A Missed Possibility: A Study of the Influence of Church Participation on Health Indicators Related to Shalom in Canadian Children

By

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Doctor of Ministry

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Abstract:

This thesis arises from my participation in an interdisciplinary study involving theology and health. This mixed methods study aims to improve understanding of the relationship between church involvement and an integrative, holistic understanding of health in children. Its purpose was to determine how participation of young Canadians (age 10 - 15) in the Christian church correlated with various indicators of child/adolescent health. Children involved in religious groups reported lower participation in risk behaviours, higher prosocial behaviours, but poorer levels of more holistic measures of health. These findings raise both theological and practical issues regarding how the church understands itself and lives out its mission. They suggest an emphasis on teaching about behaviours and morality rather than an understanding of the deeply integrative nature of the Christian life. This analysis is grounded in the theological assumption that good behaviour is not an end in itself but a response to a life-giving relationship with a dynamic, living God. In this thesis, I suggest that by thoughtfully challenging the current paradigms prominent in children’s ministry, the church has the potential to have a more meaningful and holistic impact on the lives of the children in our communities. The possible implications of these findings to breathe new life into the often-tired structures of the church are enormous. Grounded in Trinitarian theology, this thesis presents practical ways forward for children’s ministry in the church.
Autobiographical statement

My vocations as parent, priest and child educator have compelled me to live deeply in questions about what makes us whole as human beings, and how we can nurture our children into shalom. Throughout this research study, I have been an associate priest responsible for ministry to the church’s children and university students (at Queen’s University) out of St. James’ Anglican Church in Kingston, Ontario. While I write out of my own commitment to the Christian story, and out of my experience as an Anglican priest, I am convinced that questions about who we are and how we can live deeply in shalom are essential to living well in every sphere of life. Further, I believe that people from a multitude of religious and spiritual traditions have a great deal to contribute to this conversation, and I look forward to further dialogue about ways of nurturing children toward a holistic experience of life.

I care deeply about the formation of children in the church and long for them to become rooted in God’s gracious, spacious story as they discover who they are in Christ. Children today navigate a complex and fast-paced world that is not often conducive to shalom. It is my hope that the work in this thesis will not only help church leaders, but that it will help parents, educators and all who care about the holistic health of children to imagine and to approach children’s ministry in ways that are holistic and integrative, and that nurture the whole being of our children toward a deep experience of God’s shalom.
Dedication

for Charis, Ceilidh and Hannah

“The Word became flesh to communicate to us human beings caught in the mud, the pain, the fears and the brokenness of existence, the life, the joy, the communion, the ecstatic gift of love that is the source of all love and life and unity in our universe and that is the very life of God.”
-- Jean Vanier
Acknowledgements

During my doctoral studies, I was supported in part financially by an operating grant from the Canadian Institutes of Health Research (Grant Number MOP97962), which provided funding from 2010-2012. The Health Behaviour in School-aged Children Study is funded in Canada by the Public Health Agency of Canada and Health Canada and coordinated nationally by the Social Program Evaluation Group, Faculty of Education, Queen’s University. (Principal Investigators for this study are Dr. John Freeman and Dr. William Pickett, and the National Coordinator is Dr. Mathew King.) I was also supported financially by grants from the Anglican Diocese of Ontario, Wycliffe College and St. James’ Anglican Church.

This thesis would not have been possible without the help of many individuals who offered invaluable guidance, asked important questions, challenged me to constantly think more deeply, and encouraged me to keep going with this work. I am especially grateful for the support and wisdom of the academic supervisors who guided me through this study: Dr. William Pickett, whose medical research inspired this idea in the first place, contributed a deep thoughtfulness and meticulous commitment to detail that inspired and propelled this research; Dr. Linda Cameron, whose wisdom on interviewing children was invaluable, challenged me to explore new pedagogical methods, and perhaps most important, advised me to “throw away my script”; Dr. Peter Robinson, whose careful attention to theological nuances was essential to this work, was instrumental in helping me understand the importance of the theological foundations of this research; and Dr. George Sumner, whose overall support of this project from the start was deeply appreciated.

I am also grateful to the many friends, colleagues and educators with whom I consulted and from whom I have learned a great deal: Beth Posterski, Kathrine Smithrim, Mary Ruth and Loren Wilkinson, Brenda Melles, Sue Lyon, Tiffany Robinson, Ruth and Bill Morrow, Ruth and Dan Johnson, Thena Ayres, Julie Canlis, Martha Bala, Irene Swift, Elisabeth Chin, Margie McKerron, Chris Newcombe, Elizabeth Alexander-Cooke and my mom, Judy Sumner. Many of the teachers at the Mulberry School in Kingston, ON first inspired my thinking about holistic ways of living with children. I am especially indebted to Tammy Caldwell, Alison Vipond and Charlotte Schurer. The children’s ministry team at St. James’ Church has been foundational in shaping my thinking about nurturing children in the church and have been an inspiration and joy to work with: Judy Beardall, Nancy Dalgarno, Sandra DenOtter, Jenny Taylor, Nicki Diak, Christine Esselmont and Julia Miranda. I am also grateful to my ministry base group members (some of whom have already been named) but who also include Bill and Lynda Moore, Sue Caldwell, Jack Pike and faithfully chaired by Bev Boyd. I am deeply indebted to my colleagues Tim Vickery (for always letting me try out my new ideas), Barbara LaBrecque (for her brilliant technical assistance) and Clarence Hale (for his unfailing friendship and encouragement). I would like to thank my church family at St. James’ Anglican Church, who have been with me for the whole if this journey, and from whom I have learned
more than they know. I am especially grateful to the children of St. James’, who drew me more deeply into God’s story again and again.

My colleagues in my Doctor of Ministry cohort have been faithful companions and have become good friends. I especially thank my class representative, Bernardine Ketelaars (for all the cups of tea), as well as Mark Ward, Scott Brubaker Zehr, Daniel Tatarnic, Annette Brownlee, Alison Hari Singh, Mike Wood Daly, Andrew Irvine and Blair Patterson, who were a big part of my learning. Glenn Taylor, from Wycliffe College, was a constant encouragement from day one and John Bowen has been a big part of helping me understand the importance of Story. I am also deeply indebted to the people who helped me recruit interview participants, to the parents who trusted me to interview their wonderful children, and especially, to the children themselves.

Last but certainly not least, I thank my family. Kris, who always thought this project was important, and who put up with many, many piles of books and papers around the house for a couple of years. As we continue to live in and wrestle with many of these ideas and questions while raising our children, I am grateful to and inspired by your commitment to good theology in every context, especially in the home. And to Hannah, Ceilidh and Charis – I’ve learned the most from you. Every day you show me something about what it means to live into the fullness of life and into God’s shalom. Thank you all.
Statement of Contribution

This thesis includes statistical analysis that could be considered beyond the scope of a Doctor of Ministry thesis. Thus, this statement of contribution is here in order to be up front about what work was done by the candidate herself, and what work was done with committee support.

Candidate’s Role. With respect to chapter 2, the author, with committee support: (a) identified the research opportunity; (b) collaboratively with her committee developed the original vision for the analysis; (c) conducted the basic descriptive analysis at a nuanced level that respected her level of training in statistics; (d) wrote the chapter; (e) interpreted the findings. Following the internal review process, the statistical analysis was completed again using more conventional statistical methods for tests for differences in proportion. The formal statistical tests were conducted with committee support, and after being taught how to interpret the results of these tests, the candidate incorporated them into a revised version of chapter 2, and interpreted these as part of her findings.

Peer-review manuscript. Three members of our team (Michaelson, Robinson, Pickett) also developed a peer-review manuscript, appended to the original submission as Appendix A. The advanced statistical analysis in this manuscript was the work of Dr. Pickett. Of note, most of the major findings and their interpretation in this manuscript were identical to the core findings of Chapter 2. The introduction and discussion of this manuscript were led by Rev’d Michaelson. This manuscript is included in the thesis for reference purposes only, to demonstrate to a reader with advanced statistical training that the more rudimentary analyses presented in Chapter 2 provide results that are similar, interpretively, to those from a more advanced statistical analysis.
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Preamble

This thesis has grown out of my experience with youth and children in the church over nearly 20 years, my Doctor of Ministry course work, and also out of opportunity. Many years ago, when I was new to the Christian faith, new to the study of theology and a student at Regent College in Vancouver, I enrolled in a summer intensive course called “Creation, Wilderness and Technology.” In the context of this course, twelve students and two professors rowed through the Gulf Islands off the Georgia Strait in an 18th century Spanish longboat, the Ninya. Over eight days and nights, we explored issues around our place in God’s gift of creation, our role as stewards of all that God has made, and the complex relationship between humans and technology. We rowed vigorously, harnessed the wind, camped under the stars, prepared meals using local ingredients and had solitary retreats, alone in the wilderness of creation. We experienced the wet of rain and sea spray, the power of the waves and tide and the deep darkness of nights away from the Vancouver lights. The rigorous academic component of the course took place each afternoon with readings, discussion, reflection and prayer. Throughout this life-transforming week, I gained a deep sense of the connectedness of all things and my vision for the integration of theology and practice was cast. The bar was set high. I began to understand theology as the grand integrator of everything; that what I do with my garbage and what I cook for dinner is inherently connected to how I understand the doctrine of God. At the time, I had very little idea of just what an unusual experience this had been and I made the naïve assumption that this course represented the way theology in the church is usually done.
Several years later, our three new daughters were baptized into the church, and a few years after that my husband and I began bringing them to Sunday School and to various Christian events for children. I had had very little exposure to Sunday School in my life so far, and I was curious and excited. We both held in our hearts a desire for a rich, integrative experience for our children as they came to know and love God. However, we were not only surprised, but even alarmed at some of what we found. More often than not, we found that the children’s programs were located in environments that were either over-stimulating and overwhelming or were adult spaces that had been hastily adapted to accommodate children for an hour a week. We experienced programs characterized by moralistic rules and formulaic lessons; prefabricated, complicated crafts; unhealthy food and lots of plastic trinkets that said: “Jesus loves you.”

Many aspects of these encounters seemed at odds with the understanding of the Christian faith that I had experienced on that life changing boat trip, and in other similar contexts, so many years ago. I began to observe that the media so often used to communicate or to frame the Christian life to our children often seemed contradictory to the message of the faith itself. While the people involved in all of these ministries were well-intentioned, it did not seem that this approach to children in the church was any more honouring to the Christian story than it was honouring to childhood. At the time, I didn’t have much of a plan, but I felt compelled to address this sense of contradiction that I was experiencing.

Over the next many years, I was privileged to work alongside a committed team of parents, leaders and friends at St James’ Anglican Church. Our goal was to start from
the ground up, and to reimagine what ministry to and with children in the church could be. We were curious about the potential in telling the Christian story in creative, integrative and imaginative ways and we began to experiment with aspects of church life such as space, time, story, and prayer. As we began to experiment with pedagogical ideas around preparing beautiful spaces, using open-ended, natural materials and cultivating a spirit of joy among the children, we wondered how these initiatives might impact the children spiritually. We began to see that good theology and good pedagogy fit together in more exciting ways than we had yet imagined, and the richness that we began to see as the children engaged with the Bible stories as children (and not as mini-adults set up in a smaller world) was tremendous. I believe that the whole church community was startled at how positively the children responded.

Early in 2010, these experiences met with opportunity when Dr. Pickett invited me to do a literature review to explore what research had been done on the relationship between child health, spirituality and religiosity. This task was of great interest to me, and I was excited by the conversation I found within the academic world on this topic. In the fall of 2010, we noted that we could use data Dr. Pickett already had access to to explore relationships between religiosity and health in Canadian children grades 6-10. Our findings were in keeping with those from the initial literature review in that children connected with a church or religious group had a trend toward lower risk behaviours and higher prosocial behaviours than non-religious attenders. However, when we then measured the relationship between religious involvement and deeper, more holistic measures of health, the protective trend seemed to disappear. I had an intuitive sense
that these preliminary findings were in some way connected to the disintegrative approach to Christianity that I had been concerned about for many years, but I still had many connections to make in understanding how and why. Regardless, as a priest, a minister to children in the Anglican Church, and as a parent, these initial findings were of deep concern to me.

When I began this research, I had expected that children with meaningful connections to a church community would in some way exhibit an increased sense of wholeness in their lives because the Christian story is inherently one of wholeness. It does not gloss over the pain of the world, but invites God’s people into the deeper story of the transforming, sustaining love of God – Father, Son and Holy Spirit. The data I had, however, suggested that a positive relationship between a connection to church and wholeness is not necessarily the norm. I wanted to understand this more deeply so that I could constructively address it in my life and ministry. When the opportunity presented itself that I could build my Doctor of Ministry research on this work, I was eager to take it.

I believe that this current study is important for fostering a better understanding of the role of religious involvement on the overall health of young people in Canada. I hope that it will encourage church leaders to examine the ways they are nurturing children in their religious traditions and ask hard and critical questions about what is being accomplished. Moreover, I hope that this research will challenge church leaders to imagine a way forward that will truly meet the developmental, spiritual, and overall needs of children while offering children a safe and nurturing place to grow and to thrive in a life-giving relationship with God and with the church community.
Beyond its relevance to specifically Christian or other religious communities, I hope this research will contribute to the growing conversation around the need to expand the World Health Organization (WHO) definition of health to include religious and spiritual dimensions, which in turn will impact the way that spirituality and religiosity are understood under the broader umbrella of health. This research will be of interest to religious leaders, parents, health professionals, educators, and others who care about the overall health, well-being and wholeness of children.

In my own life and ministry, I hope that this research will help me to understand my role in nurturing children in the Christian faith. I hope it will challenge me to examine critically my own ministry and to explore meaningful ways of nurturing the children in our church family toward a holistic experience of living out their lives in Christ. Perhaps my greatest motivation in doing this research is that I am the parent of three beautiful girls. I hope this research will help me understand ways I can nurture my own children toward fully integrative, life-giving relationships with God that are in keeping with God’s deep shalom.
Chapter 1: Introduction and Background to Study

Preamble

This thesis arose from my participation in an interdisciplinary study involving research related to theology and the health of children. Its specific purpose was to further understanding of relationships between church involvement and an integrative, holistic understanding of health in children. Using mixed research methods involving both quantitative and qualitative approaches, I evaluate how participation of young Canadians in a church or religious group correlates with various common indicators of health. The findings raise theological and practical issues about how the church understands itself and lives out its mission. In the context of the quantitative and qualitative analyses components of this thesis, I understand church to mean the specific Christian communities to which the young people involved in this study are affiliated. However, I am also addressing a much broader notion of the church in terms of speaking to a variety of theological and pedagogical issues that arise from the findings of these two studies.

Spirituality, Religiosity and Child/Adolescent Health

A large body of research has demonstrated positive relationships between measures of spirituality, religiosity and indicators of health.¹ Spirituality is not limited to organized religion but can develop in many contexts. It emphasizes experience by the

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individual of the transcendent\textsuperscript{2} and it is linked with wisdom and compassion,\textsuperscript{3} the experience of wonder and joy\textsuperscript{4} and a connectedness to the largeness of life.\textsuperscript{5} Religiosity is inherently connected with more formal religious structures (beliefs, rituals, and practices) that participants understand, to bring them closer to an ultimate truth or reality.\textsuperscript{6} A natural outcome of involvement in a religious community is the connection to others who share similar beliefs. While they each have distinct characteristics, both religiosity and spirituality may be interconnected.

While much of the existing literature that links religiosity and spirituality to health is based on research with adults, there is a growing interest in exploring the roles that these practices play in the health of children.\textsuperscript{7} Many studies have demonstrated relations between religiosity, spirituality and lower risk-taking behaviour as well as positive social interactions among children.\textsuperscript{8} The purpose of this thesis is to extend this conversation


\textsuperscript{5} Parker Palmer, \textit{The Courage to Teach} (San Francisco: Jossey-Bass, 1998).

\textsuperscript{6} Josephson.


beyond behaviour in order to understand relationships between meaningful connections to church and indicators of more holistic experiences of health.

This study is grounded in the assumption that the church has the potential to have a meaningful and holistic impact on the lives of the children in our communities that is characterized both by Jesus’ invitation into the “fullness of life” (John 10:10) and by the Hebrew word shalom. A driving theological issue throughout this thesis has been an observed disconnect between the rich and integrative Trinitarian theology that Christians profess and the often shallow way that this theology is lived out in the church.

My Research Opportunity

This study has grown out of an opportunity I had to perform some secondary analyses of the 2010 Canadian Health Behaviour in School-Aged Children Survey (HBSC).⁹ HBSC is a general health survey, sponsored primarily by the Public Health Agency of Canada, that involved 26,078 participating children aged 11-15 years from some 436 schools in Canada in 2010. The survey instrument contains several measures that were of relevance to my primary research interests. Using available HBSC data, I was able to explore self-reported engagement of young people in church or other religious groups, as well as relationships between religious group involvement and several more holistic measures of health.

My hope was that this study would provide deeper insights into how the church fulfills its mission of offering an invitation into this fullness of life, or sense of shalom, in its ministry to children. It addresses important gaps in the literature related to the

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religious involvement of children as part of an integrative, holistic understanding of health. Building on this theological framework and the data from both qualitative and quantitative analyses, I have thus explored the question: *What is the potential influence of active engagement in a church community on specific measures of health indicative of shalom in young Canadians?*

The indicator of religious group involvement available in the HBSC survey and central to this thesis is understood to be a measure of religiosity, which is inherently connected with more formal religious structures (beliefs, practices, and rituals). This is measured by the HBSC question: “Are you involved in a church or religious group?” However, while spirituality is generally understood to be a broader concept than religiosity, the two concepts are inherently connected. Because of this overlap, children may not be able to clearly distinguish between spirituality and religiousness as separate concepts. While there was no explicit measure of spirituality contained in the HBSC survey, the qualitative component of this mixed methods thesis permitted a deeper exploration of both the religious and spiritual experiences of children connected to a church or religious group.

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12 Josephson.

Theological Rationale

This current study is important in that it provides a better understanding of the potential role of religious group involvement in the overall health experiences of young people in Canada. It offers a challenge to church leaders to ask hard and critical questions about ministry to children in the church, and to provide concrete suggestions as to how the Christian formation of children can be achieved in ways that nurture the whole person. Beyond its specific relevance to Christian or other religious communities, this research contributes to the growing conversation around the need to expand the World Health Organization definition of health to include religious and spiritual dimensions, which in turn will impact the way that spirituality and religiosity are understood under the broader umbrella of health.\(^{14}\) In this context, Vader argues that by “ignoring the spiritual dimension of health… we may be depriving ourselves of the leverage we need to help empower individuals and populations to achieve improved physical, social, and mental health.”\(^ {15}\) My hope is that this research will be of interest to religious leaders, parents, health professionals, educators and others who care about the overall health, well-being and wholeness of children.

This is a mixed method study that includes both quantitative analyses of existing questionnaire-based survey data from a large Canadian sample as well as qualitative interviews of selected youth in an Ontario city. It is limited to the age group covered by

\(^{14}\) The World Health Organization definition of health is: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It has not been amended since 1948. WHO definition of health Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

the Canadian HBSC, which includes Canadian children between grades 6 and 10 (approximately 11 to 15 year of age). Whereas the larger HBSC survey (quantitative) was conducted across Canada, the qualitative interview component was conducted with children in the Kingston region of Ontario. The age of interview participants in the qualitative component corresponded with the age range of the HBSC survey. While I hope that this study is of interest to people from many different religious commitments, the theological framework I have used is distinctly based on Christian theology and the discussion is specific to Christianity and to the Christian church.

While this study encompasses participants from a wide variety of denominational expressions, in this current study I am referring to the church as the universal body of Christian believers in space and time who live out the mission of Jesus in this world, within the very real limitations and potential of what that can be. Yet at the same time this study is primarily focused on local expressions of the Christian community particularly in the Canadian context. While the theological issues (and resulting pedagogical issues) that I address are found in a wide variety of churches, they clearly are not universally applicable. My own experience is within Canadian, protestant Anglicanism, and while this background has shaped the way I understand and approach these issues, there is value in seeing these concerns as more broadly applicable to the Church in Canada.

16 An important further study would potentially be to explore issues related to child health arising from denominational diversity. However, this current study is a first step in understanding child health within the broad construct of church or religious group involvement. Participants in the broad, Health Behaviour in School-Age Children survey represented a large diversity of religious traditions and denominations. In the qualitative study in chapter 3, while it is possible to identify denominational commitments of participants, due to ethical issues around protecting the identity of participants, denominational differences are not explored as a part of this current study.
Outline / Roadmap of chapter

In the remainder of this chapter, I present the biblical and theological foundations of this thesis. These include discussions about Jesus’ invitation into the fullness of life, the church as a community of wholeness, and the Hebrew word *shalom* as a vision for wholeness in the Christian church. The concept of *shalom* thus represents the primary theoretical and theological basis for my thesis. Next, I discuss key issues surrounding church involvement and a holistic understanding of health within the cultural context of today’s children. This includes discussion of specific cultural practices and Canadian children, cultural practices and church ministry to children, a weakening of the proclamation of the Trinitarian ministry of God and a dualistic use of the Bible. Finally, I introduce some initial ideas surrounding implications of this research for the church, which are developed throughout this thesis.

Section 1: Biblical and theological framework of this study

*Shalom as a Vision of Christian Wholeness*

An integrative, holistic understanding of health is very much captured by the Hebrew word *shalom*. While often translated simply as peace, *shalom* involves more than a mere absence of hostility within relationships. It includes a dynamic sense of a person flourishing in the context of healthy relationships and bringing healing, reconciliation and peace into the troubled and broken relationships around them. Fields describes it as a “comprehensive well-being or flourishing of God’s creatures as they
exist in relation to God and in a variety of relationships with one another.”

Shalom holds together both a sense of awe and delight at the wonders of the created world including the human creature and a restless passion to join in God’s redemptive action. It deepens our understanding of the fullness – or wholeness – of what health can be. As Wolterstorff writes: “Shalom at its highest is enjoyment in one’s relationships. To dwell in Shalom is to enjoy living before God, to enjoy living in one’s physical surroundings, to enjoy living with one’s fellows, to enjoy living with oneself.”

Wasson makes a direct connection between shalom and health, writing that “for Christians, a notion of health is closely linked to that of shalom.” In her view, the achievement of shalom at the level of relationships includes the whole of a person; body, mind and spirit, and points to “an ideal picture of what God wants for each of us and that is linked to a maximum view of health and well-being.” Further, she understands a “minimum” view of health to be one that focuses solely on the physical level and relates just to the absence of disease. This minimum view of health, she argues, is a view of health that is inadequate not only for Christians, but for the more integrative World Health Organization understanding of health that understands health to be more than an

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21 Wasson.
absence of disease, but also “optimal physical, mental and social well-being.”

Human flourishing as characterized by shalom is a central theme in regards to a holistic understanding of health.

An Old Testament understanding of shalom is reflected in the words completeness, soundness, well-being, wholeness, peace, and health. In regards to a New Testament understanding of shalom, the Septuagint most often uses the Greek eirene for the Hebrew shalom. Thus, the meaning and usage of the two words are interconnected. Eirene can take on a broad meaning, particularly when it is not connected to peace (as in lack of war) and encompass instead an overall state of well-being or wholeness. The English word health includes similar influences, including the Old English word haelp (wholeness) and the Old Norse helge (holy or sacred). Inherent in each of these words is the relationship between health, wholeness, and spirituality. The Latin word salva means “to be in good health,” and shares its root with the word salvation. All of these connections are significant as health is considered within a Christian context and as shalom is put forward as a word that encompasses an understanding of health in its broadest, most integrative sense.

A basic theological assumption of this thesis is that the Christian life is meant to be characterized by shalom; life that is grounded in dynamic relationship with a creative, loving God who shapes healthy relationships within and outside of the church, extending

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22 Wasson.


24 Botterweck, 208.

25 Botterweck, 208.
to include the entire created order. By implication then, the Christian church as a body is to be a community of wholeness typified by the concept of shalom. Such communities invite people, including children, into a new way of being in the world. At its best, the church has the potential to bring children into a holistic context that is characterized not only by protective behaviours and prosocial behaviours but also in a way that permeates every aspect of the whole person. Its clear emphasis on right behaviour is not an end in itself but a response to right relatedness (for example around issues of justice) to God. Moreover, shalom also invites people into a larger story of true belonging and flourishing characterized by right relationships on every level: with God, with the earth, with community, and with self.

*Jesus’ Invitation into the Fullness of Life*

The Christian story is about life: it is about living into the fullness of life here in this world, into a life that is characterized by God’s shalom. A common misconception in the church is that salvation in Jesus is about some distant life after death or about “going to heaven when we die” and has little to do with life here and now. Theologian N.T. Wright challenges this view and instead offers an understanding of the New Testament view of salvation “in terms of God’s promised new heavens and new earth and our promised resurrection to share in that new and gloriously embodied reality.” With this reframing in mind, Wright observes that:

the New Testament is full of hints, indications, and downright assertions that this salvation isn’t just something we have to wait for in the long-distance future. We can enjoy it here and now (always partially, of course, since we all

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27 Wright, *Surprised by Hope*, 197.
still have to die), genuinely anticipating in the present what is to come in the future.\textsuperscript{28}

The Christian life is not just about the saving of souls, but also about the whole human experience (with considerations of body, mind and spirit). Human beings are blessed by being truly alive, here and now, within the spatial and temporal settings of everyday life. Hence, the Christian life represents an invitation into the active, Trinitarian presence of God as lived out in the Christian community of the church and then in the world around us. Further, the Christian life is not lived in some distant, eschatological future but in the fullness of life here and now as we anticipate in the present God’s ultimate re-creation of all things.

The life that Jesus offers to us in the gospels is an invitation into a new way of being in the world as citizens of God’s Kingdom. This does not mean that we are offered a quick fix that solves all of our problems, or a health and wealth gospel that uses a shallow understanding of Jesus’ message to promise a ‘more prosperous’ and improved physical life.\textsuperscript{29} Indeed, Jesus’ message is full of promises of hardship for his followers such as this admonition found both in Matthew and Mark’s gospel accounts: “If any of you wants to be my follower, you must turn from your selfish ways, take up your cross, and follow me.” (Mark 8:34; Matthew 16:24)

This new way of being takes into account the reality of sin in the world and the recognition that there is discord between how we live and how God wants us to live. As much as we live with the natural tensions that exist within this broken world, God’s

\textsuperscript{28} Wright, \textit{Surprised by Hope}, 198.

people are called to recognize sinfulness in the world, which Christ exposes with his light. The result is that the lives of God’s people will be marked by this tension of living in a way that is antithetical to the ways of the world.

**The Church as a Community of Wholeness**

One of the key ways that children can experience the vitality and wholeness of this life in Christ is through a meaningful engagement with the church. For the church to exist as a community of wholeness, it must invite its members into a new way of engagement with and being in the world. Bishop and theologian Lesslie Newbigin argues that we must embrace the politically incorrect worldview that calls men and women who are committed to Jesus as saviour to make it clear that discipleship means a commitment to a vision of society that is radically different from that which controls our public life today.\(^{30}\) It is from within this radical vision of discipleship that church leaders can equip children to navigate the complex and often destructive culture around them with courage, with hope, and with support from within the community of the church. Along with the provision of a foundation for this counter-cultural community, Newbigin’s vision of the church is that it must be “a place of joy, of praise, of surprises, and of laughter – a place where there is a foretaste of the endless surprises of heaven.”\(^{31}\) In the intergenerational, worshiping life of the church, the abundant reality of the richness of the Triune God should overflow into the lives of God’s children. Newbigin is not naively suggesting that life in the church is without struggles, challenges, and very real limitations. Indeed, a

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\(^{31}\) Newbigin, 149.
substantial part of being a Christian community of wholeness is also that we are a community that recognizes our inherent brokenness. But Newbigin is suggesting that at its best, the church points us to the full re-creation that God will one day bring about on earth as it is in heaven.

The doctrine of the Trinity reminds us that at the heart of the Christian faith lies the reality that the whole of our lives takes place within the dynamic action and interaction of God the Father, God the Son and God the Holy Spirit. God is continuously at work in the world, dynamically and creatively shaping the world towards its intended end. This action and interaction of God helps us to understand the potential that the church has to be a community that nurtures wholeness. Theologian James Torrance writes: “The triune God is in the business of creating community, in such a way that we are never more truly human, never more truly persons, than when we find our true being-in-communion.”\(^{32}\) The community of the Trinity lies at the foundation for what the deep, intergenerational community of the church can be: a body of God’s people who in the midst of their own brokenness – and the brokenness of the world – live as a community of wholeness that not only offers glimpses of God’s shalom, but that draws us into this life of shalom.

Section 2: The cultural context for this study

Cultural Environment and Western Children

There is a large body of research that argues that the culture around us in the 21st century Western world is often destructive and entices our children to build their lives based upon premises that are neither life-giving nor conducive to this sense of wholeness or shalom. For example, journalist Richard Louv makes a strong case for how our children’s changing and increasingly disconnected relationship with nature is profoundly and negatively altering the way that they understand their place in the world, and in this context he coined the phrase “nature deficit disorder” to describe what many children experience in today’s world. Louv demonstrates how the deep connections between a child’s relationship to nature and her physical, emotional, mental, and spiritual health have been lost or distanced. Well-known cultural critic Neil Postman describes how the entertainment media is teaching us to see our lives (and the lives of others) as merely entertainment and in one of Postman’s later books, he makes the alarming yet powerful argument that we are fostering a climate in the west in which childhood cannot continue to exist. Educational expert David Elkind demonstrates just how the frenetic and destructive cultural story that our children are being offered is turning them into a generation characterized by performance anxiety and depression at an unprecedented

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33 While the HBSC survey data is based solely on Canadian participants, much of the research examining the cultural environment of Western youth is out of the USA and Great Britain. Until more information is available that is specific to the Canadian context, my research draws on the significant (though not overarching) parallels between many countries in the Western world.


early age. Psychologist Madeline Levine makes a powerful contribution to this conversation with her recent argument that the price of the privilege that many of us in the west experience is the current generation of disconnected and unhappy children. Sociologist Juliet Schor argues strongly that the marketing culture around us sends the explicit message to children and adolescents that “they are what they consume” and psychologist and professor Jean Twenge makes a powerful argument that despite so called advantages of modern life, young people today have an alarming trend toward anxiety and depression. One of the most troubling analyses of our culture is by psychologist Mary Piper, who examines the devastatingly destructive stories of gender and sexuality that are spoon-fed to our young girls from a heartbreakingly early age. Finally, for a generation raised on Facebook, sociologist Sherry Turkle’s newest book makes an insightful critique of how depersonalizing social media leaves young people feeling more isolated than ever before.

With the disturbing trends being revealed in these studies, it is no wonder that issues around the health of children are gaining international attention. British educator

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Tony Eaude argues that a comparison with previous generations and/or other countries has lead to “widespread concern about the happiness, well-being, and the mental health of children in developed countries.” Based on this survey of literature, it appears that much of the culture in which the children who participated in this study dwell is not one that is conducive to a holistic overall health experience, or to the dynamic sense of flourishing that is central to shalom. Indeed, there is good reason for the concern of caring adults about children and their participation in risk behaviours, their physical and emotional health and their overall well-being.

The cited studies represent only one aspect of the cultural environment of the western world. There are encouraging reports from many corners about individuals and groups who are seeking a deeper way. For instance, in his most recent cross-Canada youth survey, sociologist Reg Bibby reports a hopeful optimism about teens in Canada. Among other positive traits, his findings suggest that they value things like friendship, trust, and honesty. While Bibby’s report is encouraging and all the news is not bad, the plethora of arguments and observations about the interconnected and destructive trends our children navigate daily are very real. Many of these conditions are not conducive to nurturing shalom in children in any way, and rather than draw our children together in community, instead have the propensity to pull our children away from connections with one another, with the adults who love them, from the created world and from God.

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43 Eaude, 185.

Cultural Pressures and Church Ministry to Children

As much as the church is a community set apart by God, it is also a product of culture. It is fallen and redeemed, just like the world around it, the difference being that the church should be in a position to recognize her own redemptive story. As God’s people, we do not “go to church” so much as we “are” the church. Hauerwas and Willimon coin the term “resident aliens” 45 to describe the unique relationship that God’s people now have with the world around them. They write: “The church is a colony, an island of one culture in the middle of another. In baptism, our citizenship is transferred from one Dominion to another, and we become, in whatever culture we find ourselves, ‘resident aliens.’” 46 As resident aliens, our goal is not to package the gospel so that it resembles the world around us, but to “make the world credible to the gospel.” 47 Hauerwas and Willimon write: “Christians have no other means of accurately understanding the world and rightly interpreting the world except by way of the church.” 48 They further make the strong argument that the concern of the church is to conform herself to the gospel, rather than conform to the world in order to appear credible to the powers that be.

Despite the clear calling of the church to be a community shaped by the gospel rather than by the culture around us, in our current North American context, the church has struggled to discern how our relationship with culture informs church practice in a


46 Hauerwas and Willimon, 12.

47 Hauerwas and Willimon, 24.

48 Hauerwas and Willimon, 38.
way that is in keeping with gospel. David White and Faith Kirkham Hawkins (respectively Associate Professor of Christian Education at Austin Presbyterian Theological Seminary and Director of the Youth Theological Initiative at Emory University) write:

…youth ministry as it has evolved over these decades lacks significant critique of the shift in the social roles of young people in the second half of the twentieth century and into the twenty-first century, in which youth are increasingly ghettoized as passive consumers rather than treated as agents of faith influencing the common good.\(^4^9\)

In their joint role as series editors for the Youth Ministries Alternatives books, White and Hawkins are very articulate about the marginalization and trivialization of youth ministry, not only by churches but also by theology schools and publishing houses, and recognize the need for good theology – not popular culture – to lead the way forward.

Frank Edie, who is the director of the Youth Academy for Christian Formation tells a poignant story about an experience in ministry in which the travel agents in town vie to partner with the youth ministers in mission. He writes:

That leaders of the church may come to view a travel agency as part and parcel of the “ministry business” or that Christian missions may be characterized without a trace of irony as one more product to be marketed and sold to religious consumers is compelling evidence that our churches’ ministries have capitulated to such dominant North American cultural marketplace values as individualism, consumption, and the pursuit of entertaining experiences. Whether these values snuck into the church like Trojan horses without our realizing what was going on or have been adopted strategically (“If we take them skiing they’ll learn how much Jesus loves them!”), the results are the same: a Gospel so distorted and church ministries so domesticated that they are nearly indistinguishable from the culture at large.\(^5^0\)


Edie goes on to suggest that this approach to ministry not only continues to leave Christian parents and teens “prey to the destructive influences of individualism, consumption, and entertainment”\(^{51}\) but that as these values “dominate the mind-set and practices of church ministries, they cloud and distort the meanings and lived implications of Christianity for professing Christians.”\(^{52}\)

At best, allowing cultural pressures to provide the foundation of and direction for our ministries results in a shallow rendering of the gospel that generally has very little transformational impact on the lives of God’s people. Moreover, the cultural pressures that are allowed to pervade ministry to children in the church prevent the church as a body from living out the full potential of her calling to nurture God’s children in the Christian story and to in turn live out a profoundly counter-cultural calling in the world.

_A weakening of the proclamation of the Trinitarian ministry of God_

The problems evidenced by the cultural environment of the church are intrinsically connected to the shallow theology that has made its way into the church and that has informed the way that we participate in worship and in ministry. For example, the preoccupation with self that is so prevalent in our world leads us to define who God is not by reflecting on the character of God as revealed in the scriptures (and in creation), but by reflecting on ourselves. An erroneous understanding of God leads to a shallow

\(^{51}\) Edie, 2-3.

\(^{52}\) Edie, 3.
understanding of our own place in the world. This problem is not isolated in the church, but runs rampant in the world around us. Philosopher Allan Bloom writes:

what happens in a secular culture where belief in the objectivity of God and of moral law recedes?... we witness a closing of the (American) mind, with a resultant collapse into narcissism, a preoccupation with the self – my rights, my life, my liberty, my pursuit of happiness. Religion then becomes a means toward self-realization.53

In our age of I-pods, I-tunes and I-phones, it is no wonder that commitment to we – to church, to relationships, and to community – is at an all-time low.

In response to the narcissism of the west, theologian James Torrance points to a significant commission by the British Council of Churches in 1983, which calls for churches to return to the great Christian doctrine of the Trinity. The doctrine of the Trinity challenges our notions of God that are little more than projections of our selves. In sum, the report gave the church three theological challenges, all of which call us away from both the Unitarian worship so deeply embedded in our church, and away from the dualistic understanding of God that is systemically embedded in the theology of our churches.

1. We require a better doctrine of God, one that rather than presenting a God of contracts, invites us to know the covenant God of grace.
2. We must recover a doctrine of the Trinity for a better understanding of worship. This in turn will help us to understand that worship “is the gift of participating through the Spirit in the incarnate Son’s communion with the Father...”
3. We need to recover a doctrine of the Trinity for a better Christian anthropology, and in turn, a better understanding of human person and community (and I might add, a protection against the self-isms in the culture around us).54


54 Torrance, 35. (For the sake of parsimony, I have slightly paraphrased and shortened this section in Torrance, however the overall thought and structure is his.)
With this commission in mind, Torrance writes: “What is needed today is a better understanding of the person not just as an individual but as someone who finds his or her true being in communion with God and with others, the counterpart of a Trinitarian doctrine of God.”\textsuperscript{55}

In the Trinity, God enters into our world and invites us to join him in this dynamic and sustaining engagement. It is only here, within this loving relationship with the community of the God-head, that one’s true being can be found. When the life of the church community tangibly flows out of a rich theology of the Trinity, children are able to enter into this profound sense of love and communion. It is not that the church will do better because it has its theology ‘right’, but that with a theology that is reflective of the truth of who God is that we are enabled to allow him to more fully and freely work in our lives. Torrance continues that we must return to:

an understanding of the Holy Spirit, who delivers us from a narcissistic preoccupation with the self to find our true being in loving communion with God and one another – to hear God’s call to us, in our day, to participate through the Spirit in Christ’s communion with the Father and his mission from the Father to the world – to create in our day a new humanity of persons who find true fulfillment in other-centered communion and service in the kingdom of God.\textsuperscript{56}

A recovery of the doctrine of the Trinity is needed in order for our churches to be communities that nurture wholeness, not only in our children, but also in all of us.

\textit{A Dualistic Use of the Bible}

A parallel problem that negatively impacts the nurture of children in the church is a reductionist use of the Bible. All too often, the church has embraced the error that puts

\textsuperscript{55} Torrance, 38.

\textsuperscript{56} Torrance, 41.
a set of rules or a morality at the heart of the Christian faith rather than a relationship with
the God revealed in Jesus Christ. This leads to perspective and teaching that suggests
that the Christian life is primarily about keeping a moral code rather than living the new
life in Christ through the Spirit.

James Torrance writes that the Bible has too often been treated “as a manual of
ethics, or moral values, of religious ideas, or even of sound doctrine” rather than a
manual of worship that “invites us to participate through the Holy Spirit in the incarnate
Son’s communion with the Father and the Son’s mission from the Father to the world, the
unique centre of the Bible being Jesus Christ.” In other words, when Torrance’s
concerns about the Bible are realized, the result is that we focus on teaching our children
how to behave rather than helping them to see the world and ourselves in light of the
dynamic and active presence of a sustaining, redeeming and creative God.

Theologian N. T. Wright picks up this theme, urging that according to Paul, God’s
people “should live in the present as people who are to be made complete in the future.
And the sign of that completeness, that future wholeness, the bridge from one reality to
the other, is love.” Wright bases this vision on 1 Corinthians 13 in which Paul’s poem
on love turns us away from “being mere moralism… and into something altogether
stronger and more powerful.” As Wright poignantly asserts: “The point of 1
Corinthians is that love is not our duty; it is our destiny.” What Wright helps us to see

57 Torrance, 9.
58 Torrance, 9.
59 Wright, Surprised by Hope, 286.
60 Wright, Surprised by Hope, 287.
61 Wright, Surprised by Hope, 288.
is that when the church embraces this vision of love and within the church God’s people enter into the resurrection life into which Jesus calls us, the community of the church becomes characterized by forgiveness as a way of life and “God’s way to life” by love and by hope. These are conditions in which wholeness can be nurtured in the lives of our children. To foreshadow what is to come in this thesis, while it is certainly good news that religiously connected youth have positive trends toward decreased participation in overt risk behaviours, when this does not correlate with deeper measures of wholeness, there are clearly underlying problems at hand. Christianity has infinitely more to offer our children than a book of rules. Indeed, this study is based on the firm belief that new life in Jesus has the potential to radically transform a person’s life, inviting them into an integrative, holistic experience of all of life that is characterized by shalom.

A Way Forward:

The problems of a church that is guided by a shallow, self-preoccupied culture, a weakened theology of the Trinity, and a moralistic rendering of the Bible are all interconnected. They not only impact children’s ministry, but penetrate the very identity of the Western church. However, there truly is another way. Many churches are rediscovering the richness that Trinitarian theology can bring to the worshiping life of their community. Many Christian communities are tired of a moralistic rendering of scripture and are instead inviting people to know a living God who is intimately involved in their lives. And many churches are tired of trite resources for young people that look more like the culture around us than the gospel of Christ and are producing not only

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62 Wright, Surprised by Hope, 288.
wonderful new resources for ministry, but inviting their children into new ways of being in the world. 

There are many exciting stories of God’s people genuinely seeking another way in the North American church context. Further, the potential to breathe new life into the tired-structures and the disintegrative theologies of the church today in the context of ministry to children in the church are enormous. Both the quantitative and qualitative research components of this thesis not only help us to understand these problems and concerns, but may also contribute to a richer theology and more integrative practices that inform a way forward as we in the church seek to nurture our children in the wholeness of life in Christ. 

We inhabit a broken world, but the church, through the life-giving power of the Trinity not only invites us into a new way of being in this world but offers us a foretaste of the world to come, in which all things will be made new. (Revelation 21:5) An invitation to our children into an integrative, participatory engagement with the Triune God, as revealed in the story of the Bible and lived out in the church, has the potential to draw our children beyond simply following a set of rules and into an invitation to live out their faith in the fullness of life, characterized by God’s shalom. It is here that the true depth of wholeness is to be found.

**Synopsis:**

This thesis is based on an interdisciplinary study that involved the conduct of theological and health-related research. Its hope was to contribute to a better

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63 For example, the Duke Youth Academy for Spiritual Formation runs an extraordinary program that invites youth into ways of being in the world that flow out of a rich theology of the Trinity. This is described in edie.
understanding of the relationship between church involvement and an integrative, holistic understanding of health in children. In this current chapter, I have suggested that there are some fundamental concerns both in the culture around us and in the church that limit the experience of wholeness in the lives of children. All of these themes are connected to a holistic understanding of health that is reflected by God’s shalom, and the conviction that the Christian life is about more than behaviours, but about a transformational relationship with God that permeates every part of our lives. This study is grounded in the deep hope that the church can be a place where an experience of shalom can be realized in the lives of the children in our care.

In chapter 2, I present the quantitative component of my research based upon the experiences of 24,244 young Canadians from 436 schools. In chapter 3, I report and discuss the qualitative component of my qualitative study, which was conducted in order to complement and further inform my understanding of the findings presented in chapter 2. In chapter 4, I explore implications of this entire study for ministry to and with children in the church today and suggested a way forward for the church as we seek to nurture our children toward God’s shalom.
Chapter 2: Quantitative Component of Study

Introduction

Regular involvement in church or religious groups is thought to be protective for children’s health from a theoretical standpoint.\(^{64}\) Evidence for such effects is, for the most part, connected to health outcomes such as positive behaviours and emotional well-being.\(^{65}\) However, few studies have empirically examined relationships between religious group involvement and more holistic measures of health that go beyond behaviour and take into account the way that children experience their own lives. Throughout this study, this deeper indication of wholeness is best expressed through the Hebrew concept of \textit{shalom}, as introduced in chapter 1. This more holistic approach to my research is important in understanding the roles that both religiosity and spirituality play as determinants of child and adolescent health.\(^{66}\)

Overview of the religiosity, spirituality and health literatures

One of the most recognized definitions of health comes from the World Health Organization (WHO), which defines health as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”\(^{67}\) There is a large

\(^{64}\) For studies that demonstrate the relationship between religion, spirituality and health, see Strawbridge \textit{et al.}; Idler; and Levin.

\(^{65}\) See: Holder, Coleman, and Wallace; Pearce, Little, and Perez.

\(^{66}\) This whole person approach to health has been explored in many contexts. See, for example, James S. Larson, “The World Health Organization’s Definition of Health: Social Versus Spiritual Health,” \textit{Social Indicators Research} 38, no. 2 (1996), 182-192.; Vader; J.P. Miller & Y. Nakagawa; Jane Bone, Joy Cullen, and Judith Loveridge; and Eaude.
body of literature that suggests that this definition of health needs to be expanded to include a dimension of spiritual health. In the context of this conversation, John Paul Vader writes:

By ignoring the spiritual dimension of health, for whatever reason, we may be depriving ourselves of the leverage we need to help empower individuals and populations to achieve improved physical, social, and mental health. Indeed, unless and until we do seriously address the question – however difficult and uncomfortable it may be – substantial and sustainable improvements in physical, social, and mental health, and reductions in the health gradient within and between societies, may well continue to elude us.

This conversation has sustained a great deal of interest from fields as diverse as education, psychology, nursing, psychiatry and religion.

Findings from existing studies, and in particular studies of child and adolescent populations, support the existence of associations between spirituality, religiosity and health. For example, a Nebraska-based study demonstrates the connection between Bible reading habits and improved moral behaviour (such as less engagement in lying, gossiping and cheating) and lower involvement in problem risk behaviours (such as

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67 World Health Organization, 1946, 100.

68 See Larson.

69 Vader, 457.

70 See Bone, Cullen, and Loveridge.

71 See Pearce, Little, and Perez.


73 See Josephson.

smoking, getting drunk and early sexual activity). Several possible explanations have emerged for these effects, including social support for prosocial choices, beliefs about morality, and an increased sense of purpose in life. Other studies report positive associations between measures of church attendance, religious faith and a private devotional life, and health outcomes of both mental and overall health. To illustrate, British Columbia researchers have demonstrated a relationship between spirituality (though not religion) and higher levels of happiness among children and others have found spirituality to be related to lower levels of depression and lower risks for suicide among adolescents. Regardless of our personal religious or spiritual commitment, evidence of the existence of relationships continues to emerge with respect to relationships between spirituality/religiosity and health. These relationships are strong and worthy of attention, as such relationships appear to be inherently connected with one’s overall health and well-being.

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76 Prosocial behaviours are those actions and attitudes intended to help others, including feeling empathy and concern towards others.

77 Ovwigho and Cole, 102.


79 In this study, children’s spirituality (particularly personal and communal domains of spirituality) was strongly linked to their happiness, and depending on the measure used, spirituality accounted for between 3 and 26% of the variance in happiness. Moreover, spirituality remained an indicator of happiness after variables associated with temperament were removed. See Holder, Coleman, and Wallace.

80 Pearce, Little, and Perez.
**Theological basis: a Brief Synopsis**

This study is grounded in a theological position that asserts that the Christian story at its best is characterized by an invitation into the fullness of life, and that good behaviour is not an end in itself but a response to a relationship with a dynamic, living God. Further, this research is based on an understanding of the church as a community that has the potential to be characterized by *shalom*. By implication, while the church may not explicitly teach the concept of *shalom* to its children, in terms of its basic function the Christian church at its best has the possibility of being a community of wholeness typified by the concept of *shalom*. However, as argued in chapter 1, the culture around us in the 21st century western world often does not typically nurture a climate that is conducive to a healthy and holistic experience of childhood. Many of these cultural influences have made their way into the church. Moreover, the essential mission of the church to invite people into the fullness of life found in knowing Jesus is often distorted by shallow theologies that offer a moral code to be followed rather than an invitation into a new way of being in the world.

In this study, I hoped that if churches were effective in nurturing health among children, that children who reported engagement in church would report lives there are more consistent with the idea of *shalom*. This would include reports of fewer destructive risk-taking behaviours, more prosocial behaviours, and improved levels of more holistic indicators of emotional health. At its best, the church has the potential to bring children into a holistic context that is characterized, among other things, by community, forgiveness, a sense of resilience and empowerment and the knowledge of one’s own deep beloved nature. If churches or other religious groups are grounded in such
relationships, then conceptually, one would hope that regular participation of children in these groups would be protective and nurturing for their health.

The four holistic measures of health that were identified within Cycle 6 of the Canadian HBSC survey, and can be used to explore relations to a holistic understanding of child health are: feelings of loneliness, feelings of helplessness, feelings of “wishing I was someone else” and feelings of regret. Study of these more holistic measures in particular may deepen our understanding of the experience of religiously connected youth, and has the potential to provide insight into how the church fulfills its mandate of offering an invitation into this fullness of life by way of its ministry to children. It may also provide insight into the reality of how the church actually is functioning in its relationship with children.

My hope was not that church-connected children would have higher protective trends around risk behaviours, higher participation in pro-social behaviours or improved emotional well-being in isolation, but that the composite effect of a protective trend in all of these areas would nurture children in a life indicative of God’s shalom.

**Study Objectives for the Quantitative Study**

The objective of the quantitative study presented in the current chapter is to examine relationships between the reports of involvement of Canadian children in a church or religious group and three types of health outcomes (risk behaviours, prosocial behaviours and measures of wholeness). Further, this analysis of group membership and health is repeated for involvement in two other types of groups (sports, then youth clubs) in order to better understand variations between the health outcomes and the types of
groups in which children are involved. This will help to distinguish whether those involved in religious groups report experiences that are unique from other groups. A sub-analysis of the health experiences for children who attend Separate School Board schools is also presented to provide further give insight into the relationship between this specific religious environment and health outcomes among groups of children who are (potentially) predominantly Christian.

**Section 1: Methods**

**Data Source**

The data source for this quantitative study was the 2010 (Cycle 6) Canadian Health Behaviour in School-Aged Children Survey.\(^1\) HBSC is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe, and funded in Canada by the Public Health Agency of Canada and Health Canada. Its goal is to increase understanding of children's health and well-being, health behaviours and their social origins, and the relationships of these measures of health with home, neighbourhood, peer group and school contexts.\(^2\) As Canada’s only national-level health promotion database for the preadolescent and early adolescent age group of 11-15 years (and supported by the federal government since 1988), HBSC is based on a “broad determinants of health model.”\(^3\) As such, it collects both individual data and school-level

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\(^1\) Public Health Agency of Canada, Health Canada and World Health Organization, *Health Behaviour in School Aged Children Grade 6, 7 and 8 Survey and Health Behaviour in School Aged Children Grade 9 and 10 Survey*, (Kingston, ON: Queen’s University, 2009/2010).


\(^3\) Public Health Agency of Canada, *Healthy Settings For Young People in Canada*, (Ottawa, ON: Public Health Agency of Canada, 2008), ix.
data on potential determinants of health. The survey was administered to approximately 26 thousand students from 426 Canadian schools in 2010. HBSC Canada collected oversamples of students in the three territories, as well as in selected provinces (British Columbia, Alberta, Saskatchewan, Ontario, Quebec and Newfoundland and Labrador). Population weights were developed and applied to individual records in the national datafile to ensure that analyses represented the experiences of children nationally. These weights took into consideration differences in the opportunity to be sampled by province/territory, language of instruction, school board type, school size and size of community.

Independent Variables

i. Group Involvement

The first key HBSC measure employed was involvement of the child in a church or religious group, as measured by an item contained in an existing HBSC module describing involvement in organized groups and activities. Two additional independent variables from the same module of the survey were involvement in two other groups used as comparators: sports clubs and youth clubs. This module was developed for the 2001/02 international HBSC survey and revised in subsequent cycles. The importance of adult supervised leisure activities in developing prosocial skills and lowering the risk for involvement in risk behaviours was recognized in the scientific rationale that underlies these items, as contained in the international HBSC Survey Protocol (as shared

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with the candidate for academic purposes by Dr. Pickett, co-principal investigator of HBSC Canada). In past work, relationships have been observed between adolescent participation in organized leisure activities and a higher level of emotional well-being and good mental-health (although in the realm of sports, certain types of participation are connected with an increase in anti-social behaviour outside the sport environment).

**ii. Potential Health Indicators and Outcomes**

Relevant indicators of health available from HBSC can be subdivided into categories: (1) risk behaviours; (2) prosocial behaviours and (3) additional behaviours and internal feelings, both positive and negative, related to the theoretical concept of *shalom*. The sentinel risk behaviours consist of questions around tobacco use, alcohol use, illicit drug use, sexual health, violence and bullying, non-nutritious eating

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89 Question M21 is from: International HBSC, Internal Protocol, p 282. Question M22 is adapted from the European School Survey Project on Alcohol and other Drugs (ESPAD) 2003 and International 2009/10 HBSC, Internal protocol, 282. Question RB2.1 appears to be taken from: Youth Risk Behaviour Survey Questionnaire (Centre for Disease Control) in: HBSC internal protocol 2001/02, 82. See *HBSC Internal Protocol*. 

33
habits, poor oral health, and physical inactivity. The prosocial behaviour module included questions about helping others, doing favours, lending, complimenting, sharing, having confidence in oneself, and a standard measure of emotional wellbeing. The more holistic indicators related to shalom were: feelings of loneliness, feelings of wishing they were someone else, feelings of helplessness and feeling sorry for things they do. As I interpreted and recognized various developmental patterns, relationships and trends, I suggested possible reasons for the occurrence of these

93 Question 5 is from International 2009/10 HBSC, internal protocol, 226. Question 6 is from International 2009/10 HBSC, internal protocol, 227. See HBSC Internal Protocol.

94 Question 11 is from International 2009/10 HBSC, internal protocol, 191. See HBSC Internal Protocol.


96 Survey Questions 69 a, b, c, d and e come from Canadian 2009/10 HBCS, New Brunswick questions. See HBSC Internal Protocol.

97 Survey Question 67.e is from Canadian 2009/10 HBSC, Parental Trust and Communication Scale, Healthy Settings for Young People in Canada, HBSC, 149. See HBSC Internal Protocol.


99 Canadian Question 67 is from Canadian 2009/10 HBSC, Parental Trust and Communication Scale, Healthy Settings for Young People in Canada, HBSC, 149. See HBSC Internal Protocol.
outcomes connected to involvement in group 1 (church or religious group), and my comparator group 2 (sports) and group 3 (youth clubs).

**iii. Other Factors**

I also examined relationships with groups defined by age/grade, sex and Separate School system attendance as potential covariates during further analyses. It was important to do a separate age/grade analysis because of the different maturity levels and developmental stages represented in the survey. These factors are reflected in the HBSC survey itself, which does not ask questions around alcohol, drugs or sexual engagement of any children younger than grade 9. Similarly, it was important to do a separate analysis stratified by sex as boys and girls both develop and mature differently and they are also socialized differently. The rationale for a Separate School System attendance analysis was more complex. It is difficult to claim a theological position for the secular public school system, and many non-practicing Catholics and persons from other faith traditions attend school in the Separate School System. However, it is likely that a predominance of the children in the Separate System are Christian, and I was curious as to how potential theological overtones from attending a school system based on Roman Catholic values and theology might influence behaviour in groups of children, regardless of the child’s personal or familial beliefs and values. Among these Separate School children, who also answered the question of involvement in a church or religious group, there were 1123 boys and 1121 girls (2244 total) who participated, and 1133 grade 6-8’s and 1113 grade 9-10’s (2246 total). The differences in totals can be attributed to participants not answering the question about participation in church or religious group.
In addition, sample sizes varied slightly between analyses based on different health outcomes.

An overview of all of these key measures – demographic factors, exposures, risk behaviours, prosocial behaviours and holistic measures – is found in Table 1 (overview of key measures), provided for reference purposes.

**Ethics**

The HBSC Study from 2009-2011 holds ethics approval from the General Research Ethics Board at Queen’s University as well as Health Canada and Public Health Agency of Canada. Evidence of ethics approval is found in Appendix B.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Possible Response Categories</th>
<th>Original Source</th>
<th>Levels for Analysis in Thesis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMOGRAPHIC FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gender</td>
<td>2 Male or Female</td>
<td>HBSC International</td>
<td>Boys or Girls</td>
</tr>
<tr>
<td>4 Grade</td>
<td>7 Scale: grade 5 to grade 11</td>
<td>HBSC International</td>
<td>Grade 6 to 8, Grade 9 to 10</td>
</tr>
<tr>
<td>School Board</td>
<td>Separate or Public</td>
<td>School board list</td>
<td>Separate or Public</td>
</tr>
<tr>
<td><strong>EXPOSURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76 Involvement in club or organization</td>
<td>8 Yes: involved or No: not involved</td>
<td>Canadian HBSC 2009/10 Research Protocol for 2005/06, social and community networks, section 3</td>
<td>Sport club, church or religious group, youth club</td>
</tr>
<tr>
<td><strong>RISK BEHAVIOURS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57 Ever smoked</td>
<td>2 Yes or No</td>
<td>International 2009/10 HBSC Internal Protocol, p270</td>
<td>Yes or No</td>
</tr>
<tr>
<td>58 Current daily smoking</td>
<td>4 Scale: Daily to “I do not smoke”</td>
<td>International 2009/10 HBSC Internal Protocol, p270</td>
<td>Yes: Daily, No: less than daily or never</td>
</tr>
<tr>
<td>65 Smoke prior to age 13</td>
<td>7 Scale: Never to 16 years</td>
<td>Adapted from ESPAD 2007 and International 2009/10 HBSC, Internal Protocol, 271</td>
<td>Yes: smoke 13 years or less, No: Never, smoke 14 years or older</td>
</tr>
<tr>
<td>60 Frequently drunk last 12 m</td>
<td>5 Scale: never to more than 10 times</td>
<td>International 2009/10 HBSC International Protocol, p 282</td>
<td>Yes: 3 times or more, No: less than 3 times</td>
</tr>
<tr>
<td>61 Monthly binge drinking last 12 months</td>
<td>8 Scale: never to daily or almost daily</td>
<td>Youth Risk Behaviour Survey Questionnaire (CDC)</td>
<td>Yes: daily to once a month, No: Never to less than once a month</td>
</tr>
<tr>
<td>65 Drink prior to age 13</td>
<td>7 Scale: never to 16 years or older</td>
<td>Adapted from ESPAD, 2003 and International 2009/10 HBSC, Internal Protocol, 282</td>
<td>Yes: drink 13 years or less, No: Never, drink 14 years or older</td>
</tr>
<tr>
<td>63 Frequent Cannabis</td>
<td>7X3 Options: in life, last 12 months, last 30 days, Scale: never to 40 or more times</td>
<td>ESPAD, 1995 and International 2009/10 HBSC internal protocol p293</td>
<td>Yes: 3 – 14 times, No: never or 1 or 2 times</td>
</tr>
<tr>
<td>65 Cannabis prior to age 13</td>
<td>7 Scale: never to 16 years or older</td>
<td>International 2009/10 HBSC (HBSC 2001/02 package)</td>
<td>Yes: smoke 13 years or less, No: Never, 14 years or older</td>
</tr>
<tr>
<td>Table 1 continued</td>
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</tr>
<tr>
<td>64</td>
<td>Illicit drugs and medication to get high</td>
<td>7</td>
<td>Options: a. ecstasy, b. amphetamines, c. opiates, d – f. medication to get high, g. glue or solvents, h. ballock, j. LSD, k. methamphetamines, l. Savia, m. other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>International 2009/10 HBSC (HBSC 2001/02 optional package and EPSAD)</td>
</tr>
<tr>
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</tr>
<tr>
<td>82</td>
<td>Ever have sex</td>
<td>2</td>
<td>Yes or No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>Sex &lt; age 14</td>
<td>8</td>
<td>Scale: never to 17 years or older</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>42</td>
<td>Frequent physical fights in last 12 months</td>
<td>5</td>
<td>Scale: not been in a fight to 4 times or more / week</td>
</tr>
<tr>
<td></td>
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<tr>
<td>40</td>
<td>Frequent bullying</td>
<td>5</td>
<td>Scale: not bullied to several times a week</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Skip breakfast weekdays</td>
<td>9</td>
<td>Weekday scale: never have breakfast to have breakfast 5 days</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9.b</td>
<td>Vegetables at most 1 time/wk</td>
<td>7</td>
<td>Scale: never to every day more than once</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.a</td>
<td>Fruit at most 1 time/wk</td>
<td>7</td>
<td>Scale: never to every day more than once</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Brush teeth less than daily</td>
<td>5</td>
<td>Scale: never to more than once / day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17</td>
<td>Physically inactive</td>
<td>8</td>
<td>Scale: 0 days to 7 days</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosocial indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Help people</td>
<td>6</td>
<td>Scale: definitely like me to definitely not like me</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Do favours for people</td>
<td>6</td>
<td>Scale: definitely like me to definitely not like me</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can Q</td>
<td>Question</td>
<td>Scale:</td>
<td>Source</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>69.b</td>
<td>Lend things to people</td>
<td>definitely like me to definitely not like me</td>
<td>Canadian 2009/10 HBSC Survey, New Brunswick</td>
</tr>
<tr>
<td>69.d</td>
<td>Compliment people</td>
<td>definitely like me to definitely not like me</td>
<td>Canadian 2009/10 HBSC Survey, New Brunswick</td>
</tr>
<tr>
<td>69.e</td>
<td>Share things</td>
<td>definitely like me to definitely not like me</td>
<td>Canadian 2009/10 HBSC Survey, New Brunswick</td>
</tr>
<tr>
<td>67.e</td>
<td>Confidence in self</td>
<td>Strongly agree to strongly disagree</td>
<td>Parental Trust and Communication Scale, Canadian HBSC handbook 2005/06, p 149.</td>
</tr>
<tr>
<td>35</td>
<td>Cantril Ladder (Life Satisfaction)</td>
<td>Scale: 0 (worst possible life) to 10 (best possible life)</td>
<td>Cantril (1965), International 2009/10 HBSC, internal protocol, 158.</td>
</tr>
<tr>
<td>67.d</td>
<td>Sorry for things that I do</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td></td>
<td><strong>Holistic measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67.l</td>
<td>Feels lonely</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.f</td>
<td>Wishes they were someone else</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.h</td>
<td>Feels helpless</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.d</td>
<td>Sorry for things I do</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
</tbody>
</table>
A descriptive, statistical analysis was mainly used in this study. I described the study population by several demographic factors. I then provided a description of the prevalence of the health indicators and potential health outcomes within key groups (church or religious, sports, youth clubs, respectively) versus reported prevalence levels in children who did not participate in such groups. My intention here was to identify developmental differences by age/grade and sex, with major emphasis on consistencies in patterns between group membership (or not) and reporting of similar types of health indicators and outcomes.

In my analysis, I therefore examined the consistency of the observed patterns by way of differences in proportions (or reported prevalence levels). My approach to interpreting these quantitative findings again emphasized consistency and patterns; I therefore identified strong and consistent patterns in the relationships between group membership and the various types of potential health outcomes. While very specific relationships between group membership and individual behaviours were identified and were sometimes selected for presentation to illustrate a more general point, the main intention here was to identify overall trends and patterns in these relationships, as opposed to testing very specific hypotheses about relationships between group membership (or not) and the individual outcome variables.

To support my examination of the strength and consistency of relationships, chi-square tests for differences in proportion were used to test the statistical significance of observed differences in proportions between groups of children. Here, comparison groups of children were defined by whether or not they reported participation in each of the three group activities of interest (church or religious groups, sports clubs or teams, youth clubs) versus not participating
in those groups. Separate analyses were conducted by age/grade level (grades 6-8 vs. 9-10), sex (boys vs. girls) and by public and separate (Roman Catholic) school boards. All analyses in my chapter were conducted using statistical software (SPSS).  

Section 2: Results

Demographic characteristics of the study population are described in Table 2. Of the 24,244 (weighted sample size) participants that responded to the church or religious group involvement item, there was a roughly equal split between boys and girls, most were in grades 6-8 (with a roughly equal division in the five grade levels), the majority were from large urban centres and from Central Canada, more reported average or better material wealth than not, and the majority were from families with both a mother and father (intact family structures).

Table 2 also summarizes involvement in church or religious groups reported by young people. Overall, 16.4% of young people reported involvement in a church or religious group, Higher prevalence values were reported for: girls, the lower grades, those from rural or dissemination areas, Western Canada, and those perceiving themselves to be not very well off.

Table 2: Reported participation in church or religious groups among young people studied in the 2009-10 Canadian Health behaviour in School-Aged Children Study

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No.</th>
<th>(%)(^1)</th>
<th>% Participating in Church or Religious Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total responding to church or religious group item</td>
<td>24,244</td>
<td>(100)</td>
<td>16.4</td>
</tr>
<tr>
<td>By sex:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>11,669</td>
<td>(48.1)</td>
<td>15.4</td>
</tr>
<tr>
<td></td>
<td>12,575</td>
<td>(51.9)</td>
<td>17.3</td>
</tr>
<tr>
<td>By grade level:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 8</td>
<td>14,584</td>
<td>(60.2)</td>
<td>17.6</td>
</tr>
<tr>
<td>9 to 10</td>
<td>9,664</td>
<td>(39.8)</td>
<td>14.6</td>
</tr>
<tr>
<td>By urban-rural geographic status:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large urban</td>
<td>13,918</td>
<td>(57.4)</td>
<td>15.9</td>
</tr>
<tr>
<td>Other urban</td>
<td>4,074</td>
<td>(16.8)</td>
<td>13.4</td>
</tr>
<tr>
<td>Rural</td>
<td>3,758</td>
<td>(15.5)</td>
<td>17.0</td>
</tr>
<tr>
<td>Dissemination area</td>
<td>2,498</td>
<td>(10.3)</td>
<td>22.9</td>
</tr>
<tr>
<td>By region of Canada:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>73</td>
<td>(0.3)</td>
<td>17.0</td>
</tr>
<tr>
<td>West</td>
<td>7,743</td>
<td>(32.0)</td>
<td>22.5</td>
</tr>
<tr>
<td>Central</td>
<td>15,376</td>
<td>(63.0)</td>
<td>13.1</td>
</tr>
<tr>
<td>East</td>
<td>1,056</td>
<td>(4.4)</td>
<td>19.2</td>
</tr>
<tr>
<td>By socio-economic status:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very well off</td>
<td>5,485</td>
<td>(23.5)</td>
<td>19.1</td>
</tr>
<tr>
<td>Quite well off</td>
<td>7,885</td>
<td>(33.8)</td>
<td>14.8</td>
</tr>
<tr>
<td>Average</td>
<td>7,815</td>
<td>(33.5)</td>
<td>16.2</td>
</tr>
<tr>
<td>Not very well off</td>
<td>1,588</td>
<td>(6.8)</td>
<td>15.9</td>
</tr>
<tr>
<td>Not at all well off</td>
<td>586</td>
<td>(2.5)</td>
<td>22.2</td>
</tr>
<tr>
<td>Missing</td>
<td>888</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By family structure:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intact family</td>
<td>16,206</td>
<td>(67.8)</td>
<td>17.8</td>
</tr>
<tr>
<td>Not intact family</td>
<td>7,697</td>
<td>(32.2)</td>
<td>13.4</td>
</tr>
<tr>
<td>Missing</td>
<td>346</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)proportions weighted by sampling fractions
Group Involvement and Relationships with Potential Health Indicators and Outcomes

The following section includes a presentation of findings about group involvement and potential health indicators and outcomes, including overall patterns that were observed and specific relationships of interest for each group analysis. The emphasis here is on the consistency of relationships within and between groups, as opposed to the specific findings.

Religious Group Involvement and its Relationships with Potential Health Outcomes

Religious Group Involvement and Risk-Taking Behaviour

Overall Pattern: Table 3 presents the association between engagement in an organized church or religious group and the indicators of engagement in risk behaviour. These analyses are sub-divided both by gender and then by grade level (6-8 and 9-10). In terms of overall patterns observed across the groups, there appeared to be quite consistent declines in engagement in almost all forms of risk-taking involving substance use (smoking, drinking, and drug use) and sexual behaviours among those who participated in church or religious groups vs. those who did not. There was less consistency in the patterns observed for violence (most differences were small and statistically non-significant), and the physical health indicators. However, differences in proportions by group membership for the physical health indicators that did achieve significance mainly suggested that church or religious group involvement was somewhat protective, although again these relationships lacked consistency.

Specific Relationships of Interest: Both boys and girls connected with church or another religious group were less likely to report having ever smoked, to report smoking
daily or to have smoked before age 13 than their non-connected peers. Further, religiously connected children reported being less likely to drink and being much less likely to participate in monthly binge drinking, they were less likely to use cannabis or hard drugs, and they were less likely to engage in sexual intercourse than their peers. For the measure of non-participation in sexual intercourse, religious involvement appeared to make more difference in girls (-12.8% difference) than in boys (-8.1% difference), although both differences were highly significant compared to non-connected peers. In terms of physical health, findings were much less consistent and some of the protective effects of involvement in a religious group were not apparent. Differences that were observed tended to be protective for the religious involved group, but effects were modest and inconsistent.
Table 3. Association between engagement in an organized church or religious group and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

Risk Behaviour

<table>
<thead>
<tr>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>14.4</td>
<td>21.6</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>2.4</td>
<td>4.3</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>6.7</td>
<td>10.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>6.9</td>
<td>14.9</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>15.6</td>
<td>29.1</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>12.4</td>
<td>20.4</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>9.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>2.9</td>
<td>6.8</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>9.7</td>
<td>13.1</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>21.4</td>
<td>29.5</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>9.0</td>
<td>9.8</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>28.1</td>
<td>29.3</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>19.5</td>
<td>20.1</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>15.9</td>
<td>21.6</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>15.1</td>
<td>18.3</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>13.0</td>
<td>14.6</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>7.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>4.7</td>
<td>5.7</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Table 3 (continued). Association between engagement in an organized church or religious group and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviours</th>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grades 6-8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>8.8</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>1.3</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>0.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>14.5</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>15.2</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>10.9</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>8.4</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>2.7</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>8.6</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>17.5</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>6.5</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>20.6</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>15.1</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>17.9</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>12.6</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>9.9</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>6.2</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>3.8</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Religious Group Involvement and Prosocial Behaviour

**Overall pattern.** Table 4 summarizes the associations between engagement or not in an organized church or religious group and the prosocial measures. Religious involvement appeared to be associated with a very consistent, higher trend towards engagement in prosocial behaviour, including helping people, doing favours, complimenting and sharing. Further, such involvement seemed to be associated with a slightly higher trend of feeling confidence in oneself. All of these relationships were highly statistically significant (p<0.001).

**Specific Relationships of Interest:** Whereas church involvement appeared to have slightly more positive influence on girls in terms of decreased risk behaviours, it appeared to have a more positive influence on boys in terms of prosocial behaviours. (This was true in every case except “confidence in oneself”, in which case girls connected to church scored slightly higher than boys when each was compared with non-connected children. Girls had an increase of +6.5% whereas boys had an increase of +4.1%. relative to non-connected girls and boys, respectively) The relationship between involvement in a church or religious group and prosocial behaviour appeared to increase as children grew older, the grade 9–10 group scoring consistently higher than the grade 6 – 8 group, and also scoring positively on more indicators. (For example, the older group had a slight increase in confidence in oneself (+5.5%) and in the best possible life (+4.2%) whereas the younger group did not appear to have any apparent relationship between involvement and these items.)
Table 4  Association between engagement in an organized church or religious group and prosocial behaviour, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting prosocial behaviour by involvement (yes or no) in church/religious group</th>
<th>Grades 6-8</th>
<th>Grades 9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>63.3</td>
<td>53.4</td>
</tr>
<tr>
<td>Do favours for people</td>
<td></td>
<td>57.9</td>
<td>51.3</td>
</tr>
<tr>
<td>Lend things to people</td>
<td></td>
<td>42.2</td>
<td>36.6</td>
</tr>
<tr>
<td>Compliment people</td>
<td></td>
<td>63.4</td>
<td>56.6</td>
</tr>
<tr>
<td>Share things</td>
<td></td>
<td>58.5</td>
<td>51.3</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td></td>
<td>83.1</td>
<td>79.0</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td></td>
<td>34.1</td>
<td>29.2</td>
</tr>
</tbody>
</table>

|                                               |                                                                                   |  | |
| Positive indicators                            |                                                                                   | Grades 6-8 | Grades 9-10 |
|                                               |                                                                                   | Yes        | No          | Diff | Yes | No   | Diff |
| Help people                                   |                                                                                   | 68.0       | 59.9        | 8.1  | 68.1| 58.6 | 9.5  |
| Do favours for people                         |                                                                                   | 61.0       | 56.1        | 4.9  | 63.9| 55.3 | 8.6  |
| Lend things to people                         |                                                                                   | 46.8       | 41.7        | 5.1  | 46.9| 40.7 | 6.2  |
| Compliment people                             |                                                                                   | 70.6       | 65.3        | 5.3  | 76.4| 69.1 | 7.3  |
| Share things                                  |                                                                                   | 64.1       | 58.2        | 5.9  | 68.3| 61.2 | 7.1  |
| Confidence in myself                          |                                                                                   | 79.6       | 75.9        | 3.7  | 72.2| 66.7 | 5.5  |
| Best possible life (≥9 of 10)                 |                                                                                   | 34.9       | 31.4        | 3.5  | 25.4| 21.2 | 4.2  |

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Religious Group Involvement and Holistic Health Indicators Related to *Shalom*

**Overall Pattern:** Table 5 summarizes the way in which protections identified around risk behaviours and prosocial behaviours for religiously connected children seemed to be absent when measured against three health indicators related to the theoretical concept of *shalom*: feelings of loneliness, wishing they were someone else and helplessness. However, for a fourth measure, feeling sorry for things they do (regret), there was an observed increase in this indicator among religiously connected children vs. non-connected children, and this was highly significant (*p*<0.001).

**Specific Relationships of Interest:** The relationship around a connection to church and feelings of regret appears to increase as children get older (+5.4% in grade 6-8 and +8.1% in grade 9-10 children). Almost all of the other specific relationships were small and statistically non-significant.
Table 5. Association between engagement in an organized church or religious group and holistic health indicators related to *shalom*, National Canadian HBSC Survey (*n*=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting indicator related to shalom by involvement (yes or no) in church/religious group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Holistic Indicators related to shalom</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>19.5</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>24.4</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>19.2</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>56.7</td>
</tr>
<tr>
<td><strong>Grades 6-8</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>21.6</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>28.3</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>21.0</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>58.6</td>
</tr>
<tr>
<td><strong>Grades 9-10</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td></td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td></td>
</tr>
<tr>
<td>Feels helpless</td>
<td></td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td></td>
</tr>
</tbody>
</table>

*diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference) results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant*
Sport Group Involvement and Relationships with Potential Health Outcomes

The following section includes a presentation of findings for sport group involvement (participated or not) and the various health indicators and outcomes. Sport group involvement was chosen as a comparator group with religious group involvement because of the high prevalence of involvement in sports groups by children, and because sport group involvement is considered to be protective for health.101

Sport Group Involvement and Risk-Taking Behaviour

Overall Pattern: Table 6 presents the association between engagement in a sport club or team and reported engagement in risk behaviours. Similar to the results for children involved in a religious group, compared with non-involved children those involved in a sport club tend to have lower reported levels of participation in many risk behaviours. Whereas the religious group reported lower participation in risk-taking behaviours such as smoking, drug use, alcohol and sexual engagement compared with non-connected children, the sport connected group had a much more pronounced, consistent and statistically significant trend toward lower risk-taking behaviours that had to do with physical health. (This group reported a slight trend in a decreased level of participation in smoking and drugs, though less consistently so around alcohol use). As with the religious connected group, involvement in a sport club appeared to have a lesser and inconsistent relationship with risk-taking behaviours around violence.

Specific Relationships of Interest: Girls involved in a sport club reported a slight protective trend around non-participation in sexual intercourse, which was not evident for

101 See Caldwell.
boys. Whereas girls in this group had a moderate trend away from smoking and drugs, for boys this pattern was only slight. Children involved in a sport club or team reported significantly lower prevalence values for skipping breakfast (-9.0% for boys and -9.4% for girls), and also reported more nutritious dietary habits in terms of an increase in consuming fruits and vegetables. Predictably, those reporting engagement in a sport club or team also reported a lower risk for physical inactivity than their non-involved peers (-9.6% for boys and -10.7% for girls). By grades 9 and 10, this lowered risk of physical inactivity had increased to the highest score in this category in this study, -12.4%. 
**Table 6.** Association between engagement in an organized sport and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviour</th>
<th>% reporting risk behaviour by involvement (yes or no) in sport club or team</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Cigarettes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>17.8</td>
<td>24.1</td>
<td>-6.3***</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>2.4</td>
<td>6.3</td>
<td>-3.9***</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>7.1</td>
<td>12.7</td>
<td>-5.6***</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12month</td>
<td>13.6</td>
<td>13.6</td>
<td>0.0NS</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>28.3</td>
<td>25.6</td>
<td>+2.7*</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>18.3</td>
<td>20.3</td>
<td>-2.0 NS</td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>18.1</td>
<td>22.5</td>
<td>-4.4***</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>4.9</td>
<td>8.0</td>
<td>-3.1***</td>
</tr>
<tr>
<td>Used hard drugs in last 12month</td>
<td>10.6</td>
<td>15.3</td>
<td>-4.7***</td>
</tr>
<tr>
<td><strong>Sex – Grades 9-10 only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>29.0</td>
<td>27.8</td>
<td>+1.2 NS</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>9.2</td>
<td>10.5</td>
<td>-1.3 NS</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>29.9</td>
<td>28.0</td>
<td>+1.9*</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>19.6</td>
<td>20.7</td>
<td>-1.1 NS</td>
</tr>
<tr>
<td><strong>Physical Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/week</td>
<td>16.9</td>
<td>25.9</td>
<td>-9.0***</td>
</tr>
<tr>
<td>Vegetables at most once/week</td>
<td>14.6</td>
<td>22.3</td>
<td>-7.7***</td>
</tr>
<tr>
<td>Fruit at most once/week</td>
<td>10.2</td>
<td>20.3</td>
<td>-10.1***</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>5.9</td>
<td>12.1</td>
<td>-6.2***</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>1.6</td>
<td>11.2</td>
<td>-9.6***</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Table 6 (continued). Association between engagement in a sport club or team and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviours</th>
<th>Grades 6-8</th>
<th></th>
<th></th>
<th>Grades 9-10</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Diff</td>
<td>Yes</td>
<td>No</td>
<td>Diff</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>9.5</td>
<td>14.8</td>
<td>-5.3***</td>
<td>30.7</td>
<td>39.3</td>
<td>-8.6***</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>1.2</td>
<td>2.7</td>
<td>-1.5***</td>
<td>4.6</td>
<td>11.7</td>
<td>-7.1***</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>0.0</td>
<td>0.4</td>
<td>-0.4 NS</td>
<td>7.4</td>
<td>13.6</td>
<td>-6.2***</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td></td>
<td></td>
<td></td>
<td>28.1</td>
<td>26.9</td>
<td>+1.2 NS</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td></td>
<td></td>
<td></td>
<td>26.3</td>
<td>26.4</td>
<td>-0.1 NS</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>15.9</td>
<td>18.3</td>
<td>-2.4**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td></td>
<td></td>
<td></td>
<td>Data Not Collected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>3.8</td>
<td>6.8</td>
<td>-3.0***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>10.3</td>
<td>15.5</td>
<td>-5.2***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>25.6</td>
<td>28.0</td>
<td>-2.4*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>7.3</td>
<td>9.4</td>
<td>-2.1 NS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>21.8</td>
<td>20.9</td>
<td>+0.9 NS</td>
<td>19.2</td>
<td>18.0</td>
<td>+1.2 NS</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>15.3</td>
<td>16.8</td>
<td>-1.5*</td>
<td>18.0</td>
<td>18.6</td>
<td>-0.6 NS</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>17.2</td>
<td>24.7</td>
<td>-7.5***</td>
<td>25.8</td>
<td>37.3</td>
<td>-11.5***</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>12.9</td>
<td>19.6</td>
<td>-6.7***</td>
<td>10.9</td>
<td>17.6</td>
<td>-6.7***</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>8.9</td>
<td>16.7</td>
<td>-7.8***</td>
<td>8.7</td>
<td>19.7</td>
<td>-11.0***</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>5.1</td>
<td>9.2</td>
<td>-4.1***</td>
<td>3.6</td>
<td>7.3</td>
<td>-3.7***</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>1.9</td>
<td>10.4</td>
<td>-8.5***</td>
<td>2.2</td>
<td>14.6</td>
<td>-12.4***</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Sport Group Involvement and Prosocial Behaviour

**Overall Pattern.** Table 7 reports the association between engagement in a sport club or team and the prosocial measures. Children who are involved with a sport group reported the highest levels of prosocial behaviour of all the groups surveyed. This was most apparent in the area of self-confidence; a finding that is quite striking. This increased prevalence of feelings of confidence in oneself in the sports-connected vs. non-sports-connected groups reached its peak in this study at +15.5% in the group of grade 9-10 children involved in a sports club or team. When comparing involved and non-involved children, all of the relationships were strong, remarkably consistent, and statistically significant ((p<0.05).

**Specific Relationships of Interest:** The increase in prosocial behaviours is similar to the increase reported by religiously connected youth. However, there is a notable difference in three areas in particular. In terms of confidence, sports connected youth reported an increase of nearly 10% higher than church connected youth and nearly 14% higher than non-involved peers. In terms of their sense of having the best possible life (as measured by the Cantril Ladder), sports connected youth report about 7% higher than religiously connected youth and about 11% higher than their non-connected peers.
### Table 7. Association between engagement in a sport club or team and prosocial behaviour, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by involvement (yes or no) in a sport club or team</th>
<th>Boys</th>
<th>Girls</th>
<th>Diff</th>
<th>Grades 6-8</th>
<th>Grades 9-10</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td></td>
<td>58.5</td>
<td>50.2</td>
<td>+8.3***</td>
<td>70.0</td>
<td>62.3</td>
<td>+7.7***</td>
</tr>
<tr>
<td>Do favours for people</td>
<td></td>
<td>55.9</td>
<td>47.4</td>
<td>+8.5***</td>
<td>65.3</td>
<td>56.5</td>
<td>+8.8***</td>
</tr>
<tr>
<td>Lend things to people</td>
<td></td>
<td>40.5</td>
<td>33.3</td>
<td>+7.2***</td>
<td>49.8</td>
<td>43.3</td>
<td>+6.5***</td>
</tr>
<tr>
<td>Compliment people</td>
<td></td>
<td>61.7</td>
<td>52.0</td>
<td>+9.7***</td>
<td>81.1</td>
<td>73.2</td>
<td>+7.9***</td>
</tr>
<tr>
<td>Share things</td>
<td></td>
<td>55.8</td>
<td>47.8</td>
<td>+8.0***</td>
<td>71.1</td>
<td>64.7</td>
<td>+6.4***</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td></td>
<td>84.7</td>
<td>72.4</td>
<td>+12.3***</td>
<td>73.1</td>
<td>60.0</td>
<td>+13.1***</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td></td>
<td>34.7</td>
<td>23.2</td>
<td>+11.5***</td>
<td>31.2</td>
<td>20.4</td>
<td>+10.8***</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td></td>
<td>64.9</td>
<td>56.7</td>
<td>+8.2***</td>
<td>62.8</td>
<td>57.1</td>
<td>+5.7***</td>
</tr>
<tr>
<td>Do favours for people</td>
<td></td>
<td>60.7</td>
<td>52.1</td>
<td>+8.6***</td>
<td>60.3</td>
<td>52.9</td>
<td>+7.4***</td>
</tr>
<tr>
<td>Lend things to people</td>
<td></td>
<td>45.6</td>
<td>38.7</td>
<td>+6.9***</td>
<td>45.1</td>
<td>38.9</td>
<td>+6.2***</td>
</tr>
<tr>
<td>Compliment people</td>
<td></td>
<td>69.8</td>
<td>61.4</td>
<td>+8.4***</td>
<td>73.5</td>
<td>66.8</td>
<td>+6.7***</td>
</tr>
<tr>
<td>Share things</td>
<td></td>
<td>62.6</td>
<td>54.8</td>
<td>+7.8***</td>
<td>64.4</td>
<td>60.2</td>
<td>+4.2***</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td></td>
<td>81.5</td>
<td>69.9</td>
<td>+11.6***</td>
<td>74.9</td>
<td>59.8</td>
<td>+15.1***</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td></td>
<td>36.9</td>
<td>25.4</td>
<td>+11.5***</td>
<td>26.7</td>
<td>16.8</td>
<td>+9.9***</td>
</tr>
</tbody>
</table>

*diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)*

Results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Sport Group Involvement and Holistic Health Indicators Related to Shalom

**Overall Pattern:** Table 8 presents relationships between involvement in sports (or not) and the holistic measures of health related to the concept of *shalom*. Children connected with a sports club or team were significantly less likely to feel lonely, wish they were someone else or feel helpless. However, their experience of feeling sorry for things that they do did not appear to be influenced by their involvement in a sport club.

**Specific Relationships of Interest:** The most significant relationship between sports involved children and these holistic measures was in the area of loneliness. They were significantly less likely to report feeling lonely than their non-involved peers (boys - 9.4%, girls -9.7%, grades 6-8 -9.6%, grades 9-10 -10%). In every other group (church involvement, youth club involvement or Separate School attendance), the relationship between group involvement and loneliness was either equal with non-involved peers or increased.
Table 8. Association between engagement in a sport club or team and holistic health indicators related to *shalom*, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% indicator related to <em>shalom</em> by involvement (yes or no) in a sport club or team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Feels lonely</td>
<td>15.5</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>20.9</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>16.4</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>50.7</td>
</tr>
</tbody>
</table>

**Indicators related to shalom**

<table>
<thead>
<tr>
<th></th>
<th>Grades 6-8</th>
<th>Yes</th>
<th>No</th>
<th>Diff</th>
<th>Grades 9-10</th>
<th>Yes</th>
<th>No</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels lonely</td>
<td></td>
<td>17.0</td>
<td>26.6</td>
<td>-9.6***</td>
<td></td>
<td>19.1</td>
<td>29.1</td>
<td>-10.0***</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>25.3</td>
<td>32.1</td>
<td>-6.8***</td>
<td>24.2</td>
<td>31.3</td>
<td>-7.1***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels helpless</td>
<td></td>
<td>17.8</td>
<td>23.6</td>
<td>-5.8***</td>
<td></td>
<td>18.1</td>
<td>25.3</td>
<td>-7.2***</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>53.3</td>
<td>55.5</td>
<td>-2.2**</td>
<td>44.8</td>
<td>47.5</td>
<td>-2.7**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Youth Club Involvement and Relationships with Potential Health Outcomes

The following section includes a presentation of findings surrounding youth club involvement (or not) and the health indicators. Youth club involvement was chosen as a comparator group with religious group involvement in order to better understand similarities and differences between health outcomes and involvement in a variety of specific groups. In past research studies, relationships have been observed between adolescent participation in organized leisure activities and a higher level of emotional well-being and good mental health.\textsuperscript{102} Youth club data were available in the HBSC survey.

Youth Club Involvement and Risk-Taking Behaviour

**Overall Pattern:** Table 9 presents the association between engagement in a youth club and the reported risk behaviours. Youth club involvement had the most inconsistent trend toward positive impact on risk behaviours of any group studied. There were highly variable changes in risk-taking behaviour around alcohol, drugs and for girls, around sexual intercourse, with findings that varied from strong and highly significant (p<0.001), to weak and statistically non-significant. There was no consistent trend toward improvement of risk behaviours in the area of physical health, though there was a slight increase towards involvement with bullying and physical violence. Overall, youth club involvement did not appear to have a consistent and significant positive relationship with lowered risk-taking behaviours.

\textsuperscript{102} See Caldwell.
Specific Relationships of Interest: In the grades 6 – 8 subgroup, and again in the boy’s subgroup, there was an increase in relationship between youth club involvement and frequency of bullying of others (boys +5.8% and grade 6-8 +5%) and of frequent physical fights (boys +6.2% and grade 6 – 8 +4.1%). This was the only situation of a reported increase in risk behaviour and its relationship with any group involvement that was observed in this study. This was also the only group that had any relationship (positive or negative) between group involvement and violence (+6.2 % increase in frequent physical fights and +5.8 % increase in frequent bullying of others). While a slight protective trend was observed around alcohol, drugs and in the case of girls, sexual activity (-6.1%), there was virtually no observable improvement regarding smoking.
Table 9. Association between engagement in a youth club and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviour</th>
<th>% reporting risk behaviour by involvement (yes or no) in youth club</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>19.0</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>3.5</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>7.1</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>9.5</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>20.2</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>15.8</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>13.0</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>4.3</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>12.0</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>29.0</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>11.8</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>34.4</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>25.0</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>18.4</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>17.5</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>13.3</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>8.9</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>4.3</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Table 9 (continued). Association between engagement in a youth club and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviours</th>
<th>% reporting risk behaviour by involvement (yes or no) in a youth club</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grades 6-8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Cigarettes</strong></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>14.4</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>2.4</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td></td>
</tr>
<tr>
<td>Smoke daily</td>
<td></td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td></td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td></td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td></td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td></td>
</tr>
<tr>
<td><strong>Sex – Grades 9-10 only</strong></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td></td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td></td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Health</strong></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td></td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td></td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td></td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td></td>
</tr>
<tr>
<td>Physically inactive</td>
<td></td>
</tr>
</tbody>
</table>

*diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)

results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Youth Club Involvement and Prosocial Behaviours

**Overall Pattern:** Table 10 summarizes associations between engagement in a youth club and the prosocial behaviours. Compared with non-involved children, those involved in youth clubs reported slightly more prosocial behaviours (such as helping people, doing favours for people and lending things to people). However, youth club involvement did not appear to make a consistent difference in areas such as confidence, complementing others or the Cantril ladder (feelings about having the best possible life). While a positive relationship existed between youth club involvement and prosocial behaviours, it was consistently lower than the protective trend observed in both the church/religious connected group and the sports connected group, and the protective trend was a bit less convincing and consistent.

**Specific Relationships of Interest:** Boys and girls both had reasonable, albeit less consistent, relationships between involvement in a youth club and prosocial behaviours. In the context of this study, the lowest scores related to having confidence in oneself were observed in this youth club category, with boys reporting only a +1.5% increase in confidence and grade 6-8 children reporting only a +1.9% increase in confidence in oneself.
Table 10. Association between engagement in a youth club and prosocial behaviour, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting prosocial behaviour by involvement (yes or no) in a youth club</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Diff</td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td>60.0</td>
<td>54.2</td>
<td>+5.8***</td>
</tr>
<tr>
<td>Do favours for people</td>
<td>57.1</td>
<td>51.6</td>
<td>+5.5***</td>
</tr>
<tr>
<td>Lend things to people</td>
<td>43.4</td>
<td>36.6</td>
<td>+6.8***</td>
</tr>
<tr>
<td>Compliment people</td>
<td>60.1</td>
<td>57.3</td>
<td>+2.8*</td>
</tr>
<tr>
<td>Share things</td>
<td>57.1</td>
<td>51.7</td>
<td>+5.4***</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td>81.0</td>
<td>79.5</td>
<td>+1.5 NS</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td>31.7</td>
<td>29.7</td>
<td>+2.0 NS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive indicators</th>
<th>Grades 6-8</th>
<th>Diff</th>
<th>Grades 9-10</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help people</td>
<td>66.1</td>
<td>60.5</td>
<td>+5.6***</td>
<td>66.7</td>
</tr>
<tr>
<td>Do favours for people</td>
<td>60.8</td>
<td>56.3</td>
<td>+4.5***</td>
<td>64.8</td>
</tr>
<tr>
<td>Lend things to people</td>
<td>48.1</td>
<td>41.6</td>
<td>+6.5***</td>
<td>48.1</td>
</tr>
<tr>
<td>Compliment people</td>
<td>68.6</td>
<td>65.8</td>
<td>+2.8**</td>
<td>74.7</td>
</tr>
<tr>
<td>Share things</td>
<td>63.9</td>
<td>58.4</td>
<td>+5.5***</td>
<td>67.4</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td>78.2</td>
<td>76.3</td>
<td>+1.9*</td>
<td>70.2</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td>32.4</td>
<td>32.0</td>
<td>+0.4 NS</td>
<td>23.0</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Youth Club Involvement and Holistic Health Indicators Related to Shalom

**Overall Pattern:** Table 11 summarizes the associations between involvement in a youth club and the more holistic measures of health related to the concept of shalom. Involvement with a youth club was generally associated with higher (poorer) levels of these more holistic measures of health, which may be attributable to the presence of at-risk youth in these youth clubs and not be a true effect.

**Specific Relationships of Interest:** Youth club participants reported an increased sense of feeling sorry for things they do (+7.2%, comparable to religiously connected youth at 6.8%). Interestingly, participants had an increased sense of feeling lonely (+3.0%), wishing they were someone else (+4.0%) and feeling helpless (+4%).
Table 11. Association between engagement in a youth club and holistic health indicators related to *shalom*, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting indicator related to <em>shalom</em> measure by involvement (yes or no) in a youth club</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
</tr>
<tr>
<td><strong>Indicator related to shalom</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>22.0</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>27.5</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>22.4</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>57.1</td>
</tr>
</tbody>
</table>

| **Indicator related to shalom** |                  |                  |      |                  |      |      |
| Feels lonely    | 23.3 | 20.6 | +2.7** | 27.4  | 23.4 | +4.0** |
| Wishes they were someone else | 31.1 | 27.5 | +3.6*** | 31.7  | 27.0 | +4.7*** |
| Feels helpless  | 22.9 | 19.6 | +3.3*** | 27.7  | 20.6 | +7.1*** |
| Sorry for things I do | 59.6 | 53.1 | +6.5*** | 51.9  | 45.2 | +6.7*** |

don: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
**Sub-analysis of Separate School Board Students**

The following section includes a presentation of findings for students who attended a Separate School Board school. Separate School Board attendance was chosen as a group for a specific sub-analysis, and for comparison with the religious group involvement analysis, because potentially, many of these children are Christian. Further, while it is also recognized that while many children who attend Separate School Board schools have no affinity to the Catholic faith, there are potential overtones from attending a school system based on Roman Catholic values and theology, regardless of the child’s personal or familial beliefs or values. This too was of interest to this study.

**Risk-Taking Behaviour Among Separate School Students**

**Core Findings:** Table 12 is a sub-analysis that presents associations between church or religious group membership and risk behaviours, based on 2,453 survey participants from Roman Catholic School Boards. This subsample comes from a very limited number of provinces/territories in which there are Separate School Boards (Ontario, Saskatchewan, Alberta, Yukon Territory and North West Territories). It is a reasonably small sample, and findings from this analysis are a bit more unstable.

Of Separate School Board survey participants, 21.1% of grade 6-8’s reported involvement in church or a religious group and 15.8% of grade 9-10’s reported such involvement.

When examining the differences by group membership, a very consistent protective trend towards lower levels of involvement in risk behaviours was observed to be similar (though slightly lower) to the protective trend observed with religiously involved children in Table 3 (a lower risk of smoking, alcohol consumption, drug use and
minimal improvements regarding physical health). Many of these relationships were not statistically significant, due to the small sample size, but the direction of the differences was fairly consistent. There was no relationship between participation in a church or religious group and reports of violence.

**Specific Relationships of Interest:** One notable observation from this table is with respect to sexual activity. Overall, girls connected with a church or religious group reported a significant protective trend regarding ever having engaged in sexual intercourse (-12.8%, Table 3). Among girls reporting from the Separate School Board, an even higher protective trend was observed (-16.8%). In no other section of this study was the relationship between engagement in sexual activity and group connection as strong, (though religiously connected boys reported a decrease in sexual activity of -8.1%, table 3). Boys who attend a Separate School Board school reported a protective trend of only -2.1% around engagement in sexual activity, and further, they reported an increase in participation in sexual intercourse before age 14 of +7.1%. This is the only example of early sexual intercourse correlated with group involvement found in this study. Interestingly, the most notably protective trend for separate school students was that those in grade 9-10 were least likely of all groups to skip breakfast (-13.7%).
Table 12. Attendance at a Separate School Board School and risk behaviours, National Canadian HBSC Survey, 2010: Sub-analysis of 2453 young people from Roman Catholic School Boards.

<table>
<thead>
<tr>
<th>Risk Behaviour</th>
<th>Yes (%)</th>
<th>Boys</th>
<th>Diff (%)</th>
<th>Yes (%)</th>
<th>Girls</th>
<th>Diff (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>15.0</td>
<td>22.6</td>
<td>-7.6*</td>
<td>10.3</td>
<td>21.6</td>
<td>-11.3***</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>2.0</td>
<td>3.5</td>
<td>-1.5 NS</td>
<td>0.5</td>
<td>3.9</td>
<td>-3.4*</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>2.9</td>
<td>7.8</td>
<td>-4.9 NS</td>
<td>7.1</td>
<td>6.2</td>
<td>0.9 NS</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>10.0</td>
<td>17.2</td>
<td>-7.2*</td>
<td>8.4</td>
<td>15.6</td>
<td>-7.2**</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>10.3</td>
<td>27.9</td>
<td>-17.6***</td>
<td>15.8</td>
<td>26.8</td>
<td>-11.0***</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>9.3</td>
<td>19.5</td>
<td>-10.2*</td>
<td>10.5</td>
<td>13.4</td>
<td>-2.9 NS</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>4.3</td>
<td>20.7</td>
<td>-16.4***</td>
<td>10.5</td>
<td>16.4</td>
<td>-5.9***</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>2.1</td>
<td>5.6</td>
<td>-3.5 NS</td>
<td>5.3</td>
<td>1.8</td>
<td>+3.5 NS</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>13.2</td>
<td>10.4</td>
<td>+2.8*</td>
<td>9.7</td>
<td>11.1</td>
<td>-1.4 NS</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever sexual intercourse</td>
<td>25.5</td>
<td>27.6</td>
<td>-2.1 NS</td>
<td>2.9</td>
<td>19.7</td>
<td>-16.8*</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>13.0</td>
<td>5.9</td>
<td>+7.1 NS</td>
<td>3.0</td>
<td>4.4</td>
<td>-1.4 NS</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>26.7</td>
<td>31.4</td>
<td>-4.7 NS</td>
<td>14.5</td>
<td>10.7</td>
<td>+3.8 NS</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>19.1</td>
<td>22.1</td>
<td>-3.0 NS</td>
<td>11.8</td>
<td>15.0</td>
<td>-3.2 NS</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>13.9</td>
<td>24.0</td>
<td>-10.1**</td>
<td>24.4</td>
<td>33.8</td>
<td>-9.4**</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>15.6</td>
<td>16.8</td>
<td>-1.2 NS</td>
<td>8.6</td>
<td>12.5</td>
<td>-3.9 NS</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>12.5</td>
<td>14.1</td>
<td>-1.6 NS</td>
<td>7.0</td>
<td>10.7</td>
<td>-3.7 NS</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>9.5</td>
<td>6.2</td>
<td>+3.3 NS</td>
<td>3.0</td>
<td>3.7</td>
<td>-0.7 NS</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>6.1</td>
<td>6.3</td>
<td>-0.2 NS</td>
<td>3.5</td>
<td>8.9</td>
<td>-5.4**</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
### Table 12 (continued). Attendance at a Separate School Board school and risk behaviours., National Canadian HBSC Survey, 2010, Sub-analysis of 2453 young people from Roman Catholic School Boards.

<table>
<thead>
<tr>
<th>Risk Behaviours</th>
<th>% reporting risk behaviour by attendance at Separate School Board School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grades 6-8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>7.0</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>0.9</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>0.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>17.5</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>12.6</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>9.8</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>7.0</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>3.5</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>11.7</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>15.9</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>8.8</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>23.6</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>12.7</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>16.9</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>11.3</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>10.6</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>7.5</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>2.7</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Prosocial Behaviour Among Separate School Board Students

**Overall Pattern:** Table 13 presents a second sub analysis of participants from the Roman Catholic School Boards, this time regarding the association between engagement in an organized church or religious group and prosocial measures. Like the overall religiously connected children, when one examines the differences and their direction, there was a consistent protective trend observed around many prosocial behaviours (helping, doing favours, lending, sharing). However, it was not possible to achieve statistical significance for this trend in many of the analyses, because the sample was too small to detect differences that were small or modest. Moreover, this trend toward prosocial behaviour (particularly in the areas of helping people and doing favours for people) appeared to increase significantly between grades 6-8 and grades 9-10.

**Specific Relationships of Interest:** This trend toward higher prosocial behaviour was particularly evident for girls. For example, overall, religiously connected girls had a +6.8% trend toward helping people whereas Separate School attending children had a +11.3% protective trend. In terms of scores on the Cantril Ladder, religiously connected girls had a +4.2% protective trend while Separate School attending girls had a +9.3% protective trend.

Differences were also more notable when observed using age divisions (grades 6-8 and grades 9-10). For example, religiously connected children in grades 6-8 reported a protective trend of +3.5% on the Cantril Ladder question whereas within the Separate School attending children in grades 6-8 reported a protective trend of +9.3%. In the examination of reports from grades 9-10 participants in terms of the positive behaviour of helping people, there is a protective trend of +9.5% for overall religiously connected
children while for Separate School attending participants, this trend increases to +15.1%.

This is the highest protective trend around helping people that was observed in any
category or grouping. Again, while this number needs to be adjusted due to the lower
sample size of the Separate School Board attending children, it is still worth noting due to
its strength and statistical significance.
Table 13. Association between engagement in an organized church or religious group and prosocial measures, National Canadian HBSC Survey 2010, Children from Roman Catholic Boards.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by attendance at a Separate School Board School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td>62.4</td>
</tr>
<tr>
<td>Do favours for people</td>
<td>57.1</td>
</tr>
<tr>
<td>Lend things to people</td>
<td>39.4</td>
</tr>
<tr>
<td>Compliment people</td>
<td>65.3</td>
</tr>
<tr>
<td>Share things</td>
<td>55.4</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td>88.8</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td>36.5</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td>68.0</td>
</tr>
<tr>
<td>Do favours for people</td>
<td>60.3</td>
</tr>
<tr>
<td>Lend things to people</td>
<td>45.1</td>
</tr>
<tr>
<td>Compliment people</td>
<td>68.0</td>
</tr>
<tr>
<td>Share things</td>
<td>58.5</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td>86.7</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td>38.7</td>
</tr>
</tbody>
</table>

diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
results of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Holistic Health Indicators Related to \textit{Shalom} Among Separate School Board Students

**Overall Pattern:** Table 14 presents relationships for students from the Separate School Board System and the holistic measures of feeling lonely, wishing they were someone else and feeling helpless. Here, the protective trend for church or religious group participation was minimal (or absent) and most definitely not consistent in terms of direction, which was in keeping with the findings for overall religiously connected children.

**Specific Relationships of Interest:** Group differences in feelings of being sorry for things they have done were lower in the Separate School Board attending group (+4.9%) than the overall connected group (+5.4%). This difference is more striking among the girls. For example, Separate School Board attending connected girls had a +1.6% trend toward feeling sorry for things they do whereas overall religiously connected girls had a +6.3% trend toward feeling sorry for things they do.
Table 14. Association between engagement in an organized church or religious group and health indicators related to shalom, National Canadian HBSC Survey 2010, Children from Roman Catholic Boards.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting health indicators related to shalom by involvement (yes or no) in church/religious group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Indicator related to shalom</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>17.9</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>24.9</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>20.4</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>64.0</td>
</tr>
<tr>
<td><strong>Indicator related to shalom</strong></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>21.8</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>28.0</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>23.2</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>66.5</td>
</tr>
</tbody>
</table>

*diff: prevalence (%) in involved youth, minus prevalence (%) in non-involved youth (absolute difference)
result of statistical tests: * p<0.05; ** p<0.01; *** p<0.001; NS, not statistically significant
Summary of Findings for Risk Behaviours - All Groups

Findings around risk behaviours demonstrate different trends between group involvement and particular categories of risk behaviours. Risk behaviours are divided into three categories: overt risk behaviours (substance use and sexual engagement), violence, and then physical health.

Overall, there was a protective trend around participation in risk behaviours among children who were connected with a church or religious group and children who were involved with a sport club. However, for religious group or church connected children, the trend was consistent in the area of overt risk-taking behaviours (smoking, drugs, alcohol and sex) and inconsistent for risk behaviours around physical health. There appeared to be no clear relationship between church or religious group involvement and violence. Conversely, while the sports involved group had a slight protective trend around a decrease in overt risk taking behaviours, the consistent protective trend around risk behaviours and this group mainly appears to centre around physical health. Again, there appears to be no relationship between involvement with a sport group and reports of violence.

The sub-analysis of Separate School Board attendance was limited by sample size, but showed some tendency toward a protective trend around lower risk behaviours in the area of overt risk-taking behaviours, however it was not as strong as this same relationship in the overall analysis of church connected children. Further, being connected to a church or religious group among Separate School Board students showed a protective trend for increased physical health, however this is not a strong as this same relationship in the sports connected children.
Overall, youth club involvement had little consistent relationship with risk behaviours. This sub analysis showed a slight protective trend around overt risk taking behaviours, though not this was not nearly as strong as this same relationship with the church connected group. Youth club involvement had a relationship with increased physical violence, particularly among males.

**Synopsis of Key Findings**

The over-riding purpose of my thesis is to explore relationships between religious involvement and indicators of health among young people in Canada. This chapter involved a quantitative analysis of findings from a national health survey of young people in Canada. The major finding from this analysis was that while we were able to estimate consistent potential improvements in overt risk-taking behaviour (smoking, alcohol, drugs and sexual engagement) and prosocial behaviour in religious/church connected children, this protective trend was inconsistent or even disappeared for the more holistic measures, those most closely related to the concept of *shalom*, measured in the survey. This protective trend also was less consistent when risk behaviours connected to physical health (rather than substance abuse and sexuality) were examined.

Consistent relationships existed between church or religious group involvement and both lowered overt risk taking behaviours and higher prosocial behaviours. A similar trend was observed among children involved in sports: lower risk behaviours around physical health and again, higher prosocial behaviours. Youth club affiliated participants appeared to have less consistent relationships with risk behaviours, and while participants
who were connected to a religious group among Separate School Board students reported
a relationship with lowered risk behaviours, it was not as strong nor statistically
significant (due to low sample size) as either the overall religiously connected group or
the sport team connected group. While participants who were connected with a youth
club and participants who attended a Separate School Board school reported higher
prosocial behaviours, these reported improvements were not nearly as strong as this same
trend observed in participants who were connected with a church or participants
connected with a sports club or team.

In terms of the holistic health indicators related to shalom, church or religious
group involvement appeared to have little relationship with measures of loneliness,
helplessness and wishing they were someone else compared with non-involved peers.
Likewise, religious group membership among Separate School students appeared to have
minimal relationships with these more holistic measures. Youth club involvement,
however, had a relationship with an increase in feelings of loneliness, helplessness and
wishing they were someone else than non-involved peers. Finally, involvement in a sport
club had a strong and striking relationship with reduced tendencies towards loneliness,
helplessness and wishing they were someone else. Thus, involvement in a sport club had
a unique and highly significant relationship with the higher sense of shalom that is of
interest to this study.

Findings surrounding the measure of regret were unique. For those connected
with a sport club, where there had a been a striking relationship with the first three
holistic measures, there appeared to be no relationship at all with feeling sorry for things
one does. Nor did there appear to be much relationship between feelings of regret and
church group membership among the subgroup who attended a Separate School Board school (with the exception of girls, who had a slight trend toward more feelings of regret among church connected children). However, all children connected with a youth club had a slight trend toward increased feelings of being sorry for things they do. In the case of church connected children, this trend around feelings of regret was parallel with non-involved peers, except again in the case of girls, who reported higher feelings of regret than non-involved peers.

In sum, the following overall patterns were observed:

**Participants involved with church or religious group:** These children had a consistent trend toward lower overt risk behaviours, higher prosocial behaviours and higher feelings of regret, and yet no consistent relationship was observed between involvement and the physical health related risk behaviours or between involvement and the other three holistic indicators of *shalom* (feelings of loneliness, helplessness and wishing they were someone else).

**Participants involved with Sports club or team:** These children had consistent trends toward lower risk behaviours around physical health, higher prosocial behaviours and a very strong trend toward higher holistic measures related to *shalom* (reduced feelings of loneliness, helplessness and wishing they were someone else). Involvement had only a slight relationship with lower overt risk taking behaviours and no relationship with regret.

**Participants involved with Youth club:** Involvement had a slight relationship with lower risk behaviours\(^{103}\) and a slight relationships with higher prosocial behaviours. Involved children reported a lower trend regarding the first three indicators of *shalom*

\(^{103}\) The exception here is that boys reported higher participation in physical violence than noninvolved peers.
(feelings of loneliness, helplessness and wishing they were someone else) and a higher trend toward feelings of regret.

**Participants Who Attend a Separate School Board School:** This was a small sample, and findings were therefore had less power to detect differences. However, among the subset of Separate School children, those involved in church or religious groups reported consistently lower risk behaviours (primarily overt risk behaviours) and higher prosocial behaviours, but very little relationship between any of the holistic measures related to *shalom*, including feelings of regret.

**Section 3: Discussion**

Findings in this quantitative study raise several important questions and concerns in regard to ministry to children in the church as it relates to the health of children. First, while these findings suggest that involvement in a church or religious group offers some protection with respect to engagement in risk behaviours and improved prosocial behaviours, they raise questions as to why this protective trend does not extend consistently into more holistic areas of life. Further, these findings suggest a shallow understanding of human physicality and the body that is limited to concern about participation in immoral or risk behaviours and does not consistently take into account a deep understanding of the Incarnation.

Second, the findings in this study raise questions about how the core mission of the church is understood and lived out. These data suggest that the central message has become one of morality rather than a message and mission that has to do with a life of community, forgiveness and belovedness.
Finally, my findings raise questions around why involvement in a sport club appears to have much more and consistent impacts on the overall holistic indicators of health that are related to the concept of shalom than involvement in a church or religious group. This is particularly pertinent as this thesis is based on the understanding that the Christian faith, and therefore the central mission of the church, is inherently one that ought to be characterized by shalom. All of these findings raise theological and practical questions about how the church understands and lives out its mission to invite its people into a communal and integrative experience of the fullness of life.

1. Risk Behaviours

Findings from this chapter suggest that religiously connected children appear to engage in fewer overt risk behaviours (such as smoking, alcohol, drug use and sexual activity). Traditionally, the church has been intentional in its teaching about avoiding these particular risk behaviours that can be destructive to one’s overall health (emotional, physical, mental and spiritual). That religiously connected children appear to smoke less, abuse alcohol and drugs less often and avoid early sexual activity more often than their non-connected peers is a positive finding in terms of the role that the church has taken in nurturing children.

However, findings in this chapter also suggest that in terms of risk behaviours, this protective trend around overt risk behaviours does not extend completely or consistently to behaviours connected to violence and some aspects of physical health.104

104 The one exception in this area is that both boys and girls were slightly less likely to skip breakfast if connected to a church or religious group. This could possibly be attributed to organization within the family, which both allows for church participation and daily breakfast.
These findings suggest that both the teaching and culture in the church have focused primarily on what could be considered moral behaviour, yet have put little emphasis on the importance of a person’s physicality and on a more holistic approach both to the human body and to overall health.

These findings also suggest that religiously connected children report more positive prosocial behaviours than non-involved peers. Because this pattern is strong in church connected children, and even more prominent in the subset of children from Separate School Boards, this suggests that Christian doctrine is likely important in the trends observed around religious participation and prosocial behaviour. This correlates with much traditional Christian teaching, which is often connected with behaviours such as helping and sharing.

While there were some positive relationships between religious connection and health, these findings suggest that this protective effect does not extend consistently into holistic measures of health (loneliness, wishing they were someone else and feelings of helplessness). This in turn suggests a number of theological and practical problems in the church regarding ministry to and with children. While the trend toward lower risk behaviours and higher prosocial behaviours is undeniably positive, it is problematic that these benefits do not extend into areas of life such as some aspects of physical health, as well as emotional health and communal life. These patterns support the argument that the essential mission of the church is often distorted by shallow, disintegrative theologies that offer a moral code to be followed rather than an invitation into the new and holistic way of being in the world offered to us by Jesus.
Doctrines of the Trinity and of the Incarnation both teach that the Christian faith is inherently one that takes seriously not only the physicality of our bodies, but the whole of our human personhood and experience. Thus the lack of consistent relationship between religious connection and greater overall physical, emotional and relational health suggests an emphasis on teaching about behaviours and morality at the expense both of teaching and a community culture around more of a whole person experience. Moreover, the apparent emphasis on behaviour over and above more holistic areas of health does not lead to the nurturing of children in the deeply integrative nature of the Christian faith, summarized in Jesus’ invitation into the fullness of life. This thesis is grounded in the theological position that good behaviour is not an end in itself but a response to a life-giving relationship with a dynamic, living God.

2. Holistic Measures of health related to shalom

That church connected children reported behavioural improvements and yet did not report improvements in regard to holistic measures of health raises yet more theological and practical questions that probe at the core of Christian identity. The first of these measures was reports of feelings of loneliness. The Christian faith is inherently one of community, and the observance that connection to a church does not correlate with a lower level of loneliness than non-connected peers suggests problems in integrating children into the full community of church life. As many churches report aging populations, this may also suggest lack of peer community within the church, or lack of emphasis on intergenerational community in the church.\textsuperscript{105}

\textsuperscript{105} Because only about 15% of respondents report being connected to a church or religious group, this renders them a minority and subject to feeling like an outsider amongst their peers. Thus, another
Two other holistic measures were an increased sense of wishing they were someone else and feelings of helplessness. The Christian faith takes seriously matters of one’s identity and unique belovedness, and also one’s gifts with which to engage the world. I would hope that a meaningful connection with a church would equip and empower children to experience improvements in these holistic areas in a similar way that church involvement appears to help children decline participation in dangerous overt risk behaviours. That church connected children reported feelings of helplessness and wishing they were someone else on par with their non-connected peers again suggests problems in the core teaching and theological climate of the church.

The final holistic measure, regret, was an anomaly in this study. While church connected children did not have a higher relationship with the first three holistic measures, they had a clear trend toward heightened feelings of regret. This raises questions around how these children understand regret, how it reflects their theological worldview and what it looks like in their lives. For example, it is important to understand if regret is understood to be positive or negative: it is unclear if feelings of regret can be interpreted as having feelings of guilt, having ownership and accountability for one’s actions, or something different altogether.

3. Comparison with sports club involvement

The findings comparing the group involved with a church or religious group and the group involved with a sport club or team were of particular interest to this study.

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important question to ask has to do with if religiously connected children are lonelier than their non-connected peers because they are part of this minority. This study encompasses a crucial age period when children/youth are establishing their personal identity. The child who is involved with religious family and church community may find themselves in conflict with peers and mainstream cultural realities.
Sport club involvement appeared to have many and positive relationships with overall health, particularly around consistent lower risk behaviours in the area of physical health and higher prosocial behaviours. However, there was very little relationship between sport club involvement and lower participation in serious overt risk behaviours such as substance abuse and early sexual activity. One striking observation was the strong positive relationship between involvement in a sport club and greatly increased reports for more shalom related measures of health. This could be connected to the children feeling a part of a group with a common purpose. It could also be connected with greater physical activity, a greater sense of accomplishment within a team or social context, and a higher sense of group identity.

These findings then beg the question: what is it about sport club involvement that appears to influence holistic measures of health that is lacking in church involvement? This could perhaps be connected with the reality that fewer children attend church than are involved with sport clubs and thus there is limited potential for comparable peer interaction. It is also possible that in the church, while attention has been given to providing a safe and nourishing environment, not much attention has been given to challenging children with things that will offer a sense of teamwork, achievement and accomplishment.

At its best, the church has the potential to invite children into a holistic experience that is characterized by loving community, generous forgiveness, health and life-giving boundaries around risk behaviours, an affirmation of the body and a deep sense of one’s own unique gifts and belovedness. A holistic approach to nurturing children would take seriously the whole person of the child. It would take seriously the concepts of overt
risk-taking, high physical health, increased prosocial behaviours, improved emotional health and holistic measures of health such as feelings of loneliness, questions around identity and one’s experience of forgiveness.

In order to gain a deeper understanding of the experience of church-connected children raised by these quantitative findings, these questions were probed in the qualitative component of this study. The results of this complementary study are presented in the next chapter.

**Comparison with Existing Literature**

The positive relationship between religious involvement and health that this study suggests has been well documented, particularly in the area of lowered risk behaviours and higher levels of emotional well-being.\(^\text{106}\) In a Canadian context, a significant contribution to the study of church involvement and its impact on children comes from Dr. Reginald Bibby, a sociologist from the University of Lethbridge. Dr. Bibby has confirmed that the findings in this current study are “highly consistent”\(^\text{107}\) with his own findings over time for teenagers 15 – 19 years old. Bibby writes that while religion *matters* “in areas such as sexual behaviour and drug use; differences are limited when one turns to things like personal concerns, self-esteem, and leisure activities.”\(^\text{108}\)

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\(^{106}\) For example, see: Strawbridge; Holder; Coleman and Wallace; Pearce, Little, and Perez, and Ovwigho and Cole.

\(^{107}\) R. Bibby, e-mail message to author, February 3rd, 2012. This message confirmed that the author’s summary of the findings of this quantitative study were similar to his own findings.

\(^{108}\) Bibby, 2012. These findings are also consistent with Bibby, 2009.
I believe that examining relationships between religious attendance and the *shalom* related and holistic measures of health used in this study is a unique approach: few studies (if any) have empirically examined relationships between religious group involvement and more holistic measures of health that go beyond behaviour and take into account the way the child experiences his or her whole life.

**Strengths**

Strengths of this analysis warrant comment. A major strength is that it involved a study of a very large, population-based sample of youth from across Canada. The sample was contemporary, representative of children across the country, and sufficiently large to permit subgroup analyses. Further, it was also comprehensive in that it permitted a variety of analyses across grade levels, by sex, by group involvement and with Separate School Board students who were potentially predominantly Christian. Many health indicators were available and this enabled the conduct of a fairly comprehensive analysis.

It is my understanding that exploring relationships between church/religious involvement and holistic measures of health is a novel approach. If these associations withstand scrutiny and are found to be true, there is potential to intervene with church policies, curriculum and organizational structures. Findings from this initial study provide basic guidance for theological discussions about the role of church and religious groups in nurturing wholeness in children.
Limitations

Within the context of this current analysis, there are many things we do not understand. I have presented a basic descriptive analysis, and it is possible that there are methodological explanations and potential biases that may have an effect on my findings. For example, it is conceivable that children with certain social characteristics would be more likely to go to church (this is supported by table 2). If this is in fact the case, the patterns that I have observed may be due to some sort of social selection in who goes to church, rather than what the church is doing per se. Further, we do not know how social contexts/factors may differ between the groups we have analyzed, and these social differences might help to explain differences in their relationships to health outcomes rather than the differences being attributed to the groups themselves.

Another limitation may be that we have not accounted for other important key variables in our analyses (for example, social context and its effects on health outcomes). Further, there was no measure of spirituality on Cycle 6 of the HBSC survey. We do not know what things like “go to church” or “have feelings of regret” mean to the children who answered the survey questions, and having more insight into their interpretation would provide better understanding of these data. Moreover, we do not have an accurate measure of the quality of the religious experience of these children, which may be more important in regards to impact on overall health than the quantity of experience.109

Measures on the HBSC survey are by self-report and not necessarily accurate or in absolute terms. For example, self-reports of substance abuse may be more influenced by peer pressure and group identity than by actual participation in these behaviours. Likewise, it is difficult to identify children who are actively involved in a Christian

109 See Pearce, Little, and Perez.
church by the one question on the HBSC survey: “Do you attend church or a religious
group?” This question is not limited to Christianity, and there may be variations in how
children perceive their involvement in existing groups and organizations. Moreover, it is
difficult to interpret findings around youth club involvement because it is not clear how
the term “youth club” is understood by children responding to the HBSC survey. There
could be demographic similarities between children reporting youth club involvement
that are relevant to the interpretation of our findings.

Finally, this is a cross-sectional study that provides information on children for a
“snapshot” of time. As such, the temporal sequence of this research makes it difficult to
establish cause and effect and therefore it is difficult to understand what caused what.
Some caution therefore must be taken in interpreting all associations as causal, and our
findings require confirmation in longitudinal analyses.

Research Implications

The results of this study provide new understanding about potentially important
trends in the relationship between engagement with church and the health of children,
particularly regarding their overall sense of wholeness. I would argue that these results
could provide evidence to assist health professionals, religious leaders, educators and
parents in finding a better understanding of a whole person approach to health, which
allows for a spiritual/religious dimension.

This study could be repeated with more precise measures around church
involvement and more precise measures around participation in risk behaviours, prosocial
behaviours and holistic measures. It could also be repeated, using data from the HBSC
survey, to study a combination of involvement in a church or religious group and a sports club or team. It would be valuable to observe what patterns and trends occurred in children who participated in both of these groups. This would be important to Christian ministry, particularly in structuring programs that meet the whole person needs of the children in our communities. A potential combination study brings to mind many Christian organizations such as the Young Men’s Christian Association (YMCA), Athletes in Action and the Church Hockey League in Kingston that have this integration of spiritual nurturing and sport at the heart of their purpose.

Finally, this quantitative analysis could be deepened by a qualitative study with the purpose of understanding more deeply the unique, individual experiences of children connected with a church or religious group around issues raised in this chapter. This qualitative study would include asking questions about what church involvement means to participants, exploring how they understand the connection between church involvement and their reported behaviours, and exploring how church involvement is connected to the holistic experiences of health identified in this chapter. Such a study would help both to understand and to communicate the multi-textured story about relationships between church involvement and health arising from the quantitative findings presented in this chapter.

Our findings raise many other questions of interest to this field of research that are beyond the scope of this thesis to explore. For example, it would be valuable to study why church involvement appears to make such a positive impact around lowered overt risk behaviours and has no apparent relationship with measures of violence. Moreover, this lack of relationship between religious involvement and participation in violence is surprising because reconciliation without physical violence appears to be important in the teachings of
our observations around youth club involvement and lower relationships with health indicators raise questions around the socio-economic experience of youth club participants and further, potential relationships between church involvement and health among a marginalized population of children.

Theological Implications

This study raises important theological and practical questions about ministry in the church. While to ignore the spiritual dimension of health in an understanding of overall health (as is the case in the WHO definition of health) impoverishes our understanding of health, in the same way, to ignore the physical, mental and communal importance of our spiritual well-being impoverishes our spiritual lives. We are whole people: not spiritual beings in a material world, but physical, spiritual and relational beings in an inherently physical, spiritual and relational world. To hold each of the realms together in the form of an integrative life is the only way a holistic experience of health, characterized by shalom, will be achieved. Regardless of our personal or spiritual commitment, the relationships between spirituality/religiosity and health appear to be inherently connected with one’s overall well-being. This is fundamentally important to the theological and practical ministry of the church.

Jesus. Further, one could argue that non-participation in bullying could also be understood as an important application of Jesus’ teaching for children today. It would be valuable to do a comparative study involving a generic group and participants involved in Christian traditions that have been more intentional about pacifism in their teaching and culture (such as the Mennonite tradition) and other religious traditions that have peace as a central component in their teaching and cultural climate (such as Buddhism).

If, as suspected, the majority of children reporting youth club involvement live in challenging economic and social situations, it helps to understand the lower relationships between youth club involvement and lower positive indicators of health. Thus, a study on the impact a healthy religious community could have on a marginalized community might be of value. Further, it might be valuable to study relationships between religious involvement and health specifically within marginalized communities with the goal of having information that would encourage churches to launch pilot intervention programs in geographic areas reporting low positive indicators of health.
This quantitative data has raised significant questions and concerns around relationships between church connection and health. The next section of this thesis, chapter 3, presents findings from the complementary qualitative study that helps to understand this quantitative data more thoroughly. These qualitative findings present some of the multi-layered, multi-faceted story of the experience of children in the church in regard to a holistic experience of health.

All of this research offers a challenge to church leaders to rethink ministry to children, and to provide concrete suggestions as to how the Christian formation of children can be done in ways that nurture the whole person. Further, it is a call to the church to investigate approaches to pedagogy that consider all aspects of health. I believe that the possible implications of these data to revitalize weary structures and practices of the church are very, very important.

**Conclusion**

In this chapter, I have presented findings from a quantitative study that suggest that while involvement in a church or religious group has protective effects in terms of lowered participation in risk behaviours and a higher tendency toward prosocial behaviours, those protective effects appeared to disappear when measured against more holistic measures of health. In the following chapter of this thesis, I turn to a qualitative study to help me understand patterns observed via this quantitative data more fully.
Chapter 3 – Ministry in Action Component of Study

Section 1 of this chapter provides an introduction to the qualitative Grounded Theory methods that were used throughout this study, and includes data collection, analysis, interpretation and evaluative procedures. In Section 2, I have reported the results including description, analysis and interpretation of the action-in-ministry issues that are central to this thesis.

Section 1: Framework of qualitative study

Introduction to ministry in action

In chapter 2, I presented quantitative findings suggesting that regular involvement in a church or religious group is protective to health in terms of lower participation in overt risk behaviours and higher tendencies toward prosocial choices. However, when relations between religious group involvement and more holistic measures of health were examined, the protective effects seemed to disappear. I suggested that this raises many theological and practical questions about our ministry to and with children in the church.

The objective of this current chapter is to present findings from the qualitative study that I conducted in order to better understand this quantitative data around the experiences of children between grade 5 and 10 who have a meaningful connection to a church. My starting point for this inquiry was my quantitative findings pertaining to the following HBSC health indicators: participation in risk behaviours, participation in prosocial behaviours, and experiences with more holistic measures of health. These
holistic measures are related to the concept of *shalom*, as presented in chapter 1. As qualitative data were analyzed and initial themes began to emerge, I became interested in the integrative or disintegrative nature of each participant’s experiences of church and health. Further, I became interested in participants’ experiences of church as they connected to Jesus’ invitation into the fullness of life and as they related to the concept of *shalom*.

*Rationale*

In keeping with the goals set out in my quantitative study, I expected that this research-in-action project would help me to identify potentially important trends in the relationship between engagement with church and the overall health of children. I hoped that the collection of the rich detailed data that are fundamental to grounded theory\textsuperscript{112} would enable me to understand more fully the multi-faceted experience of health in church-connected children and provide clues as to potential successes and shortcomings prevalent in the church regarding ministry to children.

*Research Methodology: Grounded Theory*

Grounded theory methods, which “provide a set of strategies for conducting rigorous qualitative research”\textsuperscript{113} were chosen. Sociologists Glaser and Strauss developed this methodology during their collaborative work on dying hospital patients at the


\textsuperscript{113} Charmaz, 2008, 27.
University of California San Francisco School of Nursing during the 1960’s.\textsuperscript{114} This was a constant comparative method that later became known as Grounded Theory.

Charmaz defines grounded theory methods as “a logically consistent set of data collection and analytic procedures aimed to develop theory.”\textsuperscript{115} While the researcher begins with individual cases or experiences, increasingly abstract conceptual categories are then developed in order to synthesize, explain and understand one’s data as well as to identify patterns within it. It is a constructivist process.

Central to grounded theory is simultaneous involvement in both data collection and analysis. Because the researcher engages in data analysis in the midst of the data collection process, the researcher can become increasingly focused in the data collection throughout the collection process. In other words, the researcher’s mid-collection analysis shapes subsequent data collection procedures. In-depth interviews with open-ended questions are often employed. As theories begin to emerge throughout initial coding and analyses, subsequent questions are then modified and focused. Earlier data allows for the researcher to collect more data around emerging themes and questions.\textsuperscript{116}

Grounded theory is a methodology that is initiated from the ground up. This means that theories emerge throughout the process of data collection and the researcher is held close to the original data throughout the research process. Because of this, grounded theory is a powerful tool for qualitative research and for telling a human story that reflects the broad experiences within groups.


\textsuperscript{115} Charmaz, 2008, 27.

\textsuperscript{116} Charmaz, 2008; Charmaz, 2011.
While my initial quantitative study left me with many insights into the church and religious group experience of Canadian adolescents, a clear and focused research question about church involvement and health did not necessarily emerge from that study. Rather, I wanted to use this qualitative enquiry to further examine the major patterns observed in the quantitative findings in order to discover a theory about the relationship between church involvement and child health. There was a phenomenological component to this study in that I was interested in the interview of the participants’ understanding of their own lived experience of church involvement. However, the basic structure of this study relied on the research strategy of grounded theory in order to discover emergent themes and patterns throughout data collection. These emergent themes and patterns in turn influenced recursively subsequent data collection, and the method of analysis that was employed.

While phenomenology and grounded theory have distinct, methodological differences, Wimpenny and Gass argue that there are times in which mixing methodologies is appropriate, particularly in the context of interviewing. Using Charmaz’s constructivist approach to interviewing as an example, they argue that “interviewing as a method of data collection may have a similar construction irrespective of the methodological grounding.” Thus, while my approach to interviewing initially draws on elements of phenomenological research by the way it seeks to understand the

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118 See Charmaz.

119 P. Wimpenny and J. Gass.

120 Wimpenny and Gass, 1488.
lived experience of participants, the core methodology underlying these interviews is one of grounded theory. The primary goal throughout this interview process was to uncover and develop emerging theory throughout data collection and analysis in order to further understand the quantitative data.

**Procedures**

*Overview*

Throughout this study, detailed in-person interviews were the primary source of data. I conducted 12 personal interviews in which open-ended questions were used to glean a multi-textured understanding of the phenomena that were identified in the initial quantitative study. The purpose of these interviews was to facilitate extensive discussions about each participant’s experiences of church and health and so to gain an increasingly more focused and specific level of observation. Initial questions explored issues stemming from the HBSC-based quantitative study including: participation in overt risk behaviours, participation in prosocial behaviours, experiences with physical health and experiences with more holistic measures of health. Later questions were focused to explore how each participant’s actual experiences connected with Jesus’ invitation into the fullness of life. A template of interview questions is found in Appendix C. Because my goals were to generate discussion around and to listen to the experience of the participants, questions were often shaped as the interview unfolded, as is normal for Grounded Theory research. Thus, while these questions were used as a template for the interview, the overall conversation was unscripted and often diverged from the original question template.
Recruitment

I initiated recruitment by making contact with clergy and leaders from eight different English-speaking churches in Kingston, Ontario. These churches represented a variety of denominations: Anglican, Baptist, Christian Reformed, Free Methodist and Roman Catholic. These leaders were given an information package which included: a recruitment letter for clergy introducing the project (Appendix D); a recruitment letter for parent(s) introducing the project (Appendix E); a recruitment letter for the participant introducing the project (Appendix F); an interview consent form for parent(s) (Appendix G); an interview consent form for participants (Appendix H) and a demographics questionnaire to be completed by each participant (Appendix I). I also made personal contact with each church leader as I introduced this project. Once clergy became familiar with the project and its goals, they were invited to pass the information along to parents in their church communities. Parents then had the opportunity to read the information package and had the option to decide if they would like to invite their child(ren) to participate.

First contact was made through a parent of each potential participant contacting me. Upon receiving verbal consent from the parent by telephone or via email, an in-person interview was scheduled. The parent was asked to consult with his/her child and decide on a comfortable place for the interview. (Suggestions such as a local coffee shop or library were offered.) All participants were accepted in the order that parents contacted me and requested participation for their child(ren).
All interviews were conducted between January and March, 2012. All interviews were conducted in-person and were digitally recorded both on an MP3 player and an iPod. Interviews ranged in length from 25 to 35 minutes. In general, interviews with older children were longer than interviews with younger children.

Interviews were conducted in public settings, but nevertheless I took steps to ensure confidentiality during the interview process. When we met in coffee shops, I arrived early to secure a table that would provide maximum privacy for conversation. When we met in homes, I ensured we were in a public area but away from ears of curious siblings.

While I was open throughout all contact that I am an Anglican priest, I did not dress in clerical clothing for any of the interviews. Rather, I wore similar, professional yet casual clothing in order to help the children feel comfortable. I attempted to build rapport with participants by my genuine interest in their lives. At each interview, after the consent information was reviewed and collected, I chatted casually with participants for a few minutes before turning on the recording devices.

At the conclusion of each interview, each participant was given his/her choice of a $15 Tim Hortons gift card or a $15.00 Chapters gift card as a thank you for participation. Also at the conclusion of the interview, participants were asked if I could contact them again in the future for any necessary clarification or to schedule a second interview if necessary. All participants agreed. No second interviews were required and no further contact with participants or parents was made. After data collection was closed, I sent an e-mail to all church leaders who had helped with recruitment both notifying them that data collection was closed and thanking them for their help in
recruiting participants. All interviews were conducted with English-speaking teenagers between the ages of eleven and 15 and who attend church in Kingston, Ontario.

*Handling sensitive information*

All participants and parents were informed about mandatory reporting if a participant divulged that he or she was in danger of hurting him/herself or another (others) or if s/he was being hurt or in danger of being hurt by another person. Before each interview, I informed parents and participants that I had with me a resource sheet of local, Kingston resources that could be given to a participant and/or parent if anything appeared to be upsetting during the interview or if the participant appeared to need any professional help (included in Appendix J). This resource included toll-free hotlines for suicide, mental health problems, eating disorders, family violence, and other issues that might arise during interviews. This resource was never requested nor did any participant appear that s/he would benefit from receiving it.

*Informed consent: parent(s) and participants*

Verbal and written consent were acquired from both parents and participating children. Both were informed that the participant would have the right to skip any question s/he did not like, did not feel comfortable with or did not want to answer at any time. S/he also had the right to terminate the interview at any time, and was apprised that the procedure for terminating the interview was to inform me that s/he would like to stop. Further, each participant was told that if at any point s/he would like to withdraw his/her data from this study, the process was to have her/his parent(s) inform me. There were no
consequences for withdrawing. None of the participants requested that their interview was to stop, or that their data be withdrawn from the study.

_Protecting participant confidentiality with respect to parents and siblings_

Interviews were conducted out of earshot of parents and family members. In the cases in which interviews were conducted in participant’s homes, occasionally siblings would wander into the interview room. In these cases, I diverted the conversation to _small talk_ until the sibling was once again out of earshot.

_Protecting participant confidentiality with respect to others_

Where interviews were conducted in coffee shops, intentional effort was made to secure a table out of earshot of other people. I was prepared to rearrange ordering of questions if a person was nearby who might overhear personal information or experiences. After the interview was complete, I took care to ensure that the data files and transcriptions could not be linked to the contact information of the participants by labeling data with codes rather than names of participants and by removing all identifying information (such as names of churches and/or pastors) from transcripts. All electronic data files were password protected and printed transcriptions were kept in a locked cabinet in my home.

_Protecting participant confidentiality with respect to the wider Kingston community_

Because of the small interview sample as well as the small and deeply knit nature of the church community in Kingston, there were portions of data that were potentially traceable to specific churches by people who are familiar with those institutions and...
cultures. While I took care to disguise all findings, there were certain instances in which I made the choice not to report selected data, even though it was relevant to the study findings. This was out of respect for the perceived risk of specific data being traced to a particular person or church community.

*Transcription of results*

I transcribed all interviews within 24 hours of the interview being conducted. This enabled a more complete and accurate descriptive transcription, particularly in terms of body language and my overall impressions during the interview. I also included one to two pages of field notes that described my overall observations about the interview and the participant to be used for future reference. All interviews were transcribed *verbatim*.

*Synopsis of Ethical Issues*

Participation in the interviews required signed parental consent. Participation in every part of this study was voluntary. Participants were informed that there were no repercussions for withdrawing from this study. Identities were protected through careful use of pseudonyms and disguising of context when stories were relayed within the research. All data were password protected on my computer and carefully locked in a filing cabinet. All data will be destroyed at the conclusion of this thesis. This thesis received ethics approval from the University or Toronto Social Sciences and Humanities Research Board on January 11th, 2012. This letter acknowledging ethics approval is found in Appendix K.
Participants

Twelve children participated in this study. Following the methodological recommendations of the grounded theory tradition, I recruited participants with varying experiences (age, school type, denomination and sex). The group contained children from a variety of denominations: (Anglican (2); Baptist (1); Christian Reformed (4), Free Methodist (3) and Roman Catholic (2). Seven participants were boys and five were girls. The group varied in age from between eleven to 15 years, consistent with the HBSC methodology. Seven were in grades 6-8 and five were in the older age bracket of grades 9-10. Six participants attended public school, four attended a Christian school, one was home-schooled and one attended a Separate School. All participants were involved in one or more forms of sports, including archery, hockey, karate, soccer and swimming. All participants, with the support of their parents, agreed to participate in the study. As I spoke with church leaders, I asked them to invite participation from children who had a meaningful engagement with their church community. Although I was looking for different perspectives by way of age, sex, schooling and denomination, a common factor among all recruits was that they were considered both by themselves and their church leader to be involved in their church community.

Data Collection

The method of data collection involved in-depth interviews with each of the study participants. The initial questions invited the participant to share his or her experience of church involvement in relation to the HBSC health indicators that were of interest to the quantitative study presented in chapter 2. As data were collected, I used Grounded
Theory principles to observe emerging themes, which in turn enabled me to ask more focused, refined questions in subsequent interviews. After the initial health-related questions were asked, I began to explore the participants’ experiences of connections between church involvement and the rest of their lives. I also began to ask participants to imagine what Jesus’ invitation into the “fullness of life” (as discussed in chapters 1 and 2) might look like, and explored how that might connect with their experiences of church. Many of the interview participants were initially quite shy and I was intentional in helping them feel comfortable sharing their thoughts and experiences with me by carefully pacing the interviews, by not rushing the participants, and when participants gave “yes/no” answers where I was hoping for more depth, by using techniques such as asking questions like: “Can you please help me understand that?” or “Can you tell me what that was like for you?” While the younger participants in particular were inclined to offer yes/no answers, especially early on in the interviews, the combination of their increased comfort through time and the use of these intentional prompts facilitated increased depth of response. As discussed in the next section (based on Fernqvist)\textsuperscript{121}, when analyzing and interpreting interviews with children, it is important to understand children as children and not impose adult expectations on data.

\textit{Coding and Analysis}

The interviews were transcribed \textit{verbatim} and consecutively examined line-by-line in order to identify each participant’s descriptions of thought patterns, feelings and actions that emerged throughout the interviews. Line-by-line data were identified by a

\textsuperscript{121} Stina Fernqvist, “(Inter)Active Interviewing in Childhood Research: On Children’s Identity Work in Interviews. The Qualitative Report, 15, no. 6 (2010), 1309-1327.
coding system that I designed. This system included: interview number; page number; line number. For example, if a quotation was used from the third interview, conducted on May 27th, page 6, line 33 it would be identified: 3-6-line 33. Codes were formulated from themes that emerged throughout the interviews and were then compared to verify their descriptive content and to confirm that they were grounded in the data.

In level 1 of my analysis, initial codes that were identified involved experiences and thoughts around: risk behaviours, prosocial behaviours, physical health, holistic measures (feelings of loneliness, helplessness, “wishing I was someone else” and regret/forgiveness) and overall feelings about church. The five initial themes (as found in Figure 1) emerged from these initial codes.

As a second step, the themes generated in level 1 were compared according to categories, common themes and phrases. As data collection progressed, I observed the emergence of three more focused themes. The two primary themes were: 1) Church experience appeared to positive, yet benign; and, 2) Church involvement appeared to encourage basic morality and social conventions, but not the more holistic measures of health. A sub-theme that emerged was the apparent lack of meaningful intergenerational relationships in the church. Since this emergent theme was not a part of the core interview focus, I identified it as a sub-theme. This thematic categorization is summarized in Figure 1.

These three secondary level themes were again organized and data collected at later stages in the study were used to add, elaborate, and saturate codes and categories and ultimately to identify a core phenomenon. As identified in Figure 1, the core phenomena to emerge throughout this study was identified as “A missed possibility” in
regards to the ministry of the church. The meaning of this core phenomena is explained throughout this chapter. In practice, the steps of analysis were not strictly sequential. Rather, I moved forward and backward, recursively collecting data and re-examining data, codes, categories and the whole model. I present my findings in Section 2 of this chapter, and they are summarized in Figure 1.

During the analysis of data, I was influenced by Stina Fernqvist’s understanding of Goffman’s frame concept.\textsuperscript{122} Fernqvist argues that Goffman’s frame concept\textsuperscript{123}, in which in an interview setting, certain ways of conduct are expected, can be used as a fruitful way of approaching analysis in children’s narratives. In Fernqvist’s experience of interviewing children, she observed that children were inclined to shift between one frame of being responsible and mature and a second frame that she suggests can be interpreted as “doing age” (shifting to a more carefree attitude). She argues that this “shift of frame” between responsibility and “doing childhood” can occur within the same passage of an interview, and needs to be taken into account during analysis.\textsuperscript{124} Fernqvist further develops her understanding of Goffman by presenting various strategies children and adolescents use during interview settings to break and maintain from by “doing age”. For example, she argues that the phrase “I dunno” or “I don’t know”, when interviewing children and adolescents, are likely to mean something else than not knowing. She writes: “for the child, emphasizing that you don’t know can be way of “doing child”, i.e., being unaware and without knowledge of important matters. For the adolescent on the

\begin{footnotes}
\footnote{122}{Fernqvist.}
\footnote{124}{Fernqvist, 1321.}
\end{footnotes}
other hand, the same phrase can be a way of “doing teenager” by acting jaded and uninterested.”

As I analyzed transcripts of these 12 interviews with children aged 11 – 15, I was struck by the frequency with which the participants appeared to “change frame.” Participants would seamlessly oscillate between long responses and shorter, yes/no/ I dunno responses to my questions. On one level, I interpreted these shorter responses as part of the participants’ unfamiliarity with the interview context and the need to become comfortable with me as the interviewer and with the interview process. On another level, however, I used Fernqvist’s understanding of Goffman’s frame concept to help me understand how interviews with children are unique in terms of understanding this natural process of shifting frame (often mid question). This understanding of how children “do child” and “do teenager” became important as I approached the analysis in the way that “seemingly insignificant acts of speech” could best be understood in relation to the concept of framing. Fernqvist’s powerful argument is that, in qualitative research, children in their own context of childhood are valid “co-constructors of knowledge.”

This was important to me not only as I interviewed these participants, but during data analysis. I worked with Dr. Cameron to analyze transcripts in a way that honoured the option of participants to change frames, and to permit participants to “do child” or “do teenager” throughout the interviews. Responses such as “ummmm…” and “I don’t

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125 Fernqvist, 1321.
126 Fernqvist, 1324.
127 Fernqvist, 1325.
know…” were often interpreted as “doing child” and not necessarily interpreted that the child didn’t have anything to say about what was being asked.

**Presentation of Results**

I have presented results systematically, organizing them into three levels. In level 1 of data presentation, I have presented data from four initial categories that were essentially related to items considered by my quantitative study, and from one additional category connected to the participants’ experiences of church. From these initial categories, two primary themes and one secondary theme emerged that are presented and discussed in level 2. Finally, in level 3, the core phenomenon that emerged throughout this study is presented. To bring this story to life, I have introduced and shared the experiences of three fictional, archetypal characters. Their stories are integrated with the presentation of qualitative observations made during the interview process and appear throughout this chapter.

This qualitative method of using fictional, composite characters to tell a fact-based story was inspired by the work of Dr. Tara Goldstein, who has developed a research program at the University of Toronto in “performed ethnography.” Dr. Goldstein uses her ethnographic research to create play scripts that can be read aloud and performed. Under the direction of Dr. Cameron, I adapted this approach for my current research. One of the major reasons I developed these composite characters was for

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reasons of protecting participant confidentiality. Piper and Sikes argue that researchers are obligated to do all in their power to protect any participants in their research from harm.\(^\text{129}\) Further, Tolich argues that internal confidentiality cannot be guaranteed, even by the careful use of pseudonyms.\(^\text{130}\) Because of the small and closely-knit nature of the church community in Kingston, there were larger sections of the data that I hoped to communicate to readers, while at the same time, I did not want to risk providing clues that would lead back to specific churches or individuals. The creation of composite characters was an opportunity to tell the story that emerged throughout my qualitative research in a way that most fully guarded the confidentiality of my participants. To protect confidentiality of my participants, some of the lengthiest and richest data I collected was ascribed to these composite characters with the intention that in this context, it would be most difficult to attribute to any one participant from my sample.

This creative approach to developing composite characters is an important and current discussion in qualitative research practices. For example, Richardson argues for the value of "combination genres" in which "fictional stories, field notes, analysis, reflexivity all can co-exist as separate (and equal?) components."\(^\text{131}\) Further, Smith argues that using fictional stories to present research findings can "evoke emotions; broaden audiences;… include “researcher”, “participant” and “reader” in dialogue;… invite the reader-as-witness to morally breathe and share a life within the storytelling


\(^{131}\) L. Richardson, “The Sea Monster: An Ethnographic Drama.” In L. Richardson (Ed.), Fields of Play: Constructing an Academic Life (pp 63-68), New Brunswick, NJ: Rutgers University Press.
Piper and Sikes argue that this storying approach to presenting research “evokes the richness and complexity of life… and… it invites readers to identify and empathize with the experiences and perspectives described.” In my own creation and use of these fictional, archetypal characters, it is my hope that they help readers enter into the story that is told through this study while most fully protecting my study participants from any potential harm.

Each composite, fictional character is a blend of several interview participants, and while all direct quotations are accurate to what was said during interviews, the context has been changed in order to protect individual identities. These three fictional characters do not exist, but will bear resemblance to many of the interview participants in that each has been created through an amalgamation of field notes and interview data. They are: Abi (age 11), Jake (age 13) and Rachel (age 15). The fictional characters of Abi and Jake are each an amalgamation of five participants. Rachel’s experiences were less common, and her story was derived primarily from an amalgamation of interview and field notes from two participants. When I have used actual wording and phrasing from the interview data and attributed it to Abi, Jake or Rachel, I have distinguished it by using a bold, italic font. Please note that to further protect the identities of all participants, I have changed specific details related to gender, age, type of hobbies and type of sports in which participants reported engagement. Other than this, anything that appears within quotation marks is an exact quote that was shared with me during the interviews. Throughout this presentation of results, I have periodically also attributed

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133 Piper and Sikes, 568.
words to Abi, Jake and Rachel, which, while in keeping with the essence of what was shared with me during the interviews, are not direct quotes from participants. In these instances, words are not located within quotation marks, and are in a regular, non-bold font. The creation of these fictional characters has helped me to reflect theologically and practically on what I understand about church involvement and health and to communicate through their voices.

*Researcher’s Note*

I would like to note that each child I spoke with was engaging, eager to share and quite wonderful. It was a privilege to hear their stories and experiences, and I remain deeply grateful to them for their honest and insightful sharing. Where I have left out things that they may have told me, it is only either to protect confidentiality or for reasons of parsimony. In most cases, I have reflected theologically and practically on what I was told during the interviews in the surrounding text. If my theological reflection at times appears critical, it is in no way intended to be a judgment of the experience. Indeed, the honest sharing from participants has given me an important opportunity to probe into theological and practical problems in the wider church.

It was clear to me that each participant had what was in many ways a positive relationship with his or her church family and church leaders. The clergy who recommended young people to participate in my study were women and men who care deeply about the nurturing of God’s children in the Christian life. These interviews represent excellent churches, caring church leaders, loving families and exceptional children. That I have observed any shortcomings is a natural part of research, and I hope
that these observations will sit within the larger, positive story that I am telling throughout this thesis. I am deeply grateful for all who facilitated this data collection: parents, clergy, church leaders and especially the children themselves.

**Evaluative Procedures**

To establish the credibility of this study, I rely on the rich and thick descriptions obtained from interview participants. The level of detail found in this study will allow readers to make their own decisions regarding transferability of findings. Another validation strategy that I used was prolonged engagement with participants, persistent observation throughout interviews and building trust with participants. Further, this study has received peer-review by clergy colleagues as well as by academic advisors, each of whom took on the role of asking hard questions about methods, meaning and interpretation.\(^{134}\) While each of these peer-reviewers bring their own biases, viewpoint and history to the review of this work, the diversity of their respective experiences in themselves will further help me to have a balanced interpretation of these findings.

My own research bias is that I am an Anglican priest, and have worked in the field of children and church ministry for 20 years. The advantage of this is that I have lived close to my sample group and observed their experiences for many years. Disadvantages are that my involvement has helped me to observe problems and shortcomings in the church, and I am possibly predisposed to deciding what theological issues might arise during interviews. This in turn may have hindered me from listening fully to what the participant was relating to me. I may also be predisposed to an

interpretation based not on the interviews themselves, but on my own long experience in the church. For example, my own ministry experience has been directly connected with exploring the value of intergenerational connectedness within the church community. Because of this, I have a potential bias regarding my interpretation of the importance of relationships between children and adults in the church.

I am also the mother of three girls who fall within the age bracket of this study. My close relationship with my children, as well as my intentional observation of their church experiences may also bias my interpretation and leave me predisposed to prejudices that will shape my interpretation and approach to this study. Thus, to protect this study from my own potential research bias, I rely on the validation strategies outlined in the proceeding paragraph. Further, because I have included a large amount of rich and thick descriptions and quotations from participants, it is my hope that readers will be able to see beyond these potential self-identified research biases and draw their own conclusions about how I have interpreted these data.

**Section 2: Presentation of Results**

The results presented in Section 2 of this chapter are not abstract findings that are disconnected from real lives. Rather, they are embedded in real stories of young people who have shared their own faith and church journeys with me. To bring these data to life, I have created three fictional characters whose experiences serve as archetypes that were developed throughout the analysis of these data. While these are fictional characters, they are fundamentally rooted in real young people and based on the real stories that I was told throughout the collection of data for this study. I have called their contributions “archetypal voices.” I now introduce to you Abi, Jake and Rachel.
Archetypal Voices: introducing Abi, Jake and Rachel

Introducing Abi

I met Abi at her home in Kingston on a Saturday morning. She had just celebrated her 11th birthday and decorations from her party were all around the house. Her parents met me at the door and expressed great interest in this research study. However, once the consent forms were signed, they quickly left to different areas of the house to let us talk privately. Abi reminded me of a little imp: she was spry, lively and giggled freely throughout the interview. Abi told me how much she likes her church, and was especially excited about having a new job shadowing one of the older children as a server on Sunday mornings. She finds it very meaningful to have a role at church and told me several times how excited she was that this coming Sunday, she’d be doing the job on her own for the first time. Abi also talked about how she enjoys swimming, school and friends, she shared at length about the positive relationship that she has with her family.

Introducing Jake

Next, we meet Jake. Jake is a quiet and thoughtful 13-year-old boy. We met at a local Starbucks coffee shop. When Jake arrived with his mother, I had already set up my recording equipment and I offered to buy Jake hot chocolate and a treat. Initially, he seemed a bit nervous and he wanted his mom, who was very supportive, to go with him to the counter to order. She soon left us on our own to talk, and as the interview progressed, Jake appeared to become increasingly comfortable and to enjoy talking about his experiences. Clearly, Jake’s church is a positive place for him, a place in which he enjoys a deep sense of belonging. He seems to have a special connection to his pastor, whom he regards highly. Jake is also involved with several clubs at school, including the chess club and an in-school discussion group for Christian youth. He plays on the school soccer team.

Introducing Rachel

Rachel is yet another articulate and engaging young person who is 15 years old. While she has a good social network of peers, she describes herself as sometimes quite shy. We met in her home in Kingston on a Saturday morning, and as she introduced me to her family, she described them as “incredibly supportive.” I noted that Rachel was very kind with her younger siblings who hovered around the door. Rachel has been involved in her church for several years helping with the soundboard and other technology. Like Abi, she enjoys having a role at church. She feels proud of having a ministry of her own and told me many times how much that she likes her church. Rachel is a good student who enjoys school, especially English literature. In her free time, two of her favourite hobbies are pottery and cross-country running.
Reflection:

After these initial introductions, Abi, Jake and Rachel may seem “too good to be real.” In one sense, of course, they are not real at all. They have been created as archetypal characters for the purposes of my thesis. And yet, they do represent an accurate and composite portrayal of the twelve children who participated in my interviews. All of the twelve interview participants reported not only positive family relationships, but also positive relationships with their respective churches. This is not surprising as my interview sample was highly selected. Clergy and church leaders of parishes with active youth programs identified the participants for potential interviews. Thus, participants likely represent some of the most involved children and those with both the most positive experiences of church and the most positive relationships with pastors and church leaders. Further, all participants appeared to be very content in their lives and well supported by their respective families.

Because the interview sample consisted of an unusually stable core group of children, as a protective to a potential positive bias, throughout this analysis I have compared key themes with findings that emerged in the quantitative study presented in chapter 2. This study was based on a significantly larger sample and objective, quantitative measures. While the stories of Abi, Jake and Rachel may initially appear to have many similarities, as their experiences are shared, many complex themes emerge.

Description of Results

I begin by presenting a summary of the core findings, followed by an explanation of each component. The rationale that surrounds this order is that the parts receive their
meaning when understood in relation to the whole. Throughout the presentation of core findings, I have integrated the archetypal stories of Abi, Jake and Rachel. I have used each of their stories, along with observations about key themes and core findings, as a starting point for theological and practical reflection about what these findings might mean for ministry to young people in the church.

Overall, the results of this study suggest that while the church experience of children has many positive aspects, at the same time it represents a compartmentalized faith that has limited or no connection to the concept of shalom, or to the fullness of what the Christian life can be. I have reported the results of this study by organizing the analysis into 3 levels.

**LEVEL 1:** Data from initial interview questions related to church involvement and health are reported on in level 1. This includes an exploration of themes and patterns that emerged around participation in risk behaviours, prosocial behaviours, physical health and holistic experiences of health. These holistic experiences of health were particularly identified as being in keeping with the concept of shalom.

**LEVEL 2:** Data from the preliminary level 1 categories were coded and analyzed for common themes and phrases. Through a process of constant comparison, theoretical sampling and saturation of data through continued data collection, two broader and primary themes emerged:

1. Church involvement is positive yet fairly benign in the lives of these children.

2. Church involvement encourages positive moral behaviour, prosocial choices, forgiveness and to a smaller degree positive feelings about oneself, but has little to do with the human body or other more holistic areas of life.
Also as data were analyzed, a secondary theme was observed:

3. (Secondary theme) While children were not negative about their interactions with adults in their church communities, there is little meaningful engagement between adults and children.

I have identified this as a secondary theme because while it was not one of the initial areas of interest in the HBSC study, I observed this theme emerging throughout my data analysis. I was also aware of previous research about the importance of these multi-generational relationships as positive and significant in the lives of children in the church and I therefore suspected that adult relationships would potentially be an important factor in understanding the impact of church involvement and health. This is reported on in level 2.

LEVEL 3: The emergence of these two broad themes and one secondary theme enabled additional questions to be focused in order to saturate data. Through further theoretical sampling one overarching theme – or core phenomena – was identified as central to this study: the church experience of participants is characterized by a positive (yet fairly benign), compartmentalized and moral behaviour-based experience of the Christian faith. However, enough positive aspects of participants’ engagements with and experiences of church life were obviously present that the possibility of a vital, integrative faith seemed ever present. I have described this scenario as “a missed possibility.” This is reported on in level 3. A model that summarizes these recurrent themes is presented below, in Figure 1.

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LEVEL 1: Overall themes regarding initial associations between church and health

1. Church involvement protects from risk taking.
2. Church involvement encourages prosocial behaviour and choices.
3. Church involvement has no effect on physical health.
4. Church involvement has minimal association with holistic indicators, with the exception of regret.
5. Overall experience of church involvement is benign.

LEVEL 2: 3 key themes generated from Level 1 data

(Primary 1) Positive, Yet Benign: Church experience is positive but in many ways makes little difference in the overall picture of one's life.
(Primary 2) Better Behaved & Nicer: Involvement encourages morality, social conventions and forgiveness but does not influence more holistic measure of health, including the human body.
(Secondary 3) Limited Adult Interaction: While children are not negative about their interactions with adults in their church communities, there is little meaningful engagement between adults and children.

LEVEL THREE: Core phenomenon generated from Level 1 and Level 2 analysis and identified as central to this study

A MISSED POSSIBILITY: Church experience of children has many positive aspects, but is compartmentalized and has limited connection to the concept of shalom, or to the fullness of life into which we are invited by Jesus. And yet, the possibility of a deep, holistic experience is ever present.
Level 1 Reporting: Overall themes regarding initial associations between church and health

In this first level of data collection, I explored the experiences of participants surrounding relations between church involvement and health. This included questions about church experiences, participation in risk behaviours, participation in prosocial behaviours, issues pertaining to physical health and experiences of holistic measures of health. A summary of themes that emerged from these initial categories is presented below. Where I have included excerpts from interviews, they are indented. My own questions and comments are in regular font and the participants’ responses and comments are in italics and a bolded font.

1.1 Associations between church involvement and engagement in risk behaviours

Engagement in risk behaviours is a global health indicator that is of great interest to this study. When I asked if participants thought that their church experiences impacted upon their decisions to engage or not engage in overt risk-taking behaviours, all twelve participants agreed that it did. When I asked for examples, issues that were named included not: lying, doing drugs, drinking, stealing, playing video games 24/7 as well as “what I do with my friends” and “how I should act.” One participant said this:

“[My church] helps me um know if I should do something or not.” (10-8-line 14)

Participants consistently shared a view that church involvement both helps them to resist participation in overt risk behaviours and to set their own moral compasses. They were positive about this role that the church plays in their lives.
However, after hearing that church involvement influences moral boundaries, I asked one participant if church involvement influenced any other part of his life. He replied:

“I don’t really think so.” (6-9-lines 25-26)

Another participant told me his church involvement impacts his participation in risk behaviours and prosocial behaviours. I then asked if he thought it affected his schoolwork. His response was this:

“Ummm…. I don’t… maybe a little.”
Maybe a little, but it’s more kind of how you behave?
“Ya.” (9-11-lines 4-6)

As these interviews unfolded, I began to notice that another pattern was emerging: while church involvement offers a protective effect around certain behaviours, it seemed to make limited difference in most other areas of life. This pattern became more pronounced as I explored it in a more focused way. To illustrate, here is another excerpt:

Does the church ever say anything about taking care of your body?
“Ya, they say that doing things to hurt your body is bad… like drugs, alcohol...”
More moral things?
“Ya.”
Does your soccer coach ever talk about caring for your body?
“Ya, for sure.”
What kind of things would he talk about?
“Trying to get us to eat the minimal amount of junk food and what not.”
Does the church care about those things?
“Not especially.”
Does the soccer care about things like drugs and alcohol?
“Ya.”
So soccer cares about all of it and the church cares more about the drugs and drinking and stuff? Is that what you are saying?
“Ya.”
Are you saying the church cares more about moral decisions?
“Ya.” (2-11-lines 22-29 to 2-12-lines 1-13)
Throughout the interviews, the theme of associations between church involvement and moral behaviours continued to emerge.

While being “better behaved and nicer” on its own provides a rather limited hope for what church involvement can offer our children in terms of its potential impact, this section should not be perceived as entirely negative. That church involvement is helping our children refrain from harmful risk behaviours such as lying, drugs, drinking, stealing, “not playing video games 24/7,” and helping them to set boundaries with their friends is of great positive benefit. This qualitative finding correlates with the quantitative finding reported in chapter 2, in that religiously connected children appear to have lower participation in overt risk behaviours than their non-involved peers.

### 1.1 MAIN THEME: Church involvement offers positive boundaries to participants around participation in overt risk behaviours.

This is considered by participants to be a major component of the Christian life and of their church experiences.

### 1.2 Associations between church involvement and engagement in prosocial behaviours

Another relationship that was of interest to this study is the relation between church involvement and prosocial behaviours. When I asked participants “Does being a Christian make you nicer?” all but two replied with a definite “yes.” (The remaining two participants replied “maybe.”) When I asked why this might be, I was told:

“Because as a Christian we’re supposed to like love our enemy and treat someone as you want to be treated. So…” (9-10-lines 34-35)

“[Going to church] makes you a better person.” (4-6-line 20)

“You aren’t worried about yourself.” (4-6-line 20)

Another participant told me that his faith:
“makes everything in life a bit different.” (2-13-line 6)

Because this participant used the phrase “everything in life,” I wondered if he would bring the conversation around to include any other area of life. However, when I asked him to help me understand what he meant by “everything in life,” he said:

“Ummm like, it makes you more forgiving and helpful to others.” (2-13 lines 6-9)

This participant, too, pointed to participating in prosocial and church-based behaviours as the primary ways being a Christian influences one’s life.

Another participant told me that his church involvement affects his behaviours, referring to both prosocial and moral behaviours together. I followed up to make sure that I had understood him correctly:

Are you telling me that church affects moral decisions…like if you kick your sister, or cheat on a test?
(Nods)
Does it make you nicer?
“Yes, I think so.”
Does it affect any other part of your life?
“Um… not really.”
Kind of like if you behave and if you’re nicer?
“Ya.”
Are those the big things?
“Ya.” (Nods) (10-8-line 8-18)

While this emphasis on prosocial behaviour is not the whole picture of what church involvement has to offer to our children, that it is helping children get along with others (“treat someone as you want to be treated”), to be helpful and have greater emotional health (“you aren’t worrying about yourself”) is a positive contribution to overall health. This qualitative finding correlates with the quantitative finding in chapter 2, in which church involvement appeared to have associations with prosocial indicators of health.
The problem being observed is not that church involvement seems to offer a protective effect in areas of risk behaviours and prosocial behaviours. The problem is that participants generally do not see that church involvement influences anything else. As this pattern was repeated throughout many conversations, I began to suspect that participants were experiencing a compartmentalized and behaviour-oriented experience both of church involvement and of Christianity.

### 1.2 MAIN THEME: Church involvement distinctly encourages prosocial behaviours.
Participants understand this as one of the major ways that church involvement should or does influence their lives.

### 1.3 Associations between church involvement and physical health

In general, when participants talked about being healthy, they reported aspects of health connected to their physical bodies. For example:

“When I think of being healthy I think of eating healthy foods and not eating junk food, like don’t eat McDonald’s, like not eating McDonald’s or fries and… being healthy by not having like candy.” (Laughs)

Ok.

“And being healthy, when I think of being healthy I think of eating vegetables.”

So being healthy is really about what you eat and don’t eat?

“Mmm. That’s what I think of healthy, but you can have like a healthy lifestyle.”

And what would that look like?

(Laughs) “I don’t really know! I just hear my mom say a healthy lifestyle!”

(12-10-lines 21-30)

I was also told health is:

“if you’re not sick.” (5-7-line 11)

“If you are active and you eat well.” (8-9-line 25)

“not to um… eat a lot of junk food and do a lot of screen stuff.” (10-7-line 21)
“Umm…. Someone who cares about their body, you take care of yourself… like just basically like exercise, just doing things to make sure your body stays strong and healthy.” (9-10-line 2-4)

For most participants, their understanding of good health did not extend beyond aspects of health directly connected to their physical bodies.

When I asked participants if the Christian faith informs things like exercise and eating well, even the most theologically articulate answered no. Here is another exchange:

Do you think God is concerned about things around your body? Not just what you’re not putting into it, like alcohol or something…
“**I don’t think so.**” (3-11-lines 32-34)

When I asked another what she would think if they started teaching about caring for your body at church, she said:

“**Well, I think the church is just for spiritual health, focusing on that.**” (4-12-line 17)

I asked this participant: “What influence do you think church involvement has on health?” I was told:

“**I don’t really know. As far as all of the things I thought of church affecting, I don’t think health has been one.**” (2-11-line 20-21)

This next participant had learned about health at school, and his initial comments caused me to wonder if he was going to make a connection between church and health. He said:

“**My teacher says there are three areas [of health]: spiritual, social and physical.**” (4-11-line 19)

I then asked: “Are spiritual and physical health connected?”

“**Yes.**”

Can you help me understand how?

“**With spiritual and social, umm… kind of you want to make good friends like Christian friends.**”
And how about spiritual and physical health?

“*You kind of want to be physically healthy because the Bible says your body is a temple of the Lord. My teacher told me that.*” (4-11-lines 31-34 to 4-12-lines 1-4)

However, when I asked: “Do you ever hear that at church?” he answered:

“*Not really.*” (4-12-line 6)

This participant is starting to make connections between his body and the teachings of the Bible, but this is not a connection that is being made for him at church.

Another participant who was both particularly athletic and theologically astute shared a great deal about his sports activities. I asked him if his church involvement or Christian faith influenced how he cared for his body. He told me:

“*It’s just my interest, what I like to spend my time doing, being outside… Healthy eating is something that interests me because… I want to be an athlete… healthy eating, exercise… it’s all more for athletic goal.*” (3-11-line 13-16)

When I probed more deeply about the possibility that there could be a connection between athletic goal and Christian faith, he acknowledged that if athletics was seen as a vocational calling, for example if he played in the NHL, then it could be connected to the Christian faith (3-11-lines 20-21). Otherwise, there was no connection.

The experience of this final participant emphasizes both the importance given to morality in the church and the lack of importance given to matters of the body or of physical health.

What do you think health is?

“*Umm….. Uhhhh…. Health… I guess the shape of your body, the condition of it not shape.*”

Does the church ever say anything about the body? Taking care of your body?

“*Ya, they say that doing things to hurt your body is bad… like drugs, alcohol…*”

More moral things?

“*Ya.*”

Does your soccer coach ever talk about caring for your body?
“Ya for sure.”
What kind of things would he talk about?
“*Trying to get us to eat the minimal amount of junk food and what not.*”
Does the church care about those things?
“*Not especially.*”
Does the soccer care about things like drugs and alcohol?
“*Ya.*”
So soccer cares about all of it and the church cares more about the drugs and drinking and stuff? Is that what you are saying?
“*Ya.*”
Moral decisions? Is it fair to say the church cares more about these?
“*Ya.*”
What about soccer? Does soccer inform your moral decisions?
“*Ya. I think so.*”
What’s that like?
“*Ummmm… I guess it’s like what you do on the field is kind of like as a team, but anything else is up to you so they want you to make the right choices.*” (2-11-lines 22-29 to 2-12-lines 1-16)

Based solely on this one conversation, the experience that this particular participant is having on his soccer team appears, in some ways, to offer him a more holistic experience of health than his church connection. This brief conversation parallels a finding that was reported in chapter 2: while sports involvement offered a similar protective effect around participation in risk and prosocial behaviours, it was uniquely correlated with a higher sense of these more holistic health indicators compared with church-involved peers. I have explored possible reasons for this in the next chapter.

The overarching theme of this section correlates with a key finding reported in Chapter 2: while religiously connected children appear to have a protective trend in terms of overt risk behaviours, this trend disappears when measured in terms of physical health. The theme of a compartmentalized faith is beginning to emerge, which is consistent with my interpretation of findings presented in Chapter 2.

**1.3 MAIN THEME: Church involvement has minimal connection with physical health.** Patterns are observed suggesting that these participants’ experiences of church are compartmentalized.
Archetypal Voices: on participation in overt risk behaviours, prosocial behaviours and physical health

Abi

My mom always wants us to be healthy. Like, she makes healthy food and stuff and talks about a healthy lifestyle. I guess my swimming is part of being healthy because I get to exercise. At church, it’s more… we like talk about not smoking and peer pressure. It’s not really… it’s not what church is really for, so we just talk about God and stuff, not health.

Jake

My soccer coach is pretty intense about things like eating breakfast, not doing drugs and stuff. We’re a competitive team, so we have to make sure we’re really fit. At church, it’s just more kind of relaxing. It’s nice, especially after a tournament or something, to just sit and relax. We don’t really talk about health, but I know we’re not supposed to drink and things like that.

Rachel

I know my parents want me to be healthy. We eat pretty healthy, and we all are pretty active. But church kind of helps me be healthy, too. It’s nice to have a place where I can just be myself and not be stressed out and that helps me handle things. I know we’re not supposed to do drugs and things like that, but I think God is also with me when I’m running. There’s a verse in the Bible about running and not getting weary -- I’m not sure where but I heard about it -- and when I’m running a race I think about that verse. I think God cares about our bodies, about everything.

1.4 Associations between church involvement and holistic measures of health:

Findings reported in chapter 2 suggest that while church involvement has positive associations with reduced engagement in risk behaviours and higher tendencies toward prosocial choices, it has little impact on the more holistic measures of health (feelings of loneliness, wishing they were someone else, helplessness and regret). Because the findings around regret were an anomaly, I have reported on regret separately.
Associations between church involvement and feelings of loneliness, helplessness and “wishing I was someone else”

When I initially explored the theme of loneliness with participants, the general sense was that church involvement had little to do with the alleviation of loneliness, and that family, friends and extra-curricular involvement had much more positive impacts. When I specifically asked “Do you feel lonely?” half of participants reported feelings of loneliness while the other half did not. One participant was very specific in explaining to me that while she does not feel lonely, her church involvement is not connected to the reasons why she doesn’t feel lonely. Among those who felt lonely and non-lonely alike, little connection was reported between feelings of loneliness (positive or negative) and church.

As I explored this more deeply, a strong common theme to emerge was around the importance of or the lack of a meaningful connection with the adult community. One participant described knowing “like, 90% of the people at the service” and felt her church was like an extended family. Another participant described her happiness that the regularly assigned greeters at her church knew her by name. Even this seemingly small action appeared to make a big impact on her church experience.

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136 In chapter 2, I speculated that church connected children might experience increased loneliness because of the reality of being part of a religious minority within a secular culture. Because of this, I wondered if participants would report feelings of “not fitting in” in the culture or world around them because of their Christian faith or church connections. However, this was not reported by any of the participants.

137 While many participants mentioned having friends their own age at church, the importance of or lack of peer connection did not emerge as a strong theme.

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For most participants, however, the experience of meaningful adult connection at church was striking in its absence. When I asked “would any of the adults talk to you at church?” I got responses such as this:

“Well, the kids would.” (5-2-line 16)

Or:

“They only just say hi to my parents.” (12-1-line 22)

One interaction went like this:

Would any of the adults say “hey” or know your name?
“Pretty much all would know my name but only a few would chat to me.”
Have you been going a long time?
“Since I was born.” (3-2-lines 16-19)

I asked another participant if she thought any adults might be interested in her life and after a thoughtful pause she replied:

“No…” (12-2-lines 4-5)

Because participants had reported such positive relationships with their respective churches, this very limited interaction between participants and adults surprised me. For the most part, expectations around meaningful intergenerational community were very low.

I further explored this emerging pattern by asking each participant: “If you had a problem in your life, would you consider going to someone from church?” Responses generally varied between “No” and “Probably not.” When I explored to whom participants might turn to if they had a problem, parents were nearly always first. I probed deeply on this question, asking: “If your parents weren’t available, would you go to someone from your church?” Most still said “probably not,” naming instead: family, friends, neighbours, teachers, “keep it to myself” and God. When I continued to probe, a
few participants said they might go to a pastor or youth pastor if they had a problem. If pushed, most said there would be someone at church to whom they could go, but for most participants it consistently was described as a last resort. Even when participants reported positive feelings about adult relationships in their respective churches, only a few felt these connections went deep enough to be of tangible help in their lives.

Notable exceptions to this were two participants who immediately named many adults in the church (clergy and laity) to whom they would go for help if needed. These two participants had several things in common: both were older, both were female, both had reported strong adult connections in the previous questions and both had reported that their church involvement contributed to feeling less lonely. This suggests that meaningful adult connections may be connected with decreased loneliness in children.

When I asked one of these two older participants if she thought that people her age feel lonely, she told me that she thinks people who aren’t involved with church feel more lonely than people who are.

Do you think people your age feel lonely? 
“Um... I feel like people who aren’t involved in church sometimes feel that.”
So people who are involved in church would feel less lonely than people who aren’t?
“Yes.”
Do you think your friends who are involved in church feel lonely?
“Um... Sometimes.”
Do you ever have that experience?
“Ya.”
But being involved in church makes you feel less lonely?
“Yes.”
Do you have friends who aren’t involved in church?
“Yes.”
Do you think their experience of loneliness might be bigger than yours?
“Ya.”
Ok. Why do you think that is?
“I think being involved in church you have people who can support you and like you all believe the same kind of things but when you aren’t in church you don’t always have something that you believe in. For me, like I can always pray if I need help with something but like those kids don’t have that experience. So like I can always know that, I have God with me and they don’t have that experience.”
So it makes a big difference in your life?
“Ya.” (9-3-lines 1-31)

While this participant’s experience did not represent a norm within this sample, it does suggest that the ministry of the church has the potential to offer a protective effect around the loneliness of children, perhaps particularly when meaningful adult/child connections are present. The more characteristic pattern to emerge was that the majority of participants did not have much significant interaction with the adults in the church community and most did not feel there was an adult in their church community to whom they could go if they needed any kind of help. Very little experience of strong peer connections within the church community was reported by any of the participants.

Similar to their experiences of loneliness, most participants did not associate church involvement with decreased feelings of helplessness. I began by asking participants if their experience of church helped him/her to handle problems in the world or in his/her own life. A range of answers was reported:

“A bit, ya.” (4-6-line 2)

“Umm… maybe… I don’t know…” (5-6-line 14)

“No, not really.” (7-6-line 33)

“No.” (6-7-line 28)

For the most part, there was not a strong sense that church involvement was helpful in regards to handling problems.
For some participants, even though church involvement did not appear to be connected with handling problems, their relationship with God was connected. I asked:

Do you think your relationship with God helps you handle hard things? Responses were:

“Ya, I do. I know there is always someone there to me I can pray to, who is there at my side for life, and I can’t ignore them because they will always be at my back.” (1-10-lines 20-21)

“Yes, I would say so because if there is something difficult I just pray about it… kind of… ya.” (8-8-lines 15-17)

One participant articulated that God helps him to handle things (10-7-lines 1-2) while another agreed that God uses her in helping with problems in the world. (11-7-lines 22-25)

One participant made an intentional distinction between church involvement and prayer. Our exchange went like this:

What do you think helps you [when you have a problem]?
“Ummm… well, I pray about it… and ….”
But being at [your church] doesn’t really help you handle problems?
“No.” (7-7-lines 1-3)

I found this interesting because the participant is identifying something that is at the core of church life (prayer) that is helpful to him in handling problems. And yet, in the very next breath he denies that being at church helps him to handle problems. This may suggest a disconnect between what is happening at church and his own personal life of faith.

As I examined my initial findings, it appeared that feelings of helplessness might be connected with age and development. Several younger participants reported feelings of helplessness:

Do you ever feel helpless?
“Kind of.” (4-5-line 22)

“Uhmmmm…. sometimes.” (6-7-line 11)

However, several of the older participants reported that they had felt helpless when they
were younger, but no longer feel helpless. Indeed, two of the older participants expressed
that God used them to help engage with the problems in the world, and that the church
facilitated this. One said:

“It kind of makes me feel sad because I have so much stuff and then like those
kids don’t. There’s not always like people…. There’s missionaries, I’m thankful
for that, and they can go and help them, but I feel bad. Like I have so much and
like more than I need.”
Do you feel helpless? Or like you want to help?
“Ya, I want to help.”
So more you want to help than you feel helpless?
“Ya.”
Do you feel like you have some tools to help?
“Ya, in church we have like missionary groups and I’m planning on… I want to
do one of those when I get older.”
So you feel like church will help you respond to pain in the world?
“Ya.”
And your faith helps you not feel overwhelmed by that?
“Ya.” (9-7-line 31-34 to 9-8-lines 1-11)

This participant clearly viewed involvement at church as providing tools and
opportunities for engaging with problems in the world.

While God, church and perhaps most strongly, prayer were sometimes connected
with handling problems, or with decreased feelings of helplessness, no strong theme or
pattern emerged. Some felt helpless; some did not. Some felt church helped them handle
things in the world; most did not.

Reports of associations between church involvement and feelings of “wishing I
was someone else” were less clear to interpret. I began by asking participants: “Do you
feel accepted and valued for who you are?” Most responded positively, and one
participant emphasized that it is her faith in God that helps her feel more comfortable in who she is. (9-6-line 25)

When I asked each participant: “Do you ever wish you were someone else?” most reported “no.” One participant said:

“Sometimes… but then I am glad I am myself again.” (10-5-line 19)

When I inquired about feelings of “wishing I was someone else,” many participants made an immediate connection to their faith.

“Each person was created in their own way for God’s purposes. I know I’m sounding really religious right now, but I don’t believe… we can try to change… but… If I don’t want to be changed based on what I know of what’s happening in my life so far, which is we are all in the Lord’s image, in the Lord’s way… then I won’t be changed that way. That’s the way I see it.” (1-9-lines 1-6)

“If I wasn’t a Christian I probably wouldn’t feel that good about myself.” (4-7-line 1)

Another conversation on this theme went like this:

Does your faith in God help you feel more comfortable in who you are?
“Ya.”
Do you ever feel pressured to be like somebody else, or wish you were somebody else?
“Not really.”
Even at school?
“Like a little bit, sometimes I guess, but I know where I stand on things. And I try and hang out with like friends who are Christians and have the same belief as me so I know they won’t pressure me into things.”
And do you feel like friends or people at school who aren’t Christians don’t really know who they are?
“Ya.”
Whereas your friends at church have a deeper sense of who they are?
“Ya. I think so.” (9-6-lines 24-31 to 9-7-lines 1-5)

Another participant acknowledged her family and her gratitude for being so loved and cared for. She said:
“I don’t think I’d ever want to be somebody else or have somebody else’s family or friends.” (11-5-lines 27-28)

For some, feelings of satisfaction seemed to be connected with age and development.

Do you ever wish you were somebody else?  
“I think I used to.”
During [earlier] school days?
“I think more like… I didn’t really have a name of who I wanted to be, but I wanted to be different than I was….. Maybe grade 6-7… But I think through grade 8 and 9 I like how I’ve changed into me sort of.” (3-9-lines 3-7)

This pattern was observed again as this next participant articulated that when she had been a bit younger she had wished she was someone else. She said:

“Just when you are trying to fit in and stuff. Being at a public school and stuff and not having Christian friends, it’s kind of hard… you’re the odd one out.” (9-6-lines 13-15)

She then explained that things started to change for her in grade 7 or 8, when she started to understand more about God. (9-6-lines 22-23)

The one participant who said that he wished he was someone else was on the younger end of the age spectrum. This may suggest the possibility that feelings of “wishing I was someone else” are in part connected to age and development. That said, even one of the youngest participants articulated a strong feeling of acceptance and being valued in the church community, and in connection to this shared he is glad to be who he is.

Overall, church involvement seemed to positively impact participants’ senses of self and of feeling loved and accepted for who they are. A common pattern that I observed was the connection participants made between a positive sense of identity and church and/or God.
Of the three holistic health indicators of feelings of loneliness, “wishing I was someone else” and helplessness, only the latter appeared to be positively impacted by church involvement. This was surprising because whereas the HBSC survey suggested that church involved youth did not have a lessened sense of “wishing they were someone else” than their non-involved peers, these interview findings suggest the opposite. Indeed, that only one of the 12 children interviewed reported “wishing to be someone else” suggests that for these participants, church involvement may play a role in their positive sense of identity. As previously discussed, this discrepancy could potentially be explained by the highly selective nature of the interview sample itself. Because of this, along with the small size of the interview sample, and because results contrast with findings from the quantitative study, I do not think more can be concluded than that these interviews suggest that for some children, church involvement may have a protective relation with a positive sense of identity.

Findings from associations between church involvement and feelings of both loneliness and helplessness were more in keeping with findings reported in chapter 2: that a meaningful church connection did not appear to provide a protective effect to children in the areas of decreased feelings of loneliness or decreased feelings of helplessness.

That said, it is worth noting that throughout the interviews, there were many glimpses of experiences suggesting that church involvement can indeed offer a protective influence not only around feelings of “wishing I was someone else” but in areas of feelings of loneliness and helplessness as well. For example, that even a few participants reported that church involvement had a positive connection with transforming feelings of helplessness into a desire to engage with problems in the world suggests that church
involvement has the potential to offer a protective effect around feelings of helplessness, even though the norm is that it does not.

While it appears that church involvement did not appear to offer a protective effect around feelings of loneliness, a notable exception to this was observed in the two cases in which meaningful adult relationships were reported. This may suggest that the church’s natural resources of intergenerational community may be important in offering a protective effect in the area of loneliness. More study would be needed in this area to discover if this is indeed the case.

Throughout these interviews, the suggestion of the potential of the church to offer a protective effect to holistic areas of health, one that draws our children more deeply into an experience of shalom in every part of their lives, is ever present. The current normative experience, however, is that it does not.

**1.4a MAIN THEME:** Church involvement has minimal association with the holistic indicators of feelings of loneliness and helplessness. It may have an association with feelings of “wishing I was someone else.”

**Archetypal Voices: on holistic health indicators**

**Abi**

I don’t really feel lonely because I have lots of friends and I have my family and stuff. Church isn’t really the place I have friends, but I’ve got lots of friends at school. Church is more for spiritual. And, I know God made me who I am and He loves me, so I wouldn’t want to be someone else.

**Jake**

I don’t really think of my church as a place that helps me, unless you mean it helps me know things I shouldn’t do and stuff. It’s hard at school sometimes, because none of my friends are Christians, so I’m always like the odd one out. But, I wouldn’t say I was lonely. Church doesn’t really make a difference with that because my friends aren’t at church.
Rachel

I have a friend, and I know she feels really badly about herself. I just wish I could bring her to my church because then she’d experience really being accepted and she’d know that God thinks she is beautiful. I think she’d really like my church. I think I’d be more lonely without my church because it’s a place I can be where I’m just accepted for who I am, and I don’t have to dress in a certain way, or act a certain way. Last year I gave up wearing make up for lent, and it was kind of weird at school, but at church everyone thought it was great. I think my church helps me know how to reach out to my friends and help them not feel so pressured. I’d like to go to another part of the world in a couple of years, maybe with a group from my church, and do something to help people who don’t have as much, too.

b. Associations between church involvement and feelings of regret/forgiveness

The final HBSC holistic indicator from the HBSC survey that was of interest to this study was “Do you feel sorry for things you do?” I understood this to mean regret, which was later confirmed by interview participants.

Regret was an anomaly in the initial quantitative study because it was unclear how survey respondents had understood the question: “Do you feel sorry for things you do?” In one sense, this could be understood as having overwhelming and/or debilitating feelings of guilt. In this case it would be considered a negative health indicator. However, if feelings of regret were connected with both taking responsibility for one’s actions and with a deep experience of forgiveness, it would be positive. It was my hope that these interviews would help me to understand this more deeply.

My strategy in understanding this measure was to first explore participants’ experiences of forgiveness. They said things such as:

“[Forgiveness] is when someone does something wrong and they say like I’m sorry and you forgive them and then you are friends again and you forget about it.” (5-3-lines 31-32)
“Forgiveness is when like you did something wrong and you say that you’re sorry and then they forgive you; they just say it’s ok. Or something like that.” (6-4-lines 15-16)

“Forgiveness is when someone does something wrong to you. And even though you are still angry at what they did, you say in your mind and to them it’s ok. Because… you are still upset at what they did but you are willing to forgive them and make things right again.” (7-4-lines 9-12)

“It means saying sorry and forgetting about it, placing it in the past.” (10-4-line 2)

For some, responses were more specific to Christianity:

“Jesus died on the cross for us so that’s why we are forgiven.” (9-4-line 3)

“If someone like… I don’t know… it’s kind of hard… (Laughing) ummm… you just kind of have to, even if someone has done something wrong to you to know that like you’re not perfect either, and that you yourself aren’t always like nice to everyone, you don’t always do the right thing. Jesus forgave all of us… and we’re supposed to love our enemies and forgive everyone.” (9-4-lines 9-13)

“When I think of forgiveness, I think of two different things. Like if someone does something mean to you and you forgive them and they say sorry to you and kind of like it’s ok that you did that. I might have felt hurt inside about that but you’re saying sorry and you’re saying you didn’t mean to say those things, but when I think of another forgiveness I think of like God forgiving all your sins, like Jesus taking your sins on the cross.” (12-6-lines 16-21)

During all of the interviews, forgiveness was the theme participants talked about most readily, most passionately and with the most theological depth. They also spoke about forgiveness at greatest length and had the easiest time connecting it to their everyday experiences as well as to their church experiences.

Once participants had confirmed they understood “feeling sorry for things I do” as regret, I was curious to understand if they saw this as good, bad or as something else entirely. Participants unanimously agreed that regret was a good thing that helped one move from a wrong doing to forgiveness. They said:

“Well, like if I do something bad it’s good to feel sorry.”
Why?
“Cause then if you didn’t feel sorry at all and you were glad you had hurt them or something it wouldn’t be nice.” (5-4-lines 20-23)

“Probably a good thing because if you feel bad for it then it means you inside know the right thing to do.” (2-6-lines 13-14)

“I think [regret] is a good thing…. If you didn’t [have regret], you’d do stuff and not care about it.” (4-4-lines 12-14)

“I suppose it helps you not do it again.” (7-5-line 14)

While all said regret was good, some participants (especially the older ones) clarified that if you didn’t ultimately let the regret turn into forgiveness, it became a problem and in that case regret would be bad.

“[Regret is] good for a while but bad if it lasts too long. Like if you are conscious of it consistently. It’s bad if it goes over and over in your head.” (3-7-lines 16-17)

“It’s both [good and bad]. It feels bad, but it’s good to know that what you’ve done is wrong.” (6-5-line 15)

“It’s a good thing to feel sorry but it’s a bad thing because you actually did it.” (7-5-line 10)

Participants consistently understood regret as an important element of forgiveness:

“If there is no forgiveness regret can still happen but forgiveness cannot happen without regret because to be forgiven you have to have regret.” (1-6-lines 18-19)

“You have to feel sorry about it to receive forgiveness and apologize, or else it’s just fake.” (1-7-lines 6-9)

“If you didn’t feel sorry] it wouldn’t be a good thing because then you wouldn’t realize what you are doing is wrong and… you wouldn't like… like when you’ve committed sin you know… but if you never have that feeling then you won’t always know when like you need to ask for forgiveness.” (9-5-lines 14-17)

Though they articulated it differently, and the older participants were much more nuanced in their responses, participants were very much in agreement that regret is
necessary for forgiveness to be meaningful and (with some qualifiers) that it is a positive quality in their lives.

Not only did participants understand forgiveness as important, they saw it as both central to their church and home experience and as something that distinguished them from their non-church-connected friends and peers. For example:

Do you think [forgiveness is] something you understand more deeply because of your church connection?
"I wouldn’t understand any of this without my church connection."

So how do the other kids at school do it?
"They don’t really."

Can you take a guess what it’s like for them?
"Ya…. it’s like…. fights…. Someone is doing something mean to someone else, then after someone gets back at them, and then so on and so forth, then after both of them end up sitting in the principal’s office to get dealt with.”  (1-7-lines 10-19)

I asked another: “How do you think your friends handle this who don’t believe in God, or who haven’t had this teaching about forgiveness, or about how to make things better?”

He said:

“I think maybe they would know that it’s wrong but not feel the sense of “I should make this right.”  (2-6-line 24-25)

I asked other participants if they thought their friends who don’t go to church understand forgiveness. Here are some responses:

“Yes I do.”
In the same way you do?
“Ummmm…..”
As deeply as you do?
“Probably not. That’s a tough question. I don’t think……..”
But you think in their own way they understand about forgiveness?
“Ya.”  (8-5-lines 14-20)

“I’m not sure. I think they might have more guilt in a way because they may not know how to ask for forgiveness or who to ask.”  (11-5-lines 15-16)
“Um... Not on the same level I don’t think. Like they can on a person-to-person level. But they can’t understand the forgiveness we’ve gotten from Christ like for everything, that all of our sins are forgiven.” (9-5-lines 28-30)

This final insight from one of the youngest participants seemed well beyond his years in terms of maturity and thoughtfulness:

Do you think your friends who don’t go to church understand forgiveness?
“Um, they do but not as well.”

How do they handle problems that come up in their life?
“Um... they don’t say do you forgive me or something like that, they just pretend it didn’t happen.”

So they just pretend it didn’t happen and try to forget about it?
“Ya.”

Do you think that’s a good way to handle problems?
“No.”

What’s a better way?
“Ask forgiveness and if they say yes then that’s good.” (10-5-lines 1-11)

Overall, participants had strong and consistent ideas about regret and forgiveness and viewed forgiveness as central not only to their church experiences but to the whole of their lives.

Because of the strength and consistency of these responses, these findings suggest that the religiously connected participants who took part in the main HBSC survey may have understood “feeling sorry for things I do” as a positive health indicator connected with both taking responsibility for one’s actions and as a precursor to forgiveness.

Further, while the quantitative study found that there were positive associations between church involvement and increased regret, it was unclear how regret should be interpreted. If these qualitative findings were found to be transferable to the larger, quantitative study, it would suggest that church involvement offers a protective health effect around feelings of regret in that it would indicate the child is taking responsibility for his or her own actions and that regret is a precursor to a meaningful experience of forgiveness.
1.4 MAIN THEME: Church involvement has minimal association with holistic health indicators, with the exception of regret. The potential appears to be very real for church involvement to offer a protective effect around decreased feelings of loneliness, helplessness and “wishing I was someone else.” However, regret is clearly associated with forgiveness and has clear associations with church involvement. Participants identified regret as a good thing (with qualifiers) and as an important precursor to forgiveness.

Archetypal Voices: on forgiveness

Abi

If you didn’t, like forgive people, it wouldn’t be good. Jesus died for our sins, so we have to forgive others, too. And, we know that God forgives us no matter what we do wrong. When you do something wrong, it’s good if you feel bad. It’s not good that you did it, but you have to feel bad so you know what you did and so you won’t do it again. There’s a lot of forgiveness at my church. Once I broke a lightbulb and everyone understood it was an accident. I don’t think that would have happened at school. They would have been really mad at me or kids would have made fun of me. When you say sorry, you have to really mean it. Sometimes at school kids say “sorry” and like, you know they don’t mean it and you don’t feel better, you just feel worse. So, you have to mean it when you say sorry and regret helps you do that.

Jake

If you don’t have regret, forgiveness can’t be real. I don’t think the kids at school really understand forgiveness. They just keep getting in the same problems, over and over again, and that lands them in the principal’s office to get dealt with. But they never really deal with anything, they just do it again, so it’s not good and you just stay away from those kids. I think if they understood about forgiveness it would really help them. Jesus forgave us all, and we’re supposed to forgive even our enemies. Church helps me do that. Our pastor talks about this a lot and my parents have always talked about this a lot, too. Forgiveness isn’t easy, but it changes everything.

Rachel

I think it’s really sad when people don’t really understand forgiveness and who they can ask for forgiveness. Then you just feel guilty all the time and you don’t know how to deal with the guilt, so you just pretend it didn’t happen. I see this so often at school. If I do something bad, I feel terrible, but that’s good because it helps me make things right again. If I didn’t feel bad, I don’t think it would be good. But, if you feel bad and you stay there, and never move on to forgiveness, that’s not good, either. Forgiveness helps you move on. It helps you when you do something to another person and also when someone does something bad to you.
1.5 Overall experience of church

When I asked participants about their experiences of church, for the most part they were very positive. All participants reported at least something good about their church, and most reported liking their church very much. Participants told me things like this:

“It gives me comfort.” (1-1-line 8)

“There is a friendly attitude.” (2-4-line 13)

“I really like the food!” (4-3-line 11)

“On Monday to Friday [when I see the church on my way to school] I use the church to give me comfort getting ready for school knowing that I have a place to go at lunch if I need to calm down or something.” (1-1-lines 12-14)

“When I arrive at church] it’s kind of a nice relaxing feeling because you get to sit down and kind of be quiet for a while because you get to sit down for an hour but not really go to sleep. It’s a way to lengthen out the rest of the day.” (2-1-lines 23-25)

One participant told me that he would really miss church if he didn’t have it (10-11-line 16), another agreed that her church was really good (7-10-line 19) and many participants reported a sense of belonging at church. It was clear from most participants that not only did they like their respective churches, but that for the most part, they perceived their own experiences at church to be positive.

As much as most participants were positive about their church experience, they were less certain that it would be meaningful to their friends outside the church. One participant told me numerous times how much he likes his church. He then told me about a friend who doesn’t attend and I asked if he thought his friend was missing out on anything. This participant thought for a long time before hesitantly saying:
“I don’t know.” (4-3-line 7)

Another, who was asked the same question, said:

“I don’t think so.” (5-3-line 26)

I asked each participant questions about the kind of impact church involvement has on his or her life. For example: “If you had your life exactly as it was without [your church], do you think you’d be missing out on something?” One participant had a hard time thinking of a way he would be missing out, and responded with:

“Ummmmmm….“ (4-9-line 3)

When asked “Does church have a big impact on your life?” a characteristic response was:

“I don’t really think so.” (6-7-29-31)

When asked what difference her church connection makes in her life, another responded:

“….. probably not a huge one.” (5-7-line 2)

As soon as she said this, however, she reaffirmed:

“But I really like [my church].” (5-7-line 3)

Early on in data collection, I noticed the emergence of a theme that would become pivotal to this study: while the church experience of most participants was positive, most also were clear that overall, their church experience didn’t make much difference in their lives. I have called this phenomenon: “positive, yet benign.”

1.5 MAIN THEME: Overall experience of church involvement is positive, yet benign. While participants report a positive experience of church, expectations appear to be very low that their experience of church will (or even should) be relevant to the rest of their lives.
Archetypal Voices: on overall experiences of church

*Abi’s voice*

If you ever came to my church, you’d see that lots of people know me and I really feel like I belong. I feel safe at my church and it helps me know the right things to do so I can make good decisions at school. Sometimes I don’t go and I miss it, but it doesn’t make that much difference in my life. It’s just something my family does.

*Jake’s voice*

I like school well enough, but home is better. Every week I go to youth group at church. We have dinner then a kind of study time. I don’t know most of the leaders, but they are nice. We learn about the virtues and things. My hockey team is more important to me, but I find church a really nice break in the week. I like learning about forgiveness and stuff, but I learn it at home, too. I don’t think I’d really invite my friends, because they already have things they do, but I can’t imagine not going to my church.

*Rachel’s Voice*

This past year, I started helping run the technology at my church, and there is this older couple, and they say hi to me every week. I think they really appreciate what I do at the church. If I wasn’t there, well, they’d miss me. My church has a lot of forgiveness, and I also feel really accepted and loved. I’d like to bring some of friends to church with me, because it’s the kind of thing I don’t think one of them has experienced yet in her life. I think she’d get it at my church. In a couple of years, I want to go on a church mission because I have so much and I want a way that I can help other people who don’t have as much. I’m really excited about that, and I’m already saving up for it.

*Reflection*

We have already noted that Abi, Jake and Rachel each have a positive experience of church; but now some key differences are starting to emerge. It is not insignificant that each of them mentions that forgiveness is a big part of their church experience and yet the differences in the rest of their experiences are notable. Abi, for example, tells us that her church helps her learn how to do the right things, and Jake doesn’t think he’d invite his friends to his church. Rachel, on the other hand, has an experience that goes
deeper. Not only does she have meaningful adult connections and a role that she understands to be valued, she finds a kind of unconditional love and acceptance at her church that she believes would tangibly help one of her friends. She is also excited that her church will offer her a meaningful way of engaging with less privileged parts of the world. These differences may at first appear small, however as their stories unfold, we see the beginning of several important trajectories that are fundamental to this study.

**LEVEL 2 REPORTING: associations between church involvement and health: emergent themes**

Throughout the observation, coding and analysis of the level one data, two main themes and one secondary theme emerged that were helpful in understanding relations between church involvement and health.

1. The church experience of participants, while having many positive aspects, was perceived as benign in the overall lives of participants. In other words, while it had positive aspects, it made limited difference in the participants’ everyday lives.

2. While associations between church involvement and health emerged throughout the study, they included an emphasis on moral behaviour, social conventions, forgiveness and a possible relationship with positive identity. Church involvement did not appear to have associations with either physical health or with more holistic measures of health such as feelings of loneliness or helplessness.

3. (Secondary theme): Expectations around intergenerational community were low, and when they were present, children received the seemingly smallest gestures as meaningful.

These emergent themes suggest that the church experience of participants is facilitating a disintegrative experience of the Christian life that has a disproportional emphasis on moral behaviours over and above a more holistic experience of health. As a secondary theme, I observed that although adults were not perceived as negative, children reported very little meaningful interaction with adults in their church communities. While the
church experience of these children was not necessarily negative, I suspected that they were missing out on much of the richness and depth that the Christian life has to offer.

I was intentional about focusing interview questions in order to understand these emerging themes more fully and to thoroughly test this hypothesis. I began to ask participants more focused questions about how their experiences of church might impact the whole of their lives:

I really want to know more about church. Does it impact your whole life?
“*Well it impacts a little bit what I do.*”
How so?
“I don’t really notice it, but it’s because it’s not stuff that I do do, it’s stuff that I don’t do.”
So it influences stuff you don’t do?
“I might do stuff that’s really bad if I didn’t go to church.” (6-11-lines 15-21)

Note that while my question was about the whole of life, this participant readily brought the conversation back to behaviour. I invited another participant to share:

Do you think going to church…. does it influence the whole of your life or just certain parts of it?
“*Ummmm…. I think the whole of my life.*”
Like your artwork?
“*Maybe not with that.*”
(11-8-lines 9-16)

While her first response was that church influences the whole of her life, as soon as I probed deeper, into an area she had previously told me was important to her, she could no longer see a connection.

Another participant summed up his opinion about what church is for like this:

“*Well, I think the church is just for spiritual health, focusing on that… school and family are more social, swimming is more physical.*” (4-12-lines 17-19)
I continued to encourage the children to articulate ways that they saw their church experience connecting with bigger parts of their lives: with their interests, school and the things that bring them joy:

Do you think church is involved in a part of your life or the whole of your life?
“I think the whole of my life.”
So would church make a difference in when you play hockey?
“Well, not really 100%, but I’d say maybe 99%. Well I guess with hockey because I’m not mouthing off to my coach and stuff.”
So it makes a difference in how you behave morally and stuff?
“Yes.”
Does it make a difference when you play video games and stuff?
“Well I guess so. No it’s more like when I hang around with friends and stuff.”
Does it make a difference in school and stuff?
“I guess so. Because I’m not like talking back to the teacher.”
Ok. So it affects your behaviour. It sounds like that’s the main thing?
“Ya.” (8-11-lines 16-28)

Consistently, participants steered the conversation back to morality.

One of the more serious athletes made an interesting connection between sports and faith. He reported that the teaching at his church is quite strong, and that it impacts the decisions that he makes on a daily basis. When I asked him to say more about this, he told me it was connected with:

“…learning about all the virtues and stuff [so you] feel like you know exactly how to deal with situations because you’ve been taught all of the virtues and how to use them.” (2-5-lines 15-17)

He then told me that the teaching from his church extended into his soccer playing life in the sense of forgiveness. I asked him why he would need forgiveness for playing soccer. He laughed and said:

“When someone doesn’t pass the ball.” (2-11-line 2)

I continued to observe that while participants readily made connections between the Christian life and sports in terms of behaviours (not mouthing off to coach), forgiveness
(when someone passes the ball) and to evangelism (telling others on the team about Jesus) the connection was not made between the Christian life and the actual sport or physical activity itself.

This next participant was very passionate about sports, and I was curious about how she saw the connection between her love of soccer and God. I asked her if she thinks God cares that she plays soccer. Our conversation went like this:

“Ummm... I think yes because it kind of helps define who I am and also when I’m there if there are non-Christian people I can kind of share God’s word with them.”

What about the kind of physical-ness of soccer, does that have anything to do with being a Christian?

“Ummm. Not really.. I don’t think so.”

Does God care what you do with your body?

“Yes.” (She says this tentatively, with a questioning “uptick.”)

In what way?

“Our body is a temple we shouldn’t treat it.. Like… We shouldn’t give away our bodies…”

We shouldn’t just drink, do drugs…?

“Yes.”

Should we exercise? Is that part of it?

“I think we should take care of ourselves.. But just as long as we’re not doing harmful things.”

So it is more not doing harmful things?

“Yes.”

What about doing positive things? It sounds like soccer is pretty good for your body.

“I think that’s good but it’s not a big part....”

Not a big part of being a Christian?

“No.”

But it does make a difference because you are there with non-Christians and you can tell others?

“Yes.” (9-9-lines 4-30)

For this participant, while she did not think playing soccer was a big part of being a Christian in and of itself, she did think it could be important because of the opportunity it would provide to share God’s word with non-Christian members of the team.
When this final participant shared how important his hockey team is to him, and how playing hockey makes him feel alive and invigorated, I asked if there was a connection between using his body so fully and anything that happens at church.

“Um... I’m sure there is... There always is little connections but it’s not really big. But I can’t think of anything definite that I can think of, no.”
But using your gifts, doing sports and using your body and mind makes you feel alive?
“I know I’ve heard that at [church]...like a message or something like that... or encouragement from one or two in the 30 – 40 age range guys that I know. So....”
What did you hear from them?
“They would encourage me in my sport. They would hear how I played in a hockey game or something... They would congratulate me; encourage my sport... maybe five different older men?”
Wow. That sounds like an area where some people from the church were interested, in your life around sports?
“Yes. And also, I think this is important. My dad knows quite a few people in Kingston and he has this friend and he wants to see my games...He wants to watch me play and stuff... and I’m pretty sure he goes to church but another church and that makes me feel confident in myself and my hockey ability because he wants to see me play.”
So there’s an adult who is not a relative, just a friend of your dad’s and he wants to come to your game and that encourages you?
“Yes. He has come before and he wants to come again.”
And that encourages you a lot?
“Ya.”
But he’s not from [your church]?
“There’s probably two, three... maybe five if I stretched it, who would encourage my game. Maybe there are two who would come. That’s the little piece... the connection I’m getting from [my church].” (3-12-lines 25-33 to 3-13-lines 1-16)

There are several important things that I noted from this exchange. First, this was one rare instance in which the participant was able to make a connection between his “invigorating” sport life and his church life. Whereas earlier in the interview, he had told me his church community was “skin deep” and that church was one of the last places he would go if he needed help, when he talked about the interest these men show in his hockey playing, it meant a great deal to him. Note that it is the participant himself who
said “I think this is important” and he proceeded to tell me about his dad’s friend who had come to see one of his hockey games and would like to come again. After some thought, he speculated that from within his church community, there might be “two… three… maybe five if I stretched it who would encourage my game. Maybe two who would come.” For this participant, these adult relationships are what he describes “the little piece… the connection I am getting from my church.” (excerpts from: 3-12-lines 25-33 to 3-13-lines 1-16)

Like this participant, I agreed that his observations about intergenerational community were very important. This was one of the few instances during the interviews in which a participant was able to connect his church experience with something that brings him life. It is worth noting that this connection was not through teaching, through a sermon or through a youth group event: it was solely through a few male adults who ask about his game and might be interested in seeing him play sometime. The encouragement to this participant for these small interactions was one of the most positive things he had to say about his church; indeed, this seemed to be what held him to his church. It is almost simplistic to note what the adults did that was so significant: *they sometimes asked him about his game.*

It is worth noting here that we live in a complex and broken world. Sadly, the church has a dark history of adults who have breached boundaries with young people and inflicted significant sexual, emotional, spiritual and physical damage on them. That adults may be hesitant to interact with children in the church may be connected with their fear of appearing like a predator or of breaching appropriate boundaries. At the same time, leaders in the church can help nurture appropriate relationships between children
and adults in the church, and foster adult engagement with young people in a healthy manner.

In this Level 2 analysis, initial patterns observed in Level 1 generated the two primary themes and one secondary theme that have been explored in this section. The story that is emerging is certainly not all bad. Indeed, it is appropriate and positive that the church is intentional in its teaching about avoiding common risk behaviours that can be destructive to one’s overall health (emotional, physical, mental and spiritual). There are many positive aspects to the church experience of these participants, including a deep experience of forgiveness. However, the fact that this general pattern of protection does not extend to behaviours connected to physical health suggests a shallow understanding of the doctrine of the Incarnation. Further, it suggests that both the teaching and culture in the church have focused primarily on a narrow understanding of morality.

Speculatively, perhaps there is a tendency within the church to focus on morality as the goal rather than the result of the Christian life. Finally, some of the people who might be best equipped to help children navigate the complexities of living as God’s people in the world – the mature Christian adults in the church community – are for the most part a minimal part of the church experience of these children. One result is that these children are potentially missing out on the rich gifts the church has to offer.

**LEVEL 2 ANALYSIS: MAIN THEMES**

1. **Positive, yet Benign:** Church experience is positive but in many ways makes little difference in the overall picture of one’s life.

2. **Better Behaved (nicer and forgiving):** Church involvement encourages morality, social conventions and forgiveness but does not influence more holistic measures of health or the health of one’s body.

**Secondary Theme:**

3. **Distanced from the adult world:** The very people who would possibly be willing and able to offer some real mentoring in the lives of these children had very little tangible...
presence in their lives.

Archetypal Voices: on the way church involvement impacts their lives

**Abi’s voice**

Church is a really important part of my life and helps me spiritually. I do swimming, too, and that helps me physically. And school, well, that’s where I have all my friends. I learn a lot of things at church, like not to steal or do things like that. It doesn’t really make a difference to swimming or school, but I come from a Christian family, so I guess what we do in church is part of my family. We all go to my church and I like that.

**Jake’s voice**

Soccer is about the most important thing in my life. My coach is great and I really look up to him. He really cares that we eat well and stuff, and that we also play really well as a team. He doesn’t want us to drugs or anything because it’s bad for us, and they tell us that at church, too. I think God likes it that I play soccer because I can tell other people about God. And, we’re not supposed to drink and stuff.

**Rachel’s voice**

Sometimes at school, people get left out or they’re bullied and it’s really hard because you feel like you don’t fit in. But then at my church, I know everyone just loves me and thinks I’m beautiful. It makes me know that I can just be myself and it doesn’t matter what they think. Sometimes when I have a hard week, I get to church and I just remember who God is and how much God loves me. That stays with me all week, when I’m at school, or at my music lessons, or playing sports or just with my friends. Sometimes I try to tell my friends that they’re beautiful just how they are, and I wish they could have an experience like I have at my church.

Reflection

Here again we notice that Rachel has an experience of church that extends beyond Sunday mornings into many areas of her life. Her life certainly has struggles, but somehow, what is happening at church is rooting her with a message and relationships that hold her and help her navigate harder areas of her life. Jake has a deep commitment to his faith, but for Jake, what is really giving shape to his life is his soccer team. Church is teaching him about behaviours, but the only real connections he can see between
church and soccer are that through church he has learned not to drink (which is in keeping with what his coach wants) and that soccer is a potential venue for evangelism. These connections are not bad, but I note that they are limited in terms of how deeply I would hope his church experience could impact his life. Abi’s experience is similar to that of Jake. Because Abi is younger than the other two, I would not expect as much sophistication in her reflections as I would from Rachel or Jake. However, Abi is already making clear divisions between what church, swimming and school are for, and the beginnings of a compartmentalized, potentially limited faith are emerging in her life.

LEVEL 3 Reporting: Associations between church involvement and Jesus’ invitation into the fullness of life

One core phenomenon emerged at the heart of this study: **while the church experience of children has many positive aspects, it is a compartmentalized faith that has limited connection to most areas of life.** In other words, these children are in many ways missing out on much of the richness and depth of the Christian life that can be offered through the Church. And the Christian faith, inherently, is about life.

This thesis is grounded in the theological assumption that the aspects of behaviour relevant to the Christian life are important, but not as an end in themselves. Rather, our behaviours are a response to a relationship with a life-giving God. The Christian life is about *life*, life that permeates every part of our being. All of the findings thus far compelled me to understand experiences of participants as they connected with the integrative and fullness of life we are invited into – and drawn into – by Jesus. In this final level of analysis, I wanted to understand the phenomenon of the experience of church and its connections to life.
Some participants had heard the phrase “the fullness of life” and others had not. If they hadn’t, I described it as “the best, most wonderful, fullest possible life that Jesus has for us in this world.” When asked to imagine what the fullness of life might look like in their own lives, participants were limited in what they described:

“…. I’d say [Jesus would] probably want you to learn about him and stuff and be at church and stuff, but then like also be everywhere and telling people about him, I don’t know like be a missionary and stuff.” (12-12-lines 24-26)

“I think it’s about…. telling others about Jesus Christ.” (4-8-line 8)

“[The fullness of life] would be totally perfect. I mean, it’s just human to do stuff that is wrong…. it would be very strange.” (6-10-lines 17-18)

If your life was full in the way that Jesus wants it to be, what would it mean every day?

“I’d do everything perfect.”

So it would have to do with your behaviour?

“Ya. Because sometimes I tend to do stuff I probably shouldn’t.” (6-10-lines 21-24)

“[The fullness of life would be] like not being a pain or anything.” (10-9-line 16)

For many, the life Jesus wants for them was very definitely connected with behaviour and/or evangelism.

I probed to see if I could get any participants to share something more deeply connected to a life-giving relationship with God:

Would [the fullness of life] also have to do with how much fun you have or how much joy you have?

“Ya. How much fun I have.”

So it would also be connected with fun?

“Well…. being totally perfect… would probably influence how much. I’m not really sure but it might influence how other people want to be around you. It might make some people not want to be around you.”

So you might have fewer friends?

“I’m guessing.” (6-10-lines 25-32)
I was surprised by this comment as this participant had shared a very positive picture of his church and of being a Christian. And yet, when pushed to really think about what this fullness of life might look like, in the same breath as he connected it with fun he also thought that it might mean he had fewer friends. This theme came up again with this next participant who didn’t seem to think this idea of the fullness of life in Jesus sounded very good. I confirmed what I thought I heard him saying several times:

So does that kind of life [that Jesus wants for you] sound good, or not so good?

“Not so good.”
I just want to make sure I’m understanding you. If you lived the way Jesus wanted you to all the time… you’d be perfect and there would be good things in that but some people might not want to be around you so it wouldn’t be that good.

“Well, it might not be. The people might... might want to be around you but... Maybe I want to hit someone...I’d be so angry and then I couldn’t do that if I was mad at them.”
So you’d have to hide your mad feelings?

“Ya. That’s hard. I have really big temper.”
So would you not be able to be who you are?

“Ya.”
So to live in this perfect way you wouldn’t really be able to be fully yourself?

“Yes.” (6-11-lines 1-14)

For this participant, living fully in Jesus had repercussions of not being able to be himself.

I continued on this theme of “life” to try to understand if participants felt their experience at church connected with feeling alive:

Being at church, does that make you feel really alive?

“.........Ummmmm....”
Or is it just something you do?

“I think it’s more like just something I do.”
You like it (church) a lot but it’s not something that brings out the life in you?

“Ya.” (5-8-lines 22-27)
I continued to probe participants to understand how their experience of church might be a part of what brings them to life and asked: “Is there anything in your life that makes you feel really alive?”

“Not really alive… well… I feel alive when I play hockey, I’m going really fast, going really well… and I ask God to help me play really well and do really well on this power play and I feel really alive and invigorated… And also when I’m at school and I’m doing something really well and like maybe schoolwork, or I’m playing really well on the volleyball team.”

“So when you are using your gifts of your mind or your body and you engage with God then…And that makes you feel great. Is this connected to anything that happens at church?”

“Um… I’m sure there is… There always is little connections but it’s not really big. But I can’t think of anything definite that I can think of, no.” (3-12-line 16-26)

This was telling because while this participant had readily made connections between church involvement and forgiveness and between church involvement and behaviours, he saw very little connection between church involvement and the larger picture of his life. This response was in keeping with much of what I had been told throughout the interviews, and seemed to me to be sadly missing the mark on the potential the church has to live out the depth of its own story and draw children into life in Christ.

I intentionally did not ask participants if they knew the concept of shalom because it seemed an unlikely topic to have been introduced in a traditional children’s ministry. When I asked one participant about the fullness of life, however, he brought it up on his own.

“One of the things Jesus talks about is that he came to give us the fullness of life. Can you imagine what the fullness of life might look like?

“The coming of his Kingdom of Shalom.”

Can you say more?

“Our job is to try to have shalom come. We’re supposed to hope for his coming, and work with the Holy Spirit… we all have our unique ways of creating shalom… we all have God’s gifts, I don’t know mine yet, but we use them to try and create shalom.. and that’s about all I know.”
Is that what you’ve been taught or is it what you believe?

“I believe it now that I’ve been taught it and thought about it for a while.”

When did you learn it? Where were you taught it?

“A couple of weeks ago.”

Wow, this is pretty big playing around in you. Is it a life-changing thing you’ve been thinking about.

“Ya, it is. I think about it all the time.” (3-13-lines 17-30 to 3-14-lines 1-3)

He told me he had learned about this at school, and I wanted to hear more:

This shalom, is it in the future or the future coming into now?

“It’s in the future but we’re trying to get it closer in the future. The coming of God’s kingdom, you want it to come as soon as possible. At least I do.”

So is there a taste of that in the present?

“I think there are glimpses of it. But we are using our gifts, or what God meant us to do, to restore the earth or whatever... um... that’s part of shalom. So when I’m using my gifts on the ice or whatever... I kind of... maybe not on the ice, I don’t know, I kind of feel connected and that feels like shalom sort of.”

What would church look like if you got this kind of teaching in the church?

“I think it would be a really encouraging environment. There’d be a lot more intergenerational mingling and stuff. There would be old people talking to the young people, old people and young people, joking around with them. Sometimes that happens, but usually it’s old people having coffee... and a bunch of young kids running around... not a lot of intergenerational... that would be changed if this was a common theme.”

Would that breathe life into the whole place?

“Ya. I think we’d be a lot more together. Because part of shalom is togetherness of everybody else. Everybody is together working toward shalom. That’s part of shalom. If we had that at church it would be so much better. I think it would grow out into the community and that’s what we want to do, but we can’t do.”

Is it in the church?

“I wouldn’t know.” (3-14-lines 12-33to 3-15-1)

While I was impressed by the theological astuteness of this participant, I was saddened when he was unable to connect this powerful vision of shalom to his experiences in his church. I wanted to hear more. He shared that while he had only recently learned about the concept of shalom, he felt that the foundation of shalom had been laid his entire life through his family, only he did not know what to call it. I wanted to hear more:

What did that look like?
“Forgiveness, and stuff we talked about. It’s in all the little things we learned as kids, growing up. Everything we’re doing we’re learning, in everything we are doing we are learning and growing that way.”
In that sense of acceptance, community in family as well?
“Ya.”
These things I’ve been asking about… forgiveness, belonging… learning to say sorry, learning you are loved and accepted… that you have control over your life, all these things help lay the foundation for shalom.
Then when you heard about it you thought…
“This is it.” (He interrupted and broke in to finish my sentence.)
Wow. How does all this related to your experience of the church?
“Um…….. It doesn’t really.” (3-15-lines 24-33 to 3-16-lines 1-3)

Again, this participant was casting a powerful theological vision that was clearly disconnected from his experience of church. I asked him if understanding shalom would help people in his church enter the fullness of life and he looked me straight in the eye.
His voice was a clear and definite whisper when he said “yes.”

At this point in the data analysis, I was able to identify a core phenomena at the heart of this study that I came to understand as “a missed possibility.” While church involvement and the Christian life have an extraordinary gift to offer the church’s children, the norm is that even in seemingly positive situations, children are being nurtured in a morality-centred faith that has little connection to shalom, or to the fullness of life that we are invited and drawn into in Jesus.

While this finding may be perceived as negative, I am convinced that the possibility of a church experience to be a means of nurturing deep shalom in participants is ever present, even though it is not reported as the norm. For example, one participant shared that she thought going to her church would help a friend of hers who has social anxiety. Our conversation went like this:

Do you have any idea what it is that would help her?
“Just knowing that someone cared about her… and she’s very hard about herself and how she looks…”
So just being accepted at church… the church is good for that? “Just knowing Jesus loves her and thinks she’s beautiful.” And that’s what she’d get at your church? “I think so.” (11-3-lines 27-33)

Another told me that her friends who don’t go to church are overall more pressured than those who do. I asked her if she had any idea why this would be the case. Here is what she told me:

“Because they don’t know that they don’t need to be what the world wants them to be. They need to be what God wants them to be.”
Ok, so you have a pretty profound sense that God wants you to be just who you are?
“I think so. I should try to be like him and I don’t need to look like a supermodel to do that. Whereas if you weren’t a Christian you might think ‘I need to be like this to be ok…”” (11-7-lines 1-7)

Later this same participant shared with me what she likes about being a Christian. She said:

“It makes you above what the world’s standard is. The world wants you to be in a certain way but you know that it won’t make you happy being that way, where this makes you truly happy and truly feel good about who you are as a person. It can bring out whatever you want to but that’s not going to make you happy in the end.”
What is going to make you happy in the end?
“Knowing that you are loved and that you’re cared for… and that someone is taking care of you…” (11-13-lines 14-22)

For this young girl, her experience of feeling loved and cared for was clearly rooted in the experience of church that she articulated throughout the interview.

Level 3 Analysis: MAIN THEME:
A Missed Possibility: Church experience of children has many positive aspects, but is compartmentalized and has limited connection to the concept of shalom, or to the fullness of life into which we are invited by Jesus. And yet, the possibility of a deep, holistic experience is ever present.
Archetypal Voices: on the fullness of life

I now offer a glimpse of what this “missed possibility” might look like in the lives of Abi, Jake and Rachel. These following excerpts of “archetypal voices” are taken verbatim from my interview data and attributed to Abi, Jake and Rachel.

### Abi talks about “the Fullness of Life”

“Being able to be just be surrounded by Christians, and um… like everyone just being able to obey God and act as Jesus would.”

What would characterize that? Like what would you do?

“Probably a lot of stuff involved in the church, just being able to be a Christian all the time no matter what you were doing.”

Would you still be swimming?

“Umm… I’m not sure. Maybe.”

But you like swimming?

“Ya.”

Do you think God likes the things that you like?

“Ya.”

Does God want you to enjoy these kinds of things?

“Ya.”

So do you think that swimming really fast, being really strong in the pool, having a really good race, would that be part of the life Jesus has for you?

“Not necessarily.”

So that’s a little bit outside… it would be more in the church…

“Yes.”

It’s more important telling kids the Bible story, praying, singing, and stuff like that?

“Ya.”

It’s not bad stuff, but just wouldn’t be at the core?

“Ya.” (9-11-lines 24-30 to 9-12-lines 1-22)

### Jake talks about the “Fullness of Life”

“The fullness of life… probably would be like… probably … you’re going to church a lot, praying a lot I guess… I don’t know.”

So you go to church a lot, pray a lot. Your friends are Christian?

“Yes.” (8-12-lines 12-15)

Jake had also told me he how much he loved to play paintball, and that the adrenalin of paintball made him feel really alive. So I asked him if he was in this fullest life that Jesus had for him, if he would play paintball, and he was very clear:

“No I would not.”
So it wouldn’t be connected with paintball?

“It probably wouldn’t be connected with sports because most sports are not like Christian based per se.”

So even though you like sports, I want to make sure I’m understanding this… if you are living this fullness of life Jesus offers you, you wouldn’t be playing a lot of sports.

“I wouldn’t be playing any sports.”

You wouldn’t be playing any sports?

“I wouldn’t be playing any sports or any video games.”

No sports or video games or paintball?

“No.”

What would you be doing that would be fun?

“I don’t know… probably like going to church…” (8-12-lines 17-28 to 8-13-line 1)

When I wondered about this, Jake shifted his stance a bit, and told me Jesus wouldn’t mind him playing sports if it was in a church league. He said:

“I guess you’d be friends with other people who weren’t Christian, but you’d be trying to make them become Christian….” (8-13-lines 11-13)

Rachel talks about the “Fullness of Life”

“[You would] just be so happy about who you are and what God has sent you to do and to be doing that to the best of your ability.”

And what would that look like?

“You’d be very happy and any problems that were sent your way you would be able to deal with them…”

Would it mean you wouldn’t have problems?

“You’d still have problems… you’d be able to be in control of them.”

You’d be able to handle them?

“Ya.”

Would people help you? Would you be on your own?

“You’d be able to have help from other people but you’d be able to handle them on your own as well.”

Would it make a difference? In this fullness of life, would you feel lonely or would you have community?

“I think you’d have community.”

Do you think it would be in the church?

“But you would be living in a way that people would want to be around you and make them feel good about their lives being around you.”

So you could live in the fullness of life at high school as well as you could at church?

“Ya.”

As well as you could at university?

“Anywhere.”

Anywhere?

“Yes.” (11-11-lines 18-29 to 11-12-lines 1-14)

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Reflection

These three experiences help focus many of the issues that are of concern in this thesis. For example, while Abi’s experience of church is positive, it does not seem to be making much difference in her everyday life. Notice that while she agrees her swimming would be pleasing to God, and it is clearly important in her life, it would “not necessarily” be a part of the best possible life Jesus has for her. This certainly relates to her understanding of what the Christian life is, and what the Christian life is for. In Abi’s understanding, what God delights in are things that are generally considered Christian practices, such as praying, singing and telling children the Bible stories. However, it has little to do with anything outside the church walls. Abi does not think what happens outside the church walls is necessarily bad; it just isn’t very relevant to being a Christian.

Jake’s experience was equally interesting. First, Jake shares that he loves playing paintball; he says it makes him feel alive. He also critiques paintball as outside the realm of Christian activity. He then consolidates all sports into the same category as paintball as being outside what it means to live the fullness of life. But, there are a few exceptions: if you are playing sports with other Christians, Jakes thinks sports are then ok. Further, if you are playing sports with the goal of the evangelization of other players, it is also ok. (This theme also came up earlier when Jake talked about hockey.) However, on its own merits, Jake thinks sports belong outside the realm of the Christian life.

Rachel’s comments about the fullness of life stood out to me in many ways. When she shared her conviction that the Christian life made a difference anywhere, I wondered if I had misunderstood, and took the time to clarify. But Rachel was very clear – this life in Jesus is life that happens anywhere and everywhere. While she did not paint a picture
of a life without troubles, Rachel did see her faith as a resource to draw on to help get her through her troubles. She also saw her Christian community as a resource for helping her. And, she saw her own way of being a Christian as something that would appeal to others. While this life was rooted in the church, she could live this life anywhere.

I wished that all the participants could have a similar holistic, life-giving experience of church to Rachel. Certainly, Rachel was exceptional. She had a supportive family, she attended an excellent church, she had lovely social skills, and she was articulate, bright and friendly. However, the same could be said for each and every one of the children I interviewed and regardless, this holistic, integrative and life-giving experience seemed unique to Rachel.

Emergent Questions

Throughout chapter 3, three key questions emerged:

1. Why is a child’s physical life not seen as an integral part of the Christian life?
2. Why is the fullness of life in Christ typically imagined as something that is limited to moral behaviours and church practices rather than extending into every area of our lives?
3. What is it about Rachel’s experience of church that has nurtured her as a person who has such a deep sense that God is with her, present and active, in every part of her life?
As we look at Abi and Jake, we see that while they identify their church experiences as positive, and church involvement does seem to impact them in regards to protection from risk behaviours and forgiveness, it is at the same time making very little overarching impact on their lives. However, when we look at Rachel’s experience, we see a young person whose life is indeed characterized by a deep and age-appropriate sense of *shalom*. Her experience of church is that it is essentially a community that draws her into an experience of wholeness. For Rachel, this is translated into a transformational relationship with God that seems to permeate every part of her life. This in no way means her life is without struggles. However, it does mean that her life is deeply rooted in and nourished by a holistic experience both of church and of God.

This thesis is rooted in the basic assumption that the Christian church as a body is to be a community of wholeness. At its best, the church has the potential to invite people into a new way of being in the world, characterized by the concept of *shalom*. While this life is not without struggles or adversity, it is grounded in relationship with a dynamic, loving God who shapes healthy relationships within and outside of the church. If this is indeed the case in the modern church, we would expect to see evidence of this in the holistic health of children. While the results of this study suggest that this is not the norm, Rachel’s story offers hope that the church indeed does have the potential to nurture a young person in a way that has holistic associations with health and that draws them into a meaningful experience of life at its fullest, even in the midst of this complex and troubled world.
SUMMARY OF RESULTS:

Overall, the results of this study suggest that while the church experience of children has many positive aspects, it is at the same time a compartmentalized faith that has limited or no connection to the fullness of what the Christian life can be. This finding is supported by the initial HBSC quantitative study (presented in chapter 2).

The story around church and its associations with health is certainly not all bad. Certainly, few would argue that involvement in a church or religious group that offers a significant protective effect around participation in overt risk behaviours and engagement in healthy, prosocial behaviours is anything but positive. Similarly, involvement in a church seems to have a significant impact on the experience of both offering and receiving forgiveness, which contributes to the overall well-being of participants. Overall, participants in this qualitative study reported that their experience of church is positive.

The concern of this study is that church involvement has the potential to be so much more. It has the potential to nurture God’s children in holistic experiences of overall health that extend into every part of their lives. However, experiences that have been shared by participants for the most part suggest a compartmentalized faith, which, apart from certain behaviours, seems to make very little difference in the everyday lives of participants. In other words, church involvement is inviting our children to be “better behaved and nicer” but makes little difference to more holistic measures of health (with the significant exception of forgiveness). This suggests not only significant theological problems in the church, but also practical problems regarding ministry to children in the church.
In my interviews, the experience of Rachel was the anomaly. But this theme of an integrative and holistic life in God was ever present, and surfaced in unexpected places throughout the interviews with all of the children. I have identified this scenario as “a missed possibility.” A holistic experience of health and wholeness is central to the promises of the Christian life, and while this study suggests that this ideal is often being missed, it also suggests that the potential for the church to offer this kind of life-giving experience is tangibly present.

**OVERARCHING MAIN THEME: A Missed Possibility**

Church experience of children has many positive aspects, but is compartmentalized and has limited connection to the fullness of life into which Jesus invites us. And yet, the possibility of a deep, holistic experience is ever present.

**Strengths:**

A major strength of this study is the rich qualitative data that was collected from articulate participants. The data is textured, deep and nuanced, and was honestly and generously shared. Participants represented a range of ages, both genders and a diversity of denominational, school and family experiences. They were also eager to share.

Another strength of this study is its mixed methods approach. Because the study was based on initial quantitative data, the qualitative study was somewhat hypothesis-driven and focused on issues that had already been identified as potentially important in understanding relations between church involvement and health.

Further, this study is based on questions with significant practical value as they are rooted in honest, real-life experiences. This provides concrete evidence to support
both recognition of where the church is functioning well and suggestions as to where the church needs to change in terms of its ministry to and with children in the church.

**Limitations:**

This study is limited geographically in that all participants live in Kingston, Ontario. Further, because the pastor or youth leader of the respective churches recommended all participants, there may have been bias in selection of children with the most positive attitudes for involvement. This means that the results of the interviews may also have a positive bias and not be generalizable to a full spectrum of young people. This study was also based on one interview with each participant, and thus does not take into account how their experiences might be articulated on a different day, what their experiences might be during a different season of life, or what their experiences might be after they have matured through natural development. Also, a large proportion of participants attended either private Christian schools or a Separate School Board school, which may bias my results.

**Conclusion**

Findings from this study raise important questions and concerns with respect to ministry to children within the Christian church. These pertain to the role of ministry in the health of children and especially the integrated experience of faith in their lives. Involvement in a church or religious group clearly offers some protection with respect to engagement in risk behaviours and improved prosocial behaviours, yet one is left to wonder why this trend does not extend into more holistic areas of life. While this
A qualitative study suggests that many positive things are happening in the church regarding the experience of young people, one is left wondering if there could not be more. These findings are sobering because the Christian life, and by extension the church, has much more to offer our young people than what they seem to be receiving. The Christian life is about far more than behaviours, and extends into every part of our lives.

At its best, the Christian story is characterized by an invitation into the fullness of life. Good behaviour is not an end in itself but a response to a relationship with a dynamic, living God. It is an invitation into a whole new way of being in the world. If, as is suggested by findings presented in chapters 2 and 3, the church is predominantly influencing children in terms of their behaviour and yet not having an impact on the whole of their lives, the essential mission of the church is being distorted or watered down.

In the next and final chapter, both the theological and practical roots of these concerns are explored. I have then presented a way forward for today’s church, casting a theologically and pedagogically grounded vision for what this “missed possibility” might look like for the 21st century church as we seek to nurture our young people in a holistic life in Christ.
Chapter 4: Theological and practical implications of this study for the church and for our life in Christ

Preamble

The new life Jesus invites us into, life in this world, is characterized by shalom. This involves a whole new way of being in the world which, while not without struggles or adversity, is grounded in relationship with a dynamic, loving God who draws us into a holistic way of living in every part of our lives. While our behaviours represent a part of this call, good behaviour is not an end in itself but a response to a relationship with this dynamic, living God.

Broadly speaking, the church is called to be a community of wholeness within which this life of shalom can be lived out. While the church exists within a fallen and broken world, and is itself marred by brokenness, it remains one of God’s chosen instruments for bringing about the fullness of life in Christ in this world. God uses the church to give us glimpses of and even draw us into participation in the renewed creation that God will one day bring about fully in Jesus Christ.

With this in mind, this thesis is based upon the hope and expectation that involvement in a church community would potentially lead to many positive holistic health measures, for people of all ages, that are in keeping with the concept of shalom. Children today are growing up in an increasingly complicated and secular world, and it is thus all the more important that in the church we are intentional in nurturing them, and that we give them tools to navigate their lives faithfully and well.
Findings from this study raise important questions and concerns with respect to ministry to children within the Christian church. These pertain to the role of ministry in the health of children and especially the integrated experience of faith in their lives. While involvement in a church or religious group offers some protection with respect to engagement in certain measured behaviours (particularly participation in risk and prosocial behaviours), one is left to wonder why this trend does not extend into other more holistic areas of life.

**Review of material presented thus far**

In Chapter 1, I located this study within a biblical understanding of *shalom* as a vision of realized Christian wholeness. I explored the mission of the church to be a community of wholeness and as the body of Christ that God uses, with the power of the Holy Spirit, to draw us into the fullness of life in Christ. Next, I looked at cultural and theological barriers to the fulfillment of this holistic vision being lived out in the church. My reflections included an exploration of cultural pressures (both within and outside of the church) and the identification of theological issues within the church. I suggested that a dualistic rendering of the gospel and a weakening of Trinitarian theology within the church were causes of barriers to *shalom* in the church. Overall, this was set in the context of child health, asserting that if it is indeed the case that the church is to be a community of wholeness, we would hope to see evidence of this in reports from children.

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138 What I am referring to here is the dualistic assumption that the mind/spirit are separate from the body. Background to this concept was first presented in chapter 1.
In chapter 2, I presented findings from a quantitative study, conducted following an epidemiological tradition, based on the 2010 HBSC survey. Findings from the reports of young adolescents (on average aged 11-15 years) suggest that while involvement in a church or religious group has protective effects in terms of lowered participation in risk behaviours and a higher tendency toward prosocial behaviours, those protective effects tended to disappear when measured against selected holistic measures of health. I argued that this suggested a compartmentalized faith that was based more on following a moral code than on an integrative experience of faith and also, that this suggested a shallow understanding of the Incarnation in the church.

In Chapter 3, I presented results of a qualitative study, conducted based upon a more sociological tradition, that was developed in order to help further inform the quantitative findings presented in chapter 2. Overall, the results of this study suggested that while children’s experiences of the church have many positive aspects, at the same time they tend to represent a compartmentalized faith. This is supported by quantitative findings from the initial national HBSC study (presented in chapter 2). Findings from this study also suggested that for many children, the Christian life is characterized by following a moral code and has little to do with life within our bodily realities within the physical world, or with the fullness of God’s shalom.

I then used the archetypal experiences of three fictional characters from the qualitative study, Abi, Jake and Rachel, as a way of both illustrating and also focusing questions and concerns that emerged in Chapter 3. We saw that each of these three children identified their church experiences as being positive: it appeared that church involvement had an impact on them in regards to protection from overt risk-taking as
well as their thinking and actions around forgiveness. However, for Abi and Jake, involvement in church seemed to be focused on following rules, good behaviour and traditional church practices as priorities rather than on an integrative and holistic experience of life in Christ.

Rachel’s illustrative experience was very different. Her experience of church seemed to draw her into a transformational relationship with God that appeared to permeate every part of her life. She did not describe her life as being without struggle, but regardless of what she was facing, her life appeared to be deeply rooted in an experience both of church and of God that saturated the whole of her life. Rachel’s experience, while the anomaly in this study, gave a hopeful picture of the potential of church involvement to impact positively the lives of young people.

Findings from the initial quantitative study, which were supported and developed in the subsequent qualitative study, suggest that while the church has the potential to draw children into a life-giving relationship with God that permeates every part of their lives, the reality is that for the most part, it does not. I identified this scenario as “a missed possibility” and argued that ministry to children in the church is falling short of what it has the potential to be.

Chapter 3 led to the generation of three key questions:

1. Why is a child’s physical life not seen as an integral part of the Christian life?
2. Why is the fullness of life in Christ typically imagined in a way that is limited to moral behaviours and church practices rather than extending into every area of our lives?

3. What is it about Rachel’s experience that has nurtured her as a person who has such a deep sense that God is with her, present and active, in every part of her life?

These questions arose directly from the qualitative study, and are helpful as I now focus on this final theological component of this thesis. My purpose here is to understand relationships between church involvement and aspects surrounding the holistic health of children.

Overview / roadmap of chapter 4

In section 1 of this chapter, I discuss theological and practical issues related to the first two of these questions. In this context, I refer back to the theological and cultural concerns that were introduced in chapter 1. Before exploring the third question, I suggest that some disintegrative aspects of the church’s ministry to children are a natural consequence of the dualistic theology that is often found in the church. In section 2, I explore what it might be about Rachel’s experience that draws her into the holistic life in Christ that appears to be characterized by many aspects of shalom. I identify and discuss four key issues that address what can be learned from this study, and I suggest a way forward for today’s church, casting a theologically and pedagogically grounded vision for what this “missed possibility” might look like for the 21st century church.
SECTION 1: Core theological questions and concerns arising from this study

1. Why is a child’s physical life not seen as an integral part of the Christian life?

Do you think God is concerned about things around your body? Not just what you’re not putting into it, like alcohol or something…
“*I don’t think so.*”
(3-11-line 32-34)

In chapter 1, I outlined the theological foundation of this thesis, positing that the Christian life is not just about the saving of souls, but also about the whole human experience (with considerations of body, mind and spirit). A reality of being human is that we have bodies. We eat; we sleep; we play hard, run fast, become sick and are healed, and eventually, we grow old. This “embodiedness” is fundamental to our very being as humans and as Christians. To be human is to be temporally and spatially located within the settings of everyday life. Likewise, the Christian life is not lived in some distant, eschatological future but in the fullness and complexity of life _here and now_ as we anticipate in the present God’s ultimate re-creation of all things.\(^{139}\)

The findings of both studies that have been presented in this thesis, then, are cause for concern. First, while investigating church involvement and relations with children’s understanding of physicality was not a direct component of the study presented in chapter 2, findings from this study do suggest that church involvement may have minimal impact on positive physical health (other than around the avoidance of many overt risk behaviours). The findings of the second, qualitative study were complementary and

\(^{139}\) Parts of this paragraph were developed with Tiffany Robinson while co-writing the project: _Catechesis Re-Imagined: Valerie Michaelson and Tiffany Robinson, Catechesis Reimagined: Renewed models for Catechesis in the Church_, (Toronto: Wycliffe College, forthcoming).
more clearly suggest that most Canadian children who attend church understand their own physicality as having little to do with the Christian life. The exception that was observed in this study was an observation of the view that the Christian life does have something to do with the human body when connected with moral behaviours, such as smoking or drinking. Results of both studies suggest that our children are missing out on some aspects of the good news of the Christian life: the gospel is not an escape from our bodily reality, but the healing and renewing of it.

Bishop Wright, in his book *Surprised by Hope: Rethinking Heaven, the Resurrection and the Mission of the Church*, helps us to understand the place of the physical world in the Christian life. Wright points to 2 Corinthians 4:16-18 in which Paul writes:

> That is why we never give up. Though our bodies are dying, our spirits are being renewed every day. For our present troubles are small and won’t last very long. Yet they produce for us a glory that vastly outweighs them and will last forever! So we don’t look at the troubles we can see now; rather, we fix our gaze on things that cannot be seen. For the things we see now will soon be gone, but the things we cannot see will last forever.

If this were the end of Paul’s letter, it could perhaps be argued that Paul is “referring to a future hope in which the body would be left behind and a pure spirit would remain,”\(^{140}\) which is, as Wright suggests “three-quarters of the way down the road to Plato, eager to be done with the perishable mortal body and to be left with the glorious, immortal, and disembodied soul.”\(^{141}\) If this were indeed the case, the results of my study suggesting that the physical world is of little importance in the Christian life would only confirm that the focus of the Christian life should be primarily on the world to come, in which our

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\(^{140}\) Wright, *Surprised By Hope*, 153.

\(^{141}\) Wright, *Surprised By Hope*, 153.
bodies are left behind in giving way to a more pure, spiritual world. However, in chapter 5 of this same letter, Paul continues his argument (2 Corinthians: 1-5):

For we know that when this earthly tent we live in is taken down (that is, when we die and leave this earthly body), we will have a house in heaven, an eternal body made for us by God himself and not by human hands. We grow weary in our present bodies, and we long to put on our heavenly bodies like new clothing. For we will put on heavenly bodies; we will not be spirits without bodies. While we live in these earthly bodies, we groan and sigh, but it’s not that we want to die and get rid of these bodies that clothe us. Rather, we want to put on our new bodies so that these dying bodies will be swallowed up by life. God himself has prepared us for this, and as a guarantee he has given us his Holy Spirit.

This “earthly tent” that is awaiting us is what Wright describes as “a new body, waiting within God’s sphere (again, “heaven”), ready for us to put on over the present one so that what is mortal may be swallowed up with life.”\textsuperscript{142} He also helps us to understand that because of the Platonic thinking that has pervaded Western thinking for so long, we have come to accept too readily the contrast between the spiritual realm (in the sense of something immaterial) and the material realm (in the sense of something solid or physical). Wright writes:

We think we know that solid objects are one sort of thing and ideas or values or spirits or ghosts are a different sort of thing…. We know that bodies decay and die; that houses, temples, cities, and civilizations fall to dust; and so we assume that to be bodily, to be physical, is to be impermanent, changeable, transitory, and that the only way to be permanent, unchanging, and immortal is to become nonphysical.\textsuperscript{143}

Paul’s real point, however, is inherently connected to the resurrection of Jesus. Again, Wright’s point is important:

What Paul is asking us to imagine is that there will be a new mode of physicality, which stands in relation to our present body as our present body does to a ghost. It will be as much more real, more firmed up, more bodily,

\textsuperscript{142} Wright, Surprised By Hope, 153.

\textsuperscript{143} Wright, Surprised By Hope, 153.
than our present body as our present body is more substantial, more
touchable, than a disembodied spirit. We sometimes speak of someone who’s
been very ill as being a shadow of their former self. If Paul is right, a
Christian in the present life is a mere shadow of his or her future self, the self
that person will be when the body that God has waiting in his heavenly
storeroom is brought out, alread to measure, and put on over the present one –
or over the self that will still exist after bodily death.¹⁴⁴

Paul’s point in this passage brings us to the heart of the New Testament, and to the
Christian hope of the resurrection. This is a hope that is stated clearly in Paul’s 1st
letter to the Corinthians, Chapter 15, in which Paul is teaching the people in
Corinth a whole new way of thinking about the body. In this passage, Paul
challenges the Platonic way of understanding the world and instead helps the
Corinthians to understand that in raising Jesus from the dead, God is not
abandoning the physical world but bringing salvation into the physical world and to
the whole creation.

In challenging the Platonic spiritual/material divide that influenced much of the
New Testament world and still dominates the thinking of much of the Western world
today, Wright helps us to understand that for Paul, the bodily resurrection is not about
going to join Jesus in a non-bodily, Platonic heaven when we die, but about participating,
in our present bodily reality, by the power of the Spirit, in a way that will be “gloriously
reaffirmed in God’s eventual future.”¹⁴⁵

God’s commitment to all things physical is made clear in creation. But it is in the
Incarnation and resurrection of Jesus – the coming into flesh of God himself – that God’s
commitment to the physical world is confirmed. It is in the Incarnation, in the raw
ruggedness of this real and physical world, in real time and space, that God meets us in

¹⁴⁴ Wright, Surprised By Hope, 154.

¹⁴⁵ Wright, Surprised By Hope, 156.
Jesus and it is in the raising of Jesus from the dead that we in the church are enabled to enter into and live out the resurrection life, God’s future new creation, in the here and now. The deep truth here is that we are not saved out of the world, but are saved into it. We are saved not for participation in some distant and superior spiritual world, but for participation in God’s renewing of creation, through the work of the Spirit, of this world from within. Because of Christ, we realize that salvation comes to us as bodily creatures who live, act, love and die within the particular parameters of space and time. While the future reality of heaven is a very real biblical promise, salvation is about more than a future time or space. Because of Christ, our salvation is also about how we live in our current time and space as God directs creation toward its true purposes. The Christian life is not a haven from the world, but a call to live transformed lives in the world.

The experiences that the qualitative study participants shared with me, reported in chapter 3, revealed a shallow understanding of this theology of the Incarnation and resurrection that is central to our lives as God’s people. Indeed, the reported experiences reflected an understanding of human physicality and the body that emphasizes the spiritual over the physical and demonstrates a narrow or distorted understanding of both the Incarnation and the resurrection. Abi “told me” that her swimming was part of being a Christian because it gives her the potential for evangelism while she is at the pool with her peers and Jake “told me” he does not believe his love of playing sports has anything to do with living the Christian life. I would argue that for both of them, life in Christ would be enriched if they understood that it is the very physicality of the sport itself – beyond the opportunity that sport provides for ethical behaviour or evangelism – that is a part of living out salvation as bodily creatures and that brings glory and pleasure to God.
I am arguing for something much more fundamental than for Abi and Jake to see that sports are compatible with church life. Both Abi and Jake are caught up in one of the dualistic theological errors of the modern church that puts a wedge between the spiritual and physical realms and that holds the one as ultimate to the other. A natural implication of this theological error is that neither Jake nor Abi see the physicality of their bodies as a part of God’s story of redemption or as gifts to be celebrated. In short, I suggest that Abi and Jake have been recipients not only of erroneous and/or shallow teaching (both explicit and implicit) in the church, but of an erroneous and/or shallow church culture that is central to their church experience. They have been shaped and formed by this theological framework and this has resulted in their exclusion from the richness that they would potentially experience if they understood that rather than the physical realm being inferior to a moral/spiritual realm, the physical realm is precisely where God meets us in Jesus Christ. Moreover, this physical realm is not only the location of the redemption story of which we are a part, not merely a backdrop to the human story of salvation, but the physical world itself is included in God’s creative and redemptive action in the universe.

The integrative, holistic experience of the Christian life is ultimately rooted in the person of Christ. Indeed, the Incarnation of Christ into our world demonstrates once and for all that ultimately, the spiritual and physical realms are irreversibly interwoven. For in Christ – God made flesh – all things truly do hold together, in this world and in the world to come. The Incarnation confirms, once and for all, that the physicality of our

bodies is central to living the fullness of life in Christ. Again, what Abi and Jake need to understand is that fundamentally, as human beings, *we are not saved from the world, but for the world.* This is the deep truth of the resurrection.

Wright, in his extensive writing on the resurrection, consistently argues that because of the resurrection, even though we will all die, our present bodily realities have intrinsic value. He writes:

> What you do with your body in the present matters because God has a great future in store for it... What you do in the present—by painting, preaching, singing, sewing, praying, teaching, building hospitals, digging wells, campaigning for justice, writing poems, caring for the needy, loving your neighbour as yourself—will last into God's future. These activities are not simply ways of making the present life a little less beastly, a little more bearable, until the day when we leave it behind altogether.... They are part of what we may call building for God's kingdom. 147

For the purposes of this study, we could just as easily echo Wright’s language and say that “what we do in the present – by playing soccer, doing archery, swimming, eating good food, playing hard and running fast – will last into God’s future.” These, too, are not simply things we do in the present life because we have free time. They are also (in Wright’s words) “part of what we may call building for God’s kingdom.” 148

As God’s people, we are not saved from our bodies, but the whole of our bodies – our eating, running, sleeping, sexual, soccer playing, working lives – are caught up and drawn into life in Christ. Because of the bodily Incarnation (God breaks into the physical realm) and the bodily resurrection (God raises Jesus from the dead within this physical realm), the spiritual and physical realms are intrinsically and irreversibly interconnected and the implications and effects of both Incarnation and resurrection are

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147 Wright, *Surprised By Hope*, 193.

148 Wright, *Surprised By Hope*, 193.
felt and experienced here and now, in the spatial/temporal reality in which we live and in every part of our lives.

b. Why is the fullness of life imagined as something that is limited to moral behaviours and church practices rather than extending into every area of our lives?

“[My church] helps me um know if I should do something or not.”
(10-8-line 14)

Other than making moral decisions, does your church influence any other part of your life?
“I don’t really think so.” (6-9-line 25-26)

Findings from both the quantitative and qualitative studies suggest that the essential mission of the church may have become distorted by shallow, disintegrative theologies that offer a moral code to be followed rather than an invitation into the new life in Christ. This prompts us to revisit a theme that was first introduced in chapter 1, that the Bible has too often been treated “as a manual of ethics, or moral values, of religious ideas, or even of sound doctrine.”\(^1\)

James Torrance writes:

When we see that the worship and mission of the church are the gift of participating through the Holy Spirit in the incarnate Son’s communion with the Father and the Son’s mission from the Father to the world, that the unique center of the Bible is Jesus Christ, “the apostle and the high priest whom we confess” (Hebrews 3:1), then [all of our doctrines] unfold from the center.\(^2\)

Often in our ministry to children, we treat morality as the goal of the Christian life rather

\(^1\) Torrance, 9.
\(^2\) Torrance, 9.
than as a life-giving response. This brings us right back to the same dualist error that puts
a set of rules or a morality at the heart of the Christian faith rather than a relationship with
the God revealed in Jesus Christ. One result is that in the church, we focus on teaching
our children how to behave rather than helping them to see the world and themselves in
light of the dynamic and active presence of a sustaining, redeeming and creative God. It
would be untrue to suggest that the Christian life does not carry with it a particular
understanding of morality, but this morality is a response – not a precursor – to the
gracious actions of God on our behalves.

This focus on behaviour has shaped many of the resources used in teaching
children about the Christian life: our children learn very quickly that following Jesus is
more about social conventions (dressing up and being quiet at church) and moral
behaviour (first, not lying about sneaking cookies, and later, not taking drugs or having
sex) than it is about a relationship with our dynamic and creative God. It is no great
surprise, then, that these quantitative findings show that church involvement is correlated
with an increase in prosocial choices and a decrease in overt risk behaviours that are
generally connected with morality and little else.

In challenging this false view of morality as the goal of the Christian life, Wright
yet again points us back to the resurrection. He argues that the “intermediate stage
between the resurrection of Jesus and the renewal of the whole world is the renewal of
human beings – you and me! – in our own lives of obedience here and now.”\(^{151}\) This
“here and now” is a reference to this world, this current physical and temporal reality,
infused with the life of heaven. Wright argues that in Jesus, heaven and earth both

\(^{151}\) Wright, *Surprised By Hope*, 249.
intersect and interlock. As resurrection people, this whole new cosmology is our present reality and we are simultaneously citizens of both realms.

Rooted in this new resurrection infused cosmology, the point of Christianity is not “to be good so we can go to heaven when we die,” but to live in the present anticipating the glorious existence that will come about when God makes all things new, once and for all. Christian ethics then, is not a matter of trying to earn God’s (or the church’s) approval or of working our way into heaven. “It is not about trying to obey dusty rulebooks from long ago or far away. It is about practicing, in the present, the tunes we shall sing in God’s new world.” This is a glimpse into the future, a glimpse of the fullness of a life of shalom, which God will one day bring about in all its entirety. While it is a future hope, it tangibly reaches into our present reality in this world.

Jake and Abi, along with most participants in my study, “told me” that involvement in church helped them in terms of their choices and moral behaviours, but did not extend into many other areas of life. While the protective trend for engagement in risk behaviours (such as drinking and smoking) is undeniably positive, the fictional Abi and Jake (along with their very real peers) are once again missing out on the communal, life-giving and integrative life that Jesus desires to draw them into.

Theology ultimately shapes our practice. When we are working with a theology that has a tendency towards dualism, and that puts morality at its heart, we should perhaps not be surprised when participants tell us things like: “church is important to hockey because I am not mouthing off to my coach.” For this participant, the connection between a sport that he loves and his Christian faith does not appear to go deeper than his

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152 Wright, Surprised By Hope, 252.
153 Wright, Simply Christian, 222.
moral behaviour. One result is that he misses out on understanding that the joy of his bodily reality is a good gift from God.

3. Dualist theology and practical church ministry: A practical examination of the ways dualist theologies shape church ministry

In chapter 1, I presented a hard look at the cultural landscape around us, one that is often counter to the transformational culture of God’s Kingdom that we are invited into in the Christian life. Drawing on work of Hauerwaas and Willimon, I challenged the temptation to package the Gospel so that it resembles the world around us, and argued that the concern of the church is not to conform to the world around us in order to appear credible to the powers that be, but that the concern of the church is to conform itself to the patterns of the Gospel. I argued that we must look to our theology – not popular culture – to lead the way forward in our church ministry.

For most Christians, keeping children in the church is a high priority. But often, to accomplish a well-intentioned goal, we have reached for the lowest common denominator. In our earnest desire to prevent our children from being bored or disengaged, we let the entertainment-based popular culture around us – rather than good theology – guide the process as we seek ways to nurture our children in the Christian faith. Sometimes what we do with our children in the materials that we use, the prizes that we give, the food that we eat, the songs that we sing and the atmosphere that we create suspiciously resembles Disneyworld more than the counter-cultural message of the crucified and risen Christ.

An uncritical borrowing from the culture around us (which is often in contradiction with the Christian message) buys into this platonic error that tells us the
way we tell and live the Christian story in our physical reality is not as important as the theology of the story itself. Throughout this thesis, this same dilemma has surfaced in many different ways. At root, our children are getting the message that the physical world is not as important to God as the spiritual/moral world. The physical world can be useful in that it is the realm in which we obey the laws of the spiritual/moral world or invite others into the spiritual/moral world, but it is not of any inherent value or pleasure to God in and of itself. Certainly, we must not let popular culture shape how we communicate Christianity. But I am arguing for something even more essential to the gospel: we have failed to discern that the physical materials that we use are integral to the message that is communicated and thus that what is communicated in church, regardless of what is said, is that the spiritual world is superior to the physical world. One result of this is that from an early age, our children are taught to be passive consumers instead of agents of faith living out a radical, counter-cultural and transforming story with their lives. Children are taught that they will “go to heaven when they die” (so long as they behave and/or follow the right kind of religious or spiritual practices) and that this disembodied spiritual heaven is the goal of the Christian life.

If Abi and Jake are having a disintegrative experience of the Christian life, perhaps we should not be surprised because this is what they have been taught. This is not the fault of individual churches, but the result of a larger issue facing the church. Indeed, we are caught up in the tides of shallow cultural stories and dualistic theologies. Seeking a deeper, more holistic way forward may well feel as if we are battling the culture on one side and the church on the other.
SECTION 2: Re-Imagining the Possibility

Rachel’s story is a powerful example of a child having been given the tools and framework to hold together a more integrative understanding of the Christian life, within its spiritual and physical realities. There is good reason to be optimistic that in the church, we can invite our children into a way of being that permeates every part of their lives and is held together by and in Christ. While Rachel’s experience was an anomaly in the study, it was a striking reminder of the power of God, through the ministry of the church, to draw God’s children into a life characterized by shalom. In the remainder of this chapter, I look to the third and final question we were left with in chapter 3: What is it about Rachel’s positive experience of church that has nurtured her as a person who has such a deep sense that God is with her, present and active, in every part of her life?

a. The church as a community of wholeness in a broken world

Sometimes at school, people get left out or they’re bullied and it’s really hard because you feel like you don’t fit in. But then at my church, I know everyone just loves me and thinks I’m beautiful. It makes me know that I can just be myself and it doesn’t matter what they think. Sometimes when I have a hard week, I get to church and I just remember who God is and how much God loves me. That stays with me all week, when I’m at school, or at my music lessons, or playing sports or just with my friends. Sometimes I try to tell my friends that they’re beautiful just how they are, and I wish they could have an experience like I have.

-- Rachel

The “missed possibility” that I believe much of the church is relinquishing is in substituting a narrow and dualistic version of the Christian life for the integrative, fullness of life that is promised in the Christian gospel. This promise of new life is not an
invitation into some future, disembodied life and nor is a call to a narrow, moralized life right now. Rather, the life Jesus offers to us in the gospels is an invitation into a *whole new way of being* in this world as God’s people and as citizens of God’s kingdom.

Before we examine possible ways that the church could embrace the challenge ahead in a constructive manner, it is important to recognize what we can reasonably expect from the church. Indeed, the church operates within the confines of a broken world, and in its fullest sense, this promise of *shalom* is an eschatological\(^\text{154}\) hope rather than a present reality. Moreover, the call to the Christian life is often in conflict with societal norms and values; conflict which eventually led to the crucifixion and death of Jesus. Jesus himself asserted that to follow him was to take up one’s cross daily. Inevitably, there are ways in which the Christian life will result in feelings of conflict and uncertainty as they work to integrate their relationships in society at large with their relationships in the church. Thus, the promise of *shalom* is a real promise even though it may not be the promise of a ‘better life’ in the way that it is understood culturally. While it is futile to idealize the church in the present as an absolute actualization of all of God’s promises, it nevertheless has the potential to be an agent of *shalom*, offering a foretaste in the present of God’s ultimate recreation of all things.

While we inhabit a broken world, the church, through the life-giving power of the Triune God offers our children a foretaste of the kingdom of God in all its joy and redemptive wholeness. At the same time, there is no mistaking that part of the gift of the church is that it is also cruciform and counter-cultural, a critical voice and presence in a

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\(^{154}\) Eschatology is a branch of theology that is concerned with the events of the end of time, or the destiny of humanity. Thus, the theological term *eschatological hope* refers to these future events and to this future time. The Christian belief is that in Jesus Christ we see something of this future hope already realized in the present.
still-fallen world. Nurturing our children for the depths of this life, *this whole new way of being*, is at the heart of *shalom*.

In chapter 3, I presented the stories of three children: Abi, Jake and Rachel. I have discussed at length the limitations of Abi and Jake’s experience of the Christian life and suggested this is in part a natural outworking of the theology and practice in the modern western church. And yet, the story of Rachel was always before us. Her experience stood out in regards to how it seemed to permeate every area of her life. It did not solve all her problems, and she was very articulate and open not only about her own struggles, but about those of her friends. But Rachel was also clear that her experience of church rooted her deeply in God, so that her response to the struggles in her life was in keeping with the ways of God’s story. Rachel’s experience suggested that she belonged not to a perfect church or home, but that both her church and home experiences encouraged, supported and modeled not only holistic activities, but a holistic way of life. For Rachel, the church – in all its brokenness – seems to be a place where God’s ‘new kingdom’ is being lived out, and where she is able to experience God’s redemptive work in all its breadth and depth. While the church has limitations, and exists within the parameters of a broken, sinful world, Rachel’s story illustrates something of the potential of the church to draw God’s children into a life characterized by *shalom*.

**b. Theological solutions and a practical way forward.**

The concern of this study is that while church involvement has the potential to impact every part of the lives of children, nurturing them in a holistic experience of overall health and into the fullness of life as they – and all of us – are invited and drawn by Jesus,
the reality is that it does not. In this second section, I summarize what has been learned from this study and present some practical applications for ministry to children in the church. The overall hope is that in addressing some specific concerns that have arisen from this study, this will assist parents, church leaders and the whole church community to nurture our children in a holistic life in Christ, characterized by a deep sense of shalom.

First, we need to recognize the good news of this study: findings around risk behaviours and prosocial behaviours as well as forgiveness are cause for celebration, and demonstrate that church involvement likely does impact positively the lives of young people who are involved. Findings also suggest that sports involvement is connected with several holistic measures of health and it is important to explore what the church can learn from sports. Third, if one problem we are faced with is a disintegrative, compartmentalized faith that is disconnected from the centrality of the physical world, we must find theological and practical ways of closing this spiritual/material divide in our ministries. Fourth and finally, rather than presenting the Bible as a book of moral lessons to be obeyed, it is important that we find ways of presenting it as a story into which we enter and find our very lives caught up in the creative, active and sustaining presence of God.

1. Recognize the good news

Findings from these two studies are not all negative, and indeed, the positive story in this study should be recognized and celebrated. Findings that stood out as ways that the church was succeeding in inviting children into shalom were my observations of
lower risk behaviours, higher prosocial behaviours, and the better sense both of the overarching need for forgiveness and participation in acts of giving and receiving forgiveness reported by church involved adolescents.

It is appropriate that the church is intentional in its teaching about the avoidance of common risk behaviours. Such behaviours can be destructive to one’s overall health (emotional, physical, mental and spiritual). For example, one study demonstrated that binge drinking is associated with poor school performance, being a victim of dating violence and attempting suicide\textsuperscript{155} while another showed associations between cigarette smoking and not wearing bicycle helmets and having multiple sexual partners.\textsuperscript{156} Illicit drug use was connected with delinquency, unemployment and divorce in young adulthood.\textsuperscript{157} Early initiation of sexual activity was found to be associated with carrying a weapon to school, fighting and early experimentation with cigarettes and alcohol as well as contracting sexually transmitted diseases and becoming pregnant.\textsuperscript{158} While most of these behaviours are normative on their own in the lives of teenagers as they navigate the peer culture and transition to adulthood, when these risk behaviours persist and also appear in clusters, there are often severe consequences in terms of long term health.\textsuperscript{159} That religiously connected children appear to smoke less, abuse alcohol and drugs less

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\textsuperscript{159} W. Pickett \textit{et al.}, “Multiple Risk Behaviour and Injury: An International Analysis of Young People,” \textit{Archives of Pediatric Adolescent Medicine} 156 (2002): 786-793.
\end{footnotesize}
often, and avoid early sexual activity more often than their non-connected peers can be interpreted as a positive finding in terms of the role that the church has taken in nurturing children.

Prosocial behaviours such as helping and sharing also have strong connections to positive health outcomes. One study showed that helping others was a significant predictor of positive mental health\(^{160}\) and another national study has found a significant connection between volunteering and good health, reporting that volunteers not only receive social benefits, but have lower rates of depression, greater longevity and higher functional ability.\(^{161}\) Participation in prosocial behaviours such as helping and sharing are in keeping with much traditional Christian teaching and practice, and are also strongly connected with positive measures of child health. Christian doctrine and formation may be important as a determinant of prosocial behaviour.

The holistic measure regret was initially interpreted as an anomaly. While church-connected children did not report higher prevalence values with respect to the first three holistic measures, they did report more heightened feelings of regret. Findings from the qualitative study reported in chapter 3 were very clear that for the 12 participants in that study, regret was both positive and inherently connected to the concept of forgiveness.

A review of recent literature pertaining to forgiveness and health suggests that forgiveness is connected to positive health outcomes. For example, studies have shown


that: forgiveness is importance in the area of coping strategies; forgiveness may impact health through reducing unforgiveness rather than creating positive emotional experiences; forgiveness can affect both physical and mental health and forgiveness promotes positive and prosocial emotions for victims and offenders. One study demonstrated the role of forgiveness in replacing negative emotions and its relationship to aspects of physical health while many studies have confirmed the positive impact of forgiveness interventions in medical settings (for example, in areas of chronic pain, cancer and cardiovascular health). While all of these studies were conducted with adult participation, enough research suggests strong relations between forgiveness and

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many aspects of health then it is reasonable to suspect we would see similar health
benefits in children who experience forgiveness. This is one reason that we celebrate the
finding in this thesis that church connected children have an increased propensity toward
forgiveness. This is certainly good news in terms of the holistic experience of child
health that this thesis addresses.

Theologically, the fact that forgiveness emerged as such a positive theme in the
qualitative study is deeply significant. A core belief in the church is that while sin is a
condition of the human heart, as a community of God’s people, we are oriented in the
gospel, which frees us from sin. We are told:

“[T]he blood of Jesus his Son cleanses us from all sin.” (1 John 1:7)

“If we confess our sins, he who is faithful and just will forgive us our sins and
cleanse us from all unrighteousness.” (1 John 1:9)

And we are invited to pray:

“Forgive us our sins as we forgive those who sin against us.” (Matthew 6:12)

A life characterized by forgiveness, both of God’s forgiveness towards us and of our
participation in God’s forgiveness towards others, is central to life in Christ and so to a
life characterized by shalom. Wright describes forgiveness not as “a moral rule that
comes with sanctions attached”¹⁷¹ but both as a way of life AND “God’s way to life.”¹⁷²

The participants in the qualitative study certainly identified this as being true. They
understood and described at great length that the forgiveness they experience from God

¹⁷¹ Wright, Surprised By Hope, 288.
¹⁷² Wright, Surprised By Hope, 288.
and that is lived out in the life of the church as a body of God’s people, defines who they are, sets them apart within their peer groups and roots them in an experience of God that frees them to live within a story that takes care of guilt, regret and anger through Jesus Christ. In chapter 3, we heard one participant poignantly describe what a life without forgiveness looks like:

Do you think [forgiveness is] something you understand more deeply because of your church connection?
“I wouldn’t understand any of this without my church connection.”
So how do the other kids at school do it?
“They don’t really.”
Can you take a guess what it’s like for them?
“Ya…. it’s like…. fights…. Someone is doing something mean to someone else, then after someone gets back at them, and then so on and so forth, then after both of them end up sitting in principal’s office to get dealt with.” (1-Feb 10-7-line 10-19)

The concept of forgiveness is central to who we are as God’s people. The children who participated in this study were unanimous in their views that forgiveness was a significant part of their church experience, of the way they live the Christian life, of what they have learned at home from their parents, and that impacted their lives beyond the church walls in every other sphere.

In terms of church ministry, findings surrounding forgiveness demonstrate that, for some determinants of health, the church is already moving beyond behaviour in terms of the nurturing of children. This demonstrates that our ministry with children really is making a positive, tangible and holistic impact on the lives of children. If the same emphasis that has been placed on forgiveness was also put on other holistic areas of life that are in keeping with shalom, I suggest that we would observe similar results.
2. Churches can learn from experiences in organized sports

My comparisons of findings for the church-involved group with those from the group involved with a sports club or team demonstrated that involvement in sports appeared to have many positive relationships with overall health, particularly around lower reports of risk behaviours in the area of physical health and higher prosocial behaviours. While there was little suggestion of relationships between sports group involvement and reduced engagement in serious overt risk behaviours, in terms of our focus on shalom, the most striking observation was the high positive relationship between involvement in sports and increased reports of the more holistic measures of health. As we look for new, holistic models for children’s ministry, it is well worth paying attention to the mechanisms by which sports involvement appears to positively benefit the health of children.

Sports involvement has many known benefits to health, including both physical and emotional, and is also associated with lowered risk-taking behaviours. Benefits to physical health include the development of children’s fundamental movement skills and physical competencies, the promotion of fitness and prevention of obesity,

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cardiovascular fitness\textsuperscript{176} and improved sleep.\textsuperscript{177} In terms of psychological/emotional and social development, the challenge, fun and enjoyment of sport participation is connected with increased self-esteem and decreased stress.\textsuperscript{178} Further, sports involvement provides opportunities to experience positive intergroup relations and community integration,\textsuperscript{179} opportunities for developing skills of cooperation, responsibility, empathy and self-control\textsuperscript{180} and the development of discipline and commitment.\textsuperscript{181} While there are many known mechanisms by which sports benefits children, I have selected two for specific attention because of their direct bearing on church ministry: (1) the role of positive adult involvement in the lives of young people, and (2) the opportunities sports provides for psychological/emotional and social development.

Mentorship and adult relationships are significant in the positive benefits of sports involvement in children.\textsuperscript{182} Research demonstrates that children who perceive positive

\textsuperscript{176}James F. Sallis \textit{et al}, “Relation of Cardiovascular Fitness and Physical Activity to Cardiovascular Disease Risk Factors in Children and Adults,” \textit{American Journal of Epidemiology} 127 no. 5 (1988): 933-941.


\textsuperscript{181} D. Shogan, ed., \textit{The Making of High-Performance Athletes: Discipline, Diversity, and Ethics} (Toronto: University of Toronto Press, 1999).

interactions, support and encouragement along with less pressure from parents experience not only more sports enjoyment, but are more highly motivated and rise to challenges more than other children.\textsuperscript{183} Other studies have examined the role of coaches in positive youth development\textsuperscript{184} and demonstrate, among other things, that the personal characteristics of group leaders are a critical factor in successful youth development programs in sports.\textsuperscript{185} For example, the coach-athlete relationship is vital in leading youth away from irresponsibility to among other things, respect, self-direction and caring.\textsuperscript{186} These supportive adult relationships (with parents and with coaches) appear to play a key role in the impact (positive or negative) that sports involvement is having on the lives of young people and are potentially mechanisms by which the church could make a similar positive impact in the lives of young people.

This theme of meaningful intergenerational connections emerged in chapter 3 in that my observations that the participants who were having the most transformational experience of church were also those that were most connected inter-generationally. Moreover, all participants who had meaningful connections with the adults in the church

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\item \textsuperscript{186} D. Hellison, \textit{Teaching Responsibility Through Physical Activity}, 2\textsuperscript{nd} ed. (Champaign, IL: Human Kinetics), 2003.
\end{itemize}
communities identified this as being very important. While this was not a direct focus in this study, the connection between this observation from the study and current research is important for at least two reasons. First, the way that we understand God’s story inherently grows out of or takes shape in the midst of our experience of the church community. And second, in order for children to grow into mature Christian adults, they are dependent on interaction with Christian adults along the way.

Mark Devries raises concern about the isolation of young people from the adult world that is so prevalent in our culture, and suggests that because of this, “there is little room for the dialogue, observation, interaction and mentoring necessary for young people to learn adult values.” This isolation has significant repercussions. Devries writes:

> Teens will not learn the skills required of mature adults by talking with their friends. The process occurs as the less mature repeatedly have the opportunity to observe, dialogue and collaborate with the more mature. By denying our young people opportunities for this kind of involvement with adults, our culture sends many youth into the “adult” years relationally, mentally, morally and spiritually unprepared for the challenges of adulthood.

Certainly, in the qualitative component of this study the interview participants who did have meaningful connections with the adults in their church communities reflected on their importance of their church relationships. For Rachel in particular, the church community (including her parents) was a community of people who held her in God’s story, who knew her and walked with her in her daily life, who encouraged her in her meaningful role within the church and to whom she knew she could go for help if ever she needed it. As in sports (through positive involvement of coaches and parents), the

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188 Devries, 49.
church inherently has the opportunity to provide the positive and supportive adult relationships that appear to be deeply significant in the holistic health of children.

A second mechanism is that of group identity. Research suggests that as social creatures, humans inherently need to interact with and identify with others and that positive social relationships are one of the core variables that best predict happiness and satisfaction with life. In terms of sports, Wann argues that social connections are developed through sports team identification and suggests that “feelings of identification with valued social organizations and groups assists in the development of a social network that provides psychological support and, consequently, result in a more mentally healthy individual.”

The positive benefits of group identity, positive interactions with others and social connections are mechanisms that should be second nature to the church, which in its very essence is called to be a community. We return again to Wright, who writes: “The church is first and foremost a community, a collection of people who belong to one another because they belong to God, and the God we know in and through Jesus.” This fellowship in the church is much more than coffee, tea and cookies at the back of the

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191 Wann, 2006.

church hall. It is about living within that communal identity, in which “everyone has a proper share and a proper place.”

In the qualitative interviews, while all participants reported positive feelings about their church, it was rare that they reported a sense of deep belonging, both to a communal purpose and to a communal family. In the church, we need to consider children’s feelings about belonging: about being part of a group with a common purpose or sense of group identity. In terms of peer connections, this is generally more readily done in a sports club environment than in a church context because there are more children involved in sports than church because of potential limited child involvement in some churches. However, regardless of whether there are strong peer connections in the church community, there are other ways of nurturing a communal sense of purpose and group identity. For example, in the qualitative interviews, we saw many children report their delight in having a meaningful role within the church community. For those that had regular roles and responsibilities, and in this way were invited into the larger life of the church community in an age-appropriate way, these roles – from running the sound board, to teaching Sunday School, to being an altar server – were identified as deeply significant. Finally, we must not underestimate the positive effects of the challenge, fun and enjoyment that are so beneficial to sports involvement. Challenge, fun and enjoyment were not words that surfaced during my qualitative interviews as I asked participants to describe their church experience. However, we should not underestimate the importance of – or holistic health benefits of – participating in a communal task that offers both challenge (physical and mental) and joy.

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193 Wright, Simply Christian, 211.
If we take seriously the findings of this study that suggest sports involvement has a more positive relationship to nurturing young people toward *shalom* than church involvement, it would serve us well to pay attention to the many positive benefits of sports or sport programs. One research study on youth sport programs and youth development determined that the benefits of youth sports programs are not automatic, and are dependent on intentional thought and design.\textsuperscript{194} These researchers write:

While organized sport has the potential to play a significant role in contributing to youths’ positive development, it is necessary to recognize that positive youth development through sport is not automatic, but to the contrary, is dependent upon a multitude of factors that must be considered when planning and designing youth sport programs.\textsuperscript{195}

Indeed, much the same could be argued about youth church programs. While the purpose of a youth sport program is much different than the purposes of the church in inviting children into a community characterized by God’s deep *shalom*, there is nonetheless much that can be learned from sports as we seek to nurture our young people more deeply in the Christian life.

3. **Challenge disintegrative methods that are present in the church.**

One way a dualistic theology is expressed in the church is a lack of discernment in the ways popular culture shapes church practices. We have trivialized our ministry to children, often motivated both by fear of losing children and by our deep desire to keep

\textsuperscript{194} Frazer-Thomas, 2005.

\textsuperscript{195} Frazer-Thomas, 2005.
children in the church. In a church culture that “mak[es] our churches into playlands” and entices children to God “through food fights and baptism in the back of fire trucks,” it is no wonder that our children are confused about the core message of the life-giving, holistic message of the gospel. Rather than teaching the gospel that calls us to live out a profoundly counter-cultural calling in the world, we have taught that the gospel can look like the culture around us if we somehow mark it for Jesus. Our participation in the physical world is as citizens both of earth and of heaven at once. This reality, which draws us into a countercultural presence in the fractured and shallow world around us (rather than imitating that culture), has been lost along the way. These problems are perhaps, at one and the same time, the easiest and the hardest to solve in our children’s ministries.

On one hand, the problem that our children are not understanding that the whole of their lives belong in the larger story of God’s creative and redemptive action in the universe has a fairly straightforward remedy. In the holistic context of our ministry, we need to show them that every part of their lives matters, both to God and to the church. Findings from both studies suggested that church involvement and the Christian life are perceived as having very little to do with the body. One way to show our children otherwise is to support the athletes in our communities with both our prayers and our interest in what they are doing athletically. Further, while the tension between Sunday sports and worship is very real, we can look for creative ways of including serious (and busy) athletes in the life of worship in the church. We can also organize games such as

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197 Beckwith, 14.
soccer or ultimate frizbee together – as an intergenerational church family – that model the fun and goodness of sport as a part of living the Christian life. We can send strong messages about the sacredness of our bodies by trading highly processed and packed foods that are so often served to children in churches for wholesome and home-cooked/baked goods that nurture body, mind and spirit. These are very simple strategies, but that is their strength: they are easy to implement and often yield surprisingly effective results.

Jerome Berryman, developer of the Godly Play curriculum for children’s ministry, argues that every part of ministry to children tells us something about God and God’s story. He writes: “The question always is, What is the hidden curriculum? Does it match what we intend to teach? Do the spoken and the unspoken lesson teach the same values?” This is a question well worth holding before every aspect of our children’s ministry, perhaps more around what is not said than what it said. If Berryman is right, then the materials used and the space children are invited into are deeply connected to what the children will learn about God, regardless of what we say to them on a given Sunday morning.

If the tools that we use in our children’s ministries are uncritically borrowed from the culture around us and dominated by trite plastic toys and gimmicks, then we encounter a “hidden curriculum” that contradicts God’s message to us in creation, and again in the Incarnation: the physical world matters. When the media that we use to communicate or to frame the Christian faith to our children contradicts the message of the faith itself, it is no wonder that the result is theological confusion. However, when we

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understand that the physical world is the realm in which God has chosen to most fully meet us in Jesus, we see that all that happens in the physical world is included in God’s story of redemption. If this is true, then trading trite materials that are often used in Sunday Schools for materials more in keeping with God’s holistic plan for the universe makes sense. We need pedagogical methods and tools that show our children that the whole of their lives are a part of God’s redemptive story and part of God’s action in the world. In the church, the disintegrative approaches to the Bible that are often used with children are rarely – if ever – helpful as we invite the child into a life-giving relationship with God.

A potentially much more complex problem to address is the dualistic theologies that are so deeply embedded in the church and culture themselves. One of the reasons that our children think there is a divide between the spiritual and physical worlds and that the goal of the Christian life but rather, “to be good and so to go to heaven when they die” is because that is precisely what we have taught them. Think for example, of the well-known Christmas carol, “Away in a Manger” in which we sing “and fit us for heaven, to live with thee there.” Yet again, we hear the message that God’s purpose in the Incarnation is to prepare us to live in a far off heaven rather than the a theology that shows us that in the Incarnation, God breaks into this temporal/spatial realm and invites us to participate in a taste of heaven now, anticipating what will one day be made final. Spatially, this future reality is described as a new heaven and a new earth. Moreover, rather than being “a far off place in the sky”, heaven is the place where God is present. Certainly, we pray that God will (and is) “fit(ting) us for heaven,” which ultimately is

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199 This view of *Away in the Manger* is offered by N.T. Wright in: Wright, *Surprised By Hope*, 22.
about God fitting us to be in His presence. The goal of the Christian life is to participate with God in the new creation brought about by the Holy Spirit and through the resurrection of Jesus Christ— not (as the song goes) “there”, but here.

Among many other things, the songs that we sing and the way that we talk about death with children (as a place where grandma lives, smiling down through the clouds and watching us) both tell a similar story about a disembodied heaven. If our task is to live as resurrection people in between the first Easter and the final day of resurrection, when God will make all things new, we need to find new language to help tell this story. Reflecting on Christmas carols, theologian Jeremy Begbie challenges the sentimentality and bad theology of our church and culture (perhaps at its worst around Christmas) and calls for “a new wave of carol writing that can gradually swill out the nonsense and catch the piercing, joy-through-pain refrains of the New Testament.” This would certainly be a constructive beginning. What is needed is a whole new wave of resources on every level—children’s Bibles, resources about heaven for children, music and liturgies that pay close attention both to good theology and to a good understanding of childhood. And above all, we need adult role models to deliver the curriculum who understand the importance of good theology to children’s ministry, who value and honour the very essence of childhood, who will journey with our children as they discover their own place in God’s story and who will embrace them as full participants in the life of the church.

4. **Instead of inviting our children to follow a set of rules, invite them into a story**

Findings from this study suggest that many children understand the Christian life first and foremost as an invitation to behave rather than as God’s gracious story to be entered into. This is in keeping with what Ivy Beckwith refers to as the “Aesop’s Fableization” of the Bible. She writes:

> When we use the Bible with children simply to teach doctrinal tenets, moral absolutes, tips for better living, or stories of heroes to be emulated, we stunt the spiritual formation of our children and deprive them of the valuable, spiritual story of God. When we only distill the Bible into practical applications and little life lessons, we fail to teach children how to use the Bible as a means of understanding God’s overarching purposes in the world. We fail to give them the ability to understand their own stories in light of God’s story.

What our children need not only from the Bible, but from their whole church experience, is not simply a set of rules or behaviours to be followed but an invitation into God’s story that is being lived out in the universe; a story to be entered into with their own lives. Understanding the Bible as a story that we are a part of rather than a rule book to be followed is one key way forward as we nurture our children in *shalom*.

> “The Christian life” writes Eugene Peterson, “is conducted in story conditions. The Bible is basically and overall a narrative – an immense, sprawling and capacious narrative.” Through the story of scripture, God gives us a framework by which we live our lives. As we help our children find their place in the *larger* Story of salvation

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201 Beckwith, 126.
202 Beckwith, 126.
203 Eugene Peterson, *Eat This Book: A Conversation in the Art of Spiritual Reading* (Grand Rapids, MI: Eerdmans, 2006), 40.
history--from creation to recreation--we give them a framework in which they discover who they are, how they might live and to what larger Story they belong.

It is not only children who respond to stories. In every age and in every culture, people have been hungry – not for rules – but for stories: for the stories that tell them who they are and that help them to make sense out of their lives. In his 1997 Massey Lectures, Alberto Manguel suggests that beyond the impact on individuals, stories have the potential to lend an entire society its identity. Robert Coles, in his book The Call of Stories shares many anecdotes of the profound effect both stories, and the telling of one’s own story has repeatedly had on the psychiatric patients with whom he has worked. He writes that as patients come to him with their stories, “They hope they tell them well enough so that we understand the truth of their lives.” Stories of all kinds give us a vocabulary for discovering and living into who we are in the world; for finding our own unique place in the “story” that is unfolding in human history. Moreover, stories tell us who we are and give us a vocabulary for being alive in the world in a way that neither rules nor information ever can. As Eugene Peterson writes: “the best stories do not help us escape from the real world but touch the real story at such a deep level that we wake up and find ourselves in the wonder of the real story again.”

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204 Here, along with sources to which I have already referred, my thinking has been influenced deeply by N.T. Wright’s illustration of our improvised place in God’s story as described in his image of a lost Shakesperian play. This is found in: N. T. Wright, The New Testament and the People of God (London: Fortress Press, 1992).

205 Alberto Manguel, The City of Words (Toronto: Massey Lectures, 2007).


207 Eugene Peterson, 47.
In his book *After Virtue*, Alistair MacIntyre argues that in order to understand who we are, we have to understand where we have come from. He demonstrates how we as humans are story tellers with our lives and that in order for our stories to be intelligible we have to know not only where our stories have come from but where they are going. He writes: “I can only answer the question “What am I to do?” if I can answer the prior question “Of what story or stories do I find myself a part?”

MacIntyre explores how our stories are not individual narratives but interconnected narratives – our own stories are embedded in the stories of those around us, and their stories are embedded in ours. He continues:

> We enter human society, that is, with one or more imputed characters – roles into which we have been drafted – and we have to learn what they are in order to be able to understand how others respond to us and how our responses to them are apt to be construed. It is through hearing stories about wicked stepmothers, lost children, good but misguided kings, wolves that suckle twin boys, youngest sons who receive no inheritance but must make their own way in the world… that children learn or mislearn both what a child and what a parent is, what the cast of characters may be in the drama in which they have been born and what the ways of the world are. Deprive children of stories and you leave them unscripted, anxious stutterers in their actions as in their words.

In knowing what story they are a part of, children are given the tools to live their own stories with a deepened sense of purpose. They are given a deepened understanding of the cast of characters they will meet in the story of which they are a part, and of the tools they have been given by which to navigate their own story as it unfolds.

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208 MacIntyre, 216.

209 MacIntyre, 216.
We have no shortage of stories that offer to define who we are and to frame our lives. However, in a culture that bombards us with shallow, seductive stories one important way forward for our young people in the church is in restorying.  

Restorying shows us “the importance of children – and all of us – seeing ourselves as participating in and being a part of the story that is God’s story in creation.” When we restory our children by inviting them fully into the Bible story, we are giving them tools by which to measure the truth and depth of all stories.

If we are going to truly experience restorying, in order for all the other stories to make sense (and for our own stories to make sense) we need a “story of stories” to guide us through the maze of stories that we are bombarded with on every level.

Wilkinson and Wilkinson Teel describe what Christians believe as “a Story of stories” that we encounter “wordlessly and mysteriously in creation” and much more directly in the Bible.” They write:

> [W]e and our stories are in danger of losing this sense of “magic,” of a large, meaning-giving Story permeating our daily stories, which can often seem meaningless. Yet the kingdom of God is about restoration: it is not about some final cataclysmic fix-it so much as it is about God’s continual work in restoring meaning to our individual stories. And just as Jesus did not preach without using stories, so God has told us his pattern of restoration in Story.

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211 Mary Ruth Wilkinson, e-mail message to the author, January 27th, 2010.

212 Wilkinson and Wilkinson Teel, 13.

213 Wilkinson and Wilkinson Teel, 13.

214 Wilkinson and Wilkinson Teel, 15.
For Christians, *restorying* at its deepest means that as we enter the scriptures, we begin to see not “*God in our stories*” but “*our stories in God’s.*” As we help our children find their place in the *larger* Story of salvation history, we invite them to discover who they are, how they might live and to what larger Story they belong. This story is *deep* enough, *powerful* enough and *true* enough to beckon us in. It calls us out of the shallow and/or moralistic stories around us and invites us to participate in the fullness of *God’s story* with all the fullness our lives.

Pedagogically, story is deeply significant to how children learn. Educator Karen Gallas writes that for children “meaning is built into stories; they use narrative to construct mental models of their experiences, to make the world they inhabit sensible.” Another educator, Kieran Egan, also explores how “the ability to follow stories is connected with the ability to make sense of human experience because our lives are intelligible only within narratives.” These ideas about story beg new pedagogical constructs, which are needed to help children to bring their curiosity and imaginations to the Bible story. Often, approaches to children and the Bible elicit the question “What rule or dogma applies here?” A profoundly more helpful goal will be to invite the children into God’s story in such a way that will leave them to instinctively ask “Where

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215 Eugene Peterson, 44.


217 Egan, 54.
am I in this story?” Further, the goal is that they will be drawn into the suspense of the question at the heart of all good stories: “What happens next?”

Jerome Berryman, of the Godly Play movement, has developed an approach for responding to Bible storytelling that is both invitational and engaging and involves different kinds of “wondering questions” for different kinds of stories. For example, for what Berryman describes as Sacred Stories, a wondering question might be: “I wonder where you are in this story?” and for the parables, a wondering question might be: “I wonder what this seed (pearl, tree, etc.) could really be?”

This invitation to creative wondering invites children into the Bible story in a way that honours the imagination that is so central to childhood. They identify with different characters (not just the heroes) and imagine their own place in the story. As they identify with the biblical archetypes (the heroes, the villains, the bystanders, the ones who really mess up, who are hurting, who are courageous or who run from God) they are then able to find the reality of their own stories (the hurting, doubting, brave, scared, angry and joyful reality of their own stories) within God’s larger meta-narrative.

I am not proposing a storied approach that replaces morality or moral formation. A community learning to care for one another in communal life inevitably needs a moral framework within which to live well. By being attentive to God’s story, we are challenged, encouraged, corrected, shaped and transformed, both as individuals and as a community. Indeed, one of the deep gifts the Bible story has for all of us is the reality that through it, we are offered life-giving boundaries, principles and rules that free us to live into the fullness of life. Following Jesus has very real implications and demands for our actions and responses to the way we live in the world around us. As we see the Bible

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218 Berryman, 1995; 2009.
characters (our co-cast members in this cosmic drama) follow God wisely or foolishly, as we see them follow God courageously or as we see them make big mistakes, we also come to see both the consequences of and God’s responses to their decisions, actions and lives. As we explore and talk about the behaviour and actions of these characters, we are lead to reflect on our behaviours and actions, not as an end in itself, but as a response to living ever more deeply in this story to which we belong. While the Christian life is first and foremost about a relationship with God, the parameters God gives to us for holy living are the response God desires from us so that we, his children, might live into the fullness of life.

**Final thoughts on Shalom**

We have examined four practical responses that this study brings to the church:

1. Recognize the good news and celebrate what the church is doing well.  
2. Learn what we can from the positive impact that sports involvement has on the holistic health of children and be intentional about how we integrate this learning into our programs.  
3. Address the inherently compartmentalized and disintegrative nature of children’s ministry with an equal and inherently integrative approach to children’s ministry and challenge dualistic theologies that tell us the physical world does not matter.  
4. Challenge moralistic renderings of the Bible and invite children to explore God’s story as revealed in the Bible and through the church as a story in which they find their own lives.  

These four responses address the issues that emerged throughout this study, and point to an approach to nurturing children in the church that would be in keeping with *shalom*.  

In chapter 1, I introduced the word *shalom* as capturing the integrative and holistic understanding of health that has been central to this study. We saw the connections between the wholeness offered to us in *shalom* and the wholeness intrinsic in the term “health” (with its many connections to “wholeness”, “salvation”, “whole”, and “holy”). A biblical understanding of *shalom* deepens our understanding of what health can be, drawing into it a sense of community, wholeness, justice and peace. While the measures used in this study to examine child health in no way encapsulate the fullness of *shalom*, they do give us a glimpse of ways that God’s *shalom* is present (or absent) in the lives of Canadian children.

The deep hope of *shalom* is not the absence of conflict in our lives, but the rich flourishing of humans despite, and even within, times of adversity. *Shalom* is a new way of being in the world, set in motion by Jesus. We are invited into this abundant life that is characterized by *shalom*, to participate in *shalom* and to join in with Jesus in bringing about God’s *shalom* to our broken world. We won’t be the ones who bring it about, and we will not see it fully realized in this fallen and broken world. But that does not mean that we will not see and experience glimpses of God’s *shalom*, and experience the holistic flourishing that comes with *shalom* into the church and spills over into the world. We are invited into what Jesus is doing now, and we are to joyfully anticipate its final realization in the coming Kingdom of God.

The deep hope reflected in this thesis is that the church’s children would be drawn into a lives characterized by *shalom*, and that they would find themselves in the Bible story as lived out into the life of the church. Their lives would not be without struggles, but they would find that this community and this story of which they are apart gives them
tools for facing struggles of every kind. At a very deep level, our ministry to and with children in the church is to invite our children to be agents of God’s new creation, and to call them into a new way of life that aligns itself with the purposes of *shalom*. We must give them the tools and support they need to live this life well. Rooted in the community of the church and in God’s gracious, spacious story and community, we must nurture them as they live *shalom* in the broken world around us: as they play sports and go to school, as they live, laugh and cry, participate in acts of justice, make art, worship God and love their neighbour. This is a lofty call.

To my great surprise and delight, one interview participant had given a great deal of consideration to *shalom*. She told me that “we all have our unique ways of creating *shalom*… we all have God’s gifts…” She eagerly said she was trying to find out what her gifts are so she can use them in the world. The concept of *shalom* consumed her. She said: “I think about it all the time.” She also talked about the deep mystery that while *shalom* is something in the future, we’re trying to get it “closer” in the future. She said there are glimpses of it in the present, and that when we use our gifts, or what God meant us to do… that’s part of *shalom*.

This girl also had powerful ideas about what *shalom* would look like in the church. She said:

*I think it would be a really encouraging environment. There’d be a lot more intergenerational mingling and stuff. There would be old people talking to the young people, old people and young people, joking around with them. Sometimes that happens, but usually it’s old people having coffee… and a bunch of young kids running around… not a lot of intergenerational… that would be changed if this was a common theme.*

She told me that *shalom* would breathe life into the whole church, that there would be a lot more “togetherness” of everyone. While she did not feel that she experienced this
holistic sense of shalom in her church context, she did think it was possible: that God’s shalom, breaking into the church, would change everything. I agree.

It is my hope that this research will help the church, and in turn the children in God’s church, to understand themselves both as stewards and agents of God’s new creation, living out in the present the new story that God – in Jesus Christ – has thrown open before us and invited us into. I further hope that our children will see every part of their lives, including their physicality, as a part of this story and that in the church, we will find ways of nurturing them that are in keeping with God’s shalom.

This study is grounded in the deep hope that the church can be a place where an experience of shalom can be realized in the lives of the children in our care. While the results of this study suggest this is not the norm in the modern church, Rachel’s story offers hope that the church indeed has the potential to nurture our young people in a way that has holistic associations with health and that draws them into a meaningful experience of life at its fullest, even in the midst of this complex and troubled world.

This research offers a challenge to church leaders to rethink ministry to children, and to provide concrete suggestions as to how the Christian formation of children can be effected in ways that nurture the whole person. Further, it is a call to the church to investigate approaches to pedagogy that consider all aspects of health. While recognizing limitations of the church as a loci in which shalom can be realized, this research suggests that by thoughtfully challenging the current paradigms prominent in children’s ministry, the church has the potential to have a more meaningful and holistic impact on the lives of the children in our communities. The possible implications of these findings to breathe new life into the often-tired structures of the church are enormous.
Appendix A: Manuscript

This manuscript is based in part on the findings presented in my quantitative study (Chapter 2), augmented by additional statistical analyses. The manuscript has been formatted according to the submission requirements of the “Journal of Religion and Health”, and is currently under revisions for that journal. It was jointly written by the candidate, along with Dr. Robinson and Dr. Pickett. While the candidate directed the writing, the advanced statistical analysis was done by Dr. Pickett. This manuscript is included here in this appendix to demonstrate that the statistical analysis done in this thesis was confirmed generally when a more sophisticated level of analysis was performed.
Participation in Church or Religious Groups and its Association with Health: A National Study of Young Canadians

Valerie Michaelson · Peter Robinson · William Pickett

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Abstract The purpose of this study was to determine how participation of young Canadians in a church or religious group correlated with holistic health indicators. Health was viewed in terms of risk and protective behaviors, outward looking prosocial behaviors, and measures of internal feelings, with the composite picture of health connecting to the Hebrew concept of shalom. A separate analysis of sports-involved children was used as a comparator. Children involved in religious groups reported lower participation in risk behaviors, higher prosocial behaviors, but poorer levels of the more holistic measures of health. Sports-connected youth reported more positive holistic measures of health and some increases in overt risk-taking. Our findings raise theological and practical issues regarding how the church understands itself and lives out its mission. They suggest an emphasis on teaching about behaviors and morality rather than an understanding of shalom that is grounded in the Incarnation and in the deeply integrative nature of the Christian life.

Keywords Adolescence · Emotional health · Epidemiology · Health · Pediatrics · Religion · Risk-taking · Shalom · Sports and recreation · Spirituality · Theology

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Preamble

In this population-based and rational study, we had a unique opportunity to examine participation of young Canadians in church and other religious groups. Our primary aim was to determine whether such participation related to holistic experiences of health. Here, health was viewed in terms of both specific behaviors and deeper indications of emotional health, with the composite picture of health connecting to the Hebrew concept of *shalom*. These analyses and their interpretations were rooted in the Christian commitment of the authors; however, it is hoped that these findings and this discussion will be of interest to a multi-faith audience.

Theoretical Underpinnings: A Brief Introduction to the Concept of *shalom*

*Shalom* at its highest is enjoyment in one’s relationships. To dwell in *shalom* is to enjoy living before God, to enjoy living in one’s physical surroundings, to enjoy living with one’s fellows, to enjoy living with oneself (Wolterstorff 1983).

In this quotation, Wolterstorff is describing a definition of wholeness that includes the person, their place in this world, and the matrix of relationships that shape their life. A biblical understanding of *shalom* is reflected in the words “completeness, soundness, well-being, wholeness, peace and health” (Botterweck et al. 2006; Strong 2012). Interestingly, the English word *health* includes similar influences, including the Old English word *hælpe* (wholeness) and the Old Norse *helyg* (holy or sacred). The Latin word *salva* means “be in good health” and shares its root with the word *salvation*. The concepts of health, wholeness, and spirituality therefore share very similar roots and are connected intrinsically. These connections are significant as health is considered within various religious contexts, including the Christian tradition.

While often translated simply as peace, *shalom* involves more than a mere absence of hostility within relationships. It includes a dynamic sense of a person flourishing in the context of healthy relationships and also bringing healing, reconciliation, and peace into the troubled and broken relationships around them. It holds together both a sense of awe and delight at the wonders of the created world including the human creature, and a passion to join in God’s redemptive action (Plantinga 1993; Field 2002; Wolterstorff et al. 2004). *Shalom* deepens our understanding of the fullness—or wholeness—of what health can be. It brings with it a picture of health in its broadest, most integrative sense. While there is a clear emphasis on right behavior as a response to right relatedness (e.g., around issues of justice), *shalom* also invites people into a larger story of true belonging characterized by right relationships on every level: with God, with the earth, with community, and with self.

*Shalom* and the Health of Children in the Christian Church

Within many Christian denominations, a basic theological assumption is that life is meant to be characterized by *shalom*; life is grounded in relationship with a dynamic, loving God who shapes healthy relationships within and outside of the church. By implication then, while the church may not explicitly teach the concept of *shalom* to its children, the Christian church as a body is to be a community of wholeness typified by the concept of *shalom*. Such communities invite people, including children, into a new way of being in the world. At its best, the church has the potential to bring children into a holistic context that is characterized, among other things, by community, forgiveness, and the knowledge of one’s own deep belovedness. If
churches or other religious groups are grounded in such relationships, then regular participation of children in these groups should be protective and nurturing for their health. Tangible effects would include reduced engagement in health-compromising risk behaviors, higher levels of engagement in positive "prosocial" behaviors (including participation in behaviors that look beyond oneself and toward others), and improved emotional well-being. While these characteristics in essence are typical of those who are experiencing shalom in their lives, what is important in the holistic understanding of health that we are presenting as characteristic of shalom is the composite effect of the way these health indicators work together. Our hope is not that church-connected children would not only have higher protective trends around risk-taking and associated behaviors, higher participation in prosocial (or outward-looking) behaviors, or improved emotional well-being in isolation, but that the composite effect of a protective trend in all of these areas would nurture children in a life indicative of the fullness of God's shalom.

Only a scant literature base exists that describes relations between religious group involvement and pediatric health. Exceptions are US-based child studies that have demonstrated connections between religious practices and improved moral behavior as well as lower involvement in problem risk behaviors (Owigho and Cole 2010). Other studies report positive associations between church attendance, religious faith and devotion, and better health (Strawbridge et al. 2001; Wallace and Forman 1998). Western Canadian researchers have demonstrated correlations between spirituality (though not religion) and higher levels of child happiness (Wallace 2010), while others have found spirituality to be related to lower levels of depression and lower risks for suicide (Cotton et al. 2005; Cotton et al. 2006; Wallace and Forman 1998). The U.S. National Study of Youth and Religion reported that religious teenagers report better health than non-religious teens, particularly with respect to outcomes of lower risk-taking, emotional well-being, quality of relationships, community participation and moral reasoning and behavior (Smith and Denton 2005). Finally, results from Project Teen Canada resonate with many of these findings, particularly in the area of religious involvement and lower risk-taking behaviors (Bibby 2009; Bibby and Penner 2010).

While these studies are important, their findings also point to important gaps in the existing theological and health literatures for young people. In particular, this pertains to the question of whether religious involvement of children may lead to a more holistic sense of health, a question that is central to the concept of shalom.

Our Research Opportunity

In response to the identified research gaps, we developed a new collaboration between Canadian theological and health researchers to explore relations between religious participation and health. Our study was national in scope and based on the 2009–2010 Health Behaviour in School-Aged Children (HBSC) study. HBSC was conducted to examine the life experiences and health of younger adolescents aged 11–15 years; 26,078 adolescents in and around that age range from 436 Canadian schools participated in this survey cycle. The survey instrument included a module describing involvement of young people in various groups, with one option being "church or religious groups." It also requested that participating children report on engagement in various risk-taking behaviors, positive "prosocial" behaviors (which included many outward-looking behaviors such as helping others and sharing), and specific feelings and emotions, both negative and positive.

We hypothesized that if church and religious groups were effective in nurturing health among children, that children who reported engagement in church or religious activities...
would report lives that are more consistent with our theme of *shalom*. This would include fewer destructive risk-taking behaviors, more prosocial behaviors, and improved levels of the more holistic indicators of emotional health. As the benefits of participation in sports to both physical and emotional health are well known (Pate et al. 1996, 2000; Steptoe and Butler 1996), we also compared findings observed for church-connected children with those observed for children who reported involvement in sports clubs or teams. We did this in order to see whether any positive potential effects of church group membership on the health of children simply mirrored those known to exist for other, more secular groups. If that did occur, one interpretation would be that any positive health benefits could be attributed to membership in a group generally, as opposed to specific membership in a church or religious group.

In the end, our hope was that our collaboration and study would provide deeper insights into how the church fulfills its mandates of nurturing children by way of its ministry. This includes protecting children from the harm of overt risk-taking, encouraging prosocial behaviors, including behaviors that look beyond oneself and to others, and encouraging emotional well-being, each of which is a part of providing an invitation into this sense of *shalom*, or fullness of life. It also provided an opportunity to observe the reality of how the church in Canada as a whole is functioning in its relationship with and ministry to children.

**Methods**

**Sample.** The 2009–2010 HBSC was the sixth cycle of this health study conducted in Canada. HBSC in turn is an international study conducted in collaboration with the World Health Organization that aims to increase understanding of health and its determinants in populations of young people in some 43 countries (Currie et al. 2008). It involves written health surveys conducted with students in classroom settings, with a focus on the early adolescent years. Surveys in participating countries are conducted every 4 years following a common protocol. The 2009–2010 Canadian HBSC was conducted from November 2009 to May 2010 and involved participants in eight provinces and the three territories. The national sample was stratified by province/territory, type of school board (public vs. separate), urban–rural geographic status, school population size, and language of instruction (French vs. English). Standardized population weights were generated to account for the oversampling in some jurisdictions and the stratification criteria. Children from private schools, home school situations, native reserves, street youth, incarcerated youth, and youth not providing informed consent were excluded.

**Inclusion criteria** for this analysis were as follows: (1) provision of parental consent (explicit or implicit as per local school board requirements); (2) valid responses to a questionnaire module describing participation in various types of groups; and (3) provision of responses to all core items of analytic interest. There were no specific exclusions.

**Study variables** of specific interest were items describing the following: (1) participation or not in the three key groups of interest; (2) engagement in risk-taking behaviors; (3) outward-looking “pro-social” behaviors; (4) internal feelings, both positive and negative; and (5) sociodemographic variables that were considered as key covariates in our models. These variables have been used in multiple surveys and publications that span the past 20 years, and information on their origins and validity/reliability is documented extensively elsewhere (e.g., Currie et al. 2010). We suggest that it is the composite relationship between the first three types of variables that is related to the theoretical concept of *shalom* and in turn to a holistic understanding of the health of children.
1. **Participation in groups.** In a short series of questions, respondents were asked whether they regularly participated (yes or no) in clubs or organizations that were organized around specific activities. Participation in “church or religious groups” was the primary group of interest. Participation in “sports club or team” was selected as a secondary group, used for comparative purposes.

2. **Risk-taking behaviors.** Each student was asked about their engagement in specific risk behaviors. These included smoking (ever smoked, daily smoking, and early onset of smoking defined as prior to age 13); misuse of alcohol (frequent drunkenness defined as reporting being drunk >3 times in the past 12 months, binge drinking defined as “at least monthly” consumption of 5 or more alcoholic drinks on one occasion for boys, and 4 drinks among girls, early onset of drinking defined as prior to age 13); use of drugs (frequent use of cannabis defined as 3 or more times during the child’s lifetime, early onset of cannabis use defined as prior to age 13, any use of hard drugs [any lifetime use of ecstasy, amphetamines, opiates, prescription medications to get high, LSD, methamphetamine, salvia, and other hard drugs]); sexual intercourse (ever; early onset prior to age 14); and violence (frequent physical fights defined as 2 or more in the past 12 months, bullying others on 2 or more occasions in the past month); and risks for physical health (breakfast skipping at least 1 weekday per week, infrequent [once per week] vegetable consumption and also fruit consumption, toothbrushing less than daily, and relative physical inactivity, defined as being active for 60 min or <2 days per week).

3. **Outward-looking behaviors.** These included prosocial behaviors that encouraged looking beyond oneself toward others. A series of Likert-like items with response categories ranging from 1 (“definitely not like me”) to 6 (“definitely like me”) were asked to address a variety of positive, prosocial behaviors. These included “I do favors for people,” “I often lend things to people,” “I often help people,” “I often compliment people,” and “I often share things with people.” For each measure, high versus low prosocial behavior was indicated by a score of 4–6 versus 1–3 on the Likert-like scale.

4. **Measures of internal feelings.** Indicators of positive internal feelings were as follows: agreement with the statement “I have confidence in myself” and a score of 9 or more on the 10-point Cattell ladder, a standard visual analogue scale used to assess emotional health status and that is depicted in the form of a ladder where 10 indicates “the best possible life” and 1 indicates “the worst possible life” (Public Health Agency of Canada 2009/2010). Indicators of negative internal feelings were also rated using the Likert-like scale described above: “loneliness,” “wishing they were someone else,” “helplessness,” “being sorry for the things I have done,” and “feeling depressed or low.”

5. **Additional covariates** considered as potential confounders or effect modifiers included the following: participant sex (male or female), grade level (6–8, 9–10), socioeconomic status measured by “how well off do you think your family is?” (5 response options: “very well off” through “not at all well off”), family connectedness indicated by the number of times per week your family sits down at the table together for dinner/supper (0–7), and family structure (intact family with both mother and father vs. other family structure). We also considered the size of the school community using available divisions of urban–rural geographic status (“Dissemination Area” [mainly remote communities], “Rural” [all other rural areas], “Urban Core,” and “Other Urban”).

Analysis. We described the study population demographically. Next, we subdivided the national population based upon self-reported membership (yes or no) in a church or
religious group, then again for self-reported involvement in a sports club or team (yes or no), and then in combinations defined by group membership (none, church or religious group only, sports club or team only, both types of groups in combination). Groups were compared with respect to engagement in the risk-taking behaviors, the outward-looking "prosocial" behaviors, and the indicators (positive and negative) of internal feelings. Statistical tests for between-group differences in proportion were based upon two-sided p values generated from bivariate logistic regression models generated using the SAS Procedure PROC GLIMMIX (SAS Institute, Cary, NC, 2010), applied in order to test for differences while accounting for the clustered sampling design.

We then conducted a series of multi-level logistic regression analyses using the same procedures to study possible associations between group membership and each item on our list of potential health outcomes. We assumed fixed effects but random intercepts for schools. Associations were initially examined in bivariate models, then multiple logistic models that adjusted for sex, grade level, urban-rural geography, socioeconomic status, family structure, and the family connectedness measures. These covariates had been selected as a standard set of control variables following exploratory analyses. Adjusted odds ratios and associated 95% confidence intervals were again estimated with inflation of standard errors to account for clustering. Interpretively, we looked for general and consistent patterns in the potential effects as opposed to highlighting specific relationships on their own.

Human subjects. The HBSC survey holds ethical approval from the General Research Ethics Board at Queen’s University, as well as the Health Canada Research Ethics Board. This particular analysis was also approved by the Social Sciences and Humanities Research Ethics Board at the University of Toronto.

Results

Demographic characteristics of the study population are described in Table 1. Of the 24,244 (weighted n) participants that responded to the church or religious group involvement item, there was a roughly equal split between boys and girls, most were in grades 6-8 (with a roughly equal division in the five grade levels), the majority were from large urban centers and from Central Canada, more reported average or better material wealth than not, and the majority were from families with both a mother and father (intact family structures).

Table 1 also summarizes group participation for the two major group activities under study. Overall, 16.4% of young people reported involvement in a church or religious group, and 54.6% reported involvement in a sports club or team. For church or religious groups, higher prevalence values were reported for: girls, the lower grades, those from rural or dissemination areas, Western Canada, and those perceiving themselves to be not very well off. For sports, higher reported engagement levels were observed for: boys, the lower grades, Eastern Canada, those perceiving themselves to be more economically advantaged, and those from intact families.

In Table 2, findings from four example covariate models are presented to summarize relationships between the six key demographic covariates used in our models, and reports of four different health indicators: two negative items indicative of risk-taking and therefore the absence of shalom (frequent physical fights, loneliness) and two positive indicators indicative of outward-looking behaviors and therefore the presence of shalom (do favors for people, help people). These covariates were always included in subsequent modeling of relationships.
Table 1: Reported participation in (1) church or religious groups and (2) sports clubs or teams among young people studied in the 2009–2010 Canadian Health Behaviour in School-Aged Children Study

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No.</th>
<th>(%)*</th>
<th>% per week vegetable consumption/reporting participation†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sports club or team</td>
</tr>
<tr>
<td>Total responding to church or religious group item</td>
<td>24,244</td>
<td>16.4</td>
<td>54.6</td>
</tr>
<tr>
<td>By sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>11,669</td>
<td>48.1</td>
<td>58.9</td>
</tr>
<tr>
<td>Girls</td>
<td>12,575</td>
<td>51.9</td>
<td>50.6</td>
</tr>
<tr>
<td>By grade level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6–8</td>
<td>14,584</td>
<td>60.2</td>
<td>56.2</td>
</tr>
<tr>
<td>9–10</td>
<td>9,664</td>
<td>39.8</td>
<td>52.2</td>
</tr>
<tr>
<td>By urban–rural geographic status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large urban</td>
<td>13,918</td>
<td>57.4</td>
<td>52.2</td>
</tr>
<tr>
<td>Other urban</td>
<td>4,074</td>
<td>16.8</td>
<td>55.8</td>
</tr>
<tr>
<td>Rural</td>
<td>3,758</td>
<td>15.5</td>
<td>60.0</td>
</tr>
<tr>
<td>Dissemination area</td>
<td>2,498</td>
<td>10.3</td>
<td>58.0</td>
</tr>
<tr>
<td>By region of Canada</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>73</td>
<td>0.3</td>
<td>57.8</td>
</tr>
<tr>
<td>West</td>
<td>7,743</td>
<td>32.0</td>
<td>56.4</td>
</tr>
<tr>
<td>Central</td>
<td>15,376</td>
<td>63.0</td>
<td>53.3</td>
</tr>
<tr>
<td>East</td>
<td>1,056</td>
<td>4.4</td>
<td>59.3</td>
</tr>
<tr>
<td>By socioeconomic status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very well off</td>
<td>5,483</td>
<td>23.5</td>
<td>62.2</td>
</tr>
<tr>
<td>Quite well off</td>
<td>7,885</td>
<td>33.8</td>
<td>56.0</td>
</tr>
<tr>
<td>Average</td>
<td>7,815</td>
<td>33.5</td>
<td>50.3</td>
</tr>
<tr>
<td>Not very well off</td>
<td>1,588</td>
<td>6.8</td>
<td>44.5</td>
</tr>
<tr>
<td>Not at all well off</td>
<td>586</td>
<td>2.5</td>
<td>48.8</td>
</tr>
<tr>
<td>Missing</td>
<td>888</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By family structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intact family</td>
<td>16,206</td>
<td>67.8</td>
<td>59.0</td>
</tr>
<tr>
<td>Not intact family</td>
<td>7,697</td>
<td>32.2</td>
<td>49.1</td>
</tr>
<tr>
<td>Missing</td>
<td>346</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Proportions weighted by sampling fractions

between group involvement and health and are provided for illustrative purposes only. Higher odds of fighting were reported by the following groups of young people: boys, the lower grades, and those from remote areas, non-intact families, families with lower reported material wealth, and families that did not eat meals together as often. The same general pattern was observed for loneliness, except that girls reported loneliness more often than boys. For the positive indicators, higher relative odds were reported for both indicators among girls, those from intact families, those reporting families with higher material health, and those from families that ate meals together more frequently.

In Table 3, models describing relationships between church or religious group involvement and risk-taking indicative of the absence of shalom are summarized. Church
Table 2  Example covariate models for analyses of group membership and outcomes consistent with the absence or presence of shalom

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Example indicators of the absence of shalom</th>
<th>Example indicators of the presence of shalom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequent physical fights</td>
<td>Feel lonely</td>
</tr>
<tr>
<td></td>
<td>OR* (95 % CI)</td>
<td>OR* (95 % CI)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Boys</td>
<td>3.16* (2.93-3.40)</td>
<td>0.74* (0.70-0.80)</td>
</tr>
<tr>
<td>Grade (per year—range 6–10)</td>
<td>0.90* (0.87-0.93)</td>
<td>0.99 (0.96-1.02)</td>
</tr>
<tr>
<td>Urban–rural geographic status</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Large urban</td>
<td>0.88 (0.74-1.06)</td>
<td>1.06 (0.92-1.23)</td>
</tr>
<tr>
<td>Other urban</td>
<td>1.20* (1.00-1.45)</td>
<td>0.93 (0.80-1.08)</td>
</tr>
<tr>
<td>Dissemination area (remote)</td>
<td>1.36* (1.13-1.62)</td>
<td>1.13 (0.97-1.31)</td>
</tr>
<tr>
<td>Family structure</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Intact</td>
<td>1.27* (1.18-1.37)</td>
<td>1.28* (1.19-1.37)</td>
</tr>
<tr>
<td>Material wealth</td>
<td>1.11* (1.07-1.15)</td>
<td>1.31* (1.27-1.36)</td>
</tr>
<tr>
<td>(per unit of increased deprivation—range 1–5)</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Family meals together per week (per day—range 0–7)</td>
<td>0.93* (0.92-0.95)</td>
<td>0.92* (0.90-0.93)</td>
</tr>
</tbody>
</table>

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* OR estimates are significantly different (p < 0.05) from no association (OR of 1.0)

* Estimated using multi-level procedures; students nested within schools, and SAS PROC GLIMMIX Procedure

or religious group involvement was associated with lower relative odds of: smoking (3 indicators), alcohol misuse (3 indicators), drug use (3 indicators), ever having sexual intercourse, and four of five physical health measures, all indicative of protective effects. Sports group or team involvement was associated with lower relative odds of: smoking (3 indicators), drug use (3 indicators), and five of the five physical health measures. Sports team involvement was associated with higher relative odds of drunkenness and binge drinking, ever having sexual intercourse, and physical fighting.

Table 4 (top of table) summarizes the results of the modeling of relationships between group membership and factors indicative of the presence of shalom in terms of participation in prosocial behaviors that involve looking outward toward others. Participation in
## Table 3 Percentage of young people reporting risk-taking behaviors consistent with the absence of *stigma*, by participation in groups

| Indicator of risk-taking | Participate in church or religious groups | | | | | Participate in sports groups or teams | | | |
|--------------------------|------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
|                          | Yes | No | \(p\) value | Adjusted OR\(^a\) | Yes | No | \(p\) value | Adjusted OR\(^a\) | | | | | | |
|                          | \(n = 3,937\) | \(n = 20,257\) | | | \(n = 13,730\) | \(n = 11,008\) | | | | | | | | |
| Cigarette smoking        | | | | | | | | | | | | | | |
| Ever smoked              | 12.2 | 20.1 | \(<0.0001\) | 0.81 (0.72-0.91) | 15.2 | 23.0 | \(<0.0001\) | 0.77 (0.71-0.83) | | | | | | |
| Daily smoking            | 1.6 | 3.5 | \(<0.001\) | 0.72 (0.54-0.94) | 1.7 | 4.9 | \(<0.0001\) | 0.49 (0.41-0.58) | | | | | | |
| Early smoking            | 4.5 | 9.1 | \(<0.0001\) | 0.99 (0.84-1.16) | 5.7 | 11.4 | \(<0.0001\) | 0.57 (0.49-0.68) | | | | | | |
| Alcohol\(^b\)            | | | | | | | | | | | | | | |
| Frequent drunkenness     | 6.8 | 15.0 | \(<0.0001\) | 0.52 (0.45-0.60) | 13.5 | 13.8 | 0.14 | 1.23 (1.13-1.34) | | | | | | |
| Binge drinking           | 16.4 | 27.3 | \(<0.0001\) | 0.62 (0.52-0.73) | 26.8 | 24.8 | 0.64 | 1.23 (1.11-1.36) | | | | | | |
| Early drinking           | 11.8 | 18.5 | \(<0.0001\) | 0.69 (0.57-0.83) | 16.4 | 18.8 | 0.63 | 0.93 (0.83-1.04) | | | | | | |
| Drug use\(^b\)           | | | | | | | | | | | | | | |
| Frequent cannabis use    | 9.0 | 20.4 | \(<0.0001\) | 0.46 (0.37-0.56) | 16.8 | 20.9 | \(<0.0001\) | 0.88 (0.78-0.99) | | | | | | |
| Early cannabis use       | 3.0 | 4.9 | 0.04 | 0.77 (0.54-1.09) | 3.6 | 5.8 | \(<0.0001\) | 0.72 (0.58-0.89) | | | | | | |
| Ever hard drug use       | 9.7 | 12.8 | 0.07 | 0.90 (0.73-1.11) | 10.0 | 15.0 | \(<0.0001\) | 0.77 (0.67-0.88) | | | | | | |
| Sexual activity\(^c\)    | | | | | | | | | | | | | | |
| Ever had sexual intercourse | 16.2 | 26.7 | \(<0.0001\) | 0.74 (0.59-0.85) | 25.0 | 25.7 | 0.37 | 1.18 (1.06-1.32) | | | | | | |
|Early sexual intercourse  | 7.3 | 7.6 | 0.56 | 1.18 (0.91-1.52) | 6.8 | 8.4 | 0.04 | 0.97 (0.82-1.16) | | | | | | |
| Violence                 | | | | | | | | | | | | | | |
| Frequent physical fights | 19.1 | 19.8 | 0.42 | 1.03 (0.94-1.14) | 19.9 | 17.7 | \(<0.0001\) | 1.14 (1.06-1.23) | | | | | | |
| Frequent bullying        | 14.5 | 16.2 | 0.07 | 0.99 (0.89-1.09) | 15.4 | 16.5 | 0.25 | 1.02 (0.94-1.10) | | | | | | |
| Physical health measures | | | | | | | | | | | | | | |
| Frequent breakfast skipping | 19.2 | 29.3 | \(<0.0001\) | 0.78 (0.71-0.86) | 19.6 | 27.5 | \(<0.0001\) | 0.77 (0.72-0.83) | | | | | | |
| Infrequent vegetable eating | 9.9 | 13.4 | \(<0.0001\) | 0.73 (0.65-0.83) | 10.2 | 16.1 | \(<0.0001\) | 0.65 (0.60-0.71) | | | | | | |
Table 3 continued

<table>
<thead>
<tr>
<th>Indicator of risk-taking</th>
<th>Participate in church or religious groups</th>
<th>Participate in sports groups or teams</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes, $n = 3,937$ Column %</td>
<td>No, $n = 20,257$ Column %</td>
</tr>
<tr>
<td>Infrequent fruit consumption</td>
<td>9.1 %</td>
<td>12.1 %</td>
</tr>
<tr>
<td>Infrequent toothbrushing</td>
<td>5.0 %</td>
<td>5.2 %</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>4.2 %</td>
<td>6.6 %</td>
</tr>
</tbody>
</table>

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Models were adjusted for the following factors: sex, grade level, urban–rural geographic status, family structure, material wealth (SES), and meals as family

$^a$ Collected in grades 9 and higher only

$^b$ Estimated using multi-level procedures: students nested within schools, and SAS PROC GLIMMIX Procedure
### Table 4: Percentage of young people reporting behaviors and internal feelings consistent with the concept of shalom, by participation in groups

<table>
<thead>
<tr>
<th>Indicator of shalom</th>
<th>Participate in church or religious groups</th>
<th>Participate in sports groups or teams</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes, n = 3,937</td>
<td>Yes, n = 13,230</td>
</tr>
<tr>
<td></td>
<td>No, n = 20,257</td>
<td>No, n = 11,008</td>
</tr>
<tr>
<td></td>
<td>p value</td>
<td>p value</td>
</tr>
<tr>
<td></td>
<td>Adjusted OR*</td>
<td>Adjusted OR*</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>(OR) (95% CI)</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td></td>
</tr>
<tr>
<td>Outward-looking behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps people</td>
<td>68.5</td>
<td>1.34</td>
</tr>
<tr>
<td></td>
<td>61.5</td>
<td>(1.23-1.45)</td>
</tr>
<tr>
<td>Does favors for others</td>
<td>&lt;0.0001</td>
<td>(1.13-1.45)</td>
</tr>
<tr>
<td>Lends things to people</td>
<td>1.29</td>
<td>(1.20-1.39)</td>
</tr>
<tr>
<td></td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Compliments others</td>
<td>67.6</td>
<td>1.24</td>
</tr>
<tr>
<td></td>
<td>69.9</td>
<td>(1.14-1.35)</td>
</tr>
<tr>
<td></td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Shares things</td>
<td>66.0</td>
<td>1.24</td>
</tr>
<tr>
<td></td>
<td>60.6</td>
<td>(1.15-1.35)</td>
</tr>
<tr>
<td></td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Internal feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence in oneself</td>
<td>75.9</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>72.1</td>
<td>(1.03-1.33)</td>
</tr>
<tr>
<td>Best possible life</td>
<td>&lt;0.0001</td>
<td>(1.03-1.22)</td>
</tr>
<tr>
<td></td>
<td>31.4</td>
<td></td>
</tr>
<tr>
<td>Loneliness</td>
<td>20.7</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>21.2</td>
<td>(0.93-1.12)</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>27.3</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>27.1</td>
<td>(0.99-1.18)</td>
</tr>
<tr>
<td>Helplessness</td>
<td>20.3</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>19.3</td>
<td>(0.98-1.18)</td>
</tr>
<tr>
<td>Sorry for the things I have done</td>
<td>54.8</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>47.9</td>
<td>(1.12-1.30)</td>
</tr>
<tr>
<td>Feeling depressed or low</td>
<td>15.2</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>15.8</td>
<td>(0.92-1.13)</td>
</tr>
</tbody>
</table>

Note: Estimates are adjusted for sex, grade level, urban-rural geographic status, family structure, material wealth (SES), and meals as family meals from multi-level procedures with students nested within schools, and SAS PROC GLIMMIX Procedure.

2009–2010 Canadian Health Behaviour in School-Aged Children Study
church or religious groups was related to higher relative odds of five of the five prosocial behaviors. The same general pattern was observed for participation in sports groups or teams, suggesting that both group involvements were associated with positive outward-looking behavioral tendencies. Findings for the internal feelings indicators (bottom of table) were different. For church or religious group participation, while increases were observed for feelings of confidence and reporting “the best possible life,” there was no statistically significant (p < 0.05) relationship between group involvement and the outcomes of loneliness, wishing they were someone else, helplessness, and feeling low or depressed. Increases in the odds of reporting regret (sorry for the things I have done) were observed in those reporting religious affiliations. For sports, young people reporting group involvement reported higher relative odds for the two positive indicators of internal feelings and lower relative odds (all p < 0.05) for each of the negative indicators, showing a clear protective effect.

The final analysis (Table 5) summarizes the prevalence of each of the health indicators among young people who reported combinations of group involvement (neither group, sports only, church or religious group only, and both groups). Findings for the “sports only” and “church or religious only” groups are fairly consistent with those patterns reported earlier in Tables 3 and 4, with strong evidence that church or religious group involvement is protective for some common risk behaviors (smoking, drinking, cannabis use, sexual intercourse) and the outward-looking prosocial behaviors (e.g., helping and sharing), but a risk factor for some of the physical health measures (e.g., toothbrushing, physical inactivity). Church or religious group vs. sports involvement was also related to deficits in internal feelings (e.g., confidence in oneself and feelings about the best possible life) but also each of the negative indicators of internal feelings (e.g., loneliness, wishing they were someone else).

However, in addition, analysis of Table 5 also looks at the potential influence on health of adding sports involvement to church or religious group participation. Findings suggested that the relative odds of reporting smoking or drug use was not associated with the combined group versus church or religious group participation only, but the combined group reported increases in the odds of drinking, sexual behaviors, and fighting. Relative to the “only church or religious” group, young people reporting involvement in both groups also reported better physical health, more outward-looking behaviors, and increased positive feelings of confidence in oneself and having the “best possible life” as well as decreased odds of loneliness, wishing they were someone else, regret, and depression. Sports involvement, while not protective for some overt risk-taking among church-involved children, also had many beneficial effects in terms of physical health indicators, outward-looking prosocial behaviors, and several negative indicators of the absence of shalom.

Discussion

This national study was conducted to examine participation of younger adolescent Canadians in church or religious groups, in order to see whether children involved in such groups reported patterns in their health that were consistent with the theological concept of shalom. The most important findings were that while potential improvements in overt risk-taking behaviors and outward-looking prosocial behaviors were demonstrated in religious/church-connected children, this protective trend disappeared for several indicators of internal feelings related to emotional health, which are an important component of a

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Table 5 Percentage of young people reporting behaviors and internal feelings consistent with the presence then absence of shalom, by participation in church and sports (alone and in combination)

<table>
<thead>
<tr>
<th>Indicator of shalom</th>
<th>Participation in groups</th>
<th>Modeled effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Neither ( n = 9,722 ) Column %</td>
<td>Sports only ( n = 10,518 ) Column %</td>
</tr>
<tr>
<td></td>
<td>OR (^a) (95 % CI)</td>
<td>OR (^a) (95 % CI)</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>24.2 (16.2, 13.7, 11.4)</td>
<td>1.03 (0.64-1.67)</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>5.4 (1.8, 1.7, 1.6)</td>
<td>0.31(^a) (0.23-0.41)</td>
</tr>
<tr>
<td>Early smoking</td>
<td>12.1 (6.0, 4.9, 4.3)</td>
<td>0.71(^a) (0.52-0.97)</td>
</tr>
<tr>
<td>Alcohol(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent drunkenness</td>
<td>14.9 (15.0, 5.5, 7.4)</td>
<td>0.42(^a) (0.29-0.60)</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>26.3 (28.4, 10.3, 19.6)</td>
<td>0.83 (0.43-1.60)</td>
</tr>
<tr>
<td>Early drinking</td>
<td>19.5 (17.5, 12.6, 11.4)</td>
<td>0.97 (0.69-1.36)</td>
</tr>
<tr>
<td>Drug use(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent cannabis use</td>
<td>22.3 (18.4, 8.3, 9.4)</td>
<td>0.45(^a) (0.32-0.62)</td>
</tr>
<tr>
<td>Early cannabis use</td>
<td>6.2 (3.7, 2.3, 3.3)</td>
<td>0.71 (0.43-1.19)</td>
</tr>
<tr>
<td>Ever hard drug use</td>
<td>15.5 (10.2, 10.8, 9.1)</td>
<td>0.97 (0.69-1.36)</td>
</tr>
<tr>
<td>Sexual activity(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had sexual intercourse</td>
<td>27.0 (26.5, 13.0, 17.8)</td>
<td>0.85 (0.71-1.01)</td>
</tr>
<tr>
<td>Early sexual intercourse</td>
<td>8.8 (6.5, 5.1, 8.5)</td>
<td>0.96 (0.80-1.15)</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>17.9 (19.7, 16.0, 20.5)</td>
<td>0.85 (0.72-0.99)</td>
</tr>
<tr>
<td>Frequent bullying</td>
<td>16.8 (15.6, 14.6, 14.5)</td>
<td>1.11 (0.90-1.36)</td>
</tr>
<tr>
<td>Physical health measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent breakfast skipping</td>
<td>28.3 (19.9, 20.6, 18.5)</td>
<td>0.85(^a) (0.72-0.99)</td>
</tr>
<tr>
<td>Infrequent vegetable eating</td>
<td>16.6 (10.5, 12.0, 8.9)</td>
<td>1.11 (0.90-1.36)</td>
</tr>
<tr>
<td>Infrequent fruit consumption</td>
<td>16.3 (8.1, 12.5, 7.6)</td>
<td>1.64(^a) (1.35-2.00)</td>
</tr>
</tbody>
</table>
### Table 5: continued

<table>
<thead>
<tr>
<th>Indicator of shadow</th>
<th>Participation in groups</th>
<th>Modeled effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Neither ( n = 9,722 )</td>
<td>Church only ( n = 1,262 )</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>Column %</td>
</tr>
<tr>
<td>Infrequent toothbrushing</td>
<td>7.0</td>
<td>3.6</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>12.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Outward-looking behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps people</td>
<td>57.3</td>
<td>65.4</td>
</tr>
<tr>
<td>Does favors for others</td>
<td>54.9</td>
<td>62.9</td>
</tr>
<tr>
<td>Lends things to people</td>
<td>40.4</td>
<td>47.1</td>
</tr>
<tr>
<td>Compliments others</td>
<td>65.4</td>
<td>72.0</td>
</tr>
<tr>
<td>Shares things</td>
<td>57.8</td>
<td>63.2</td>
</tr>
<tr>
<td>Internal feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence in oneself</td>
<td>65.1</td>
<td>78.7</td>
</tr>
<tr>
<td>Rest possible life</td>
<td>21.1</td>
<td>32.8</td>
</tr>
<tr>
<td>Loneliness</td>
<td>26.5</td>
<td>16.3</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>31.0</td>
<td>23.6</td>
</tr>
<tr>
<td>Helplessness</td>
<td>23.0</td>
<td>15.8</td>
</tr>
<tr>
<td>Sorry for the things I have done</td>
<td>49.4</td>
<td>46.5</td>
</tr>
<tr>
<td>Feeling depressed or low</td>
<td>20.7</td>
<td>11.2</td>
</tr>
</tbody>
</table>

2009–2010 Canadian Health Behaviour in School-Aged Children Study

Models were adjusted for the following factors: sex, grade level, urban-rural geographic status, family structure, material wealth (SES), and meals as family

* OR estimates are significantly different (p < 0.05) from no association (OR of 1.0)
* Estimated using multi-level procedures; students nested within schools, and SAS PROC GLIMMIX Procedure
holistic understanding of the health of children. The protective trend reported for church-related religious group involvement was also most evident for substance use and sexual behaviors, but less evident for other aspects of physical health. With respect to sports-related groups that were used as a comparator, some similar trends were observed with respect to lower reported levels of risk behavior and higher prosocial behaviors. However, in a series of analyses involving in sports we also demonstrated strong and striking relations with reduced loneliness, helplessness, wishing to be someone else, and depression along with increased confidence in oneself and positive feelings about having the “best possible life.” Thus, involvement in a sports club was uniquely correlated with the higher sense of internal wholeness that was of primary interest to this study, although some risk-taking tendencies were also noted in sports-involved children.

Our observation of positive relationships between religious group involvement and some aspects of health is consistent with those documented historically (Strawbridge et al. 2001; Holder et al. 2010; Pearce et al. 2009; Owigho and Cole 2010; George et al. 2000). Findings from the most established study on church involvement and its impact on Canadian children, albeit 15–19-year-olds, mirror our own in the area of religious involvement and lower participation in sexual behavior and drug use (Bibby 2000). Similarly, findings from a large US-based study, the National Study of Youth and Religion, suggest that religious teenagers report acting differently than non-religious teens, particularly in areas such as lower involvement in risk behaviors and quality of relations (Smith and Denton 2005). Hence, our findings support the existence of some general social patterns that seem to be consistent between countries and cultures. In contrast, our study findings suggesting negative or nonexistent associations between religious group attendance and some more holistic internal feelings are somewhat novel. Few studies have tested for the existence of such associations in large populations of children. Theologically, such holistic measures of health and their relation with group membership are important as they take into account the way that children experience shalom within themselves in their lives.

We believe that our study and our collaboration have several strengths. Our sample of children was contemporary, representative of Canadian children, and sufficiently large to permit meaningful subgroup analyses. It permitted a variety of analyses of health behaviors conducted across grade levels, by sex, and by group involvement. Second, to our best understanding our particular focus on church/religious involvement and this more composite, holistic approach toward health is novel in young adolescents. If these associations are indeed valid, there is potential to intervene with policies, educational practice, and organizational structures. In short, findings from this initial study provide basic guidance for theological discussions about the role of church and religious groups in nurturing wholeness in children.

Our study also is subject to limitations. First, selection bias is a possibility. It is conceivable for example, that children with certain social characteristics would be more likely to attend church or other religious events. While efforts were made to control for such social factors in the regression analyses, findings may be residually confounded and the observed patterns may in part be attributable to some sort of social selection in who attends religious functions, rather than what the church or other religious group is doing per se. Second, our analysis was also limited by the absence of a direct measure of spirituality. A third potential limitation surrounds the children who are not included in the HBSC sample. While our sampling frame includes Canadian children who attend the publicly funded Public School and Separate School Board Schools; approximately 7% of Canadian children attend private religious-based schools, academic enrichment schools, alternative
private schools, are homeschooled, or do not attend school. While this does mean that children in some religious-based schooling settings are excluded from the survey results, it is unlikely that within our Canadian context, removing this 7% from the sample group substantially affects the representativeness of our results. This is further evidenced by a subanalysis (data not shown) that we performed solely with the young people from the Separate School Board systems. The latter likely included youth with mainly Catholic, Protestant Christian and other religious youth affiliations. This subanalysis yielded very similar findings to the larger analysis that was presented. Fourth, while our data sample included responses from a broad spectrum of children involved in a church or religious group, from very conservative Christians, to very liberal Christians, to Roman Catholics to religious groups other than Christianity, there were no controls for denominational or theological differences in this study and we were unable to examine trends within these more specific groups. Such analyses would be of obvious importance for future study. Fifth and finally, it is always difficult to attach deep and consistent meaning to key phrases and constructs used in a written survey. We do not know, for example, what words like “go to church” or “have feelings of regret” actually mean to the individual children who answered the survey questions, and whether there is consistency in meaning. Additional insight into such factors would assist interpretively. Analogously, we did not have any measures of the quality of the experience (religious or sports-oriented) of these children, which may be very important in regard to their impact on health.

Self-reported measures obtained by written survey are always subject to some measurement errors. For example, self-reports of substance abuse may be more influenced by cultural norms and group identity than by actual participation in these behaviors. With respect to our own Christian traditions, it was challenging to identify children within HBSC who are actively involved in a church community due to the lack of specificity in our questionnaire item. The HBSC item is not limited to Christianity, and there may be variations in how children perceive their involvement in existing groups and organizations across different faiths. Finally, as this is a cross-sectional study that provides information on children for a “snapshot” of time, it is difficult to establish the temporal sequence between group membership and the health indicators under study. Some caution therefore must be taken in interpreting all associations as causal, and our findings require confirmation in longitudinal analyses. That being said, we do view our analyses as an important starting point in understanding potential relations between church involvement and a whole-person approach to child health.

Implications for Ministry

Findings from this study raise important questions and concerns with respect to ministry to children, both within and outside of the Christian tradition. These pertain to the role of ministry in the health of children and especially the integrated experience of shalom in their lives. While involvement in a church or religious group offers some protection with respect to engagement in risk behaviors and improved, outward-looking prosocial behaviors, one is left to wonder why this trend does not extend into these other areas of life that are vital to a more composite experience of holistic health in children, including a protective trend around internal feelings. Indeed, involvement in sports clubs appeared to have more potential impact on some important positive aspects of holistic health than church involvement. This finding is sobering. In our own religious traditions, given that a central claim of the Christian faith is a promise of wholeness or shalom, the absence of
positive findings for these emotional indicators that are an integral part of holistic health is cause for concern. Regardless of the positive story that church or religious group involvement offers a protective trend around overt risk-taking behaviors and outward-looking prosocial behaviors, the notable absence of a continued protective trend in areas of physical and emotional health is problematic. It is important to note that the church operates within the confines of a broken world, and in its fullest sense, this promise of 
shalom is an eschatological hope rather than a present reality. While it is futile to idealize the church in the present as an absolute actualization of all of God’s promises, it nevertheless has the potential to be an agent of 
shalom, offering a foretaste in the present of God’s ultimate recreation of all things.

Our findings therefore also raise theological and practical issues regarding how the church understands itself and lives out its mission. It is appropriate that the Church is intentional in its teaching about avoiding common risk behaviors that can be destructive to one’s overall health (emotional, physical, mental, and spiritual). That religiously connected children appear to smoke less, abuse alcohol and drugs less often, and avoid early sexual activity more often than their non-connected peers can be interpreted as a positive finding in terms of the role that the church has taken in nurturing children. However, the fact that this general pattern of protection does not extend to behaviors connected to violence and physical health (e.g., frequent fighting, healthy eating habits, and physical activity) suggests, anecdotally, that both the teaching and culture in the church have focused primarily on a narrow understanding of morality and a shallow understanding of the incarnation. Speculatively, perhaps there is a tendency within the church to focus on morality as the goal rather than the result of the Christian life. In contrast, an understanding of 
shalom involves inviting or better drawing all people, including young people, into a communal and integrative experience of the fullness of life. In that context our analysis was grounded in the theological assumption that good behavior is not an end in itself but a response to a life-giving relationship with a dynamic, living God.

On a more positive note, our findings also suggest that religiously connected children reported more positive outward-looking, prosocial behaviors than non-involved peers. Indeed, looking beyond oneself and also attentiveness to right relatedness on all levels is an important component of 
shalom that is reflected in this sort of behavior. Because this pattern is strong in church-connected children, Christian doctrine and formation may be quite important as a determinant of prosocial behavior. This correlates with much traditional Christian teaching and practice, which are often connected with behaviors such as helping and sharing. This is also true of the teachings of many of the world’s major religious traditions.

Our comparisons of findings for the church or religious group with those from the group involved with a sports club or team were also valuable. Involvement in sports appeared to have many positive relations with overall health, particularly around lower-risk behaviors in the area of physical health and higher-outward-looking prosocial behaviors. Our most striking observation was the high positive correlation between involvement in sports and increased positive perceptions of internal feelings. This could be connected to the children feeling a part of a group with a common purpose. It could also be connected with greater physical activity, a greater sense of accomplishment within a team or social context, and a higher sense of group identity. However, there was very little correlation between sports group involvement and reduced engagement in serious overt risk-taking behaviors, and the drinking, sexual, and substance use behaviors were even higher in the sports-involved group. Thus, while sports involvement clearly nurtures some important components of 
shalom, it is only when combined with the protective effect of church involvement that it
offers protection in terms of overt risk-taking behaviors. While sports involvement on its own offers a striking protective trend in many areas that are in keeping with shalom, it is when it is combined with church involvement, as seen in Table 5, that the full spectrum of health behaviors indicative of shalom are observed.

These findings then beg the following question: Irrespective of the findings around overt risk-taking, what is it about sport club involvement that appears to influence measures about internal feelings that are essential to our composite understanding of health that is lacking in church/religious involvement? This may be connected with the reality that fewer children attend church than are involved with sports, and with smaller groups and less time of contact, there is more limited potential for comparable peer interaction. It is also possible that in the church, while attention has been given to providing a safe and nurturing environment, insufficient attention has been given to challenging children with tasks and issues that offer a sense of teamwork, achievement, and accomplishment.

Our finding that the protective effects of church/religions group participation did not extend into the particular internal feelings (measures of loneliness, wishing they were someone else, feelings of helplessness, and feelings of depression) is striking and problematic. For example, one theological assumption of this study is that the Christian faith is inherently one of community and that central to the notion of shalom is reconciliation not only with God but with one another. Our core finding, that children in church are just as lonely as those outside the church, reveals a disparity between the promise of the Christian life and its reality, at least for young people, and moreover suggests that the church may not be as effective as it should be in integrating children into the full community of church life. While there is no way of understanding the quality of the church or religious experience of participants reporting involvement from the measures we have available, it is likely that the youth who self-reported their involvement represent those with a meaningful connection to the group rather than a nominal attendance. Our findings were in keeping with those from other studies (Bibby 2009; Bibby and Penner 2010), which report similar (or slightly higher) numbers of youth who are actively involved in church, with meaningful engagement. This suggests that beyond not influencing feelings of loneliness in those who have nominal attendance, church involvement is failing to provide a meaningful intervention in terms of feelings of loneliness in some of its potentially most involved young people. This could be connected to a potential lack of peer connection for these children within the church context; however, peer connection is only one factor in terms of mediating feelings of loneliness, because the church generally has no shortage of caring, older adults.

These findings issue a challenge to those involved in church leadership to take seriously the church’s mission of being an intergenerational community of God’s people seriously, and to be more intentional (while being conscious of appropriate and safe boundaries) about integrating young people into the life of the church family. Previous research has shown that this approach to church ministry has radically transformed church experiences of young people and that the church indeed has the potential for this sort of meaningful intervention in the lives of its young people (Devries 2004).

The shalom central to the Christian faith also takes seriously matters of one’s identity and unique belovedness, and one’s gifts with which to engage the world. That many church-connected children reported an increased sense of “wishing they were someone else,” “feel depressed or low,” and feelings of helplessness again affirms that children in the Christian community are often not experiencing the fullness of the promise of shalom. A meaningful connection with a church should equip and empower children to experience improvements in these areas of emotional life.
The measure regret was a bit of an anomaly in terms of its relations as well as their meaning and interpretation. While church-connected children did not report higher prevalence values with respect to the other measures around internal feelings, they did report more heightened feelings of regret. This raises questions around how these children understand regret, how it reflects their theological worldview, and what it looks like in their lives. For example, it is important to understand whether regret is understood to be positive or negative; it is unclear whether feelings of regret can be interpreted as having feelings of guilt, having ownership and accountability for one’s actions, or something different altogether.

Areas of life such as physical health, emotional health, and communal life are fundamental to the concept of *shalom*. Thus, our findings, from our Christian perspective, suggest that the essential mission of the church may have become distorted by disintegrative theologies that offer a moral code to be followed rather than an invitation into the new and holistic way of being in the world offered to us by Jesus. One possible reason for our findings may be a shallow understanding of human physicality and the body that emphasizes the spiritual over the physical and reflects a narrow or distorted understanding of the incarnation. This dualism becomes more significant since in recent years there has been a renewed emphasis on the importance of the relationship between human beings and the world in which we live. This in turn naturally raises interest in a more holistic approach both to the human body and to overall health. Any suggestions regarding the significance of our findings and their interpretation must take into account a complex and deeper issue for theology. It would be misleading to suggest that the Christian life carries with it the straightforward promise of a better life with a corresponding sense of overall well-being. While the promise of *shalom* remains a central affirmation of the Christian faith, there are a number of qualifiers as to how and in what way that *shalom* is to be realized.

Inherent within the assumption that the incarnation informs a Christian understanding of *shalom* is the understanding that the incarnation resulted in conflict with societal norms and values, conflict which eventually led to the crucifixion and death of Jesus. Jesus himself asserted that to follow him was to take up one’s cross daily. In other words, there are ways in which the Christian life inevitably results in feelings of loneliness, helplessness, and regret. This is perhaps more evident for children who will experience conflict and uncertainty as they work to integrate their relationships in society at large with their relationships in the church. While acknowledging this complexity and seeking to allow for it in the assumptions of this study, we would continue to affirm that the promise of *shalom* is a real promise even though it may not be the promise of a “better life” in the way it is understood culturally.

**Conclusion**

This national study investigated the involvement of younger adolescent Canadians in church or religious groups, and relations between this involvement and various aspects of their health. It was based theoretically on the idea that regardless of whether or not the terminology of *shalom* is explicitly taught within a church context, church involvement should lead to fuller and more holistic health, as encompassed in the concept of *shalom*.

The doctrine of the Incarnation teaches that the Christian faith is inherently one that takes seriously not only the physicality of our bodies, but the whole of our human personhood and experience. At its best, the church has the potential to invite children into a holistic experience that is characterized by loving community, generous forgiveness,
healthy and life-giving boundaries around risk behaviors, healthy and life-giving outward-looking behaviors toward others, an affirmation of the body, and a deep sense of one’s own unique gifts and belovedness. The lack of correlation between religious connection and greater overall physical, emotional, and relational health suggests an emphasis on teaching about behaviors and morality rather than an understanding of shalom that is grounded in the Incarnation. Moreover, the apparent narrow emphasis on behavior as opposed to a more holistic understanding of health does not lead to nurturing children in the deeply integrative nature of the Christian faith, summarized in Jesus’ invitation into the fullness of life.

Combined with the findings of others, this research offers a challenge to church leaders to rethink ministry to children, and to provide concrete suggestions as to how the Christian formation of children can be effected in ways that nurture the whole person. Further, it is a call to the church to investigate approaches to pedagogy that consider all aspects of health. While recognizing limitations of the church as a loci in which shalom can be realized, this research suggests that by thoughtfully challenging the current paradigms prominent in children’s ministry, the church has the potential to have a more meaningful and holistic impact on the lives of the children in our communities. The possible implications of these findings to breathe new life into the often-tired structures of the church are enormous.

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References


Bibby, R., & Penner, J. (2010). 10 things we all need to know about today’s teens: That is, if we care about them. Lethbridge, AB: Project Canada Books.


Appendix B: Ethics Approval, Quantitative Study

Dr. John Freeman, Director
Social Program Evaluation Group
Queen’s University
511 Union Street
Kingston, Ontario
K7M 5R7

Dear Dr. Freeman:

Protocol Number: REB-2008-0062
Protocol Title: Health Behaviour in School-aged Children Study (HBSC): A Monitoring Tool for School Health in Canada, 2009-2012

Following the Health Canada and the Public Health Agency of Canada Research Ethics Board (HC-PHAC REB) review of the Annual Progress Report for the above-listed research protocol and its recommendation for approval, I am pleased to inform you that your study may continue for one year.

As a reminder, the responsibilities of Principal Investigators are set out in the attached Certificate of Ethics Approval. Please retain one copy of the Certificate for your records and return one signed copy to the:

Research Ethics Board (REB) Secretariat
Strategic Policy Branch, Health Canada
Holland Cross, Tower B
1600 Scott Street, Room 410
Address Locator 3104A
Ottawa, Ontario K1A 0K9
If you require further information, you may contact Mr. Richard Carpentier, Manager, REB Secretariat in the Strategic Policy Branch, Health Canada at (613) 941-5199 or the Public Health Law and Ethics Program, Public Health Agency of Canada at (613) 946-0497 or (613) 960-8049.

Please cite the file number (REB-2008-0062) on all correspondence pertaining to your application.

I wish you continued success in your project.

Sincerely,

[Signature]

Krista Outhwaite
Assistant Deputy Minister

Enclosure

Annex I – Certificate of Ethics Approval

c.c.: Anne Francis, Associate Director, Health Promotion and Chronic Disease Prevention, PHAC
Dr. William Pickett, Professor, Queen’s University
CERTIFICATE OF ETHICS APPROVAL
Amendment and Renewal

Principal Investigator:
Name: Dr. John Freeman
Title: Director
Branch/Institution: Social Program Evaluation Group, Queen’s University
Address: 511 Union Street
Kingston, ON K7M 5R7

Project Title: Health Behaviour in School-aged Children Study (HBSC): A Monitoring Tool for School Health in Canada

Amendment:

Renewal: Annual Progress Report

Project File Number: REB- 2008-0062

Contact Department/Agency: PHAC

Funding:
Available: Yes X No □
Amount: Internal

Scientific Peer Review:
Yes □ No □ Not applicable X

Document Submitted
List all documents submitted to the REB Secretariat:
1. Annual Progress Report

ETHICS REVIEW:
The application for ethics review for the above-referenced research project has been reviewed by the Health Canada and Public Health Agency of Canada’s Research Ethics Board (REB) on March 28, 2011. The annual progress report/amendment (listed above) submitted to the REB Secretariat on March 24 was found to be acceptable on ethical grounds for research involving human subjects. The REB is recommending that the project proceed:

☐ as amended
☐ for another year
☐ under the conditions stipulated by the REB (attached)

Canada
Page 1 of 2
Certificate Expiry Date:
April 16, 2012

Principal Investigator's responsibilities:

I confirm that I will:

1. Carry-out the research in accordance with the approved protocol by the REB;
2. Obtain an annual REB approval until the research is complete (the approval is given for one year);
3. Seek approval of the Research Ethics Board for any amendment or modification of the approved research protocol or consent form;
4. Report immediately to the REB Secretariat, any adverse or unexpected events resulting from the research on human subjects; and
5. Notify the REB Secretariat, upon termination or completion of the project.

Principal Investigator

Date

Once signed, please return a copy of this certificate to the REB Secretariat.

Research Ethics Board Secretariat
Holland Cross Building, Tower B
AL #3104A
#410 - 1600 Scott, Ottawa, ON K1A 0K9
Tel: (613) 941-5199
Fax: (613) 948-2419
Web: http://www.healthcanada.gc.ca/reb
http://www.santecanada.gc.ca/cer
Appendix C: Qualitative interview question template

Opening discussion: Would you please describe for me your experience of arriving at church on a Sunday morning, or at the time you usually attend? What things do you notice? Who do you see? Who talks to you? Are there any particular smells or sounds that you notice? Where is the first place you go? What is that like?

A. Belonging: Do you have any friends at church? Do a lot of the adults know you? Do some adults talk to you most weeks that you are at church? Do you know any younger children? If you had a big problem, would you go to someone from the church for help? Who might that be? Can you help me understand why you might feel lonely in some places and feel like you belong in other places? Do you think your friends who do not attend church feel more lonely or less lonely than you do? Why or why not?

B. Forgiveness: How do you understand “forgiveness?” Would you please help me understand how your experience of church influences your life? This past week, has your connection to church influenced things you have done or have not done? Can you give me any examples? What is your experience of forgiveness from God? How about from people at Church? If you do something you think is really bad, how would that influence your relationship with the church? How do you understand the word “regret”? Can you help me understand if “regret” or “feeling sorry for things you do? Is the same thing? Is it a good thing or a bad thing, or both?
C. **Identity:** Would you please talk to me about how you feel about yourself when you are at church? In general, do you feel you are accepted and valued for who you are? Do you ever feel pressure to be like someone else? If yes, do you have any idea where that pressure comes from? Do you think your friends who do not attend church feel more comfortable with who they are or less comfortable with who they are compared with how you feel about yourself? Why or why not?

D. **Empowerment:** Do you feel you have control over your own life? What is that like for you? When you have a problem, do you feel you can handle it? How do you feel about the problems in the world? When you need help, who do you go to? Do you think your involvement at church helps you handle hard things in your life better than if you didn’t? Can you help me understand that more deeply?

What do you think health is? What do you think about your own health? Do you think that your health has any connection to church?

Do you think going to church helps you make decisions in your life? What kinds of decisions? Are there ways it helps you decide things you are going to do? Can you help me understand what that might look like on a given day?

Jesus once said something about inviting his friends to coming “the fullness of life”. Have you ever heard that? Can you imagine what the fullest, most wonderful life possible that Jesus wants for you would be like? (encourage imagining) How do you think this image connects with your life right now? How about your experience of church?
Appendix D: Recruitment letter for clergy

Toronto School of Theology
affiliated with the University of Toronto

47 Queen’s Park Crescent East • Toronto, Ontario, Canada M5S 2C3
Telephone: 416-978-4039 • Fax: 416-978-7821 • Website: www.tst.edu

January 19, 2012

Dear clergy and youth pastors,

My name is Valerie Michaelson. I am a doctoral student at Wycliffe College, Toronto School of Theology, University of Toronto and an Anglican Priest in charge of children and youth ministry at St. James’ Anglican Church, Kingston, ON. I am writing to request your help in a study I am doing about the influence of involvement in a church on health. I would like to interview children/youth who are in grade 5-10 about their experience of church. I am particularly interested in hearing about the experience children have had around issues of belonging, forgiveness, empowerment and identity.

I am attaching a letter of information for parents, which outlines the parameters of these interviews as well as the careful attention to ethics that this project has received. While it is unlikely that participants will receive any direct benefits from participating, I believe this current study is important for better understanding the role of religious involvement on the overall health of young people in Canada. Each child who participates in this study will receive a $15.00 gift card to their choice of either Tim Horton’s or Chapters as a thank you for participating.

If you have any questions or about this research, or about the children’s rights as research participants, you may contact one of my supervisors, Dr. George Sumner (george.sumner@wycliffe.utoronto.ca); Dr. William Pickett (pickettw@queensu.ca) or Dr. Linda Cameron (lcameron@utoronto.ca). You may also contact the University of Toronto Office of Research Ethics: ethics.review@utoronto.ca, 416-946-3273. You may also contact the researcher, Valerie Michaelson, at vmichaelson@sympatico.ca or 613-634-8320.

Would you assist me by drawing this study to the attention of parents of children/youth who are within the age range of this study? Parents of any child/youth who is potentially interested in participating may contact me at: vmichaelson@sympatico.ca or 613-634-8320. Thank you.

Sincerely,

Valerie Michaelson
Doctoral Candidate, Wycliffe College
University of Toronto

Members
Emmanuel College – United • Knox College – Presbyterian • Regis College – Roman Catholic, Jesuit • St. Augustine’s Seminary – Roman Catholic, Diocesan University of St. Michael’s College – Roman Catholic, Basilian • University of Trinity College – Anglican • Wycliffe College – Anglican, Evangelical

Affiliates
Conrad Grebel University College – Mennonite • Huron University College – Anglican Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran

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Appendix E: Recruitment letter for parents

Toronto School of Theology
affiliated with the University of Toronto

47 Queen’s Park Crescent East • Toronto, Ontario, Canada M5S 2C3
Telephone: 416-978-4039 • Fax: 416-978-7821 • Website: www.tst.edu

January 19, 2012

Dear parent/guardian,

My name is Valerie Michaelson. I am a doctoral student at Wycliffe College, Toronto School of Theology, University of Toronto and I am also an Anglican Priest, working with children and youth at St. James’ Anglican Church, Kingston. I am writing to request permission for your child/youth to participate in my research about the impact of church involvement on the health of gr 5 – gr 10 children. This research will be used in my doctoral dissertation. It may also be used in publications of various types, including journal articles or other professional publications. This research has been cleared by the University of Toronto General Research Ethics Board.

For the purposes of my research, I am requesting the opportunity to interview your child/youth about his/her experience of church. I am particularly interested in hearing about your child’s experience of belonging, forgiveness, empowerment and identity. The interview will take approximately 45 minutes. There may be a request for a follow up interview of 30 minutes or less within 2 months of the first interview. This second interview will only be requested if a possible second interview request has been agreed upon at the first interview. I will take extensive written notes. I will audio record the interview. The audio recording will be used to clarify written notes. All electronic files will be password protected and paper and audio data will be secured in a locked cabinet in the researcher’s home. None of the data will contain your child’s name or the name of your child’s church and a pseudonym will replace your child’s name on all data about your child to protect his or her identity. After my research is complete, all data will be destroyed. In these ways, I will make every effort to maintain the confidentiality of your child’s data now and in the future.

I foresee minimal risks in your child’s participation in this research. Everything your child tells me will be kept confidential. The only exception regarding your child’s confidentiality would be if your child told me s/he was in danger, was thinking of hurting him/herself or that someone was hurting him/her. If this situation occurred, in keeping with the Ontario Family Services Act, I would be legally required to report this to the Children’s Aid Society. Your child will be informed of this limit to his/her confidentiality at the beginning of the interview.

The questions I will ask are about your child’s personal experience. If any of these questions cause your child to feel uncomfortable, they can stop at any time. If your child wants to talk further about the kinds of things that come up in this study, I will provide you with a list of counseling websites and phone numbers, including local resources, that you will be able to use.

Members
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Diocesan University of St. Michael’s College – Roman Catholic, Basilian • University of Trinity College – Anglican • Wycliffe College – Anglican.
Evangelical

Affiliates
Conrad Grebel University College – Toronto Mennonite Theological Centre – Mennonite • Huron University College – Anglican
Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran
Your child’s participation is entirely voluntary. Your child is not obliged to answer any questions he or she finds objectionable or uncomfortable. You may withdraw your child at any time without penalty. Your child may withdraw at any time without penalty. If for any reason your child withdraws from this study, no data provided by your child to that time will be used in the study and no further data will be collected from your child. Interviews will take place at a time that is mutually convenient to the researcher and your child. They will take place in a public place that is agreeable to you and that is comfortable for your child, such as a nearby Tim Horton’s. At the completion of the study, each participant will receive their choice of either a $15.00 Chapter’s or Tim Horton’s gift card as a thank you for participation. It will be your decision (with your child) if you prefer to stay at the meeting place while I speak with your child or if you would rather pick up your child at the end of the meeting. If you decide on the latter, I will stay with your child until you arrive to pick him/her up. (We will be finished within 45 minutes of the commencement of the interview.)

If you have any questions or concerns about this research project, or about your child’s rights as a research participant, you may contact the following people: researcher, Valerie Michaelson (vmichaelson@sympatico.ca or 613-634-8320); supervisors: Dr. George Sumner (george.sumner@wycliffe.utoronto.ca); Dr. William Pickett (pickettw@queensu.ca) and Dr. Linda Cameron (l.cameron@utoronto.ca); the University of Toronto Office of Research Ethics: ethics.review@utoronto.ca, 416-946-3273.

If you are in agreement, please discuss this opportunity with your child, and show your child the attached letter of information specifically for him/her. After this, if you and your child are both in agreement and your child would like to participate, please contact me either by phone: 613-634-8320 or by e-mail: vmichaelson@sympatico.ca to arrange an interview.

Thank you very much for considering this request.

Sincerely,

Valerie Michaelson
Doctoral Candidate
Wycliffe College, University of Toronto
Appendix F: Recruitment letter for participants

Toronto School of Theology
affiliated with the University of Toronto

47 Queen’s Park Crescent East • Toronto, Ontario, Canada M5S 2C3
Telephone: 416-978-4039 • Fax: 416-978-7821 • Website: www.tst.edu

January 19, 2012

Hello,

My name is Valerie Michaelson, and I am a doctoral student at the University of Toronto. In my research, I’m interested in the connection between going to church and health. If you go to church and are between grades 5 and 10 in school, I’d like to invite you to participate!

I would like to hear about your experience of church, and I am especially interested in hearing about your experience of community, forgiveness and how you feel about yourself at church (and in other places such as school and home). I also want to hear about how you feel you can handle problems that come up in your life and where you go when you need help.

If you are reading this letter, it means your parent(s) or guardians who look after you have already agreed you can participate if you want to, but I need your agreement as well. This is what it would look like:

1. Your parent/guardian would phone me and we’d set up a time and place to meet. (It might be at a local Tim Horton’s, or somewhere near your house where you like to go. I’d meet you there.) I’d leave it up to you and your parents if they stayed at this place while we talked or came and picked you up a bit later.
2. The interview would take about 45 minutes (no longer) and I’d ask you questions related to your experience of church. It’s not a test and there are no right answers. I am just interested in your experience and in what you think.
3. I’d be taking notes as we talked, and I’d also record our conversation on a small recording device.
4. Anything you told me would be confidential (which means I wouldn’t tell anyone anything you told me!) I would use your story in my doctoral research, but I’d disguise your name and things about you so that if anyone who knows you read my research, they wouldn’t recognize you. The only exception would be if you told me something that showed me you were in danger or someone was hurting you, or that you were thinking of hurting yourself. In this case, I would need to let people know who could help you and I could not keep this information confidential. If this happened, I would talk to some people at what is called “the Children’s Aid Society” and they would know how best to help you.
5. I might ask you for a second (shorter) interview at another time to clarify something you said or ask another question or two, but I wouldn’t do that unless you agreed to this at the first interview. And, if you agreed to a second interview and changed your mind later, that’s fine, too.
6. If I ask you any questions at all that you don’t like, or that make you uncomfortable or that you just don’t want to answer, that’s fine! We can stop the interview at any time, too.

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Diocesan University of St. Michael’s College – Roman Catholic, Basilian • University of Trinity College – Anglican • Wycliffe College – Anglican.
Evangelical

Affiliates
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Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran

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7. As a thank you for participating in this project, I have a gift for you – your choice of either a $15.00 Tim Horton’s gift card or a $15.00 Chapter’s gift card. Even if we stop the interview in the middle, you still get the gift card.

8. After we have the interview, if you decide later that you wish you hadn’t told me something (or you wish you hadn’t told me anything at all), all you have to do is get your parents to call or e-mail me and let me know and I won’t use any of your information in my research. No problem at all, and nothing happens except that I take your information out.

9. I’ll keep all the information about you very carefully protected (protected on my computer, protected by locking it up at home, and protected because I won’t tell anyone anything about you except when it is very disguised, and no one will recognize it’s about you.) I value your story and will be very respectful of it. The only exception to keeping everything you may tell me confidential would be if you told me something that showed me you were in danger, someone was hurting you, or that you were thinking of hurting yourself. In this case, I would need to let people know who could help you and I could not keep this information confidential. If this happened, I would talk to some people at what is called “the Children’s Aid Society” and they would know how best to help you.”

If you have any questions about this research, or about the interview, or about anything else around this project, your parents have my e-mail address and phone number and they can get in touch with me and find out. Also, if you have any questions or concerns about your rights as a research participant, you or your parents may contact the following people: researcher, Valerie Michaelson (vmichaelson@sympatico.ca or 613-634-8320); supervisors: Dr. George Sumner (george.sumner@wycliffe.utoronto.ca); Dr. William Pickett (pickettw@queensu.ca) and Dr. Linda Cameron (l.cameron@utoronto.ca); the University of Toronto Office of Research Ethics: ethics.review@utoronto.ca, 416-946-3273.

Thanks very much for considering helping me with this research!!!

Sincerely,

Valerie Michaelson
Doctoral Candidate
Wycliffe College, University of Toronto
Appendix G: Interview consent form (parents)

Parental Consent Form for Participation in interviews:

A Study of the Involvement in a Church on Health

Your Name: ____________________________________________

Your Child’s Name: _____________________________________

PLEASE READ THE FOLLOWING:

- I have read and retained a copy of the Letter of Information and all my questions about the research have been answered to my satisfaction.

- I understand that my child/youth will be participating in the research study “A Study of the Influence of involvement in a Church on Health.”

- I understand that my child’s participation is voluntary and that my child is free to withdraw at any time without penalty. If this occurs, no data about my child will be used in the study.

- My child has given voluntary assent to participate in this study.

_________________ I consent to ____________________________________________ (Child’s name) participating in a “Study of the Influence of Church on Health” interview.

Parent/Guardian Name: __________________________________________

Parent/Guardian Signature: _______________________________________

Date: ________________

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University of St. Michael’s College – Roman Catholic, Basilians • University of Trinity College – Anglican • Wycliffe College – Anglican, Evangelical

Affiliates
Conrad Grebel University College – Toronto Mennonite Theological Centre – Mennonite • Huron University College – Anglican Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran
Appendix H: Interview consent form (participants)

Toronto School of Theology
affiliated with the University of Toronto

47 Queen’s Park Crescent East • Toronto, Ontario, Canada M5S 2C3
Telephone: 416-978-4039 • Fax: 416-978-7821 • Website: www.tst.edu

Participant Consent Form for Student Participation in interviews:

A Study of Involvement in Church on Health

Participant’s Name: ____________________________

* I have read and kept a copy of the letter of information and all my questions about the research have been answered.

* I understand that my I will be participating in the research study “A Study of the Influence of involvement in a church community on health.”

* I understand that my participation is voluntary and that I am free to withdraw at any time without penalty. If I choose to withdraw, nothing about me will be used in the study.

* I want to participate in this study.

Participant’s Name: ____________________________

Participant’s Signature: _________________________

Date: _________________________

Members
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Affiliates
Conrad Grebel University College – Toronto Mennonite Theological Centre – Mennonite • Huron University College – Anglican
Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran
Appendix I: Demographics questionnaire

Demographics Questionnaire for all interview participants

A Study of the influence of Church Involvement and Health

Please fill out this form and bring it with you to the first interview. Thanks!

Your name: __________________________

Name of your parent(s)/guardian: _____________

Phone Number or e-mail address of your parent/guardian: ___________

Information about You

Current grade in School: ___

Year of Birth: _____

Name of Church you attend: __________________

Denomination of Church you attend (if you know it): _____________

Do you consider yourself involved in this church? (please circle one)

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Diocesan University of St. Michael’s College - Roman Catholic, Basillian • University of Trinity College - Anglican • Wycliffe College - Anglican,
Evangelical

Affiliates
Conrad Grebel University College – Toronto Mennonite Theological Centre – Mennonite • Huron University College – Anglican
Institute for Christian Studies – Reformed • Waterloo Lutheran Seminary – Evangelical Lutheran

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I am willing for the researcher, Valerie Michaelson, to contact me (through my parents) for a second interview should the need for clarification or more information arise.

If you are willing: the second interview would be shorter than the first (30 minutes or less) and you would receive a second gift card from Tim Hortons's or Chapters.

Name of participant: ____________________________

Date: ____________________________

Signature of participant: ____________________________
Appendix J: Resource handout for participants in need of support

Resources available in Kingston Ontario for children and youth in need of emotional support

Pathways for Children and Youth: Pathways is a mental health agency in Frontenac, Lennox and Addington Counties, dedicated to strengthening and supporting the emotional well-being of children and families. They offer a range of services including counselling, education, advocacy and other interventions in an environment of dignity and respect.

Offices for Pathways are found in the following locations:

Kingston Kingslake Plaza 1201 Division Street, Suite 215 Kingston, Ontario K7K 6X4 Phone: (613) 546-8535 Fax: (613) 546-3881

Kingston 993 Princess Street, Unit 14 Kingston, Ontario K7L 1H3 Phone: (613) 546-1422 Fax: (613)546-0623

Amherstview Loyalist Plaza Unit 7 18 Manitou Crescent, West Amherstview, Ontario K7N 1S3 Phone: (613) 634-0057 Fax: (613) 634-6547

Napanee 465 Advance Avenue Napanee, Ontario K7R 4A7 Phone: (613) 354-6852 Fax: (613) 354-1372

Sydenham 4365 Mill Street Sydenham, Ontario K0H 2T0 Phone: (613)376-3082 Fax: (613) 376-6794

Kingston Community Counselling Centre: K3C Community Counselling Centres offer a vast number of services that are geared to help you overcome adversity.

Their mission is to provide quality counselling and support in order to encourage individual and family strengths.

K3C is a not-for-profit agency governed by a volunteer board of directors. Funding comes from a variety of sources, including generous support from United Way donations, government grants and voluntary contributions. This allows K3C to offer professional counselling at an affordable cost or for certain programs, no cost. Click on any of the
service links on this page to learn more about our different programs and further steps you can take to improve your life now and in the future.

K3C Community Counselling Centres 417 Bagot Street Kingston, ON K7K 3C1  613-549-7850 Fax: 613-544-8138 kccc@k3c.org

**Psychologist** Dr. Kelly Benn
Dr. Benn specializes in children and youth psychology
221 King St E  Kingston, ON K7L 3A7
(613) 532-1536
Appendix K: University of Toronto ethics approval

PROTOCOL REFERENCE # 26986

January 11, 2012

Dr. Linda Cameron and Reverend Dr. George Sumner
Reverend Valerie Michaelson

DEPT OF CURRICULUM, TEACHING & LEARNING
OISE/UT

Dear Dr. Linda Cameron, Reverend Dr. George Sumner and Reverend Valerie Michaelson,

Re: Your research protocol entitled, "A Study of the Influence of Involvement in Church on Holistic Measures of Health"

ETHICS APPROVAL Original Approval Date: January 11, 2012
Expiry Date: January 10, 2013
Continuing Review Level: 2

We are writing to advise you that the Social Sciences and Humanities Research Ethics Board (REB) has granted approval to the above-named research protocol, for a period of one year. Ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,
PROTOCOL REFERENCE # 26986

January 11, 2012

Dr. Linda Cameron and Reverend Dr. George Sumner
DEPT OF CURRICULUM, TEACHING & LEARNING
OISE/UT

Reverend Valerie Michaelson
DEPT OF CURRICULUM, TEACHING & LEARNING
OISE/UT

Dear Dr. Linda Cameron, Reverend Dr. George Sumner and Reverend Valerie Michaelson,

Re: Your research protocol entitled, “A Study of the Influence of Involvement in Church on Holistic Measures of Health”

ETHICS APPROVAL

Original Approval Date: January 11, 2012
Expiry Date: January 10, 2013
Continuing Review Level: 2

We are writing to advise you that the Social Sciences and Humanities Research Ethics Board (REB) has granted approval to the above-named research protocol, for a period of one year. Ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

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If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Margaret Schneider, Ph.D.,
C.Psych
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen’s Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix L: Approved Thesis Proposal

TORONTO SCHOOL OF THEOLOGY
DMIn Thesis Proposal Approval Form

Important Note: Please return the completed and signed form to the AD Office.

Student’s Name:Val Michaluk
Student Number:98109826
College:WyCLIFFE

Thesis Proposal Title:A Study of the Influence in a Church Community on Skeletal Health Measurments

Thesis Proposal Approved:Yes or No

Student qualified to go on to the thesis writing stage of the program:Yes or No

Examiner’s Name:Glen P. Sommerville
Examiner’s Name:Linda Cameron
Examiner’s Name:Naun Soon Son
Examiner’s Name:Bernaone Lepintis
Examiner’s Name:Boyd Boyd

Signature:GPlb
Signature:Linda Cameron
Signature:N. S. Son
Signature:Bernaone Lepintis
Signature:Boyd Boyd

Date:Sept 28, 2011

Distribution:AD Office:Student’s College:Student

May 31, 2011.
A Study of the Influence of Involvement in a Church Community on Specific Holistic Measures of Health

A Dmin Thesis Proposal
Submitted to the DMin Program Committee
Toronto School of Theology

By Valerie Michaelson
St. James’ Anglican Church
Kingston, ON

Signature ______________________________
Faculty Director: Dr. George Sumner, Wycliffe College

Signature ______________
Faculty Director: Dr. Linda Cameron, OISE

Signature ______________________________
Faculty Director: Dr. Will Pickett, Queen’s University

Signature ______________________________
Dr. Nam Soon Song, Knox College

Signature ______________________________
Collaborative Learning Group Representative: Mrs. Bernardine Ketaalers

Signature ______________________________
Ministry Base Group Representative: Mrs. Bev Boyd
I. Background and Context of my Applied Research Thesis:

My research interest has grown out of both my experience with youth and children in the Church over nearly 20 years, and also out of opportunity. Early in 2010, Dr. Pickett invited me to do a literature review to explore what research had been done on the relationship between health, spirituality and religiosity. This task was of great interest to me, and I was excited by the conversation I found within the academic world on this topic. In the fall of 2010, we noted that we could use data Dr. Pickett already had to explore the relationships between religiosity and health in Canadian children grades 6-10. Our findings were in keeping with the initial literature review in that people connected with a church or religious group had a trend toward lower risk behaviours and higher pro social behaviours than non religious attenders. However, when we then measured the relationship between religious involvement and deeper, more holistic measures of health, the protective trend seemed to disappear. As a priest, a minister to children in the Anglican church and as a parent, this was of deep concern to me. I wanted to understand this more deeply so that I could constructively address it in my life and ministry. When the opportunity presented itself that I could build my Doctor of Ministry research on this work, I was eager to take it.

II. Statement of Research Problem: A large body of research has demonstrated a positive relationship between religiosity, spirituality and health. While much of the existing literature is based on research with adults, there is a growing interest in exploring the roles religiosity and spirituality play in the health of children. Many studies demonstrate the relationship between religiosity, spirituality and both lower risk taking
behavior and positive social interaction.\textsuperscript{219} The purpose of this research is to invite this conversation to a deeper level in order to understand the relationship between a meaningful connection to church and indicators of health in children that go beyond behavior and indicate what I will refer to throughout this paper as wholeness. The word wholeness pushes the boundaries of health beyond physical and emotional well-being to include spiritual well-being. For the purposes of this thesis, my operative definition of wholeness is: “a state of robust, good health that includes an integration of physical, mental, social, emotional and spiritual well-being.”\textsuperscript{220}

Dr. Will Pickett is the principal investigator for the Canadian Health Behaviour of School Age Children project (HBSC)\textsuperscript{221}, which is a World Health Organization (WHO) Collaborative Cross-national Study. Working together, and based on the data from the HBSC national sample of 26,000 young people in Canada compiled during 2010\textsuperscript{222}, we


\textsuperscript{220} This definition draws on the definition of wholeness in the Oxford English Dictionary, the WHO definition of health and my own conviction that the WHO definition needs to be expanded to include a spiritual dimension.

\textsuperscript{221} This information was based on: Public Health Agency of Canada, Health Canada and World Health Organization, Health Behaviour in School Aged Children Grade 6, 7 and 8 Survey and Health Behaviour in School Aged Children Grade 9 and 10 Survey, (Kingston, ON: Queen’s University 2009/2010).

\textsuperscript{222} This information was based on: Health Behaviour in School Aged Children Grade 6, 7 and 8 Survey and Health Behaviour in School Aged Children Grade 9 and 10 Survey. Sponsored by the Public Health Agency of Canada with additional support from Health Canada for the World Health Organization. Kingston, ON: Queen’s University 2009/2010.
had the opportunity to begin an initial exploration of relationships between religiosity and health within a Canadian context. We found that 15% of respondents indicated they had a connection with a church or religious group and we interpreted this to mean that they had more than a casual connection with the group but a meaningful engagement. This correlates with data from other national surveys of religion and youth. This data demonstrates a lowered overall trend of health risk behavior and an increase in pro social behaviors for children connected with a church or religious group. However, it also suggests that these protective effects disappear when measured alongside four specific indicators of health from the 2010 HBSC questionnaire which we understand to be related to wholeness: feelings of loneliness, regret, wishing they were someone else and helplessness. Dr. Pickett has invited me to explore this matter more deeply using both quantitative and qualitative research methodologies. My research question is: What is the influence of active engagement in a church community on specific holistic measures identified in the Canadian 2010 survey (feelings of loneliness, regret, wishing they were someone else and helplessness)?

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223 Reginald Bibby, *The Emerging Millennials* (Lethbridge, AB: Project Canada Books, 2009). In Bibby’s survey, which is significantly smaller than the HBSC study, he puts the number of youth who are meaningfully connected to a religious group at 13%.

224 For example, children with a connection to a church or religious group are less likely to drink or take illegal drugs and more likely to share. HBSC survey, 2010, initial results.

225 While these questions were not specifically designed to determine a sense of wholeness as I have defined it, they are able to get at some of what I mean when I talk about being whole.
III. Theoretical Framework and Assumptions Involved in the Study:

The central concern in the theological framework of this thesis is to explore what it means to live out the fullness of the Christian life, and more specifically, how the Christian story informs a holistic understanding of that life in terms of the health of children. There is a common misconception in the church that salvation in Jesus is about some distant life *after* death or about “going to heaven when we die” and has little to do with life here and now. Theologian N.T. Wright challenges this view and instead offers an understanding of the New Testament view of salvation “in terms of God’s promised new heavens and new earth and our promised resurrection to share in that new and gloriously embodied reality.” With this reframing in mind, Wright observes that the New testament is full of hints, indications, and downright assertions that this salvation isn’t just something we have to wait for in the long-distance future. We can enjoy it here and now (always partially, of course, since we all still have to die), genuinely anticipating in the present what is to come in the future.

The Christian life is not just about the saving of souls, but also about whole human beings (body, mind and spirit) who are truly alive, here and now, within the spatial and temporal settings of everyday life. This life is an invitation into the active, Trinitarian presence of God as lived out in the Christian community of the church and then in the world around us and is lived not in some distant, eschatological future but in the fullness

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227 Wright, 197.

228 Wright, 198.
of life *here and now* as we anticipate in the present God’s ultimate recreation of all things.

This life Jesus offers to us in the gospels is also an invitation into a new way of being in the world as citizens of God’s Kingdom. This does not mean we are offered a quick fix that solves all our problems, or a health and wealth gospel that uses a shallow understanding of Jesus’ message to promise an improved physical life. Indeed, Jesus’ message is full of promises of hardship for his followers such as “take up your cross and follow me” (Matthew 16:24). This new way of being takes into account the reality of sin in the world and the recognition that there is discord between how we live and how God wants us to live. As much as we live within the natural tensions that exist within this broken world, God’s people are called both to recognize and to expose sinfulness in the world. The result is that the lives of God’s people will be marked by this tension of living in a way that is antithetical to the ways of the world.

Bishop and theologian Lesslie Newbigin writes that we must embrace the politically incorrect worldview that calls men and women who are committed to Jesus as Savior to make it clear that discipleship means commitment to a vision of society radically different from that which controls our public life today.\(^{229}\) It is from within this radical vision of discipleship that church leaders can equip children to navigate the complex and often destructive culture around them with courage, with hope and with support from within the community of the church. Along with providing the foundation for this counter cultural community, Newbigin’s vision of the church is that it must be “a

place of joy, of praise, of surprises, and of laughter – a place where there is a foretaste of the endless surprises of heaven.”

In the intergenerational, worshiping life of the church, the abundant reality of the richness of the Triune God overflows into the lives of God’s children. Newbigin is not naively suggesting that life in the church is without struggles and challenges. But he is suggesting that the church points us to the full recreation that God will one day bring about on earth is it is in heaven.

The doctrine of the Trinity reminds us that at the heart of the Christian faith is the reality that the whole of our lives take place within the dynamic action and interaction of God the Father, God the Son and God the Holy Spirit. This helps us to understand the potential the church has to be a community that nurtures wholeness. Theologian James Torrance writes: “The triune God is in the business of creating community, in such a way that we are never more truly human, never more truly persons, than when we find our true being-in-communion.”

The community of the Trinity lies at the foundation of what the deep, intergenerational community of the church can be. It can be a place where our young people are welcomed, known and meaningfully connected not only to a community of adults who care for them but to the Tri-une community of God.

The wholeness that can be offered to us by Jesus, through the life-giving ministry of the church has significant connections to the Hebrew Word shalom. While often translated simply as peace, multiple layers of meaning are carried within this one word. Inherently integrative, it holds together both a sense of awe and delight at the wonders of

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230 Newbigin, 149.

the created world and a restless passion to join in God’s redemptive action by bringing healing, reconciliation and peace wherever *shalom* is absent. *Shalom* brings us deeper than merely absence of hostility in relationships. Philosopher and theologian Nicholas Wolterstorff writes: “Shalom at its highest is enjoyment in one’s relationships. To dwell in Shalom is to enjoy living before God, to enjoy living in one’s physical surroundings, to enjoy living with one’s fellows, to enjoy living with oneself.”

*Shalom* is about the overall flourishing of the human person, flowing out of rich relationships and flowing into the broken world around us with passion and with love.

*Shalom* brings us to a picture of health in its broadest, most integrative sense. It cares for protective behaviors and pro-social behaviors in our lives with its definite emphasis on right behavior as a response to right relatedness (for example, around issues of justice), but it also invites us into a larger story of true belonging. This story is characterized by right relationships on every level: with God, with the earth, with community and with self. Infused with hope, this concept of Shalom is not something that can be measured in a simple survey. However, it gives us a glimpse of what health can be in terms of the whole person flourishing in relationships, in body and in life.

In its long list of meanings for the word shalom, Strong’s concordance includes the words completeness, wholeness and health. Interestingly, the English word health includes similar influences, including the Old English word *haelp* (wholeness) and the Old Norse *helge* (holy or sacred). Inherent in both the English word health and the

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Hebrew word shalom is the relationship between health and wholeness, and there is a strong spiritual component to both words. The Latin word *salva* means “be in good health”, and shares its root with the word salvation. These connections are significant as we talk about health within a Christian context. The Hebrew word Shalom deepens our understanding of the fullness – or wholeness – of what health can be.

All too often, however, rather than embrace an integrative, holistic understanding of life in Christ, the church has embraced the error that puts a set of rules or a morality at the heart of the Christian faith rather than a relationship with the God revealed in Jesus Christ. This leads to much of our teaching being that the Christian life is primarily about keeping a moral code rather than living the new life in Christ through the Spirit.

James Torrance writes that the bible has too often been treated “as a manual of ethics, or moral values, of religious ideas, or even of sound doctrine”\(^ {235} \) rather than a manual of worship that “invites us to participate through the Holy Spirit in the incarnate Son’s communion with the Father and the Son’s mission from the Father to the world, the unique centre of the Bible being Jesus Christ.”\(^ {236} \) In other words, when Torrance’s concerns about the bible are realized, the result is that we focus on teaching our children how to behave rather than helping them to see the world and ourselves in light of the dynamic and active presence of a sustaining, redeeming and creative God.


\(^ {235} \) Torrance, 9.

\(^ {236} \) Torrance, 9.
Theologian N. T. Wright picks up this theme, urging that according to Paul, God’s people “should live in the present as people who are to be made complete in the future. And the sign of that completeness, that future wholeness, the bridge from one reality to the other, is love.” Wright bases this vision on 1 Corinthians 13 in which Paul’s poem on love turns us away from “being mere moralism… and into something altogether stranger and more powerful.” As Wright poignantly writes: “The point of 1 Corinthians is that love is not our duty; it is our destiny.” What Wright helps us to see is that when the church embraces this vision of love and within the church God’s people enter into the resurrection life into which Jesus calls us, the community of the church becomes characterized by forgiveness as a way of life and “God’s way to life” by love and by hope. These are conditions in which wholeness can be nurtured in the lives of our children.

There are many exciting stories of God’s people genuinely seeking another way in the North American Church context and the potential to breath life into tired structures and disintegrative theologies of the church today in the context of ministry to children in the church are enormous. I suspect that my research in action project will lead right back not only to these theological questions and concerns, but to the excitement of how theology can inform a way forward as we in the church seek to nurture our children in the wholeness of life in Christ.

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237 Wright, 286.
238 Wright, 287.
239 Wright, 288.
240 Wright, 288.
While feelings of loneliness, regret, negative self worth and helplessness are a real part of being human, the bible reminds us of the reality of God's Kingdom here on earth, which is characterized by community, reconciliation, belovedness and hope. We inhabit a broken world, but the church, through the life giving power of the trinity, invites us into a new way of being both on the earth and in this world. Moreover, it offers us a foretaste of the world to come, when all things will be made new (Revelation 21:5). An invitation to our children into an integrative, participatory engagement with the Triune God, as revealed in the story of the Bible, and lived out in the church, has the potential to invite our children beyond behavior to live out their faith into the fullness of life. It is here, I believe, that the true depth of wholeness is to be found.

My own theology of ministry operative in this study informs my deep desire to minister to and with the church’s children in a way that takes into account their whole person: body, mind and spirit. I have deep convictions that the Christian story is one that impacts the whole of our lives and that there is no separation between the sacred and the secular: the whole of our lives belong to God. As we nurture children in the church, I would hope that their lives would in some way be marked by a kind of wholeness that is distinct from what is found in the world around us. I am very curious about what I will find in my research.

b. Assumptions Operative in the Study: Several assumptions operative in this study pertain to the HBSC questionnaire. I am assuming that the children who participated in the questionnaire both understood the questions and answered the questions honestly. I
am assuming children who participate in my phenomenological study (as described below) will respond honestly about their experiences.

IV. The Ministry-in-Action Component

In the ministry in action component of my thesis, I will conduct a phenomenological study with the goal of identifying and understanding the experience of children between grade 5 and 10 who have a meaningful connection to a church, particularly in regard to feelings of loneliness, regret, hopelessness and wishing they were someone else. Because qualitative research typically involves gathering multiple forms of data, this project will consist of three components: the use of social media, a broad survey and in-depth, individual interviews.

1. Social Media: The first component of my ministry-in-action will be to use the social media of Facebook. I will design a page that will enable youth to engage with the broad question: “What is your experience of church?” The purpose of this component is to glean a broad sense of common themes and issues that children in grade 5 – 10 experience around this open-ended question. As conversation emerges, I will use prompt questions to invite a more focused conversation around risk behaviours, pro-social behaviors and the four holistic measures I identified in the HBSC survey. I will invite initial participation from youth with whom I already have connections, and allow participation to spread as others both discover this facebook page and hear about it from their peers. In keeping with the nature of social media, there is potential for participation to

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spread very quickly and parameters around who will participate will be difficult
to control. However, in order to identify participants who fall within the age
parameters of my project, I will ask participants to choose a blogname that
includes the year of their birth. My function as researcher in this component will
be to regularly monitor the page and to ask prompt questions as necessary that
invite participants to respond to the issues I have identified in my research
problem.

2. Survey: The second component of my research project will be to use the tool
“Survey Monkey” to implement an online survey. The purpose of this section is
to gain a more focused and specific level of data that will help me understand the
experience of loneliness, regret, helplessness and wishing they were someone
else of children 11 – 15 years who are involved with a church. I will use
connections I already have to recruit participants, and I will invite youth leaders
from a diversity of Canadian churches to invite their youth to participate. I will
collect a minimum of 30 completed surveys. My function as researcher will be
to invite participation and to analyze completed surveys.

3. Interviews: This third component of my research-in-action is to conduct in-
depth, individual interviews that will facilitate a deep level of engagement
between young people and my research problem. I will recruit a sample of 12
children age 11 – 15 from the Kingston area.242 These children will be a diverse
representation of the Christian tradition (liberal, conservative, evangelical,
Catholic and Protestant). As it is possible within the Kingston area and within

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242 Polkinghorne’s recommendation is that for this methodology, researchers interview from 5 to
25 individuals. Cited in cresswell, 61.
the scope of this project, they will represent an urban/rural diversity, an economic diversity and an ethnic diversity. I will function as the interviewer. I will double record the interviews, transcribe sections of the interviews and analyze them for common themes, images and meaning. While components 1 and 2 will give me a broad understanding of my research problem, the interviews in component three will provide the most focused response to my research question as well as the most depth. After I have analyzed the initial 12 interviews, I will discern if a second round of interviews is necessary to understand my question.

As is standard in qualitative research, the research process will be emergent\textsuperscript{243}. While the initial plan will be laid out, once I have entered the field as researcher and have begun to collect data, the questions may change and the forms of data collection may shift.\textsuperscript{244} The complex interaction between the multiple perspectives that emerge in data collection is part of the richness of a qualitative study.

Phase one of this project will be project design. I will design the facebook page, the survey monkey component and my interview questions (which I will then test in a pilot study). I intend to do this during the fall of 2011, upon approval of my thesis proposal and ethics review. Phase two of this project will be data collection. Beginning in January 2012, I will launch the facebook page online and invite participation in the online survey. I will recruit participants and conduct the 12 interviews. This phase should take place between January and May, 2012. Phase three of this project is data

\textsuperscript{243} Creswell, 39.

\textsuperscript{244} This is standard practice in qualitative research as laid out by Cresswell, 39.
analysis, which will take place between May and August 2012. By August 2012, my ministry-in-action component should be complete.

Anticipated ethical issues pertain to the young age of participants. In component 1, I will address online safety of children by discouraging the sharing of personal identification information (ie. phone number, full name, address, name of church) on the page and also by carefully monitoring the site for inappropriate content and interaction. Participation in component 2 will require both participant consent and indication of parental consent and component 3 will require signed parental consent. Participation in every part of this project is voluntary. There is no repercussion for withdrawing from this study. Component 1 and 2 of this study are entirely anonymous. Participants in component three will have their identities protected through careful use of pseudonyms and careful disguising of context when stories are relayed within the research. All data will be password protected on computer and carefully locked in a filing cabinet. All data will be destroyed at the conclusion of the thesis.

I believe that through this qualitative research project, a multi-layered, multi-faceted story will emerge that will help me to understand more deeply the relationship between experience of involvement in a church of my sample group and health. In keeping with the goals set out in my quantitative study, this research-in-action project will help me identify potentially important trends in the relationship between engagement with church and the health of children. It will provide me with clues as to potential problems and short-comings prevalent in the church regarding ministry to children and will help me understand more deeply the impact engagement with a church potentially has on the health of children and their overall sense of wholeness.
V.b The Qualitative Research Methodology operative in the Analysis of the Ministry-in-Action

The qualitative research component of this thesis will complement my quantitative study in that it will allow me to explore more thoroughly why the protective trend that is so evident among religiously connected youth with respect to risk-taking is not evident for the deeper, holistic measures that I have identified from the 2009/2010 Canadian HBSC survey. The methodology I will employ for this study is phenomenology. This is appropriate to my research because the goal of phenomenological research is to describe the lived experience, or the common experience, of those who have experienced a phenomena. In the case of my own research, open-ended questions will be used to glean a multi-textured understanding of the phenomena that I have quantitatively identified. Indepth interviews are central to phenomenological research, however, this methodology also recognizes the validity of other forms of data collection that will contribute to the richly textured understanding of the common phenomena. Thus, my research-in-action includes three distinct components: social media, a survey and interviews.

Standard to phenomenological research, my data analysis will involve organizing all data and highlighting significant statements or quotes, developing clusters of meaning and organizing the data into themes. In my research-in-action project, I will use a method of transcribing, organizing and coding taught to me by Dr. Cameron using visual charts and colour coding of common themes and patterns as they emerge. I will then use

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245 This information about phenomenological research has all been taken from Cresswell.

246 Moustakas calls this step horizontalization. See Cresswell, 60.
this information to write a textural description of what the participants experienced in
terms of the common phenomena, with the goal of capturing the essence of the common
experience.

I will evaluate my work by using two of the validation strategies recommended by
Cresswell. First, I will use the technique of clarifying research bias and second, I will
use the technique of member checking through focus groups, which examine rough drafts
of the work as it unfolds. Finally, I will use the five questions Cresswell recommends
for evaluating and assessing the quality of a phenomenological study. Relevant
resources that I will use for conducting this phenomenological study include:
Cresswell, Polkinghorne, Bartel, Moustakas and van Manen.

V. a. The Quantitative Research Methodology Operative in the Analysis of the
Ministry-in-Action

247 Merriam, 1988 in Cresswell, 208
248 Stake, 1995, Cresswell, pg 208.
249 Cresswell’s 5 questions are: Does the author convey a understanding of the philosophical
tenets of phenomenology? Does the author have a clear “phenomenon” to study that is articulated in a
concise way? Does the author use procedures of data analysis in phenomenology, such as the procedures
recommended by Moustakas (1994)? Does the author convey the overall essence of the experience of the
participants? Does this essence include a description of the experience and the context in which it
occurred? Is the author reflexive throughout the study? (Cresswell, 215, 216).
250 Cresswell.
252 Bartel, Lee (2006). Trends in Data Acquisition and Knowledge Development
The quantitative research component of this thesis has grown out of an invitation that I received to perform some secondary analyses of the 2010 Canadian Health Behaviour in School-Aged Children Survey (HBSC). The latter survey is a general health survey of approximately 26,000 children aged 11-15 years in Canada. HBSC contains several measures that are of relevance to my primary research interests.

Based on an initial epidemiological analysis performed by myself and one member of my committee (Dr. William Pickett, Queen’s University), we were able to observe how various behaviours, perceptions and feelings documented for children varied among those who reported that they did or did not belong to a religious group. Some behavioural improvements were observed among children reporting involvement, both in terms of lowered engagement in risk behaviours (e.g., smoking, alcohol misuse, early engagement in sex, drug use, etc) and higher pro-social behaviours (e.g., doing things for others). However, we did not find the deep, protective effects for which we had hoped. Instead, the children who self-identified as being connected to a church or religious group had and the same or even increased feelings of wishing they were someone else, helplessness, loneliness and regret compared with their non-involved peers.

These findings, while exploratory, were unexpected and suggested a need for more in-depth investigation. The objective of this research is therefore to explore more thoroughly why the protective trend that is so evident among religiously connected youth with respect to overt risk-taking is not evident for deeper, holistic measures. My hypothesis is that in keeping with a large body of research, regular involvement in

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church or religious groups would be consistently protective for children’s health. Risk-taking would be consistently lower among religiously involved children, while positive prosocial behaviours would be reported more frequently in the same group. However, given our initial explorations with this national data, I am less certain about the relationship between religious engagement and the holistic measures of health that I have identified.

This research is important in understanding the roles that both religiosity and spirituality play as determinants of child and adolescent health. I would argue that it could provide evidence to assist health professionals, religious leaders, educators and parents find a better understanding of a whole person approach to health, which allows for a spiritual / religious dimension. Finally, I hope this research will challenge church leaders to rethink ministry to children, and to provide concrete suggestions as to how the Christian formation of children can be done in ways that nurture the whole person.

This quantitative research supports the overall project in that it provides basic evidence and insights into problems faced by organized religion, and the church in particular, regarding ministry to children. In my overall project, I will argue that the

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Christian story at its best is characterized by an invitation into the fullness of life and that good behaviour is not an end in itself but a response to a relationship with a dynamic, living God. Further, the church is meant to be a community of wholeness that invites God’s people into this new life, or new way of being in the world. That we are able to quantitatively measure potential improvements in risk-taking behaviour in religious/church connected children, but observe such a protective trend disappear with the more holistic measures available to us suggests the presence of both theological and practical problems in the church regarding ministry to children. 

**Data Source**

The data source for this research is the 2010 Canadian Health Behaviour in School-Aged Children Survey257. HBSC is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. Its goal is to increase understanding of children's health and well-being, health behaviours and their social setting, particularly the school context.258 As Canada’s only national-level health promotion database for the preadolescent and early adolescent age group of 11-15 years (and supported by the federal government since 1988), HBSC is based on a “broad determinants of health model”.259 As such, it collects both individual data and school-level data on potential determinants of health. The survey was administered to approximately 26 thousand students from 426 Canadian schools in 2010.

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257 Public Health Agency of Canada, Health Canada and World Health Organization, *Health Behaviour in School Aged Children Grade 6, 7 and 8 Survey and Health Behaviour in School Aged Children Grade 9 and 10 Survey*, (Kingston, ON: Queen’s University 2009/2010).


259 Healthy settings for Youth People in Canada. Public Health Agency of Canada. Pg ix.
The first key HBSC measure that I propose to use is involvement of the child in a church or religious group. Two additional measures from the same module of the survey are involvement in two other groups: sports clubs and youth clubs. This module was developed for the 2001/02 international HBSC survey and revised in subsequent cycles.\(^{260}\) The importance of adult supervised leisure activities in developing pro-social skills and lowering the risk of involvement in risk behaviours was recognized in the scientific rationale that underlies these items, as contained in the international HBSC Survey Protocol.\(^{261}\) In past work, relationships have been observed between adolescent participation in organized leisure activities and a higher level of emotional well-being and good mental-health\(^{262}\) (although in the realm of sports, certain types of participation are connected with an increase in anti-social behaviour outside the sport environment).\(^{263}\)

The Selected key measures of health available from HBSC can be subdivided into categories: (1): risk behaviours; (2) prosocial behaviours and (3) indicators of wholeness. The sentinel risk behaviours consist of questions around tobacco use\(^{264}\), alcohol use,\(^{265}\)


\(^{264}\) Questions M18 and M19 are from: International 2009/10 HBSC, Internal Protocol, p 270. Question M22 is adapted from the European School Survey Project on Alcohol and other Drugs (ESPAD) 2007 and International 2009/10 HBSC, Internal Protocol, 271.

\(^{265}\) Question M21 is from: International HBSC, Internal Protocol, p 282. Question M22 is adapted from the European School Survey Project on Alcohol and other Drugs (ESPAD) 2003 and
illicit drug use, sexual health, violence and bullying, eating habits, oral health and physical activity. The prosocial behaviour module includes questions about helping others, doing favours, lending, complimenting, sharing, having confidence in oneself and a standard measure of emotional wellbeing. The holistic measures of health are: feelings of loneliness, feelings of wishing they were someone else, feelings of helplessness and feeling sorry for things they do.

International 2009/10 HBSC, Internal protocol, p 282. Question RB2.1 appears to be taken from: Youth Risk Behaviour Survey Questionnaire (Centre for Disease Control) in: HBSC internal protocol 2001/02, p 82.

Question M24 is from ESPAD, 1995 and International 2009/10 HBSC, internal protocol, p 293. Questions RB6.1 and RB4.1 are from International HBSC, Internal Protocol 2005/06, Illicit Drug Use, p 4 (ESPAD and HBSC 2001/02 optional package and ESPAD)

Question 25 and 26 are from: Youth Risk Behaviour Survey, Centres for Disease Control, USA and International 2009/10 HBSC, internal protocol, p 311.


Question 5 is from International 2009/10 HBSC, internal protocol, p 226. Question 6 is from International 2009/10 HBSC, internal protocol, p 227.

Question 11 is from International 2009/10 HBSC, internal protocol, p 191.


Survey Questions 69 a, b, c, d and e come from Canadian 2009/10 HBSCS, New Brunswick questions.

Survey Question 67.e is from Canadian 2009/10 HBSC, Parental Trust and Communication Scale, Healthy Settings for Young People in Canada, HBSC, p 149.


Canadian Question 67 is from Canadian 2009/10 HBSC, Parental Trust and Communication Scale, Healthy Settings for Young People in Canada, HBSC, p 149.
My analyses of these data will be statistical. I intend to describe the prevalence of each of the three groups of measures within the survey population. I will then conduct analyses within key groups defined in order to identify developmental differences and patterns, relationships and trends. Separate analyses will be conducted by grade level (6-8 vs. 9-10), gender, within specific races (e.g., Caucasian, Aboriginal), and by public and separate (Roman Catholic) school boards. All analyses will be conducted using statistical software (SPSS); Dr. Pickett will provide outputs from these analyses that I will subsequently review, transcribe, and present in summary tables. I will direct all aspects of the analysis, with technical support from Dr. Pickett’s lab.

As I interpret and recognize various developmental patterns, relationships and trends, I will suggest possible reasons for these outcomes. I will then turn to a qualitative study to help me understand patterns observed via this quantitative data more fully.

The World Health Organization states: “all research involving human participants must be conducted in an ethical manner that respects the dignity, safety and rights of research participants and recognizes the responsibilities of researchers”.276 Participation in the Canadian HBSC survey is voluntary. Parental consent forms, approved by Queen’s University’s General Research Ethics Board, are required before students are permitted to participate. In 2010, the Queen’s REB permitted data collection from some school boards that required an implicit vs. explicit consent process, where data were collected from all students who did not return a parental form that requested exclusion from the survey. The student’s decision to complete and return the questionnaire is interpreted in both

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models as consent to participate. There are no consequences for choosing not to participate. The questionnaires are anonymous and confidential.

The quantitative component of this mixed methods thesis will help me identify potentially important trends in the relationship between engagement with church and the health of children. My findings will provide me with clues as to potential problems and short-comings prevalent in the church regarding ministry to children, I will be able to conduct a qualitative study to help me to understand more deeply the impact of engagement with a church potentially has on the health of children and their overall sense of wholeness.

Please see Appendix A for tables upon which data from section V.a is based.

Table 1: Overview of Key Measures
Table 2: Engagement of young Canadians aged 11 – 15 years in an organized church or religious group
Table 3: Association between engagement in an organized church or religious group and risk behaviours
Table 4: Association between engagement in an organized church or religious group and wellbeing (holistic) measures
Table 5: Association between engagement in a sport club or team and risk behaviours
Table 6: Association between engagement in a sport club or team and wellbeing (holistic) measures
Table 7: Association between engagement in a youth club and risk behaviours
Table 8: Association between engagement in a youth club and wellbeing (holistic) measures

VI. Ethics Review for Research with Human Subjects

Please see ethics attachment.

VII. Risks and Limitations of the Study

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I am not aware of any risks involving the use of the quantitative data we already have available for this study. Risks pertaining to the qualitative component of my research connect to safe internet use of children. I have addressed this concern in section V.b.

The scope of this study is limited to data from the HBSC survey, which includes Canadian children between gr 6 and grade 10 (approximately age 11 – 15 years old). While the survey upon which this data is based specifically asks children if they self-identify as being connected with a church or religious group, this data provides no way of knowing what the breakdown is regarding different religious commitments. However, 15% of involvement is in keeping with numerous studies that suggest this is approximately the number of Canadian youth involved in the Christian Church. While I hope this data and discussion is of interest to many religious groups, my discussion is for the most part specifically connected to the Christian Church. My qualitative data collection will focus on children from within the Christian tradition.

VIII. The Contributions of the Study

278 The age group I will be studying for this project is roughly between age 11 and 15 (between grade 6 and 10 in Canadian schools). This age group could be referred to as children, adolescents or youth. Because I am working in conjunction with the Health and Behaviour Study of Children (HBSC) I have adopted their language and will refer to the people involved in my study as children.

279 If this is indeed the case, this infers that a very small minority of the respondents self-identify with a religion other than Christianity. This is a likely scenario for rural communities, but highly unlikely for urban centres such as Toronto, Montreal and Vancouver. From the data we currently have, there is no way of knowing the breakdown of religious affiliation.
It is clear that there is a meaningful connection between religiosity, spirituality and health, and much research has been done in this area around risk behavior and pro social behavior. As this research invites this conversation to a level beyond behavior to questions around wholeness, there is much to be learned. I believe this research will contribute to telling an important story not only for church leaders, but for parents, health professionals, educators, theologians and others to hear.

I believe this current study is important for better understanding the role of religious involvement on the overall health of young people in Canada. I hope that it will encourage church leaders to examine the ways they are nurturing children in their religious traditions and ask hard and critical questions about what is being accomplished. Moreover, I hope this research will challenge church leaders to imagine a way forward that will truly meet the developmental, spiritual and overall needs of their children while offering children a safe and nurturing place to grow and to thrive in a life-giving relationship with God and with the Church community. Beyond its relevance to specifically Christian or other religious communities, I hope this research will contribute to the growing conversation around the need to expand the WHO definition of health to include religious and spiritual dimensions, which in turn will impact the way spirituality and religiosity are understood under the broader umbrella of health. This research will be of interest to religious leaders, parents, health professionals, educators and others who care about the overall health, well-being and wholeness of children.

In my own life and ministry, I hope this research will help me understand my own role in nurturing children in the Christian faith. Further, I hope it will challenge me as a priest to critically examine my own ministry at St. James’ Church and explore
meaningful ways of nurturing the children in our church family toward a holistic
experience of living out their lives in Christ. As a parent, I hope this research will help
me understand ways I can nurture my own children toward a fully integrative, life-giving
relationship with God.
IX. Bibliography

Reports


Books and Journals


X. Appendices
APPENDIX A: Tables 1 – 8

Table 1: Overview of Key Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Possible Response Categories</th>
<th>Original Source</th>
<th>Proposed Levels for Analysis in Thesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DEMOGRAPHIC FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gender</td>
<td>2</td>
<td>Male or Female</td>
</tr>
<tr>
<td>4</td>
<td>Grade</td>
<td>7</td>
<td>Scale: grade 5 to grade 11</td>
</tr>
<tr>
<td></td>
<td>School Board</td>
<td></td>
<td>Separate or Public</td>
</tr>
<tr>
<td><strong>EXPOSURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>Involvement in club or organization</td>
<td>8</td>
<td>Yes: involved or No: not involved</td>
</tr>
<tr>
<td><strong>RISK BEHAVIOURS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Ever smoked</td>
<td>2</td>
<td>Yes or No</td>
</tr>
<tr>
<td>58</td>
<td>Current daily smoking</td>
<td>4</td>
<td>Scale: Daily to “I do not smoke”</td>
</tr>
<tr>
<td>65</td>
<td>Smoke prior to age 13</td>
<td>7</td>
<td>Scale: Never to 16 years</td>
</tr>
<tr>
<td>60</td>
<td>Frequently drunk last 12 m</td>
<td>5</td>
<td>Scale: never to more than 10 times</td>
</tr>
<tr>
<td>61</td>
<td>Monthly binge drinking last 12 months</td>
<td>8</td>
<td>Scale: never to daily or almost daily</td>
</tr>
<tr>
<td>65</td>
<td>Drink prior to age 13</td>
<td>7</td>
<td>Scale: never to 16 years or older</td>
</tr>
<tr>
<td>63</td>
<td>Frequent Cannabis</td>
<td>7X3</td>
<td>Options: in life, last 12 months, last 30 days Scale: never to 40 or more times</td>
</tr>
<tr>
<td>65</td>
<td>Cannabis prior to age 13</td>
<td>7</td>
<td>Scale: never to 16 years or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Illicit drugs and medication to get high</td>
<td>7</td>
<td>Options: a. ecstasy, b. amphetamines, c. opiates, d – f. medication to get high, g. glue or solvents, h. ballock, j. LSD, k. methamphetamine, l. Savia, m. other Scale: never to ≤ 40 times</td>
</tr>
<tr>
<td></td>
<td>Ever have sex</td>
<td>2</td>
<td>Yes or No</td>
</tr>
<tr>
<td></td>
<td>Sex &lt; age 14</td>
<td>8</td>
<td>Scale: never to 17 years or older</td>
</tr>
<tr>
<td></td>
<td>Frequent physical fights in last 12 months</td>
<td>5</td>
<td>Scale: not been in a fight to 4 times or more / week</td>
</tr>
<tr>
<td></td>
<td>Frequent bullying</td>
<td>5</td>
<td>Scale: not bullied to several times a week</td>
</tr>
<tr>
<td></td>
<td>Skip breakfast weekdays</td>
<td>9</td>
<td>Weekday scale: never have breakfast to have breakfast 5 days</td>
</tr>
<tr>
<td></td>
<td>Vegetables at most 1 time/wk</td>
<td>7</td>
<td>Scale: never to every day more than once</td>
</tr>
<tr>
<td></td>
<td>Fruit at most 1 time/wk</td>
<td>7</td>
<td>Scale: never to every day more than once</td>
</tr>
<tr>
<td></td>
<td>Brush teeth less than daily</td>
<td>5</td>
<td>Scale: never to more than once / day</td>
</tr>
<tr>
<td></td>
<td>Physically inactive</td>
<td>8</td>
<td>Scale: 0 days to 7 days</td>
</tr>
</tbody>
</table>

**Prosocial indicators**

<table>
<thead>
<tr>
<th></th>
<th>Help people</th>
<th>6</th>
<th>Scale: definitely like me to definitely not like me</th>
<th>Canadian 2009/10 HBSC Survey, New Brunswick Yes: 4-6 No: 1-3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do favours for people</td>
<td>6</td>
<td>Scale: definitely like me to</td>
<td>Canadian 2009/10 HBSC Yes: 4-6</td>
</tr>
<tr>
<td>Can Q</td>
<td>Question</td>
<td>Scale</td>
<td>Reference</td>
<td>Yes:</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>-------</td>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td>69.b</td>
<td>Lend things to people</td>
<td>6</td>
<td>definitely not like me</td>
<td>Survey, New Brunswick</td>
</tr>
<tr>
<td>69.d</td>
<td>Compliment people</td>
<td>6</td>
<td>definitely not like me</td>
<td>Survey, New Brunswick</td>
</tr>
<tr>
<td>69.e</td>
<td>Share things</td>
<td>6</td>
<td>definitely not like me</td>
<td>Survey, New Brunswick</td>
</tr>
<tr>
<td>67.e</td>
<td>Confidence in self</td>
<td>5</td>
<td>Strongly agree to strongly disagree</td>
<td>Parental Trust and Communication Scale, Canadian HBSC handbook 2005/06, p 149.</td>
</tr>
<tr>
<td>35</td>
<td>Cantril Ladder (Life Satisfaction)</td>
<td>11</td>
<td>Scale: 0 (worst possible life) to 10 (best possible life)</td>
<td>Cantril (1965), International 2009/10 HBSC, internal protocol, 158.</td>
</tr>
<tr>
<td>67.d</td>
<td>Sorry for things that I do</td>
<td>5</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.l</td>
<td>Feels lonely</td>
<td>5</td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.f</td>
<td>Wishes they were someone else</td>
<td></td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.h</td>
<td>Feels helpless</td>
<td></td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
<tr>
<td>67.d</td>
<td>Sorry for things I do</td>
<td></td>
<td>Strongly agree to Strongly disagree</td>
<td>Canadian 2005/06 HBSC National Report, p149</td>
</tr>
</tbody>
</table>
Table 2. Engagement of young Canadians aged 11-15 years in an organized church or religious group, National HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Group (weighted n)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall (n=26,078)</td>
<td>16.4</td>
</tr>
<tr>
<td>By gender</td>
<td></td>
</tr>
<tr>
<td>boys (n=11,668)</td>
<td>15.4</td>
</tr>
<tr>
<td>girls (n=12,576)</td>
<td>17.3</td>
</tr>
<tr>
<td>By school grade</td>
<td></td>
</tr>
<tr>
<td>6 (n=4,819)</td>
<td>18.8</td>
</tr>
<tr>
<td>7 (n=4,801)</td>
<td>16.7</td>
</tr>
<tr>
<td>8 (n=4,965)</td>
<td>17.3</td>
</tr>
<tr>
<td>9 (n=4,994)</td>
<td>15.0</td>
</tr>
<tr>
<td>10 (n=6,669)</td>
<td>14.2</td>
</tr>
<tr>
<td>By Region *</td>
<td></td>
</tr>
<tr>
<td>North (n=73)</td>
<td>16.4</td>
</tr>
<tr>
<td>West (n=7,743)</td>
<td>22.5</td>
</tr>
<tr>
<td>Central (n=15,377)</td>
<td>13.1</td>
</tr>
<tr>
<td>East (n=1,057)</td>
<td>19.2</td>
</tr>
<tr>
<td>By Family Structure</td>
<td></td>
</tr>
<tr>
<td>Intact (n=15,645)</td>
<td>20.2</td>
</tr>
<tr>
<td>Not Intact (n=7,893)</td>
<td>14.6</td>
</tr>
<tr>
<td>By Immigration status</td>
<td></td>
</tr>
<tr>
<td>Born in Canada (n=17,288)</td>
<td>15.4</td>
</tr>
<tr>
<td>Immigrated ≤5y ago (n=1,089)</td>
<td>23.3</td>
</tr>
<tr>
<td>Immigrated &gt;5y ago (n=5,637)</td>
<td>18.0</td>
</tr>
</tbody>
</table>

* NB and PEI did not participate
Table 3. Association between engagement in an organized church or religious group and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviour</th>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>All children</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>14.1</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>2.3</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>6.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td>7.1</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>15.2</td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td>11.0</td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td>8.5</td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td>2.8</td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td>8.6</td>
</tr>
<tr>
<td>Sex – Grades 9-10 only</td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>17.6</td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>6.6</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>19.4</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>15.6</td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>20.7</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>12.7</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>10.5</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>5.8</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Table 3 (continued). Association between engagement in an organized church or religious group and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Risk Behaviours</th>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 6-8</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Cigarettes</strong></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td>8.8</td>
</tr>
<tr>
<td>Smoke daily</td>
<td>1.3</td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td></td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td></td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td></td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td></td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td></td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td></td>
</tr>
<tr>
<td><strong>Sex – Grades 9-10 only</strong></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td></td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
<td>20.6</td>
</tr>
<tr>
<td>Frequent bullying of others</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Physical Health</strong></td>
<td></td>
</tr>
<tr>
<td>Skip breakfast 3 days/wk</td>
<td>17.9</td>
</tr>
<tr>
<td>Vegetables at most once/wk</td>
<td>12.6</td>
</tr>
<tr>
<td>Fruit at most once/wk</td>
<td>9.9</td>
</tr>
<tr>
<td>Brush teeth &lt;daily</td>
<td>6.2</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>3.8</td>
</tr>
</tbody>
</table>
Table 4. Association between engagement in an organized church or religious group and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
<th>All children</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Diff</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td>68.0</td>
<td>59.4</td>
<td>+ 8.6</td>
<td>63.3</td>
</tr>
<tr>
<td>Do favours for people</td>
<td>62.0</td>
<td>55.8</td>
<td>+ 6.2</td>
<td>57.9</td>
</tr>
<tr>
<td>Lend things to people</td>
<td>46.9</td>
<td>41.3</td>
<td>+ 5.6</td>
<td>42.2</td>
</tr>
<tr>
<td>Compliment people</td>
<td>72.7</td>
<td>66.9</td>
<td>+ 5.8</td>
<td>63.4</td>
</tr>
<tr>
<td>Share things</td>
<td>65.6</td>
<td>59.5</td>
<td>+ 6.1</td>
<td>58.5</td>
</tr>
<tr>
<td>Confidence in myself</td>
<td>76.9</td>
<td>72.1</td>
<td>+ 4.8</td>
<td>83.1</td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td>31.5</td>
<td>27.2</td>
<td>+ 4.3</td>
<td>34.1</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>56.5</td>
<td>49.7</td>
<td>+ 6.8</td>
<td>56.7</td>
</tr>
<tr>
<td>Negative indicators of emotional wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td>22.4</td>
<td>22.2</td>
<td>+ 0.2</td>
<td>19.5</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>28.5</td>
<td>27.8</td>
<td>+ 0.7</td>
<td>24.4</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>21.6</td>
<td>20.5</td>
<td>+ 1.1</td>
<td>19.2</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>56.5</td>
<td>49.7</td>
<td>+6.8</td>
<td>56.7</td>
</tr>
</tbody>
</table>
Table 4 (continued). Association between engagement in an organized church or religious group and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by involvement (yes or no) in church/religious group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 6-8</td>
</tr>
<tr>
<td>Positive indicators</td>
<td></td>
</tr>
<tr>
<td>Help people</td>
<td></td>
</tr>
<tr>
<td>Do favours for people</td>
<td></td>
</tr>
<tr>
<td>Lend things to people</td>
<td></td>
</tr>
<tr>
<td>Compliment people</td>
<td></td>
</tr>
<tr>
<td>Share things</td>
<td></td>
</tr>
<tr>
<td>Confidence in myself</td>
<td></td>
</tr>
<tr>
<td>Best possible life (≥9 of 10)</td>
<td></td>
</tr>
<tr>
<td>Negative indicators</td>
<td></td>
</tr>
<tr>
<td>Feels lonely</td>
<td></td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td></td>
</tr>
<tr>
<td>Feels helpless</td>
<td></td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td></td>
</tr>
<tr>
<td>Risk Behaviour</td>
<td>% reporting risk behaviour by involvement (yes or no) in sport club or team</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Cigarettes</strong></td>
<td></td>
</tr>
<tr>
<td>Ever smoked</td>
<td></td>
</tr>
<tr>
<td>Smoke daily</td>
<td></td>
</tr>
<tr>
<td>Smoke prior to age 13</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
</tr>
<tr>
<td>Frequently drunk last 12m</td>
<td></td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td></td>
</tr>
<tr>
<td>Drink prior to age 13</td>
<td></td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td></td>
</tr>
<tr>
<td>Smoke cannabis frequently</td>
<td></td>
</tr>
<tr>
<td>Used cannabis prior to age 13</td>
<td></td>
</tr>
<tr>
<td>Used hard drugs in last 12m</td>
<td></td>
</tr>
<tr>
<td><strong>Sex – Grades 9-10 only</strong></td>
<td></td>
</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse &lt; age 14</td>
<td></td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td></td>
</tr>
<tr>
<td>Frequent physical fights</td>
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<td>Frequent bullying of others</td>
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<tr>
<td>Skip breakfast 3 days/wk</td>
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<td>Vegetables at most once/wk</td>
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<td>Fruit at most once/wk</td>
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<tr>
<td>Brush teeth &lt;daily</td>
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Table 5 (continued). Association between engagement in a sport club or team and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

<table>
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<th>Risk Behaviours</th>
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<td>Alcohol</td>
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<td>Frequently drunk last 12m</td>
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<td>Binge drinking at least monthly</td>
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<td>Drink prior to age 13</td>
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<td>Drugs</td>
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<td>Smoke cannabis frequently</td>
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<td>Used cannabis prior to age 13</td>
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<td>Used hard drugs in last 12m</td>
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<td>Sex – Grades 9-10 only</td>
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<td>Sexual intercourse &lt; age 14</td>
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<td>Violence</td>
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<td>Frequent bullying of others</td>
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<td>Physical Health</td>
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<td>Skip breakfast 3 days/wk</td>
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<td>Vegetables at most once/wk</td>
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<td>Fruit at most once/wk</td>
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Table 6. Association between engagement in a sport club or team and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by involvement (yes or no) in a sport club or team</th>
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<th>Diff</th>
<th>Boys</th>
<th>Diff</th>
<th>Girls</th>
<th>Diff</th>
</tr>
</thead>
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<td>Yes</td>
<td>No</td>
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<td>64.1</td>
<td>56.9</td>
<td>+7.2</td>
<td>58.5</td>
<td>50.2</td>
<td>+8.3</td>
</tr>
<tr>
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<td>Do favours for people</td>
<td>60.5</td>
<td>52.5</td>
<td>+8.0</td>
<td>55.9</td>
<td>47.4</td>
<td>+8.5</td>
</tr>
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<td>40.5</td>
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<td>+7.2</td>
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<tr>
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<td>Compliment people</td>
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<td>+7.4</td>
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<td>52.0</td>
<td>+9.7</td>
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<td>Share things</td>
<td>63.3</td>
<td>57.2</td>
<td>+6.1</td>
<td>55.8</td>
<td>47.8</td>
<td>+8.0</td>
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<td>+13.5</td>
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<td>+12.3</td>
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<td>21.6</td>
<td>+11.4</td>
<td>34.7</td>
<td>23.2</td>
<td>+11.5</td>
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<td>Sorry for things I do</td>
<td>50.1</td>
<td>52.0</td>
<td>-1.9</td>
<td>50.7</td>
<td>50.5</td>
<td>+0.2</td>
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Negative indicators of emotional wellbeing

|                 | Feels lonely                  | 17.8         | 27.7 | -9.9        | 15.5         | 24.9 | -9.4        | 20.2         | 29.9 | -9.7 |
|                 | Wishes they were someone else | 24.9         | 31.8 | -6.9        | 20.9         | 26.0 | -5.1        | 29.0         | 36.3 | -7.3 |
|                 | Feels helpless                | 17.9         | 24.3 | -6.4        | 16.4         | 20.8 | -4.4        | 19.4         | 27.2 | -7.8 |
|                 | Sorry for things I do         | 50.1         | 52.0 | -1.9        | 50.7         | 50.5 | +0.2        | 49.5         | 53.3 | -3.8 |
Table 6 (continued). Association between engagement in a sport club or team and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

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<th>Diff</th>
<th>Grades 9-10 (Yes)</th>
<th>Grades 9-10 (No)</th>
<th>Diff</th>
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<tbody>
<tr>
<td>% reporting risk behaviour by involvement (yes or no) in sport club or team</td>
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<td>Positive indicators</td>
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<tr>
<td>Help people</td>
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<td>62.8</td>
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<td>+8.6</td>
<td>60.3</td>
<td>52.9</td>
<td>+7.4</td>
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<td>45.6</td>
<td>38.7</td>
<td>+6.9</td>
<td>45.1</td>
<td>38.9</td>
<td>+6.2</td>
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<td>+8.4</td>
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<td>66.8</td>
<td>+6.7</td>
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<td>+7.8</td>
<td>64.4</td>
<td>60.2</td>
<td>+4.2</td>
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<tr>
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<td>69.9</td>
<td>+11.6</td>
<td>74.9</td>
<td>59.8</td>
<td>+15.1</td>
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Table 7. Association between engagement in a youth club and risk behaviours, National Canadian HBSC Survey (n=26,078), 2010.

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<th>Risk Behaviour</th>
<th>% reporting risk behaviour by involvement (yes or no) in youth club</th>
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<tr>
<td>cigrettes</td>
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<tr>
<td>Ever smoked</td>
<td>19.9</td>
</tr>
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<td>Smoke daily</td>
<td>4.0</td>
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<tr>
<td>Smoke prior to age 13</td>
<td>7.7</td>
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<tr>
<td>alcohol</td>
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<tr>
<td>Frequently drunk last 12m</td>
<td>10.3</td>
</tr>
<tr>
<td>Binge drinking at least monthly</td>
<td>20.3</td>
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<tr>
<td>Drink prior to age 13</td>
<td>14.1</td>
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<tr>
<td>drugs</td>
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<td>Smoke cannabis frequently</td>
<td>13.8</td>
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<tr>
<td>Used cannabis prior to age 13</td>
<td>4.2</td>
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<tr>
<td>Used hard drugs in last 12m</td>
<td>12.3</td>
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<tr>
<td>sex – Grades 9-10 only</td>
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</tr>
<tr>
<td>Engaged in sexual intercourse</td>
<td>23.9</td>
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<tr>
<td>Sexual intercourse &lt; age 14</td>
<td>9.1</td>
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<td>violence</td>
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<td>Frequent physical fights</td>
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<td>Risk Behaviours</td>
<td>% reporting risk behaviour by involvement (yes or no) in a youth club</td>
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<td>Cigarettes</td>
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<td>Drugs</td>
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<td>Sexual intercourse &lt; age 14</td>
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Table 8. Association between engagement in a sport club or team and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

<table>
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<tr>
<th>Health Outcomes</th>
<th>% reporting risk behaviour by involvement (yes or no) in a sport club or team</th>
<th>All children</th>
<th>Diff</th>
<th>Boys</th>
<th>Diff</th>
<th>Girls</th>
<th>Diff</th>
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<td>Diff</td>
<td>Yes</td>
<td>No</td>
<td>Diff</td>
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</tr>
<tr>
<td>Help people</td>
<td>66.3</td>
<td>59.9</td>
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<td>+5.8</td>
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<td>57.3</td>
<td>+2.8</td>
<td>79.1</td>
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<tr>
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<td>51.7</td>
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<td>+1.5</td>
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<td>29.7</td>
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<td>57.1</td>
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<td>+7.6</td>
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**Negative indicators of emotional wellbeing**

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<th>Diff</th>
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<th>Diff</th>
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<tr>
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<td>+3.1</td>
<td>26.9</td>
<td>24.4</td>
<td>+2.5</td>
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<td>Wishes they were someone else</td>
<td>31.3</td>
<td>27.3</td>
<td>+4.0</td>
<td>27.5</td>
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<td>+5.3</td>
<td>34.4</td>
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<td>+2.3</td>
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<tr>
<td>Feels helpless</td>
<td>24.5</td>
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<td>22.4</td>
<td>17.5</td>
<td>+4.9</td>
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Table 8 (continued). Association between engagement in a youth club and wellbeing (holistic) measures, National Canadian HBSC Survey (n=26,078), 2010.

Health Outcomes % reporting risk behaviour by involvement (yes or no) in youth club

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<td>Positive indicators</td>
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<tr>
<td>Help people</td>
<td>66.1</td>
<td>60.5</td>
<td>+5.6</td>
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<td>Do favours for people</td>
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<td>+5.5</td>
<td>67.4</td>
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<td>70.2</td>
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Negative indicators

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<th>No</th>
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<tbody>
<tr>
<td>Feels lonely</td>
<td>23.3</td>
<td>20.6</td>
<td>+2.7</td>
<td>27.4</td>
<td>23.4</td>
<td>+4.0</td>
</tr>
<tr>
<td>Wishes they were someone else</td>
<td>31.1</td>
<td>27.5</td>
<td>+3.6</td>
<td>31.7</td>
<td>27.0</td>
<td>+4.7</td>
</tr>
<tr>
<td>Feels helpless</td>
<td>22.9</td>
<td>19.6</td>
<td>+3.3</td>
<td>27.7</td>
<td>20.6</td>
<td>+7.1</td>
</tr>
<tr>
<td>Sorry for things I do</td>
<td>59.6</td>
<td>53.1</td>
<td>+6.5</td>
<td>51.9</td>
<td>45.2</td>
<td>+6.7</td>
</tr>
</tbody>
</table>
Bibliography

Reports


Books and Journals


