almost never

5. I feel God's love for me, directly or through others.

1 - Many times a day

2 - Every day

3 - Most days

4 - Some days

5 - Once in a while

6 - Never or almost never

6. I am spiritually touched by the beauty of creation.

1 - Many times a day

2 - Every day

3 - Most days

4 - Some days

5 - Once in a while

6 - Never or almost never

Religious and Spiritual Coping

Think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope?

1. I think about how my life is part of a larger spiritual force.

1 - A great deal

2 - Quite a bit

3 - Somewhat

4 - Not at all

2. I work together with God as partners.

1 - A great deal

2 - Quite a bit

3 - Somewhat

4 - Not at all

3. I look to God for strength, support, and guidance.

1 - A great deal

2 - Quite a bit

3 - Somewhat

4 - Not at all

4. To what extent is your religion involved in understanding or dealing with stressful situations in any way?

1 - Very involved

2 - Somewhat involved

3 - Not very involved

4 - Not involved at all

Values/Beliefs

1. I believe in a God who watches over me.

1 - Strongly agree

2 - Agree

3 - Disagree

4 - Strongly disagree

2. I feel a deep sense of responsibility for reducing pain and suffering in the world.

1 - Strongly agree

2 - Agree

3 - Disagree

4 - Strongly disagree

Meaning

1. The events in my life unfold according to a divine or greater plan.

1 - Strongly agree

2 - Agree

3 - Disagree

4 - Strongly disagree

2. I have a sense of mission or calling in my own life.

1 - Strongly agree

2 - Agree

3 - Disagree

4 - Strongly disagree

Appendix I

The Posttraumatic Growth Inventory (PTGI) (Tedeschi & Calhoun, 1996)

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the COVID-19 Pandemic, using the following scale:

0 = I did not experience this change as a result of COVID-19.

1 = I experienced this change to a very small degree as a result of COVID-19.

2 = I experienced this change to a small degree as a result of COVID-19.

3 = I experienced this change to a moderate degree as a result of COVID-19.

4 = I experienced this change to a great degree as a result of COVID-19.

5 = I experienced this change to a very great degree as a result of COVID-19.

Possible Areas of Growth and Change

1. I changed my priorities about what is important in life.
2. I have a greater appreciation for the value of my own life.
3. I developed new interests.
4. I have a greater feeling of self-reliance.
5. I have a better understanding of spiritual matters.
6. I more clearly see that I can count on people in times of trouble.
7. I established a new path for my life.
8. I have a greater sense of closeness with others.
9. I am more willing to express my emotions.
10. I know better that I can handle difficulties.
11. I am able to do better things with my life.

- 12.I am better able to accept the way things work out.
- 13.I can better appreciate each day.
- 14.New opportunities are available which wouldn't have been otherwise.
- 15.I have more compassion for others.
- 16.I put more effort into my relationships.
- 17.I am more likely to try to change things which need changing.
- 18.I have a stronger religious faith.
- 19.I discovered that I'm stronger than I thought I was.
- 20.I learned a great deal about how wonderful people are.
- 21.I better accept needing others.

Post Traumatic Growth Inventory Scoring

The Post Traumatic Growth Inventory (PTGI) is scored by adding all the responses.

Individual factors are scored by adding responses to items on each factor. Factors are indicated by the Roman numerals after each item.

PTGI Factors

Factor I: Relating to Others

Factor II: New Possibilities

Factor III: Personal Strength

Factor IV: Spiritual Change

Factor V: Appreciation of Life

- 1. I changed my priorities about what is important in life. (V)
- 2. I have a greater appreciation for the value of my own life. (V)

3. I developed new interests. (II)
4. I have a greater feeling of self-reliance. (III)
5. I have a better understanding of spiritual matters. (IV)
6. I more clearly see that I can count on people in times of trouble. (I)
7. I established a new path for my life. (II)
8. I have a greater sense of closeness with others. (I)
9. I am more willing to express my emotions. (I)
10. I know better that I can handle difficulties. (III)
11. I am able to do better things with my life. (II)
12. I am better able to accept the way things work out. (III)
13. I can better appreciate each day. (V)
14. New opportunities are available which wouldn't have been otherwise. (II)
15. I have more compassion for others. (I)
16. I put more effort into my relationships. (I)
17. I am more likely to try to change things which need changing. (II)
18. I have a stronger religious faith. (N)
19. I discovered that I'm stronger than I thought I was. (III)
20. I learned a great deal about how wonderful people are. (I)
21. I better accept needing others. (I)