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Timothy B. Sellers
Georgia Southern University

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The Relationship Between Religious Background of those who Disaffiliate from Religion and Presence of Anxiety

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in Psychology

By
Timothy “Brandon” Sellers

Under the mentorship of Dr. Michael Nielsen

ABSTRACT

Religion plays a significant role in the personality and worldview of a many individuals. It can provide one with personal benefits such as coping mechanisms, a framework for meaning-making, and a source of motivation, while also providing social support through connections with others having the same religious beliefs. The removal of said benefits through disaffiliation from a religious identity may lead to distress or anxiety. While much research has been done sociologically regarding the increasing number of people who do not affiliate with a religious group, much less has been done to analyze the individual experience of religious disaffiliation and its effect on mental and emotional health. The current study investigates the relationship between religious background and the presence of anxiety symptoms, specifically looking at Centrality of Religiosity, family religiosity, and level of exclusivity to define the religious background of the disaffiliated. A sample of 40 people responded to measures of religiosity and anxiety. Results did not support the hypothesis that religious disaffiliation is associated with increased levels of anxiety.

Keywords: Apostasy, Disaffiliation, Anxiety, Exclusivity, High-Cost Religion

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Introduction

Religious disaffiliation is a very seldom researched topic in the field of Psychology. Most of the available studies focus on the issue from a sociological standpoint. It has been realized by many sociologists that the fastest growing religious group are the “nones,” or those who select ‘none’ as their religious affiliation (Thiessen, Wilkins-Laflamme, 2017). This has been supported by the Pew Research Center (2014) which finds that the percentage of Americans who do not identify with any religion rose from 16.1% in 2007, to 22.8% in 2014. These data suggest that there is a higher rate of individuals never identifying with religion, as well as disaffiliating from or leaving religion, than has been recorded before. While religious affiliation is steadily decreasing, rates of depression and anxiety are currently increasing. The American Psychiatric Association ran a poll on 1,000 U.S. citizens in 2017, finding that almost two-thirds self-reported as “extremely or somewhat anxious about health and safety for themselves and their families” (American Psychiatric Association, 2017). The same poll in 2018 found a 5% increase. With a significant increase in mental health issues and decrease in religious affiliation, whether or not there is any sort of correlation between them is worth investigating. The present study seeks to do this by analyzing the relationship between differing aspects of religious background in those who disaffiliate from religion (exclusivity of religion, centrality of religiosity, and family religiosity), and the presence of anxiety symptoms.

For many, disaffiliating from a religion is not only a personal choice, but a life decision with significant consequences. Disaffiliation is most often preceded or accompanied by doubt, which Fisher (2017) describes as being a process that often leads to psychological distress,

especially when the individual has a strict religious and social commitment to a role. When doubts become intense and religious answers do not satisfy, it is possible for one to experience a “crisis of faith,” which is described by Avance (2013) as including feelings of extreme dissonance, disappointment, and an anxious desire to find the truth. However, in most cases the switch from affiliation to lack of affiliation is a much more gradual process, as religion is tied to so many aspects of one’s intrinsic person as well as social connections (Rambo, 1993). This “major discontinuity in behavior, and wrenching of the personality” (Glock & Stark, 1965, p. 7) can be a complicated process to say the least. Issues affiliated can range from the highly personal and intrinsic (e.g. loss of meaning of religious experience, feelings of being failed by God) to the extrinsic and interpersonal (e.g. loss of social groups, rejection from family). However, for many others religious disaffiliation is a process that can come with many personal benefits and increased mental health. A question arises then, what are the factors that contribute to the amount of emotional distress experienced by an individual who moves from a religious affiliation to being a religious “none?”

Factors Contributing to Religiosity

Religion is a very personal and subjective phenomenon, experienced differently and used for different purposes by every individual. Whether or not one has personal investment and devotion with a religion is affected by many factors. One of these potential factors is described by Thiessen and Wilkins-Laflamme, (2017) who state, “In terms of material well-being, as people develop greater economic and existential security, their perceived need for religion and their reliance on a supernatural higher power diminish.” With modernization of society increasing access to resources, it may be better understood why religious nones are on the rise. When people are provided for, they do not seek a God to provide for them. This idea illustrates that the

potential for religious disaffiliation is affected by external factors, i.e. access to resources. While this adds support and context to the growing number of disaffiliates and religious nones in America, other research shows that social and familial factors also play an important role in religiosity.

Stark and Bainbridge's "Religion as Compensator" theory (1987) describes religion as a means of seeking rewards and avoiding punishments. Often, the religious individual uses their religion as a means of gaining "primary benefits" of divine aid or a promise of eternal life when life may seem difficult or inadequate. Others use religion for "secondary benefits," where through prayer and petition they seek aid for their loved ones and children where they may not be able to help. Longo and Kim-Spoon (2014) give the example, "a parent understands that no matter what she [or he] does to protect her child, harm could still befall the child. This inability to protect [his or] her child... might lead the parent toward religion to find another way to fulfill her obligation." Their study on "Social and Familial Antecedents of Religious Change among Adolescents," proposes that the "Religion as Compensator Theory," can be used to explain their findings that those who have more social connections and close relationships with religious parents are more likely hold to their religious affiliation, while apostates have lower levels of "parent communication and social competence." They argue that the heightened social and familial connections lead to higher necessity for secondary benefits for their loved ones, reinforcing religious devotion. This elaborates upon Hunsberger and Brown's study, "Religious Socialization, Apostasy, and the Impact of Family Background," (1984) which found that amongst college students in Sydney, Australia, the probability of children carrying their adopted religious identities into adulthood was positively correlated with the emphasis of religion in the home. This research shows that socialization and family upbringing play a significant role in

religiosity and the retention of religious identity. For those who have religion heavily emphasized in the home and intimate social interactions, adhering to the religion comes with benefits. In the same respect, disaffiliation comes with costs.

Religious Cost

Attachment theorists acknowledge God, or any revered higher power, as a source of attachment from which believers can find comfort (Granqvist, 1998). This sort of attachment has been compared to that of a relationship with an actual person; one to whom they can talk to through prayer and meditation, and have a personal relationship with (Fisher, 2017). Given this, those who disaffiliate often go through feelings of grief, loss, depression, and the feeling that a loved one has failed them. Along with this comes the loss of the spiritual compensation of deficits as described by “Religion as Compensator Theory,” and one’s ways of meaning making and coping. Frameworks, schemas, and worldviews once held through the lens of a religion must be restructured. Previous spiritual experiences that once held deep personal meaning can feel discredited and meaningless. Scheitle and Adamczyk (2010) describe the disaffiliation process as something that, “results in dramatic changes in one’s identity, social networks, and even life course.”

Scheitle and Adamczyk, in their study, “High Cost Religion, Religious Switching, and Health,” use the term “high-cost” to refer to any religious group that is, “theologically, socially, and culturally exclusive” (2010). This terminology is defined by the supposed amount of investment required by the individual within the tradition, with an understanding that those religions that are more “exclusive,” have higher costs. Exclusivity within a religious tradition is marked by a “doctrine or belief that only one particular religion or belief system is true” (Wainwright, 2005). The study found a negative correlation between self-reported levels of health

and level of exclusivity in those who had disaffiliated from religion. Their measure for exclusivity in the religion of origin consisted of placing the reported religion into one of eight categories, determined by a standard denominational classification system (Steensland et al., 2000). Health was measured by a single, Likert-scale, health item that asked participants to rate their level of overall health as being “excellent, good, fair, or poor.” The researchers explain their findings by suggesting that they are, “likely due to a combination of factors found in such groups, including prohibitions against behaviors potentially damaging to health and social and psychological support beneficial to health.” This insinuates that after disaffiliating, individuals no longer have to adhere to the expectations and prohibitions of the previously held religion, and engage in such behaviors as alcohol and tobacco use. Supporting research (Powers, 2012) finds that individuals who claim to be more religious have lower levels of substance use. In terms of health, it would seem that this discouragement of substance use provides certain benefits. Other benefits from “high-cost” sectarian groups would include the presence of a “tightly-knit” social support group that shares the same worldview with the individual. Sharing these worldviews within exclusivistic groups has been found to bolster health by providing “the opportunity to place health problems within a religious narrative,” that increases optimism and positive outlook (Krause, 2006). It would seem then that what are described as “high cost” religious groups also provide the highest benefits; more things to contribute to the experience of loss after disaffiliation.

While being a member of a high cost, strict, conservative congregation has been reported to come with certain health benefits, other research has also pointed to potential detriments within these conditions. Religious groups of this nature are most likely to promote an authoritarian image of God which has been found to encourage feelings of isolation and shame (Jindra, 2008).

When one is committed to a social/religious role in this setting, thoughts of doubt, which are very common, are often paired with significant psychological distress (Fisher, 2017), leading to a higher probability of suppressing religious doubt, which is correlated with poor health (Krause & Ellison, 2009). Questioning in these sort of settings is most likely to be discouraged as well, making them at times discouraging to those who identify as being intellectually oriented and inquisitive, a trait highly correlated with those who disaffiliate from religion (Hunsberger, 1984). Universalistic theology, with more liberal stances on social issues, has been observed to relate to higher rates of mental health. (Green & Elliott, 2010; Oser & Gmunder, 1996). While general self-reported health may be related to being a member of a high cost group, there are also a lot of adverse factors of the condition worth addressing.

Scheitle and Adamczyk's study provides insightful data that suggests a relationship between exclusivity in religion of origin and health, but the measures used leave much room for further investigation of the topic. The method of categorizing the level of exclusivity based on the title of the religion of origin does not address any of the highly varying individualistic factors of the reasoning behind one's apostasy, or the experience therewith. A participant who reported being from a more "exclusivistic," religion may have not experienced significant reinforcement from their family, and may have held the affiliation very loosely before finally disaffiliating. This condition would have resulted in a much lower cost than if the participant came from a highly religious family, and was deeply committed to their role as member of a religious group. Further, the single question scale for self-reported health remains very open, and could be expanded upon to see what aspects of health and well-being are affected by one's religious background.

The Present Study

The present study seeks to investigate the relationship between religious background in disaffiliates and presence of anxiety symptoms. Crises of faith and apostasy have been described as anxiety inducing experiences (Avance, 2013), and therefore could play a role in an individual's mental health. The Beck Anxiety Inventory includes several items that relate to the physiology of anxiety including indigestion and tremors (Beck, 1988). High levels of anxiety, given the negative physiological symptoms, could be negatively correlated with levels of self reported health. If a negative correlation was found between high-cost religion of origin and presence of anxiety, this could potentially add context to Scheitle and Adamczyk's work, presenting a mediating factor. For observing cost of religion, the study will observe the title of the religion of origin, but instead of measuring the level of cost by religious categorization, it will expand on previous measures by observing items that previous research has described as being related to the cost of a religious affiliation, family religiosity and religious exclusivity. It will also observe the Centrality of Religiosity, which is described as a measure of "the centrality, importance, or salience of religious meanings in personality" (Huber & Huber, 2012). This measure relates to claims that disaffiliation is a "wrenching of the personality," (Glock & Stark, 1965, p. 7) that "requires some degree of personal change" (Rambo, 1993, p. 53). If these claims are true, then the individual whose personality is more deeply embedded in their religion of origin will have more change required of them, and therefore higher cost, in their disaffiliation.

Hypotheses

I hypothesize that family religiosity, exclusivity, and Centrality of Religiosity for religion of origin will all be positively correlated with anxiety in disaffiliates. Heightened family religiosity has been found to diminish disaffiliation in previous research (Hunsberger & Brown,

1984). This suggests that family religiosity provides a higher cost to the individual, and therefore would induce higher anxiety upon leaving the religion, resulting in higher ratings on a measure of anxiety. Exclusivity has been used in previous studies to define high cost in religious conditions, and has been linked to lower reported health in those who disaffiliate, and therefore the heightened cost would induce higher anxiety upon leaving the religion. Finding a positive correlation with this factor and anxiety would add context to the findings of Scheitle and Adamczyk (2010). Higher Centrality of Religiosity suggests a higher cost by requiring the individual to change more about their personality, behavior, and worldview upon rejecting the previously held religion, and therefore would result in one having higher anxiety.

Method

Participants

Participants were volunteers recruited through a solicitation on a social media forum for listeners of "The Liturgist Podcast," which is a weekly podcast that relates to issues of religion, spirituality, and social issues. The solicitation was approved by the forum's administrator, and 40 members of the group participated in order to gain the personal benefit of contributing to research in an area of personal interest. Age, socio-economic status, and other demographic information for participants was not collected.

Design

This study used a correlational design in which the criterion variable was anxiety and the predictor variables were religious exclusivity, centrality of religion, and family religiosity. All participants were given the same survey and asked to complete the questionnaire as accurately as possible.

Measures

Demographics. For purposes of descriptive statistics, each participant was asked to provide their religion of origin as selected from a list of religious titles from item Y60A of the National Study of Youth and Religion (Smith & Denton, 2002)

Anxiety Inventory. In order to evaluate the anxiety of participants, I used the Beck Anxiety Inventory (Beck, 1988). This self-report questionnaire consists of 21 items, each describing a different symptom of anxiety, that are graded on a Likert Scale that ranges from 0 (*Not at all*) to 3 (*Severely, it bothers me a lot*). A sample item from this measure is “Unable to relax.” This measure has been validated through studies of diverse communities and has been found to have high reliability and internal validity (An, Yu, Cheng, Chen, Rui, Li & Yang, 2018). In the present study it produced high internal reliability, with a Cronbach’s Alpha of .94.

Centrality of Religiosity. The Centrality of Religiosity Scale (Huber & Huber, 2012) is a “measure of the centrality, importance or salience of religious meanings in personality.” It measures five dimensions of this through fifteen self-report, Likert-scale, items, each ranging from 1 to 5. The five dimensions that it assesses are public practice, private practice, religious experience, ideology, and intellectuality of religion. A sample item from this measure is, “How often do you think about religious issues?” The scale has been used in many diverse communities in 20 different languages in 21 countries. It has been found to have high construct validity and produced high internal reliability in the present study with a Cronbach’s Alpha of .94.

Family Religiosity. Family religiosity was measured by a series of five questions from the National Study of Youth and Religion, a survey designed to measure the “religious and spiritual practices, commitments, and interests of American teenagers” (Smith, 2003). This survey has been replicated for thousands of studies analyzing multiple aspects of religion and

spirituality in adolescents and young adults. Three of the questions were scaled on a two-point basis, one on a three-point basis, and one on a five-point basis. A sample question would be, “How often does your family discuss religious matters?” Each item was scored by its lowest common denominator of fifteen for a maximum possibility of 15 for each item, and a highest possible scoring of seventy-five points. It produced a satisfactory internal reliability, with a Cronbach’s Alpha of .72.

Exclusivity of Religion. Exclusivity was determined by three two-level, yes or no questions regarding the topic from the National Study of Youth and Religion. A sample question would be, “Do you think it is okay for someone of one religion to also practice other religions?” Internal reliability was high, with a Cronbach’s Alpha of .90.

Procedure

Participants were acquired on a volunteer basis by sharing an anonymous link to a questionnaire provided through Qualtrics. After informed consent was obtained, participants listed their religion of origin, and proceeded to answer several questions regarding their anxiety symptoms, followed by the measures related to religious background. Participants were instructed to rate their anxiety symptoms based on how they were currently being experienced, but asked to rate the religious measures based on their recollection of how they would have answered while they were still affiliating with the religion of origin. After completing the survey, participants were debriefed and then sent to a submission confirmation page.

Results

Descriptive Statistics and Frequencies

Participants came from a variety of religious traditions, depicted in Table 1. The largest percentage was Baptist at 20% of the sample population. These data show that at least 95% of the participants came from a tradition of Christianity, with only 2 participants identifying as “Other.”

Table 1

Religion of Origin	Frequency	Percent
Assemblies of God	1	2.5
Baptist	8	20
Catholic	3	7.5
Charismatic	1	2.5
Christian and Missionary Alliance	2	5
Christian or Just Christian	2	5
Church of Christ	2	5
Church of the Nazarene	1	2.5
Evangelical	4	10
Free Methodist Church	1	2.5
Fundamentalist	1	2.5
Methodist	2	5
Mormon	1	2.5
Nazarene	1	2.5
Non-Denominational		
Protestant	5	12.5
Other	2	5
Pentecostal	2	5
Wesleyan Church	1	2.5
Total	40	100

There was a mean Anxiety score of 26.28 with a Standard Deviation of 15.132. Centrality of Religiosity had a mean of 3.29 with a standard deviation of .96. Family religiosity had a mean

score of 45.47 with a standard deviation of 18.95. Exclusivity had a mean of 1.88 with a standard deviation of 1.34.

Reliability of Measures

Internal reliability was high for anxiety, Centrality of religiosity, and exclusivity. Cronbach's alphas were .94, .94, and .90 respectively. Internal reliability for family religiosity was satisfactory with a Cronbach's alpha of .642.

Correlations

These data were analyzed using Pearson's correlation coefficient. Family religiosity was positively related with Centrality of Religiosity $r(36)=0.5$, $p<0.01$. Exclusivity of religion and Centrality of Religiosity were also positively correlated $r(34)=0.39$, $p<0.05$. Exclusivity was also positively related to family religiosity $r(35)=0.398$, $p<0.05$. These data can be seen in Table 2. No statistically significant correlations were found between the predictor variables (religiosity) and the criterion (Anxiety). The hypothesis was not supported.

Table 2

		Anxiety	Centrality	Family Religiosity	Exclusivity
Anxiety	Pearson Correlation	1	-0.117	0.048	-0.109
	Sig. (2-tailed)		0.515	0.791	0.546
	N	35	33	33	33
Centrality	Pearson Correlation	-0.117	1	0.502	0.389
	Sig. (2-tailed)	0.515		0.002	0.019
	N	33	38	37	36
Family Religiosity	Pearson Correlation	0.048	0.502	1	0.398
	Sig. (2-tailed)	0.791	0.002		0.015
	N	33	37	38	37
Exclusivity	Pearson Correlation	-0.109	0.389	0.398	1
	Sig. (2-tailed)	0.546	0.019	0.015	
	N	33	36	37	37

A multiple linear regression was calculated to predict anxiety based on exclusivity, family religiosity, and Centrality of Religion. No significant regression equation was found ($F(3,28)=.395, p=.757$) with an R^2 of .041. The religiosity measures failed to predict anxiety scores.

Discussion

The present study examined the relationship between Centrality of Religion, family religiosity, and exclusivity of religion with the presence of anxiety symptoms. There was not a significant correlation found, and the hypothesis was not supported. However, there was a strong correlation between family religiosity and Centrality of Religiosity. This could be due to the transfer and reinforcement of religious ideas from the parents to the individual, and would support Hunsberger and Brown's (1984) findings that young adults are more likely to retain their religious beliefs when they are emphasized in the home. Borderline significant correlations were also found between Exclusivity and family religiosity, as well as between exclusivity and Centrality of religiosity. This, along with very high internal reliability, suggests that these measures are connected, internally valid, and could be potential measures for religious cost in future research. These measures could be expanded upon to include other potentially important data such as the length of time between the present and the time of disaffiliation for the participant, age and further demographics, and level of intellectuality or academic affiliation, which has been correlated in past studies with religious questioning (Hunsberger & Brown, 1984).

Generalizations made from his study should be made with caution due to the small sample size, however the findings suggest that anxiety may not be related with disaffiliation from high-cost religion. Further research could investigate possible correlations with other issues in mental health such as self-image or depression. Still, religious disaffiliation may have no generalizable long-term effects on mental health, and the relationship found between it and lower health ratings may be due to Scheitle and Adamczyk's (2010) suggestion that leaving sectarian religious groups leads to heightened chances of substance use. Still, other studies provide substantial evidence that religion plays an important role in personality and emotion, and further research is much needed in order to gain a better understanding of the Psychological concerns surrounding religious disaffiliation.

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