ABSTRACT

In the U.S., an increasing number of people are disaffiliating from their religious communities, often without joining other religious traditions. The "religious none" category has grown from five percent in 1972 to twenty-nine percent today and is projected to be the largest religious group by 2046 (Nadeem 2022). These steep declines in religious affiliation raise concern about Americans' well-being, considering religious belonging generally improves health outcomes and the established linkages between religious disaffiliation and poor mental health (May 2018; Ellison 2019). I theorize depressive symptomology changes occurring during all religious transitions are related to social isolation and vary based on community characteristics that include rurality, local theological conservatism, and religiosity. Rural groups may face unique outcomes because of higher religiosity and increased social isolation. I analyze data from Waves I, II, and IV (1994-2008) of the National Longitudinal Study of Adolescent to Adult Health (Add Health) to evaluate how community characteristics are related to religious disaffiliation and mental health outcomes. I employ Ordinary Least Squares (OLS) and Fixed Effect regressions to investigate the association of these variables and the amplifying effects of community contexts. I find stable affiliates and stable unaffiliates to have the lowest depression scores. Further, I find rurality amplifies the negative effects of recent religious transitions on mental health outcomes. The results of this study provide insights to better inform institutional and informal support systems, especially in rural areas, and targeted interventions to these mental health outcomes across different contexts.