

## Background

- The US is experiencing increased religious transition
  - Pew Research Center projects the US to be majority religious “none” by 2070
- Churches are a positive health indicator
  - Religious transitions toward disaffiliation have negative health effects
  - Stable affiliates or unaffiliates have the most favorable health outcomes
  - The outcomes of an affiliation transition are unexplored
- Rural areas are more socially isolated and socially organized around religion
- I hypothesize negative effects of religious transitions will be more pronounced in rural areas

### SAMPLE RELIGIOUS TRANSITION MAKEUP

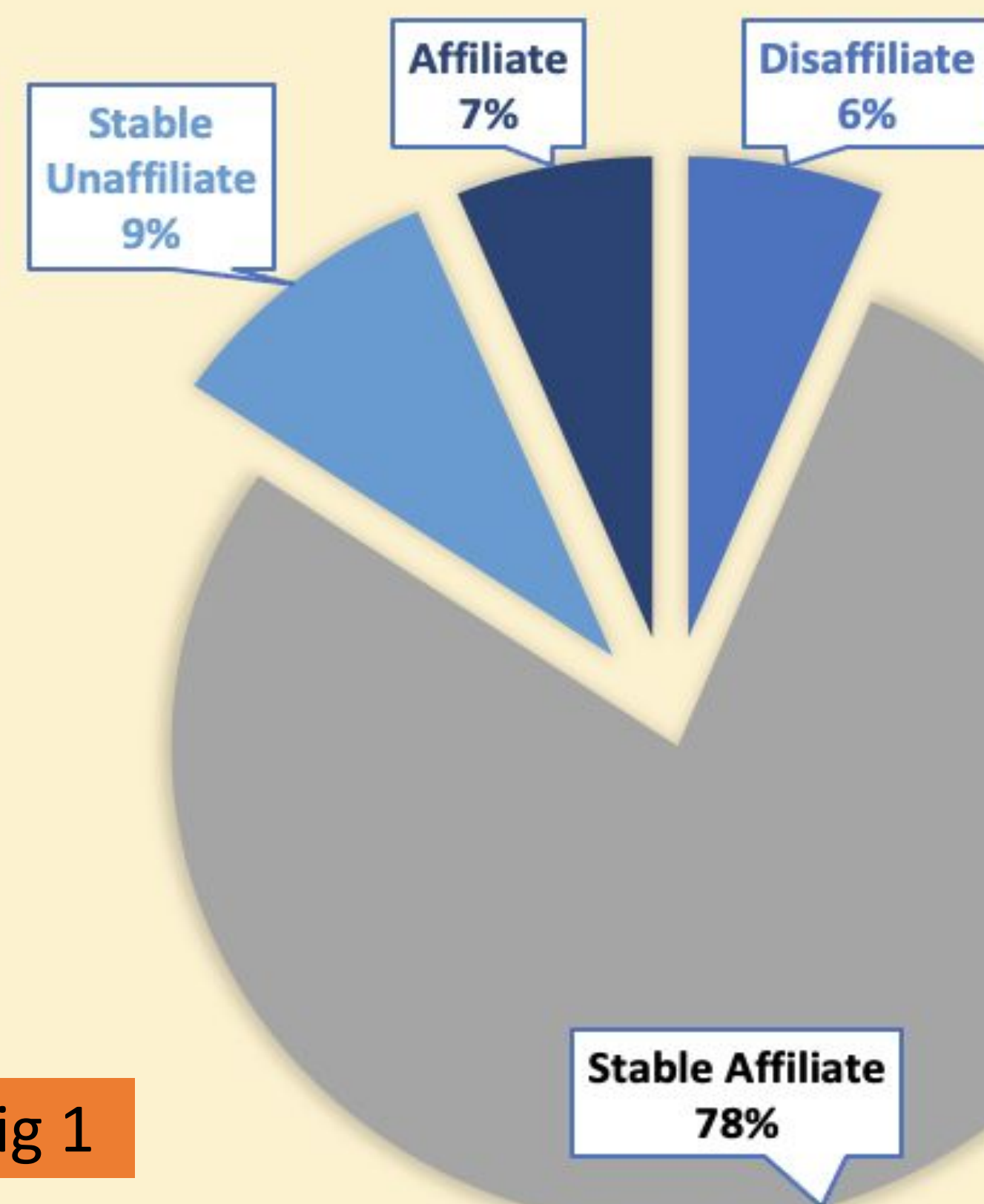


Fig 1

## Research Questions

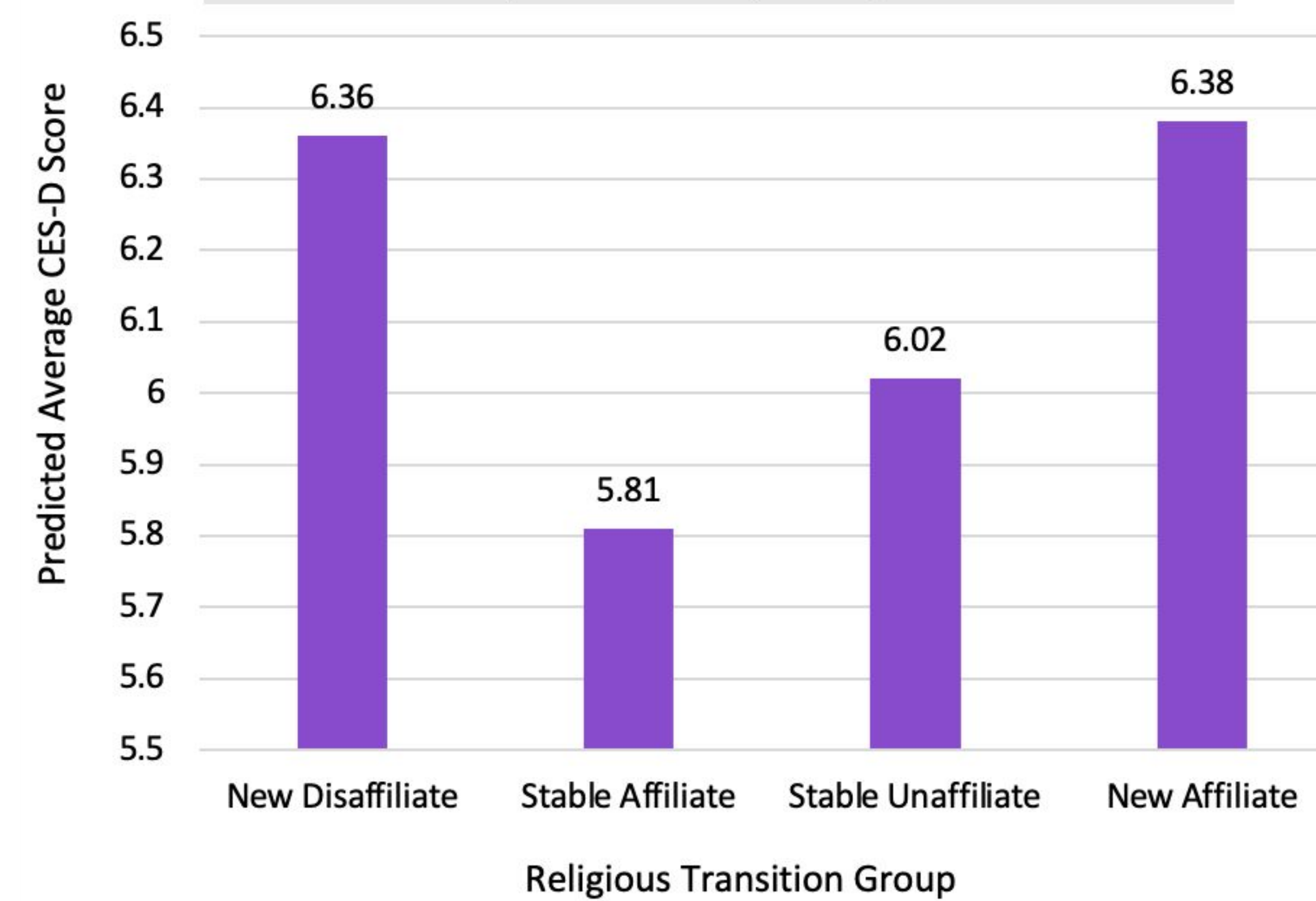
- RQ1: What is the relationship between religious transition and depressive symptoms?
- RQ2: How does this relationship vary in rural and non-rural communities?

## Method

- National Longitudinal Study of Adolescent to Adult Health (Add Health)
  - ~20,000 respondents
  - Wave I (1994-95), Wave II (1996), Wave IV (2008)
- Independent variable
  - Religious transition group: (1) new disaffiliate (2) stable affiliate (3) stable unaffiliate (4) new affiliate
- Dependent variable
  - Depressive symptomology (CES-D score)
- OLS Regressions
  - Map changes between transition groups
  - Interacted with rurality of residence
- Fixed Effect Regression
  - Map changes within individuals

## Finding 1: New Transitions Worst

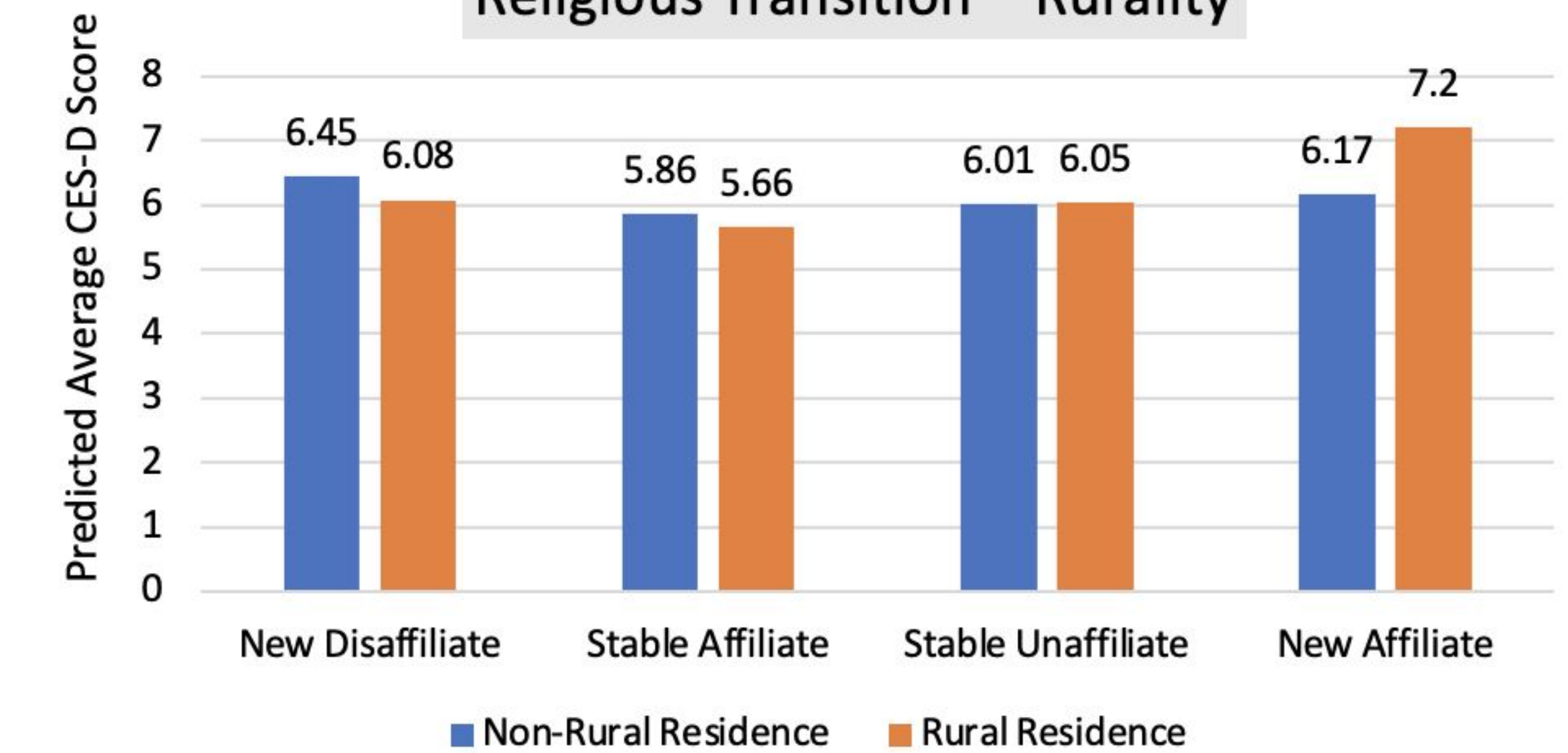
Fig 2 Predicted Depression by Religious Transition



- New affiliates have the worst depression symptoms
- New disaffiliates are a close second
- Stable affiliates have the best mental health outcomes, a stark contrast to those entering an affiliation

## Finding 2: Rural Affiliation Harm

Fig 3 Predicted Depression by Religious Transition \* Rurality



- New affiliation in a rural area is particularly harmful
- Rural and non-rural stable unaffiliate outcomes are similar, while rural stable affiliates have more favorable depression outcomes

## Discussion

New affiliation is associated with the highest depression outcomes. This suggests a selection bias in those who seek religion, or complicates mechanisms of religious participation health benefits.

More mental health supports are needed in rural areas, religious spaces are likely the most accessible institutional support.

Future literature should investigate:

- The direct mental health effects of leaving or joining a religion
- How to better capture religiosity outside of a Western lens of “affiliation” and moving toward a religious career framework
- How community contexts like rurality mediate these relationships
- The importance of the life course on these transition relationships

## References

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