Varieties of Religious (Non)Affiliation

A Primer for Mental Health Practitioners on the "Spiritual but Not Religious" and the "Nones"

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Abstract: Given changing demographics of religiosity and spirituality, this article aims to help clinicians understand contemporary trends in patient religious and spiritual orientation. It first identifies and describes the evolving varieties of religio-spiritual orientation and affiliation, as identified in survey studies. Particular attention is given to the examination of those who identify as spiritual but not religious (SBNR) and None (*i.e.*, no religious affiliation), which is important to mental health practice because many patients now identify as SBNR or None. Next, empirical data are considered, including what the literature reveals regarding mental health outcomes and SBNRs and Nones. We conclude with a summary of the main points and five recommendations that mental health practitioners and researchers need to consider regarding this increasingly large portion of the population.

Key Words: Religion, spirituality, spiritual but not religious, Nones

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Two segments of the American religious landscape are undergoing precipitous growth: "Nones," or the religiously unaffiliated, and the "spiritual but not religious." As of 2019, Nones represent 23.1% of the American population—an order of magnitude increase from the 1950s, and up from 22.8% only 2 years ago (Jenkins, 2019). The spiritual but not religious (SBNR) account for 27% of the US population, an almost 150% increase from 2012, despite not existing as a category of orientation in the 1950s (Lipka and Gecewicz, 2017). The following article concerns these two partially overlapping subgroups within the American religious landscape, that is, the religious practices and beliefs endorsed by residents of the United States.

"None" refers, quite simply, to the checking of a box by a survey respondent—"None"—in response to the question, "What is your present religion, if any?" (Pew Research Center, 2015). This group has collectively come to be referred to as the "Nones." While more than a third of Nones identify as "spiritual" (Drescher, 2012), their defining feature is nevertheless nonaffiliation with religious institutions (see Fig. 1).

Slightly more difficult to define are the SBNR. Although the terms spirituality and religiosity once referred to more closely related phenomena, they have become increasingly distinct due to any number of political, religious, and cultural forces (Fuller, 2001; Mercadante, 2014). One sequela of the untethering of religiosity and spirituality is the birth of this new term on the spectrum of religio-spiritual orientation, SBNR (Ammerman, 2013; Fuller, 2001; Kenneson, 2015; Mercadante, 2014; Saucier and Skrzypińska, 2006). Interestingly, almost two-thirds of people who identify as SBNR still acknowledge a religious affiliation (box C in Fig. 1), Protestant in about half of those individuals, and Catholic in about one quarter (Lipka and Gecewicz, 2017; Pew Research Center, 2012). The literature does not help clarify this survey finding.

The question addressed in this article is why mental health practitioners should care about the demographics and religious practices of SBNRs and Nones. The answer is threefold. First, the data clearly indicate that many of our patients will identify as either Nones or SBNRs. There are 57.5 million Nones and 68.1 million SBNRs in America—23.1% and 27% of the US adult population, respectively (Lipka and Gecewicz, 2017), with some identifying as both a None and an SBNR (box C′ in Fig. 1), and others identifying as one or the other (None in box A′ and SBNR in box C in Fig. 1). Second, SBNRs and Nones are drawn from all sexes, age ranges, ethnicities, income-ranges, and multiple political orientations (Pew Research Center, 2012). Regardless of practice location or population, clinicians are therefore bound to encounter Nones and SBNRs in mental health practice. Third, surveys indicate that many individuals—the exact percentage depends on the clinical context—would prefer to have spirituality and/or religiosity considered in their care (McCord et al., 2004). Unfortunately, data indicate that most doctors never inquire about patients' religiosity/spirituality or only rarely do so (Curlin et al., 2006). Whether via an informal spiritual assessment or by using a range of established formal methods for conducting assessments of religio-spiritual orientation (Saguil and Phelps, 2012), such as the FICA Spiritual History Tool (Puchalski and Romer, 2000) and the HOPE Questions (Anandarajah and Hight, 2001), knowing about patients' supports, belief systems, and helpful practices, including whether they identify as a None or an SBNR, can help a clinician better understand them, how they manage their lives, and aid in times of crisis when they might need reminders about using their religious or spiritual supports. Given that religious/spiritual orientation has been shown to impact mental illness and well-being (Dein et al., 2012; Gonçalves et al., 2015; Koenig, 2015, 2012; Unterrainer et al., 2014; Weber and Pargament, 2014), it makes good sense for mental health practitioners to pay attention to mental health considerations in this growing segment of the population, a case that we argue throughout the course of the article.

Unfortunately, although an extensive body of research offers insight into the effects of conventional religiosity and/or spirituality on mental well-being (Dein et al., 2012; Koenig, 2015, 2012; Unterrainer et al., 2014; Weber and Pargament, 2014), little has been written about the mental health of SBNRs or Nones, a rapidly expanding segment of the population. To address this shortcoming, the objectives of the article are fivefold: first and foremost, to offer clinicians a nuanced and up-to-date understanding on trends in religiosity and spirituality in the general

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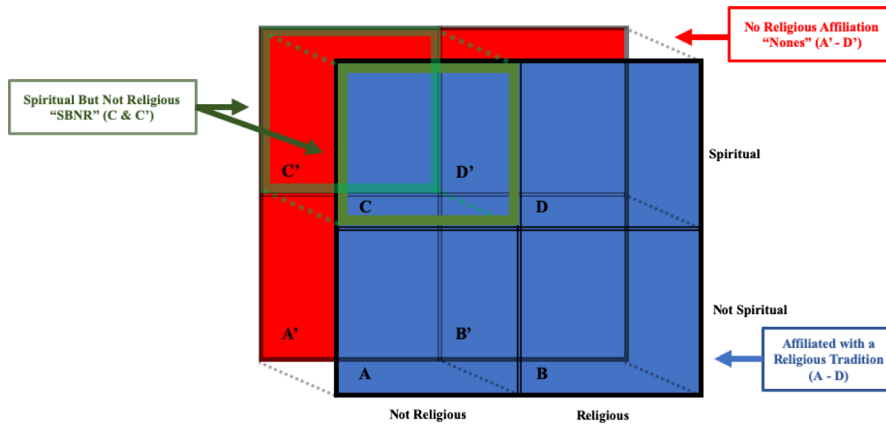

FIGURE 1. Varieties of religio-spiritual orientation and affiliation. Nones consist of A′ through D′. The SBNR population consists of boxes C and C′. Survey data indicate that two-thirds of the SBNR population reports a religious affiliation (box C), whereas the other one-third (box C′) reports no religious affiliation (*i.e.*, are both None and SBNR), which may seem counterintuitive. Intuitively, the populations in A, B′, and D′ should be negligible compared with A′, B, and D, respectively (*e.g.*, individuals who describe themselves as not religious and not spiritual would not be expected to report a religious affiliation). Of note, the sizes of the boxes do not represent the true size of the population they categorize. This figure can be viewed online in color at www.jonmd.com.

population and, by extension, our patients; to trace the development of SBNRs and Nones in American religious history so as to offer clinicians the historical backdrop; to examine how the terms for religio-spiritual orientation have been used and operationalized in clinical and research settings; to review empirical data so that clinicians may assess the evidence base; and to argue that clinicians and researchers alike ought to pay greater attention to this growing segment of the population because doing so will ultimately benefit our patients.

VARIETIES OF RELIGIO-SPIRITUAL ORIENTATION

A challenge confronting any discussion of the subtypes of religio-spiritual orientation is defining five critical terms: religious, spiritual, SBNR, neither spiritual nor religious, and None. There nevertheless exist more or less authoritative definitions that are instructive, some of which are briefly reviewed here.

Definitions of "religious" range widely (Zinnbauer et al., 1997) from "a system of beliefs in a divine or superhuman power, and practices of worship or other rituals directed toward such a power" (Argyle and Beit-Hallahmi, 1975, p 1) to William James' "the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (James, 1902, p 31). The noted scholar of religion Mark C. Taylor defines religion as follows:

> *"an emergent, complex, adaptive network of myths, symbols, and rituals that, on the one hand, figure schemata of feeling, thinking, and acting in ways that lend life meaning and purpose and, on the other, disrupt, dislocate, and disfigure every stabilizing structure" (Taylor, 2007, p 12)*

Others define religiosity by differentiating it from spirituality, arguing that religion involves two things that spirituality does not. For example, according to Hill and colleagues, they differ in "the means and methods (*e.g.*, rituals or prescribed behaviors) of the search for the sacred that receive validation and support from within an identifiable group" (Hill et al., 2000, p 68). Second, religion may include "the search for non-sacred goals (such as social identity, affiliation, health, wellness) in a context that has as its primary goal the facilitation of the search for the sacred" (Hill et al., 2000, p 68). The particulars aside, clearly, there is no single definition of what it means to be "religious," and perhaps it is better to think of religion as a living, breathing, and evolving, culturally bound subject.

Spirituality has a similarly wide range of definitions and can mean many different things at once. Despite this diversity, several multidisciplinary efforts have produced consensus definitions of spirituality (Nolan et al., 2011; Norko, 2018; Puchalski et al., 2009, 2014). These definitions focus on meaning, purpose, and connectedness, with some advocating the inclusion of an individual's relationship with the transcendent. The International Consensus Conference on Improving the Spiritual Dimension of Whole Person Care arrived at this definition:

> *"Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices" (Puchalski et al., 2014, p 46)*

Like the term "religious," "spirituality" is difficult to define in a precise manner, despite the work of consensus conferences, complicating its operationalization into empirical research settings. Further confounding matters, many definitions of spirituality spuriously equate it with mental health, as Koenig (2008) notes. In other words, some research on spirituality and mental health is simply tautological because of the significant overlap in the way these constructs—spirituality on the one hand, and mental health on the other—are measured. Important differences between mental health and spirituality will be captured by a valid definition of spirituality, specifically with regard to phenomena like meaning, transcendence, and relationship to the sacred, to name a few (Koenig, 2008).

Given the difficulty inherent in defining religious and spiritual, it would follow, then, that "SBNR" is also difficult to define, and indeed, a consensus definition of SBNR has not been achieved. Nevertheless, SBNRs have attracted the attention of the popular press (Barrie-Anthony, 2014; King, 2016), physicians (King et al., 2013), legal scholars (Miller, 2016), and of course religious studies scholars (Fuller, 2001; Mercadante, 2014). There is some sense that the SBNR identifier is often rhetorical at its core, rather than representative of a true orientation (Mercadante, 2014, p 6). Many argue "it has something to do with dissatisfaction with organized religion" (Chaves, 2011) although even" organized religion" may not have a clear meaning (Ammerman, 2013). Complicating matters, many SBNRs still identify with a religion, so some are Nones while others are not. In any case, a collective inability

to define and operationalize SBNR is not without consequences, especially for mental health researchers seeking to study SBNRs.

Nones, on the other hand, are a clearly defined and identified group: people who answer a survey question about their religious affiliation by saying they have "none" (Pew Research Center, 2012). Although scholars of religion in the United States have been referring to this group of people as Nones since the 1960s (Pew Research Center, 2012), reference to the term has recently become more widespread, perhaps as the number of individuals who identify as None continues to grow. (Of note, Nones are distinct from the "neither spiritual nor religious"—those who identify with neither spirituality nor religiosity. This latter group will not be discussed further, but the reader should be aware that the "neither spiritual nor religious" are distinct from Nones who are defined by nonaffiliation with religion; see Fig. 1.)

An American Religious History Perspective

SBNRs and Nones are relatively new terms in American religious history, complicating attempts to trace their origins and development. Suffice it to say, however, that while they share some demographic overlap (see next section), they have unique histories. Regarding SBNRs, we are unable to identify an origin date for the term. That said, modern American religious theorists often cite William James' *Varieties of Religious Experience* (James, 1902) as seminal to the development of the SBNR in America (Fuller, 2001). James never used the term spiritual, let alone SBNR, but rather discussed valences of the term "religious" in ways that foreshadowed the notion of "spirituality" today. As a harbinger of the contemporary spirituality versus religiosity distinctions to come, he says of religion: "the word…cannot stand for any single principle or essence, but is rather a collective name…Let us not fall immediately into a one-sided view of our subject, but let us rather admit freely at the outset that we may very likely find no one essence, but many characters which may alternately be equally important in religion" (James, 1902, p 26). He continues: "we are struck by one great partition which divides the religious field. On the one side of it lies institutional, on the other personal religion" (James, 1902, p 28). His public versus personal distinction captures one significant differentiation of religiosity from spirituality. Interestingly, James' own religious orientation may have also presaged the development of the SBNRs, with one scholar arguing, "If any one individual has ever personified what it means to be 'spiritual but not religious,' it was William James" (Fuller, 2001).

Regarding Nones in particular, Gallup polls, which began collecting information on religious (non-) identity in 1948, show that only 2% of Americans said that they had no religious identity during that decade (Newport, 2010). Although these polls did not directly measure the number of Nones in the manner that contemporary Pew Research surveys do (with the question "What is your present religion, if any?"), it may be safe to assume that the percentage of Nones in 1948 was the same as or close to the Gallup figure of 2%. Against this backdrop, the growth of Nones began a long period of growth that mirrored the decline in participation in organized religious institutions. The late 1960s and 1970s witnessed cultural upheaval, characterized by a virulent opposition to many dominant cultural institutions, including institutionalized religion (Mercadante, 2014, p 24). By the late 1970s, the number of Nones had more than quadrupled, to 9% (Newport, 2010). Predictably, a counter revolution in the form of a conservative evangelical revival ensued in the 1980s and 1990s. This development is often conceived of as a reaction to moral deterioration some felt had occurred in the 1960s and 1970s, reflecting a pendulum swing back toward traditional religious institutions (Mercadante, 2014), presumably halting, for a period, the dramatic rise in Nones. Later, as evangelicalism became more widespread, however, an equal and opposite growth in the population of Nones took place across the 1990s and 2000s, cementing the almost 70-year development of the Nones. By 2012, surveys showed that 20% of the US population was unaffiliated with any organized religion, with some believing that this estimate is actually low, owing to overreporting of church attendance (Hadaway et al., 1993; Mercadante, 2014; Newport, 2010). The evidence is clear that the population of Nones has increased dramatically from the peak of religious institution affiliation in the 1940s and 1950s.

DEMOGRAPHICS OF SBNRS AND NONES

Survey data collected by the Pew Research Center's Forum on Religion and Public Life reveals a number of trends in these populations (Mercadante, 2014, p 2; all data presented in this section are drawn from the 2014 Pew Religious Landscape survey, with a margin of error of ±0.6% for the full sample of 35,071). More than one in five American adults identifies as a None, representing approximately 57.5 million individuals. One third of adults under 30 identifies as a None. This figure is greater than the number of "mainline" Protestants in the United States. Interestingly, approximately two-thirds of them still believe in God (68%) and more than one in five pray every day (21%). Of the Nones, 37% (21.2 million) identify as SBNR, representing 8.4% of the US population (box C′ in Fig. 1). This figure represents more than the number of Americans who identify as Mormon, Buddhist, Jewish, Muslim, or Hindu combined, and only slightly less than the total number of those who identify as White Evangelical. Conversely, 63% of Nones are not SBNR, most of whom are presumptively "neither religious nor spiritual" (box A′ in Fig. 1), with a small percentage of them, at least in theory, identifying as either religious alone (box B′), or religious and spiritual (box D′). It is not clear, however, how belief in God and daily prayer are distributed among these subgroups.

Demographic data are displayed in Figure 2. Overall, while SBNRs and Nones represent distinct religio-spiritual orientations, their demographics are nevertheless very similar. Furthermore, they both differ considerably from the religious. Specifically, in terms of sex, political affiliation, education, and marital status, SBNRs and Nones are very similar to each other, and diverge from the religious. Men constitute 56% of both SBNRs and Nones, but only 47% of the religious. SBNRs and Nones both identify as Democrat/leaning Democrat twice as frequently as Republican/leaning Republican (62% Democrat *vs*. 31% Republican), whereas religious persons identify with either party in approximately equal proportions (48% Republican/leaning Republican *vs*. 46% Democrat/leaning Democrat). SBNRs and Nones are more educated (defined as attending some college or more) than the religious, with 65%, 61%, and 44%, respectively, attending at least some college. Finally, marriage rates are approximately 40% for both SBNRs and Nones, in comparison to 54% for those who identify as religious. The only significant demographic difference between Nones and SBNRs emerges in terms of age, as a larger share of Nones is drawn from the 18 to 29 demographic (35%) than SBNRs or the religiously affiliated (23% and 18%, respectively).

Analysis of the religious practices and beliefs of Nones and SBNRs reveals interesting and, at times, surprising findings. For example, several metrics of religious practice and belief suggest that SBNRs are more similar to the religious than they are to Nones, consistent with the finding that two-thirds of them report a religious affiliation, as noted previously. Specifically, SBNRs attend church or worship—with 19% attending at least weekly and 53% attending at least once yearly—though at lesser frequency than those who identify as religious (52% and 87%, respectively). On the other hand, only 5% of Nones attend service weekly, and 27% at least yearly. Furthermore, SBNRs consider religion to be important, despite the fact that they do not consider themselves religious, as 63% find religion to be either very or somewhat important. Although significantly less than the religious, 98% of whom find religion to be either somewhat or very important, SBNRs consider religion to be important almost twice as frequently as Nones, only 33% of whom believe that religion is somewhat or very important.

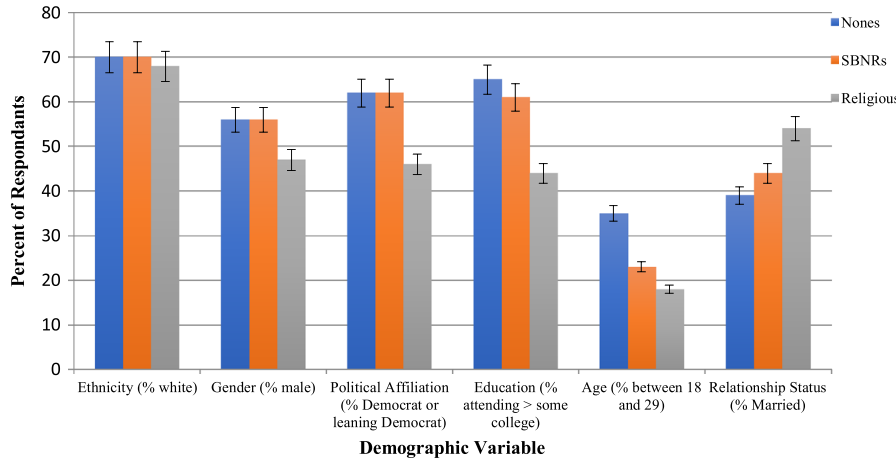

FIGURE 2. Demographics of Nones, SBNRs, and the Religious. This figure displays the percentage of "Nones" (those who identify with no religion), "SBNRs" (spiritual but not religious), and religious persons across a number of demographic variables, including ethnicity, sex, political affiliation, education, age, and relationship status. Data are drawn from the Pew Research Center (2015). This figure can be viewed online in color at www.jonmd.com.

Finally, almost all SBNRs and religious persons believe in God (92% and 99%, respectively), whereas only 68% of Nones believe in God.

In sum, the demographics of Nones and SBNRs are essentially identical, but differ markedly from the religious. Nones and SBNRs are more male, white, wealthy, and Democrat.

SBNRs and Nones differ, however, in that SBNRs are slightly younger, slightly better educated, and more likely married. In these metrics, however, the Nones and SBNRs are more similar to each other than to the religious. On the other hand, SBNRs appear more similar to the religious than to the Nones in terms of attending worship, finding religion to be important, and endorsing belief in God.

MENTAL HEALTH ACROSS THE RELIGIO-SPIRITUAL ORIENTATION SPECTRUM

Religiosity, Spirituality, and Mental Health

The relationship between religion/spirituality and mental health has been well-documented in a number of review articles (Dein et al., 2012; Gonçalves et al., 2015; Koenig, 2015, 2012; Unterrainer et al., 2014; Weber and Pargament, 2014). The specific effects of religiosity and spirituality (aside from SBNRs and Nones) on the various mental health outcomes, including magnitude of the effect, are beyond the scope of this article. We therefore refer the reader to the above reviews, which collectively suggest that religion and/or spirituality are correlated with positive mental health outcomes across a variety of clinical and nonclinical populations, including schizophrenia, depression, substance use, and teenage delinquency (cited in Dein et al., 2012); anxiety (cited in Gonçalves et al., 2015); and suicide, marital instability, personality traits, parent and child well-being (cited in Koenig, 2012). Furthermore, positive mental states and traits are positively correlated with religiosity and/or spirituality, including well-being, meaning and purpose, hope, optimism, and self-esteem (cited in Koenig, 2015); positive religious coping, community and support, and positive belief (cited in Weber and Pargament, 2014); and subjective well-being (cited in Unterrainer et al., 2014). Despite the large body of evidence for a positive correlation between religiosity and spirituality on mental health, however, some studies have suggested that religiosity and spirituality can have adverse effects on mental health outcomes as well, including those cited in Weber and Pargament (2014), as well as the recent work of Peteet (2019). Nevertheless, the bulk of the evidence suggests that religiosity and/or spirituality appear to be correlated with a number of positive mental health outcomes, with a smaller body of evidence suggesting otherwise.

Critically, however, more methodologically rigorous methods that are consistent across the literature need to be employed before definitive conclusions should be drawn. For example, the ability of researchers to study the impact of religion and/or spirituality on mental health is hampered by the aforementioned difficulty in defining what it means to be religious or spiritual. Indeed, all of the above reviews employ slightly different definitions for religiosity and spirituality because they, in turn, rely on the varied definitions employed by the researchers they cite. In addition to a heterogeneous distribution of terms, many of the terms employed are nonspecific and vague (or otherwise problematic) and therefore difficult to interpret (Dein et al., 2012). Furthermore, the magnitudes of the outcomes that ostensibly benefit from religiosity and spirituality are reported inconsistently, if they are reported at all. As a result, it is difficult and/or methodologically unreliable to quantitatively summarize the data, as in a criterion standard meta-analyses (two notable meta-analyses notwithstanding by Gonçalves et al., 2015, and Smith et al., 2003). Without such data, the magnitude of the effect of religiosity and/or spirituality is impossible to estimate. As such, most reviews are either qualitative or systematic reviews, and therefore less reliable.

Independent of these particulars, the core methodological quandary troubling the field—and the central barrier to methodological rigor and consistency—is perhaps best articulated by Koenig, who elegantly writes: "…human emotions and behavior are nonlinear and complex and are adaptive phenomena. Classical reductionist linear statistical methods used in the vast majority of studies (on religiosity and/or spirituality) may not be the best for a real understanding" (Koenig, 2015, pp 25–26).

SBNRs, Nones, and Mental Health

Although research on spirituality, religiosity, and mental health outcomes is methodologically limited, it is nevertheless robust in volume. On the other hand, research on the mental health of both SBNRs and Nones is scarce, at best. Two studies have investigated the impact of spirituality on mental health independently of religiosity. Specifically, Vittengl (2018) attempted to clarify the longitudinal relationship of spirituality and religiosity, independently of one another, on depression. Although the researchers did not explicitly study those who self-identify as SBNR, they effectively studied them by identifying those who displayed more spirituality than religiosity. They hypothesized that

greater spirituality than religiosity—and therefore, being an SBNR—would predict increases in depression, separate from the overall level of religiosity and spirituality. Indeed, that is what their study found. Overall spirituality plus religiosity did not predict depression. Greater spirituality than religiosity, however, predicted increases in depressive symptoms, as well as risk for major depressive disorder (Vittengl, 2018).

King and colleagues examined the association between spirituality or religiosity and psychiatric symptoms and diagnoses among 7403 participants in the third National Psychiatric Morbidity Study in England. They concluded that "people with a spiritual understanding in the absence of a religious framework appear to have the worst mental health," including increases in generalized anxiety disorder, phobias, neurotic disorders, substance use disorders, and use of psychotropic medications (King et al., 2013, p 71). In an earlier article, King et al. suggest that this phenomenon may represent "vulnerable people who are seeking existential meaning for their lives" (King et al., 2006, p 161). Regardless of the mechanism by which it occurs, these two studies seem to suggest that spirituality in the absence of religiosity confers a greater risk for mental illness.

Given the paucity of research on mental health outcomes of those who self-identify as a None, one may be tempted to draw conclusions about their mental health from studies investigating those who identify as religious and drawing the inverse conclusion about being nonreligious. For example, two review articles found that certain measures of religiosity were correlated with a decrease in anxiety and depressive symptoms (Shreve-Neiger and Edelstein, 2004; Smith et al., 2003). It is not reasonable to conclude from such data, however, that being a None confers the opposite, namely, an increase in anxiety and depression; such a conclusion is inherently flawed, because the original authors were not seeking to understand the effect of no religious affiliation. Further complicating matters, all such studies are subject to the methodological and conceptual limitations discussed previously. Specific data on the mental health of the Nones are virtually nonexistent. King et al. (2013) note, however, that those who are neither religious nor spiritual—a close approximation of Nones—have better mental health than those who are SBNR. Still, the dearth of data on Nones leaves research seeking to understand the impact of religious nonaffiliation on mental health severely wanting.

In sum, the literature on SBNRs and Nones and mental health outcomes is not well developed. To address the paucity of data on the mental health of this growing segment of the population, more, and better, research is needed.

FUTURE DIRECTIONS

At least six objectives can be described for mental health researchers and clinicians seeking to better understand the mental health of Nones and SBNRs and, most importantly, address them: collect epidemiologic data, consider international perspectives, achieve semantic and operational consistency, collaborate across disciplines, seek objective measures, and talk about spirituality/religiosity with patients. Collecting epidemiologic data is perhaps the most important, and attainable, objective, as such data will help clinicians understand trends in religiosity/spirituality in patients. The Pew Research Center, which conducts comprehensive surveys on religion in the United States, would be a sensible organization to conduct such research (Pew Research Center, 2012). The Pew Religious Landscape Study has provided invaluable data on the growth of Nones and SBNRs in America, collecting useful demographic information on topics ranging from age and sex to political affiliation and religious practice. However, the indices mental health practitioners are concerned with pertain to mental health and wellness. What is needed is an understanding of the rates of mental illness in Nones and SBNRs in comparison to the religious. Perhaps tapping into surveys from the Centers for Disease Control, which conducts the National Health Interview Survey and the National Health and Nutrition Examination Survey, would be a useful way to study mental health outcomes in SBNRs and Nones. Furthermore, because being an SBNR or None may impact different indices of mental illness in contradictory ways (*i.e.*, confer a lower risk of depression but higher risk of anxiety), surveys must be comprehensive, investigating a wide range of psychiatric disorders, including anxiety, mood, psychotic, and substance use disorders. That said, these data alone will not provide causal information. Rather, longitudinal or prospective research designs, in lieu of simple cross-sectional research, are required to test potential causal links and mechanisms of action. Without such data, and longitudinal research designs, there is little hope for understanding the relationship between SBNRs, Nones, and mental health.

Second, considering categories of religiosity/nonreligiosity/spirituality—as well as mental health and illness—from an international perspective may provide a high-yield opportunity to elucidate the specific effects of religion or spirituality, because it would allow researchers to identify and control for the nonspecific effects of American culture on mental health that are not easily separated from religious considerations proper, and many patients seen in clinical practice have international origins. In addition, given that the religio-spiritual orientation spectrum varies widely from country to country, as do conceptions and manifestations of mental health, it is important to understand how being a None in a Buddhist country (*e.g.*, Myanmar) is different from being a None in a Muslim country (*e.g.*, Saudi Arabia), and whether or how mental health, however it is conceived, is affected. International research introduces a host of complicating factors (language, for one), but this should not dissuade researchers from trying given the ostensible benefits.

Third, for decades, researchers have called for precise and consistent definitions and operationalization of relevant terms, including religious, spiritual, SBNR, or None. But consistently, the field has struggled to achieve semantic and operational consistency. One group has recently been able to identify, through psychometric analysis, specific and precise components within a global measure of religiosity/spirituality, providing an avenue for subsequent study of SBNRs (McClintock et al., 2019, 2016). They conducted Exploratory Factor Analyses on a sample of 5512 individuals (and subsequent Confirmatory Factor Analysis on a different pool) to derive common underlying dimensions of spirituality, identifying five invariant factors across three different countries: love, unifying interconnectedness, altruism, contemplative practice, and spiritual reflection. Although this particular analysis did not examine SBNRs in particular, or tease apart more "religious" factors from "spiritual" factors, research like this, which deconstructs global measures of religiosity and spirituality, can allow researchers who study SBNRs to assess the relationship between SBNR-hood and mental health with greater precision and granularity.

Fourth, trying to understand the mental health of Nones and SBNRs requires an interdisciplinary approach, above and beyond defining religiosity, spirituality, or SBNR. Studies aimed at a more complete understanding of SBNRs will range from neuroscience to public health, from the clinic to the community, and from a first- to third-person perspective. It is important that mental health clinicians are involved in the research. Their personal interactions with patients who identify as Nones or SBNRs provide critical information for researchers. Only they can provide the first-person perspective that researchers need. In addition, public health researchers with expertise in investigating mental health and well-being in large populations are needed. Demographers with experience surveying large populations ought to be involved. Sociologists and anthropologists would provide insight into the role of culture and societal factors in the history and development of SBNRs and Nones. Experimental psychologists, cognitive neuroscientists, geneticists, and biologists need to focus specifically on objective measures of mental health. Scholars from the fields of philosophy, religious studies, theology, and linguistics may help define and refine researchers' understanding of what it means to be an SBNR or a None. Altogether, for

clinicians to truly understand the religio-spiritual orientations of their patients, interdisciplinary work of this sort needs to be done.

Fifth, and perhaps most ambitiously, investigators need to develop objective assessments of spiritual, religious, and SBNR groups of individuals. Self-report and behavior measures are helpful and interesting, but more is possible. The field would benefit from neuroimaging studies that explore structural and functional underpinnings of these religio-spiritual orientations. There are no published neuroimaging findings on SBNRs or Nones. One research group recently reported on neuroanatomical correlates of religiosity/spirituality and depression, but spirituality and religiosity were not differentiated (Miller et al., 2014). Studies such as these, if done on SBNRs, can help elucidate the mechanisms by which varieties of religio-spiritual orientation confer their various benefits or adverse effects. Employing objective measures of religio-spiritual orientation, the field must pursue ways of assessing its impact on mental health.

Finally, and most importantly, clinicians need to renew efforts to inquire about patients' religious and spiritual orientation. As discussed previously, the data show that millions of Americans identify as SBNR or None, but few clinicians even inquire about religion and/or spirituality. To neglect inquiry into spiritual and religious matters in patients' lives will ultimately harm them. A frank and open discussion of one's spirituality and religiosity can positively impact a clinician's encounter with a patient in myriad ways. By inquiring about a patient's spirituality and/or religiosity—perhaps discovering that they are SBNR and ascertaining why, whatever the reason may be—one's diagnostic formulation, therapeutic approach, or pharmacologic choices may be affected. Consider, for example, a 22-year-old patient who presents with symptoms of major depressive disorder. He was raised in a conservative Catholic family (or an alternative socially conservative tradition), but decided to leave his church because his best friend identifies as a homosexual and he struggles to reconcile that fact with the formal teaching of his parish, which teaches that homosexuality is a sin. Having left the church, he now identifies as "spiritual but not religious." Perhaps psychotherapy could be focused on the transition from Catholicism to being an SBNR, and what the "conversion," as it were, means for his emotional, moral, ethical, political, and/or cultural identity and experience. Perhaps one would be less likely to prescribe medication, at least until the issue could be discussed in greater detail. Or rather than diagnosing a patient with major depressive disorder, perhaps adjustment disorder is more appropriate. On the other hand, another patient could easily benefit from the transition to being SBNR. Perhaps a long-time patient treated for anxiety who has always identified as, say, a devout Muslim, decides to formally leave that religion and now identifies as an SBNR, then becomes gradually less beset by debilitating anxiety. In both cases, inquiry into a patient's spiritual identity has the potential to change, for the better, a clinician's formulation and treatment approach. The point is not to single-out Catholicism or Islam, but rather to illustrate that discussion of a patient's spiritual or religious identity can serve a critical role in clinical care.

CONCLUSIONS

At the turn of the 20th Century, William James published the *Varieties of Religious Experience*, a ground-breaking work in the phenomenology of religion. Now, almost 120 years later, it is time to consider the impact of the varieties of religious (non)affiliation on mental health.

SBNRs and Nones are a rapidly growing segment of the religio-spiritual landscape in the United States. SBNRs now comprise 7.5% of the population, or approximately 17 million individuals, and Nones comprise 20% of the population, or about 46 million people. We know how SBNRs and Nones differ demographically from the average religious person. Although a great deal of research has been conducted on the role of religiosity and/or spirituality on mental health, the same cannot be said for SBNRs and Nones. The research agenda identified previously would help mitigate that deficiency.

With what we already know about the emergence and prevalence of individuals who identify as SBNR or None, it is also clear that mental health clinicians must expand their response to such individuals in clinical practice. Past assumptions about the meaning of religion or spirituality in people's lives are no longer valid. The absence of religious affiliation reveals little about how and where an individual finds meaning and purpose, or the nature or intensity of their spiritual pursuits. It may even mean that the person has some sense of affiliation with multiple religious groups, just none in particular. Worse, it may indicate past trauma in a religious context. Perhaps the most important research, then, begins at the clinician-patient level with sensitive and curious exploration, as indicated, of each patient's spiritual and religious experiences and needs, regardless of the initial affiliation or nonaffiliation response. Pending further research on mental health outcomes among SBNRs and Nones, clinicians should conduct their own idiographic analysis of what these designations mean for individual patients.

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