Do Beliefs in Christian Nationalism Predict Mental Health Problems?
The Role of Religious (Non)Involvement

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Abstract
An area that has received little attention in the stress process model of mental health is belief systems and values. A belief system that has been the focus of considerable recent research attention is Christian nationalism, an ideology that advocates a fusion of American civic life with a particular type of Christian identity and culture. Using nationally representative data from the United States (2017 Baylor Religion Survey), the author examines the extent to which Christian nationalist ideology represented a unique and independent influence on two mental health outcomes, depression and anxiety. The results suggest that stronger beliefs in Christian nationalism were associated with higher depression and anxiety, but the link between Christian nationalism and depression was significantly stronger for those with lower individual religiosity. The author discusses the implications of our findings and offer directions for future research.

Keywords
Christian nationalism, mental health, religiosity, stress process

Over the past few decades, the sociological study of stress has amassed an extensive body of research that has vastly improved our understanding of the social and economic underpinning of mental health disparities in society (Pearlin 1989; Pearlin and Bierman 2013). Aided by insights from the stress process model, we now have a deeper understanding of how societal institutions, including religion, affect mental health (see Schieman, Bierman, and Ellison 2013 for a review). But despite the productive record it has established, research into stress and mental health remains a work in progress. In an extensive review of work conducted within the stress process model, Pearlin and Bierman (2013) identified an area that has received far less attention in the stress process model: belief systems and values. Belief systems are defined within the stress process model as “comprehensive understandings people acquire that help them understand their surrounding worlds, the forces that organize and guide it, and the effect these forces exert on one’s more immediate personal world—especially its adversities” (Pearlin and Bierman 2013:333). The beliefs one holds are an important topic of consideration because they are often looked to for explanations about lived reality, yet they may contain ideas that are distressing and provoke fear and angst.

A belief system that has been the focus of considerable recent research attention is Christian nationalism, defined as “an ideology that idealizes and advocates a fusion of American civic life with a particular type of Christian identity and culture” (Whitehead and Perry 2020b:ix–x). Refining this definition, Whitehead and Perry (2020b) explain, “We are not referring to doctrinal [Christian orthodoxy or personal piety]….Rather the explicit ideological content of Christian nationalism comprises beliefs about historical identity, cultural pre-eminence, and political influence” (p. x). The most commonly used measure of Christian nationalism includes the statement “The success of the United States is part of God’s plan” (Whitehead and Perry 2020b). Qualitative accounts of Americans who embrace Christian nationalist ideology have also cited God’s eternal backing of the United States as long as conservative policies are put into practice (Whitehead and Perry 2020b).

This recent surge in scholarly attention to Christian nationalism came on the heels of the election of Donald Trump as the 45th president of the United States in 2016, in an effort to explain this decision made by the American public.¹

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electorate (Whitehead, Perry, and Baker 2018). One line of reasoning suggested that support for Trump represented a defense of America’s supposed Christian heritage in the eyes of many Americans (Gorski 2016, 2017; Whitehead et al. 2018). Christian authors and pastors alike argued that religious liberty, religious freedom, and all religious institutions in America would be a distant memory if Trump were not elected.

Although Christian nationalism has, to date, been linked to several existing outcomes, such as hostility toward immigrants, a failure to recognize police brutality against African Americans, gender traditionalism, and homophobia (Whitehead and Perry 2020b), no existing study, to my knowledge, has examined whether this ideological belief system, characterized by “threat of the other,” associates with mental health outcomes. This is an important oversight, because the ideology inherent in Christian nationalism treats stressors not as random and capricious circumstances but as the workings of prevailing, hidden manmade forces that can affect the lives of multitudes. Central to Christian nationalist beliefs is fear of the other, including immigrants, racial minorities, and homosexuals, as well as great anxiety about what will happen to America in the future if Christian values are not privileged.

It is my contention in this study that subscribing to a Christian nationalist belief system can be distressing and may have pernicious consequences for multiple aspects of well-being. Therefore, the objectives of the present study are two-fold. First, using nationally representative data from the United States, I examine the extent to which Christian nationalist ideology represents a unique and independent influence on two mental health outcomes, depression and anxiety. Second, I consider whether any potential relationship between Christian nationalism and mental health is contingent upon one’s own personal religious commitment, as Christian nationalist beliefs detached from religious involvement and practice may become secularized and populist (Asad 2003) and may generate greater angst and pose a greater threat to mental health. On the other hand, Christian nationalists integrated into a religious community and engaging in private religious practice should maintain a stronger sense of belonging, possibly mitigating any deleterious association between their belief systems and mental health. These possibilities are more fully explored in the following sections.

Background

Christian Nationalism: Definitions and Existing Literature

Before exploring why Christian nationalist beliefs may associate with mental health, I briefly review literature that (1) provides a clear definition of Christian nationalism and (2) outlines which outcomes Christian nationalism has been found to associate with.

Christian nationalism, at its core, draws from “Old Testament” parallels between America and Israel, which was commanded by God to maintain both cultural and blood purity, often through war and separatism (Gorski 2017). Contemporary believers in Christian nationalism are often Evangelical (White) Protestants, and Christian nationalism entails the exclusion of other faiths (Deleahnty, Edgell, and Stewart 2019). The myth of a Christian nation has been used as a symbolic boundary uniting both personally religious and irreligious individuals of conservative groups (Braunstein and Taylor 2017). Thus, combining these myths and narratives, Christian nationalism can best be understood as a cultural framework that insists that a particular version of Christianity—one that contains hierarchical assumptions about race, sexuality, gender, and nationality—is brought to the forefront of American civic life (Whitehead and Perry 2020b). Although this goal may be related to moral interests, including the abolition of abortion and a return to traditional gender identities and sexual orientation, these concerns of Christian nationalists stem from a more fundamentalist interest in a traditional, hierarchical societal order that imposes distinct cultural boundaries, seeking to separate insiders (those who are White, born in America, and patriarchal Protestants) from outsiders (non-White, foreign born, and from minority groups) (Whitehead and Perry 2020b).

Lending credence to these assertions, a number of recent studies have shown that Christian nationalism is a powerful cultural framework, above and beyond traditional religious boundaries. For instance, stronger beliefs in Christian nationalism are linked to opposition to interracial families (Perry and Whitehead 2015); the denial of police brutality toward African Americans (Perry, Whitehead, and Davis 2019); relative political tolerance for racists (Davis and Perry 2021); negative attitudes about immigrants (Sherkat and Lehman 2018), especially Muslims (Shortle and Gaddie 2015); less support for gender equality and gay rights (Whitehead and Perry 2015); and attitudes opposing economic regulations and welfare (Froese and Mencken 2009). Taken together, this body of research suggests that those subscribing to a Christian nationalist ideology perceive a threat to White Americans’ sense of dominant group status. Indeed, Christian nationalism operates as a set of beliefs and ideals that seek the preservation of a unique Christian nationalist response to perceived outsider threats to that identity (Whitehead et al. 2018). Therefore, it stands to reason that Americans who embrace this Christian nationalist narrative and perceive threats to that identity might be at a higher risk for reporting mental health problems. As a flexible and pervasive set of beliefs and ideals about how society “should be,” the influence of Christian nationalism, and its ability to act as a potent stressor in the lives of believers, may provide an important addition to Wheaton’s (1994) “universe” of stressors.

Christian Nationalism and Mental Health Outcomes: Reasons for Expecting an Association

Having briefly described the origins of Christian nationalist ideology and its close ties to a host of social attitudes, this
section delves into why such a belief system may be consequential for mental health. As mentioned in the previous section, the “Christianity” of Christian nationalism represents something deeper than what may be ordinarily found in definition of “religion.” It includes assumptions of nativism, patriarchy, White supremacy, and heteronormativity. Importantly, Christian nationalism holds that divine sanctions will be imposed if the correct social order is not installed. Therefore, Christian nationalism is as ethnic and political as it is religious (Whitehead and Perry 2020b). In their comprehensive exploration of Christian nationalism, Whitehead and Perry (2020b:11) noted that for Christian nationalists, America should “fear God’s wrath for unfaithfulness while assuming God’s blessings—or even mandate—for subduing the continent by force, if necessary.”

Reflecting on the former assertion, John Fea’s (2018) book Believe Me: The Evangelical Road to Donald Trump, highlights how fear has been a central part of the playbook for the religious right for decades. The angst created by the fear of the “moral decay” of the United States is likely to be a major source of stress.

Given that fear, a sense of pessimism about the future, and a general state of anger are associated with psychological distress, it should perhaps not be surprising that holding right-wing populist views is linked to poor health (Backhaus et al. 2019; Staicu and Cuţov 2010; but see Schlenker, Chambers, and Le 2012). In one of the most influential articles published in political psychology in the last two decades, Jost et al. (2003) argued that people tend to drop politically conservative belief systems when they feel perceptions of threat. Those holding conservative views are more likely to perceive threat in their immediate environment (Hibbing, Smith, and Alford 2014; Jost et al. 2003) and also to report higher levels of meaning threats (Lammers and Proulx 2013; Nall et al. 2009), defined as concerns regarding the violation of one’s sense of purpose, significance, or belonging.

Although these studies did not explicitly explore the role of Christian nationalist beliefs, nor are conservative political beliefs synonymous with conservative political ideologies, the idea of affective polarization can help us conceptualize why stronger beliefs in Christian nationalism may negatively affect mental health. Affective polarization is characterized by dislike or animus toward members of an opposing party relative to copartisans (Hobolt, Leeper, and Tilley 2021; Iyengar et al. 2019). Although those holding conservative ideologies tend to perceive more threat, there is also some evidence within political psychology that liberals and conservatives express similar levels of intolerance toward groups that are ideologically dissimilar to them (Brandt et al. 2014). For example, Brandt et al. (2014) found that members of the political right tend to derogate societal groups that often have a left-wing ideological system (e.g., racial minorities, immigrants), but the political left also tends to disparage social groups that are associated with a right-wing orientation (e.g., businesspeople, bankers). Affective polarization may undermine mental health by perpetuating more stress inducing, confrontational social and political environments.

Perceptions of threat are the key mechanism through which scholars have proposed that a hostile sociopolitical environment may negatively affect health (Krieger et al. 2018; Williams and Medlock 2017). This hypothesized association rests primarily on the negative emotive dimension of partisanship: the tendency for the “other” (e.g., racial and sexual minorities, immigrants) to inspire fear, anger, anxiety, frustration, and other negative emotions, which could be linked to stress through a number of pathways. Threats to one’s sense of meaning can also induce anxious uncertainty (Proulx and Inzlicht 2012). The prospect that the “other” will come to occupy a prominent position in American society, more likely to occur among those holding conservative viewpoints (Jost et al. 2003), may be an “anticipatory stressor” in which sustained fear over the possibility of a less than ideal future induces a stress response (DeAngelis 2020; Grace 2020). There might be a link between such strong feelings and depression and anxiety for those holding extreme views because the causes of such potentially deleterious emotions are not within the person’s sphere of control but are embedded in deeper political and social institutions.

Although perceived dissimilarity with other groups might operate at both ends of the ideological spectrum, Christian nationalists may be especially sensitive to threat because adherence to a strong, rigid belief system requiring high ingroup identification and beliefs in a dangerous world might predispose these individuals to be sensitive to threat (Stephan and Stephan 2018). Therefore, Christian nationalism, by instilling the fear of the other and the moral decay of American society, might act as a stressor by increasing the frequency that individuals experience anger, frustration, and fear. This form of affective partisanship (via Christian nationalist beliefs) may manifest as a chronic strain that repeatedly activates one’s stress response as further political events pass into an individual’s awareness.

It is also important to recognize that Christian nationalism mythologizes a strictly ordered society in which rules are concrete, and rule breakers should be severely punished (Davis 2018). A growing body of work within the religion and health literature has suggested a “dark side” to certain religious beliefs that may be harmful for mental health. Although Christian nationalist beliefs may not hold a perfect correspondence with individual religious beliefs and practices (Whitehead and Perry 2020b), the fear of God’s wrath and punishment for not bringing to fruition the image of America desired by God may be a cognition that is linked with worse mental health. For instance, some research has shown that a belief in a powerful, evil, supernatural being capable of inflicting harm on humans is associated with worse mental health (Nie and Olson 2016). If one believes that God is capable of the destruction of mankind for not bringing to fruition the society He envisioned, it is logical that one may never feel completely secure and free from
harm. Beliefs in a punishing God, more broadly, have been linked to poorer mental health outcomes (Ellison et al. 2013).

Although again unspecific to Christian nationalist beliefs, important insights can be gleaned from the literature reviewed previously. For America to be “reclaimed,” Christian nationalists believe that America must be “blessable” for God to shed his grace. As 2 Chronicles 7:14 illustrates, believers must humble themselves, pray, and, most important, “turn from their wicked ways” in order to have their sins forgiven and maintain their land. The acknowledgment of a vengeful or unloving God who is capable of inflicting harm on an entire country by depriving it of prosperity will almost surely be linked with heightened fear and trepidation. On the basis of this body of work, I hypothesize as follows:

*Hypothesis 1:* Stronger beliefs in Christian nationalism will be associated with worse mental health (i.e., higher depression and anxiety).

**Christian Nationalism and Mental Health: The Moderating Role of Individual Religious Commitment**

Although we might expect stronger beliefs in Christian nationalism to portend worse mental health outcomes, there is one additional caveat considered in this study. Studies at the intersection of religion and mental health suggest that the relationship between stress and mental health is frequently contingent on individuals’ religiousness (Lawler-Row and Elliot 2009; Keyes and Reitzes 2007). Applied to the present study, scholars have noted that Christian nationalism and religious involvement can be and often are distinct or unrelated (Braunstein and Taylor 2017; Whitehead and Perry 2020b). This may offer additional insight into the relationship between Christian nationalism and mental health. The question addressed in this section is whether Christian nationalist beliefs work differently to influence mental health among non-religiously committed individuals compared with those who hold strong religious commitments.

In addressing this question, it is important to acknowledge that the relationship between religion and mental health appears to be multifaceted, with religious beliefs, experiences, and public and private behaviors exhibiting complex relationships with various mental health outcomes (Koenig, King, and Carson 2012; Page et al. 2020; Schieman et al. 2013). For the purposes of this study, religious commitment is operationalized as a combination of religious attendance, frequency of engaging in private prayer, and frequency of reading sacred scripture (see Whitehead et al. 2018 for a similar approach), each dimension of which is reviewed in turn.

For Americans holding strong beliefs in Christian nationalism, those who are religiously devout tend to have weaker xenophobia and nativism (Tranby and Hartmann 2008; Whitehead and Perry 2020b). A series of studies conducted by Stroope and colleagues (Stroope et al. 2020; Stroope, Rackin, and Froese 2021) revealed that people high in Christian nationalism held stronger anti-immigrant sentiments, but less religious Christian nationalist were the most anti-immigrant. The sense of alienation and desperation and the corresponding fear, frustration, and anger felt by Christian nationalists are likely stronger for those who are not religiously committed. This could be due to the simple (and well-established) reason that social solidarity within religious congregations can buffer against an array of stressors that stem from the social world, because of shared beliefs, experiences, and social support that are found in religious congregations (Schieman et al. 2013).

Religious involvement often acts as an important stress buffer for individuals experiencing stressors such as racial discrimination or neighborhood disadvantage (Acevedo, Ellison, and Xu 2014; Ellison, DeAngelis, and Güven 2017). Indeed, much contemporary research attributed the salubrious association between religion and mental health to the high levels of social support housed within religious congregations (Lim and Putnam 2010; Vanderweele 2017). If religious involvement can act as a buffer to these forms of secular stress, it might also be effective in mitigating the negative mental health effects of tension with the sociopolitical environment. Although many religious adherents holding conservative attitudes may feel marginalized in a contemporary culture and experience threat, belonging to communal groups in which they experience support and affirmation on a regular basis may be important in quelling some of the inherent stress in holding Christian nationalist ideologies.

Although greater involvement in religious communities can have positive effects on members’ mental well-being (Schieman et al. 2013; Vanderweele 2017), private religious practice (e.g., prayer, scripture reading) may also be effective at lessening the sting of social threats to the self. Prayer, as a main conduit to connecting with divine beings (Pollner 1989) might be especially efficacious in helping people feel that they have a close and supportive relationship with a divine power, which can be especially helpful for giving individuals purpose in life (Bradshaw, Ellison, and Marcum 2010; Stroope, Draper, and Whitehead 2013). However, this finding is equivocal at best. Some studies document no association between prayer and mental health (Bradshaw and Kent 2018; Levin 2004), and others even report positive associations between prayer and symptoms of anxiety and depression, as prayer may be one response to stress (Ellison et al. 2001). Recent research has drawn attention to the fact that the effects of prayer may be depend upon relational connections, including one’s attachment to God. A few studies have revealed that people who perceive God as a secure attachment figure who will be present as a source of comfort and protection report better mental health, whereas those who do not believe in God or feel estranged from God tend to report worse mental health (Bradshaw et al. 2010; Bradshaw and
Kent 2018). Religious practices such as scripture reading can also, in many cases, help remind believers that any perceived threats will not be devastating (DeAngelis, Bartkowski, and Xu 2019). However, as with prayer, in other instances scripture reading may incite fear and threat, especially of outsiders (e.g., see 2 Chronicles 7:14).

In short, both prayer and scripture reading, if performed in the context of a positive relationship with God, should tend to help people neutralize or reframe the fear, frustration, or anger that stem from perceived threats. Even though they may feel that their religion (or religious beliefs) has low status in the eyes of some other members of society, these practices serve to reinforce that they possess a secure spiritual status as children of God. Troubled by the fear of so many things, religiously committed Christian nationalists might find a compensatory sense of belonging within their churches and a needed sense of security through individual devotional religious practices, soothing their distress and fear.

In contrast, a nationalist religiopolitical ideology that is detached from religious involvement and practice may become secularized and populist (Asad 2003). Christian nationalists without some degree of religious commitment, therefore, may be isolated and marginalized, two known risk factors for mental health problems (Cleary, Horsfall, and Escott 2014; Wang et al. 2017). Those with low religious commitment may be at risk for “drift[ing] further in the direction of secular messianism and political authoritarianism” (Gorski 2017:350), making these individuals especially vulnerable to mental health problems.

Finally, Christian nationalism has also been connected to conspiratorial thinking, which may further generate anxiety. For example, Whitehead and Perry (2020a) recently showed that Christian nationalism was associated with antivaccine attitudes and belief that doctors and vaccine manufacturers are not honest about the risks of vaccines. Baker, Perry, and Whitehead (2020) also found that Christian nationalism predicts belief that scientists are hostile to faith. These findings again point to a populist “us versus them” anxiety inherent to more secularized forms of Christian nationalism.

Thus, on the basis of the foregoing evidence, the effects of Christian nationalism might be magnified by church inactivity. These insights are formalized in my second study hypothesis:

_Hypothesis 2:_ The association between stronger Christian nationalist beliefs and poorer mental health will be weaker (i.e., mitigated) for those with stronger personal religious commitment.

**Data and Methods**

Data for this study come from wave 5 of the 2017 Baylor Religion Survey (BRS). The 2017 BRS was a national random sample of American adults administered by Gallup through a pen-and-paper survey with mail-based collection. All analyses use sample weights constructed to match the known demographic characteristics of the U.S. adult population. A total of 1,501 completed surveys were returned from a sampling frame of 11,000, for a 13.6 percent response rate. Although lower than desirable, the response rate exceeds the average response rate for many public opinion polls (Pew Research Center 2012), and recent scholarship has shown that the accuracy of parameter estimates is only minimally related to response rates (Singer 2006). Altogether, the BRS is an ideal data set for fulfilling the objectives of this study, because it contains a measure of Christian nationalism, a host of mental health outcomes, and several measures of personal religious commitment. It was also fielded soon after the 2016 presidential election (February 2 to March 24, 2017), as political anxieties and tensions rose.

**Dependent Variables**

Two indicators of mental health are used in the present study. First, as a measure of depressive symptoms, an eight-item version of the Center for Epidemiologic Studies Depression Scale (Radloff 1977) asks respondents how often (1 = “never,” 4 = “most or all of the time”) each of the following was true during the past week: “bothered by things that usually don’t bother me,” “had the blues,” “felt I was just as good as other people” (reverse coded), “had trouble keeping my mind on what I was doing,” “felt depressed,” “felt too tired to do things,” “felt sad,” and “felt that people disliked me” (α = .82). Responses were averaged to form a scale on which higher scores indicate greater depressive symptoms.

As a second indicator of mental health, I assess the association between Christian nationalist beliefs and anxiety, a scale of which was composed of five measures. As above, respondents were first prompted with the question “In the past week, about how often have you had the following feelings?” Subsequent statements included “I had a fear of the worst happening,” “I was nervous,” “I felt my hands trembling,” “I had a fear of dying,” and “I felt faint” (1 = “never,” 2 = “hardly ever,” 3 = “some of the time,” 4 = “most of the time”; α = .80). Responses to these five items were averaged, and higher scores indicate greater anxiety.

I also examined the potential for skewness on the two outcome variables. The skewness of the index of depressive symptoms index was 0.86 (kurtosis = 3.75), and the anxiety index had skewness of 0.91 (kurtosis = 3.43). Although both depression and anxiety are slightly left skewed (toward lower values), I analyzed both variables in their initial forms in keeping with prior research conducted with wave 5 of the BRS (see Bartkowski, Acevedo, and Loggerenberg 2017; Bonhag and Upenieks 2021). Results (available upon request) are substantively similar if depression and anxiety are log-transformed prior to regression analyses.
**Focal Independent Variable**

To measure Christian nationalism, I followed the procedure laid out by Whitehead et al. (2018), who combined six measures from separate questions that ask for agreement with whether (1) “The federal government should declare the United States a Christian nation,” (2) “The federal government should advocate Christian values,” (3) “The federal government should enforce strict separation of church and state” (reverse coded), (4) “The federal government should allow the display of religious symbols in public spaces,” (5) “The success of the United States is part of God’s plan,” and (6) “The federal government should allow prayer in public schools.” The response options for each question range on a five-point scale from “strongly disagree” (1) to “strongly agree” (5), with “undecided” (3) as the middle category. Past research (Whitehead et al. 2018) confirmed that these items load onto a single factor ($\alpha = .82$). Scores for each of the six questions were summed and range from 6 to 30, with a mean of 13.57 and a standard deviation of 5.36 in the analytic sample.

**Moderating Variable: Individual Religious Commitment**

Individual religious commitment was a standardized additive index including three dimensions of religiosity: frequency of attendance at religious services, frequency of prayer, and frequency of reading sacred texts (see Whitehead et al. 2018 for a similar approach). Attendance at religious services was coded from $0 =$ “never” to $7 =$ “weekly or more.” Frequency of prayer was coded from $0 =$ “never” to $7 =$ “several times a day or more.” Finally, the frequency of engaging with sacred scripture was coded from $0 =$ “never” to $7 =$ “several times a week.”

**Covariates**

To ensure that Christian nationalism is not acting as a proxy for political conservatism, I included controls for political ideology (1 = "extremely liberal" to 7 = “extremely conservative”) and political party affiliation (Republican, independent, Democratic). Moreover, to adjust for the possibility that Christian nationalism is a proxy for general religious conservatism or religiosity, control measures are included for conservative theological beliefs, measured by respondents’ views toward the Bible (biblical literalist, the Bible is the word of God but must be interpreted, the Bible contains human error, the Bible is a book of history and legends, or do not know).

I also include a dummy variable for religious affiliation: Evangelical Protestants (reference category), mainline Protestants, Black Protestants, Catholics, other religions, and the religiously nonaffiliated. Other sociodemographic controls include age (years), gender (1 = female), race (White vs. nonWhite), marital status (1 = married). Socioeconomic status was measured by both education and income. Education was assessed using the following question: “What is the highest level of school you have completed or the highest degree you have received?” Response options were coded as follows: 1 = 8th grade or less; 2 = 9th to 12th grade; 3 = high school graduate; 4 = technical, trade, vocational, or business school or program after high school; 5 = some college but no degree; 6 = two-year associates degree; 7 = four-year bachelor’s degree; 8 = some postgraduate or professional schooling after graduating college; and 9 = postgraduate or professional degree, including master’s, doctorate, medical, or law degree. For ease of interpretability, education was coded as a three-category variable: 1 = high school or below (reference category), 2 = some college, and 3 = college degree or higher. Finally, in wave 5 of the BRS, respondents were asked, “By your best estimate, what was your total household income last year, before taxes?” Response choices were 1 = $10,000 or less, 2 = $10,001 to $20,000, 3 = $20,001 to $35,000, 4 = $35,001 to $50,000, 5 = $50,001 to $100,000, 6 = $100,001 to $150,000, and 7 = $150,001 or more. For simplicity, income was recoded into a three-category variable: 1 = $35,000 or less (reference group) (28.86 percent), 2 = $35,001 to $100,000 (43.55 percent), and 3 = $100,001 or above (27.59 percent), though results were substantively similar using the original version of income.

Analyses also feature adjustment for self-rated health, which could also be associated with both indicators of mental health. All BRS respondents were asked, “In general, would you say your health is . . . ?” Responses were coded “poor” (1), “fair” (2), “good” (3), “very good” (4), and “excellent” (5). For simplicity, responses were eventually coded into a binary variable, contrasting respondents in either “excellent” or “very good” health with all others. However, results were substantively similar if the full five-category ordinal scale was used.

To ensure that any observed association between Christian nationalism and mental health was not confounded the presence of other stressors in respondents’ lives, I further adjust for a number of stressors in other life domains. First, I include a comprehensive measure of negative life events that occurred in the past year. The following negative life events were available at wave 5 of the BRS: (1) got divorced or separated, (2) experienced the loss of a loved one, (3) lost a job, (4) had a long-term illness or injury, (5) had a house foreclosed, and (6) failed at something important. I created a measure of how many negative life events the respondent had experienced in the last year by summing how many of the six events had occurred.

Second, I also included two measures available in wave 5 of the BRS to specifically gauge the extent of financial hardship, one of the most noxious stressors for mental health (Kahn and Pearlin 2006). First, household monthly finances were assessed using the following question: “Which of the following best describes your household’s ability to get along on its income?” Response options were “always have
money left over” (1; reference group), “have enough with a little extra sometimes” (2), “have just enough, not more” (3), and “can’t make ends meet” (4). Second, respondents were also asked, “How satisfied are you with your household’s current financial situation?” Categories included “not at all satisfied” (1; reference group), “not very satisfied” (2), “somewhat satisfied” (3), “very satisfied” (4), and “completely satisfied” (5).

Finally, analyses also adjusted for a subjective measure of socioeconomic position, as this also has close linkage with mental health problems (Scott et al. 2014). BRS respondents were asked, “In terms of having money, education, and a good job, how do you compare to other Americans?” Responses were coded as a continuous variable, with the following benchmarks provided to respondents: 0 = “worst off,” 5 = “about average,” and 10 = “best off.”

Plan of Analysis

Because both outcome variables form continuous scales, ordinary least squares regression is used with robust standard errors in multivariable analyses. To account for missing data in the 2017 BRS, multiple imputation with chained equations was used (Royston 2005), in which 10 imputed data sets were created. Following von Hippel (2007), I did not impute values for respondents missing on either dependent variable, reducing the sample size from 1,501 to a final analytic sample of 1,322 cases. Results were also substantively similar if listwise deletion was adopted to deal with missing data. All results used poststratification weighting to reflect the underlying United States population at the time of the survey. Finally, variance inflation factors were calculated for each model to test for multicollinearity, and none was found to exceed 2.50, suggesting that this was not an issue in the analyses (e.g., Allison 1999).

For each mental health indicator, a series of three models were tested. Model 1 assesses the main effect of Christian nationalist beliefs on mental health, net of demographic and political covariates. Then, model 2 adds individual religious commitment and a control for conservative religious beliefs (biblical literalism) and tests whether any observed association between Christian nationalist beliefs and mental health still holds. Models 1 and 2 serve as a test of hypothesis 1. Finally, a third model tests an interaction term between Christian nationalism and individual religious commitment. This model serves as a test of hypothesis 2.

Results

To preface the regression results, a few notable descriptive statistics are highlighted. First, BRS respondents had an average depression score of 1.96 ($SD = 0.47$) on a 4-point scale, while respondents had an average anxiety score of 1.62 ($SD = 0.57$). Christian nationalism scores ranged from 6 to 30, with a mean score of 17.41 in the analytic sample ($SD = 6.36$). A full list of study descriptive statistics can be found in Table 1. Appendix A shows the distribution of all study variables across the focal moderator, the religiosity index, at low religiosity (1 standard deviation below the mean of 5.34), at moderate religiosity (mean = 5.34), and at high religiosity (1 standard deviation above the mean of 5.34).

Table 2 presents results from a series of models that take both depressive symptoms (models 1a, 2a, and 3a) and anxiety (models 1b, 2b, and 3b) as outcomes. I first discuss the results for depressive symptoms. Model 1a in Table 2 shows that net demographic and political beliefs, stronger beliefs in Christian nationalism are associated with higher depressive symptoms ($b = 0.01, p < .01$). Although this coefficient might seem small (representing less than 1/20 of a standard deviation in depressive symptoms scores), it is important to recognize that this association exists above and beyond well-established predictors of depression within the stress process model, including socioeconomic status, gender, and race, as well as with adjustment for several other forms of stressors. This association persists in model 2a ($b = 0.01, p < .05$), though the association is reduced to significance at the $\alpha = .05$ level once individual religious commitment and conservative religious beliefs are added in. Taken together, then, both model 1a and model 2a provide support for hypothesis 1 when it comes to depression: stronger beliefs in Christian nationalism are associated with worse (i.e., higher) depression.

Model 3a serves as a test of hypothesis 2, which proposed that the link between Christian nationalism and depression would be weaker (i.e., attenuated) among those with stronger individual religious commitment. Indeed, this was what was observed. The interaction term between Christian nationalism and the standardized religiosity index (church attendance, frequency of prayer, frequency of reading sacred scripture) is negative and statistically significant ($b = -0.01, p < .01$).

Figure 1 helps visualize this significant interaction term and depicts the relationship between these two variables at four different scale points on the Christian nationalism scale (6 = no Christian nationalism, 12 = low Christian nationalism, 18 = some Christian nationalism, and 24 = high Christian nationalism). For reference, approximately 12.91 percent of the sample had scores of 6 or less on the Christian nationalism scale, 30.31 percent had scores greater than 6 but less than 12, 36.79 percent of the sample scored between 12 and 18 on Christian nationalism, and 19.99 percent had scores greater than 18.

Individual religious commitment, for the purposes of Figure 1, is defined as low individual religiosity (1 standard deviation below the mean), moderate religiosity (the mean individual religiosity score), and high religiosity (1 standard deviation above the mean). All other covariates are held at their respective means.

As shown in Figure 1, as Christian nationalist beliefs increase (from left to right on the $x$-axis), depressive
Table 1. Unweighted Descriptive Statistics, Baylor Religion Survey, Wave 5 ($n = 1,322$).

| Dependent variables          | Mean or % | SD  | Minimum | Maximum |
|-----------------------------|-----------|-----|---------|---------|
| Depressive symptoms         | 1.96      | .47 | 1       | 4       |
| Anxiety                     | 1.62      | .57 | 1       | 4       |
| Focal independent variables |           |     |         |         |
| Christian nationalism       | 17.41     | 6.36| 6       | 30      |
| Religiosity index (standardized) | 10.57   | 5.34| 0       | 16      |
| Control variables           |           |     |         |         |
| Age                         | 54.45     | 16.98| 17      | 98      |
| Race                        |           |     |         |         |
| White                       | 70.11     |     |         |         |
| Nonwhite                    | 29.89     |     |         |         |
| Gender                      |           |     |         |         |
| Male                        | 42.89     |     |         |         |
| Female                      | 57.11     |     |         |         |
| Educational attainment      |           |     |         |         |
| High school or less         | 18.70     |     |         |         |
| Some college                | 31.37     |     |         |         |
| College or above            | 49.93     |     |         |         |
| Income                      |           |     |         |         |
| < $35,000                   | 26.91     |     |         |         |
| $35,000–$100,000            | 42.49     |     |         |         |
| > $100,000                  | 30.59     |     |         |         |
| Employment                  |           |     |         |         |
| Employed                    | 63.46     |     |         |         |
| Not currently employed      | 36.54     |     |         |         |
| Marital status              |           |     |         |         |
| Married                     | 53.47     |     |         |         |
| Other marital status        | 46.53     |     |         |         |
| Number of children          |           |     |         |         |
| One or more children        | 91.17     |     |         |         |
| No children                 | 8.83      |     |         |         |
| Biblical literalism         |           |     |         |         |
| The Bible means exactly what it says | 18.69    |     |         |         |
| The Bible is perfectly true, but it should not be taken literally | 34.94    |     |         |         |
| The Bible contains some human error | 10.93   |     |         |         |
| The Bible is an ancient book of history and legends | 26.02   |     |         |         |
| Don’t know                  | 9.42      |     |         |         |
| Religious affiliation       |           |     |         |         |
| Evangelical Protestant      | 27.27     |     |         |         |
| Mainline Protestant         | 13.45     |     |         |         |
| Black Protestant            | 6.43      |     |         |         |
| Catholic                    | 26.24     |     |         |         |
| Jewish                      | 1.97      |     |         |         |
| Other                       | 7.82      |     |         |         |
| No religion                 | 16.81     |     |         |         |
| Political beliefs           |           |     |         |         |
| Extremely conservative      | 2.63      |     |         |         |
| Conservative                | 22.25     |     |         |         |
| Leaning conservative        | 9.85      |     |         |         |
| Moderate                    | 33.04     |     |         |         |
| Leaning liberal             | 9.41      |     |         |         |
| Liberal                     | 18.60     |     |         |         |
| Extremely liberal           | 4.23      |     |         |         |
| Political identity          |           |     |         |         |
| Strong Republican           | 7.33      |     |         |         |
| Moderate Republican         | 13.87     |     |         |         |

(continued)
Table 1. (continued)

|                                      | Mean or % | SD  | Minimum | Maximum |
|--------------------------------------|-----------|-----|---------|---------|
| Leaning Republican                    | 8.86      |     |         |         |
| Independent                           | 30.57     |     |         |         |
| Leaning Democrat                      | 8.57      |     |         |         |
| Moderate Democrat                     | 14.74     |     |         |         |
| Strong Democrat                       | 16.05     |     |         |         |

Subjective social status relative to other Americans

|                                           |       |     |       |        |
|------------------------------------------|-------|-----|-------|--------|
| Satisfaction with household financial situation | 6.23  | 1.95| 0     | 10     |

Not at all satisfied                      | 7.91  |
Not very satisfied                        | 13.76 |
Somewhat satisfied                       | 40.13 |
Very satisfied                           | 29.79 |
Completely satisfied                      | 8.41  |

Household monthly finances

|                          |       |     |       |        |
|--------------------------|-------|-----|-------|--------|
| Always have money left over | 24.79 |     |       |        |
| Have enough with a little extra  | 45.01 |     |       |        |
| Have just enough, no more           | 23.29 |     |       |        |
| Can’t make ends meet             | 6.91  |     |       |        |

Self-rated health

|                           |       |     |       |        |
|--------------------------|-------|-----|-------|--------|
| Fair/poor/good           | 41.08 |     |       |        |
| Very good/excellent      | 58.92 |     |       |        |

Sum of negative life events

|                        |       |     | 0     | 5      |
|------------------------|-------|-----|-------|--------|
| Sum of negative life events | .68  | .83 |       |        |

Note: Standard deviations are omitted for categorical variables.

symptoms also increase for those of low religiosity (blue line) and moderate religiosity (red line). Therefore, at low or moderate levels of individual religious commitment, the relationship between Christian nationalist beliefs and depression mirrors what was observed in the main effects model: stronger Christian nationalist beliefs are associated with worse mental health. However, a much different pattern emerges for those individuals with high Christian nationalist beliefs who also possess high levels of individual religious commitment. Here, the relationship between Christian nationalism and depressive symptoms is flat, as shown by the black line in Figure 1. Indeed, those with high Christian nationalist beliefs who also have strong personal religious commitment have an average depressive symptom score of 1.93, which is statistically lower than those holding high Christian nationalist beliefs with moderate (2.01) and low (2.10) personal religious commitment. Therefore, for depressive symptoms, hypothesis 2 is supported: the relationship between stronger belief in Christian nationalism and depressive symptoms is weaker among those with greater individual religious commitment.

Results pertaining to the second mental health indicator considered, anxiety, are shown in models 1b to 3b in Table 2. Models 1b and 2b show results that mirror those observed for depression. Net of demographic and political beliefs in model 1b, stronger beliefs in Christian nationalism are associated with higher anxiety scores ($b = 0.01$, $p < .05$). The effect size of this relationship is also quite small, representing approximately 2/100 of a standard deviation in anxiety scores. However, this relationship does achieve statistical significance net of several well-established predictors of mental health, including sociodemographic characteristics as well as negative life events and financial hardship. Thus, as with depressive symptoms, stronger beliefs in Christian nationalism were associated with heightened anxiety, offering support for hypothesis 1.

However, unlike for depression, the interaction term between Christian nationalism and individual religiosity failed to reach statistical significance when tested in model 3b ($b = -0.001$, $p > .05$). For anxiety, then, no evidence is found in support of hypothesis 2, as stronger personal religious commitment did not mitigate the harmful association between Christian nationalist beliefs and anxiety. Additional analyses examined the interaction between Christian nationalism and religiosity separately for each of the five anxiety scale items, none of which achieved statistical significance. I return in the discussion section to this discrepant pattern of moderation patterns for these two indicators of mental health.

**Supplemental Analyses**

A number of supplemental analyses were undertaken to extend the findings of the present study. First, I assessed whether the findings of the main analysis operated more
|                              | Depressive Symptoms | Anxiety                      |
|------------------------------|---------------------|------------------------------|
|                              | Model 1a | Model 2a | Model 3a | Model 1b | Model 2b | Model 3b |
| **Christian nationalism**    | .01** (.003) | .01* (.004) | .01** (.003) | .01** (.004) | .01* (.005) | .01* (.005) |
| Religiosity index            | −.01 (.01) | .04* (.02) | −.01 (.01) | .01 (.01) | .01 (.02) |
| Christian nationalism × religiosity index | −.01** (.001) | −.01 (001) | −.01 (001) | .01 (.01) | .01 (.02) |
| **Covariates**               |          |          |          |          |          |          |
| Age                          | .01 (.01) | .01 (.01) | .01 (.01) | −.01 (.01) | −.01 (.001) | −.01 (.001) |
| Femalea                      | .05* (.02) | .05* (.02) | .05* (.02) | .03 (.04) | .03 (.04) | .03 (.04) |
| Nonwhitea                    | −.01 (.03) | −.01 (.03) | −.01 (.03) | .07 (.04) | .07 (.04) | .07 (.04) |
| Some collegeb                | −.12*** (.04) | −.12*** (.04) | −.12*** (.04) | −.19*** (.05) | −.20*** (.05) | −.20*** (.05) |
| College or higherb           | −.07** (.03) | −.07 (.04) | −.07 (.04) | −.06 (.05) | −.06 (.05) | −.06 (.05) |
| **Income**                   |          |          |          |          |          |          |
| $35,000–$100,000d            | −.01 (.03) | −.01 (.04) | −.01 (.04) | −.09 (.05) | −.09 (.05) | −.09 (.05) |
| $100,000d                    | .01 (.05) | .02 (.05) | .02 (.05) | −.06 (.06) | −.05 (.06) | −.05 (.06) |
| **Political beliefs**        |          |          |          |          |          |          |
| Conservativec                | .09 (.08) | .10 (.08) | .07 (.08) | .14 (.10) | .14 (.11) | .13 (.11) |
| Leaning conservativec        | .05 (.09) | .04 (.09) | .01 (.09) | .21 (.12) | .21 (.12) | .20 (.12) |
| Moderatec                    | .09 (.09) | .08 (.09) | .06 (.09) | .23 (.12) | .24 (.13) | .23 (.13) |
| Leaning liberalc             | .07 (.10) | .07 (.10) | .05 (.10) | .22 (.13) | .21 (.13) | .21 (.13) |
| Liberalc                     | .09 (.09) | .08 (.10) | .06 (.10) | .26 (.15) | .26 (.15) | .26 (.14) |
| Extremely liberalc           | .16 (.11) | .17 (.12) | .17 (.12) | .23 (.15) | .27 (.15) | .27 (.15) |
| **Religious affiliation**    |          |          |          |          |          |          |
| Mainline Protestantf         | .04 (.06) | .03 (.06) | .03 (.06) | .03 (.08) | .03 (.08) | .03 (.08) |
| Black Protestantf            | .05 (.06) | .04 (.06) | .04 (.06) | .01 (.08) | .01 (.08) | .01 (.08) |
| Catholicf                    | .02 (.06) | .02 (.06) | .02 (.06) | .01 (.07) | .01 (.08) | .01 (.08) |
| Jewishf                      | .11 (.09) | .08 (.09) | .10 (.10) | .06 (.12) | .04 (.12) | .05 (.12) |
| Otherf                       | −.09 (.05) | −.10 (.06) | −.10 (.06) | −.03 (.07) | −.04 (.07) | −.03 (.07) |
| No religionf                 | .10* (.05) | .06 (.05) | .09 (.06) | .12* (.06) | .09 (.07) | .10 (.07) |
| **Biblical literalism**       |          |          |          |          |          |          |
| The Bible is perfectly true, but it should not be taken literallyf | −.01 (.04) | −.12 (.04) | .03 (.05) | −.03 (.05) | −.03 (.05) |
| The Bible contains some human errorf | .02 (.05) | .01 (.05) | .01 (.05) | .01 (.07) | .01 (.07) | −.01 (.07) |
| The Bible is an ancient book of history and legendsf | .03 (.06) | .04 (.06) | .06 (.06) | .02 (.07) | .02 (.07) | −.02 (.07) |
| Don’t knowf                   | .01 (.06) | .01 (.06) | .01 (.06) | .03 (.08) | .03 (.08) | .03 (.08) |
| **Subjective social status relative to other Americans** | −.01 (.01) | −.01 (.01) | −.01 (.01) | −.02 (.02) | −.01 (.01) | −.01 (.01) |
| Satisfaction with household financial situation | −.12*** (.06) | −.13*** (.06) | −.13*** (.06) | −.11 (.08) | −.11 (.08) | −.11 (.08) |
| Not very satisfiedg          | −.13*** (.06) | −.14*** (.06) | −.14*** (.06) | −.01 (.08) | −.03 (.08) | −.03 (.08) |
| Somewhat satisfiedg          | −.19*** (.06) | −.20*** (.07) | −.20*** (.07) | −.08 (.09) | −.10 (.09) | −.10 (.09) |
| Very satisfiedg              | −.25*** (.06) | −.27*** (.03) | −.26*** (.08) | −.16 (.10) | −.18 (.10) | −.18 (.10) |
| Completeness satisfiedg      |          |          |          |          |          |          |
| Household monthly finances    |          |          |          |          |          |          |
| Have enough with a little extra | .01 (.03) | .01 (.03) | .01 (.03) | .01 (.04) | .01 (.05) | −.02 (.05) |
| Have just enough, no moreh   | .03 (.05) | .03 (.04) | .03 (.05) | .01 (.06) | .01 (.06) | −.01 (.06) |
| Can’t make ends meeti         | .13* (.06) | .12 (.07) | .12 (.07) | .08 (.09) | .07 (.09) | .07 (.09) |
| Self-rated health             |          |          |          |          |          |          |
| very good/excellenti          | −.26** (.03) | −.27*** (.03) | −.26*** (.03) | −.28*** (.04) | −.28*** (.04) | −.28*** (.04) |
| Sum of negative life events   | .07** (.02) | .07*** (.02) | .07*** (.03) | .09*** (.02) | .09*** (.02) | .09*** (.02) |

Note: Values in parentheses are robust standard errors.

aCompared with male.
bCompared with White.
cCompared with high school or less.
dCompared with $35,000 or less.
eCompared with not currently employed.
fCompared with not married.
gCompared with “extremely conservative.”
hCompared with strong Republican.
iCompared with Evangelical Protestant.
jCompared with “The Bible is perfectly true.”
kCompared with “not at all satisfied.”
lCompared with “Always have money left over.”
mComCompared with fair/poor/good self-rated health.

*p < .05. **p < .01. ***p < .001.
strongly for Evangelical Protestants, who are more likely to espouse stronger beliefs in Christian nationalism (Whitehead and Perry 2020b) and tend to report worse mental health relative to Catholics and mainline Protestants (Schwadel and Falci 2012). Therefore, in additional analyses, I tested whether the patterns observed for anxiety and depression were similar or discrepant for Evangelical Protestants. This was accomplished by testing two-way interactions between Christian nationalism and Evangelical Protestant (models 1 and 2) and a three-way interaction among Christian nationalism, personal religious commitment, and Evangelical Protestant (model 3). Statistical significance was not achieved in the three models, for either depression or anxiety. Whitehead and Perry (2020b) were careful to point out that Christian nationalism is not equivalent to evangelicalism, and as an ideology, Christian nationalist beliefs may be salient outside of devout Christian circles. These supplemental analyses show, at least in this cross-sectional data, that the main patterns observed do not operate differently for those affiliated who are affiliated with an evangelical Protestant denomination.

Second, Perry and Whitehead (2020) found that Black and White Americans affirmed different outcomes across Christian nationalism. Therefore, I tested for interactions between Christian nationalism and White racial identity for depression and anxiety and among Christian nationalism, White racial identity, and personal religiosity. In no case was statistical significance found, suggesting that these findings are not stronger for Whites endorsing higher levels of Christian nationalism.

Some readers might also be wondering if the documented negative interaction term between Christian nationalism and the index of personal religiosity for depressive symptoms works for each of its three constituent parts: religious attendance, prayer frequency, and the frequency of reading sacred scripture. Ancillary analyses show that both attendance (weekly or higher) ($b = -0.02, p < .05$) and the frequency of reading sacred scripture (daily or more) ($b = -0.02, p < .05$) work to produce the same pattern, mitigating the positive association between stronger Christian nationalist beliefs and depression. Daily prayer did not have a significant buffering association when combined with high Christian nationalist beliefs (see Bradshaw and Kent 2018 for similar results of a null interaction term with prayer). These three dimensions of religiosity were combined and standardized into an index given the multifaceted nature of religion and the complexity of Christian nationalist beliefs that could be shaped by both public and private religious practice (see Whitehead et al. 2018 for a similar approach with the 2017 BRS data). These additional analyses reveal that regular church attendance and daily scripture reading are driving the stress-buffering effects of individual religious commitment, serving to reduce the impact of Christian nationalist beliefs on depression. Neither of these three dimensions of religiosity
significantly interacted with Christian nationalism when anxiety was taken as the outcome, replicating the patterns presented in the main analysis.

**Discussion**

The study of beliefs and values and their influence in shaping understandings of current reality has been identified by stress process scholars as ways to identify additional mental health disparities (Pearlin and Bierman 2013). For the past several decades, the stress process model has served as a conceptual guide for the sociological study of stress and mental health, over the years compiling evidence that chronic hardships and social status are inextricably linked to mental health (Pearlin 1999). Beliefs and values serve as important frames of reference for how individuals make sense of their social circumstances. Belief systems are undoubtedly anchored in the social and economic statues that individuals hold but also by the institutional and cultural contexts in which they spend their lives, making Christian nationalist beliefs one possible extension into the stress process model. Using data from a national random sample of Americans, this study conceptualized belief in Christian nationalism as a mental health threat given its rhetoric of ethnonreligious boundary work and right-wing populism (Whitehead and Perry 2020b) with the potential to exact a negative toll on mental health. The findings generally support this proposition, but results from this study also show that Christian nationalism operates differently for the religiously active and inactive in its impact on mental health.

The first central finding of this study was that stronger beliefs in Christian nationalism were associated with higher depression and anxiety. Christian nationalism is a system of belief associated with nativism, ethnoracial boundary drawing, and negative attitudes toward immigrants and racial minorities (Gorski 2020; Whitehead and Perry 2020b). It is an interrelated set of beliefs that puts forth a narrative of American exceptionalism, a nation that is chosen or favored by God as long as conservative values and beliefs are upheld. This finding resonates with previous research showing that fear, anger, and pessimism inherent in right-wing populist views are linked to poorer well-being (Backhaus et al. 2019; Staicu and Cuțov 2010). Stress may be the underlying mechanism driving this association between Christian nationalism and mental health: the prospect that the “other” in American society—immigrants, non-White individuals, nonheterosexual individuals, racial minorities, and so on—might be an anticipatory stressor (DeAngelis 2010; Grace 2020) that occupies the minds of those who hold more fervently to Christian nationalist beliefs. By instilling the fear of the other and an uneasy wariness of the moral decay of the United States, Christian nationalist beliefs might best be characterized as a form of chronic strain that affects mental health.

That Christian nationalist beliefs were associated with higher depression and anxiety even after adjustment for a range of demographic covariates and political beliefs also provides important insight to the emerging body of work on the “dark side” of religion. Although Christian nationalist beliefs may or may not be accompanied by personal religious beliefs and practices (Whitehead and Perry 2020b), the imagery inherent in Christian nationalism—of concrete rules and severe divine punishment for not following them—complements work in the religion and health literature showing that beliefs in supernatural evil and in a punitive God are linked with poor mental well-being (Ellison et al. 2013; Nie and Olson 2016). The fear of divine wrath or persecution for failing to produce an “acceptable” American society that is appealing to God might also fall within the auspices of the “dark side” of religion in its association with worse mental health. Scholars of religion and health should therefore consider how this form of quasi-religious cognition may also play a role in the association that religious beliefs and practices might hold for mental health.

As a second study objective, analyses sought to distinguish whether Christian nationalism had a differential association with mental health for those who were personally religiously active or inactive. Echoing previous research that has shown that Christian nationalism is associated only with support for Donald Trump or discriminatory attitudes toward immigrants (Stroope et al. 2020, 2021), the relationship between Christian nationalism and mental health was stronger for those who had lower levels of personal commitment to religion and weaker among those who had higher levels of personal religiosity.

Why would Christian nationalist beliefs pose a stronger risk to mental health among the less religiously committed? One potential explanation is that as a religious discourse gains popularity in secular life, it may lose its philosophical and ethical granularity, because believers are not actively engaging with its meaning, either in their religious communities or through personal spiritual devotions (Braunstein and Taylor 2017; Delehanty et al. 2019). It is possible that religious ideologies separated from religious communities and spiritual practices may lead people to perceive stronger threats from ethnoracial outsiders (Gorski 2020), serving to increase affective polarization, stress, and depressive symptoms. Moreover, a non-religiously committed individual may not reap the mental health benefits of regular worship with a community of religious believers (Schieman et al. 2013; Vanderweele 2017) or the spiritual interactions with a divine being through prayer or the study of sacred scripture, which can also be health promoting (Bradshaw et al. 2010; Stroope et al. 2013). On the whole, then, an ostensibly religious belief, Christian nationalism, may be powerfully operative and harmful to mental health among religiously inactive Americans.

It is also worthy of further reflection why there was an interplay between Christian nationalist beliefs and personal religiosity when depressive symptoms were taken as the outcome rather than anxiety. It is possible that the narratives and
The rhetoric of Christian nationalism are more anxiety provoking than depressive. The fear of outsiders’ rising to prominence in the United States, and the persistent uneasiness that God will punish humans for failing to bring about the desired version of the country, may be so deep that even religious and spiritual participation can do little to offset it. Compared with depression, which focuses on feelings of sadness, a perceived sense of self-worth, and one’s motivation and effort for engaging in daily tasks, which may be amenable to change given the support of one’s religious community or personal religious devotion, feelings of tension, worry, and fear that result from holding pessimistic attitudes about the state and future of one’s country will be less so. The pattern of findings related to depression and anxiety in the present study is also consistent with a growing body of research that has shown the relationship between religious and spiritual practices and anxiety to be equivocal at best (Ellison, Burdette, and Hill 2009; Ellison et al. 2014). Some studies also report that self-reported religiosity is significantly related to depression but not anxiety (e.g., Jansen, Motley, and Hovey 2010), suggesting that religiosity might play a stronger moderating role for a mental health indicator that it is more closely related to. Moreover, those with higher levels of religiosity could have lower religiosity (Zohra and Irshad 2012), which is impossible to discern with cross-sectional data. Altogether, much more research is needed to replicate the findings of the present study with respect to depression and anxiety as well as across other indicators of well-being, ideally with longitudinal data that can help address how mental health problems might select people into or against Christian nationalist belief systems.

Limitations and Future Directions

The results of the present study are particularly informative because few national probability samples of Americans contain a multi-item scale of Christian nationalism, a host of religious and political covariates, and multiple measures of mental health. Despite the contributions made by this analysis and the strengths of these survey data, several limitations should be kept in mind. First, when it comes to the measure of Christian nationalism, the BRS wave 5 data lack any rich description of the lives and meaning-making of both religiously active and inactive Christian nationalists and how this may change over time in an evolving political climate and in various regions of the United States. In-depth interviews and observations of Christian nationalists with high and low personal religious commitment are needed to deepen our understanding (and perhaps uncover some mechanisms) of how exactly Christian nationalist beliefs influence mental health. Future studies conducted across time that allow more granular subgroup analysis may be particularly instructive and can shed light on both where and when Christian nationalism and mental health are most strongly linked among the religiously active and inactive. It is possible within the religious realm, for instance, that God images might be an additionally important moderator for future research to consider (e.g., Froese and Bader 2010). Viewing God as loving and personally engaging might mitigate the associations with well-being, while perceiving God as wrathful or punishing might exacerbate this associations. Moreover, although no interaction effects were observed for the relationship between Christian nationalism and well-being, images one holds of God might be an important moderator in other outcome variables that Christian nationalism has been shown to predict, including attitudes toward immigration (Sherkat and Lehman 2018), racial justice (Davis and Perry 2021), and support for gender equality and gay rights (Whitehead and Perry 2015).

Second, subsequent research would also benefit from considering a wider array of both mental and physical health outcomes to examine how widespread of a sociopolitical stressor that Christian nationalism is. Although the use of multiple indicators of mental health in the present study is a strength, research conceptualizing political beliefs (e.g., right-wing partisan, Christian nationalism) is in its infancy. If future research could document similarly robust relationships between Christian nationalism and a wide array of additional health and mental health outcomes, a stronger case could be developed for Christian nationalist beliefs as a unique sociopolitical stressor within the framework of the stress process model, for instance.

Christian nationalism, as the present study has demonstrated, is a potential vector for hostility and a risk to mental health. Although the observed associations between Christian nationalism and depression and anxiety were small in magnitude, it is important to realize that both of these relationships held net of a host of sociodemographic and religious covariates, as well as various forms of stress exposure, including financial hardship, known to affect mental health. Although reverse causation could not be ruled out, nor adjustment made for every possible confounding factor, that Christian nationalism was associated with worse mental health on two indicators allows us to place more confidence in the findings. As American religious participation continues its decline (Voas and Chaves 2016), the appeal of Christian nationalism in the future to secular and religious audiences may increase, perhaps without the counterbalancing influence of personal religious participation. This hostile political milieu, complicated further by these religioethic beliefs, suggests that the effect of Christian nationalism on mental health is unlikely to disappear in the short term. Scholars of religion, politics, and mental health should therefore continue to assess how Christian nationalism operates as a unique stressor in the broader “universe” of stressors (Wheaton 1994), as well as to look for ways both inside and outside religious institutions to quell any deleterious mental health consequences that may accompany such beliefs.
### Appendix A. Descriptive Statistics across Levels of Religiosity, Baylor Religion Survey, Wave 5 (n = 1,322).

| Dependent variables                      | Low Religiosity, Mean or % | Moderate Religiosity, Mean or % | High Religiosity, Mean or % |
|------------------------------------------|----------------------------|---------------------------------|----------------------------|
| Depressive symptoms                     | 1.98                       | 1.95                            | 1.88                       |
| Anxiety                                  | 1.65                       | 1.61                            | 1.55                       |
| Focal independent variables             |                            |                                 |                            |
| Christian nationalism                   | 10.96                      | 15.54                           | 17.80                      |
| Control variables                        |                            |                                 |                            |
| Age                                      | 51.57                      | 56.93                           | 58.73                      |
| Race                                     |                            |                                 |                            |
| White                                    | 74.83                      | 61.54                           | 70.50                      |
| Nonwhite                                 | 25.17                      | 38.46                           | 29.50                      |
| Gender                                   |                            |                                 |                            |
| Male                                     | 46.50                      | 41.95                           | 34.23                      |
| Female                                   | 53.50                      | 58.05                           | 65.77                      |
| Educational attainment                   |                            |                                 |                            |
| High school or less                      | 17.82                      | 20.91                           | 17.62                      |
| Some college                             | 29.25                      | 30.77                           | 38.31                      |
| College or more                          | 52.93                      | 48.32                           | 44.06                      |
| Income                                   |                            |                                 |                            |
| $\geq$35,000 or less                     | 24.49                      | 31.73                           | 26.05                      |
| $35,000–$100,000                         | 41.50                      | 43.03                           | 44.44                      |
| $\leq$100,000                            | 34.01                      | 25.24                           | 29.50                      |
| Employment                               |                            |                                 |                            |
| Employed                                 | 68.30                      | 57.69                           | 59.00                      |
| Not currently employed                   | 31.70                      | 42.31                           | 41.00                      |
| Marital status                           |                            |                                 |                            |
| Married                                  | 50.48                      | 53.28                           | 62.16                      |
| Other marital status                     | 49.52                      | 46.72                           | 37.84                      |
| Number of children                       |                            |                                 |                            |
| One or more children                     | 88.87                      | 91.53                           | 96.10                      |
| No children                              | 11.13                      | 8.47                            | 3.90                       |
| Biblical literalism                      |                            |                                 |                            |
| The Bible means exactly what it says     | 4.99                       | 24.63                           | 47.49                      |
| The Bible is perfectly true, but it should not be taken literally | 23.27 | 51.46 | 41.31 |
| The Bible contains some human error      | 11.63                      | 11.71                           | 7.72                       |
| The Bible is an ancient book of history and legends | 46.40 | 6.10 | .77 |
| Don’t know                               | 13.71                      | 6.10                            | 2.70                       |
| Religious affiliation                    |                            |                                 |                            |
| Evangelical Protestant                   | 15.37                      | 32.83                           | 51.15                      |
| Mainline Protestant                      | 14.25                      | 15.04                           | 8.85                       |
| Black Protestant                         | 2.54                       | 11.03                           | 10.00                      |
| Catholic                                 | 25.25                      | 34.84                           | 15.77                      |
| Jewish                                   | 2.82                       | 1.00                            | 1.15                       |
| Other                                    | 7.90                       | 4.26                            | 13.08                      |
| No religion                              | 31.68                      | 1.00                            | 0.00                       |
| Political beliefs                        |                            |                                 |                            |
| Extremely conservative                   | .84                        | 2.48                            | 7.91                       |
| Conservative                             | 13.01                      | 26.80                           | 41.11                      |
| Leaning conservative                     | 8.53                       | 11.91                           | 10.28                      |
| Moderate                                 | 32.73                      | 36.72                           | 28.06                      |
| Leaning liberal                          | 12.73                      | 6.70                            | 4.35                       |
| Liberal                                  | 25.73                      | 13.65                           | 6.32                       |
| Extremely liberal                        | 6.43                       | 1.74                            | 1.98                       |
| Political identity                       |                            |                                 |                            |
| Strong Republican                        | 3.33                       | 8.62                            | 16.73                      |
| Moderate Republican                      | 9.44                       | 16.01                           | 23.11                      |

(continued)
### Appendix A. (continued)

|                                | Low Religiosity, Mean or % | Moderate Religiosity, Mean or % | High Religiosity, Mean or % |
|--------------------------------|-----------------------------|---------------------------------|-----------------------------|
| Leaning Republican             | 6.81                        | 11.08                           | 11.16                       |
| Independent                    | 35.00                       | 26.11                           | 25.10                       |
| Leaning Democrat               | 11.94                       | 5.91                            | 3.19                        |
| Moderate Democrat              | 15.00                       | 18.72                           | 7.57                        |
| Strong Democrat                | 18.47                       | 13.55                           | 13.15                       |
| Subjective social status relative to other Americans | 6.31                        | 6.09                            | 6.20                        |

|                                |                            |                                 |
|--------------------------------|-----------------------------|---------------------------------|
| Satisfaction with household financial situation | Not at all satisfied | 8.90 | 8.23 | 4.62 |
|                                | Not very satisfied         | 13.56                           | 14.04 | 13.85 |
|                                | Somewhat satisfied         | 42.47                           | 39.71 | 34.23 |
|                                | Very satisfied             | 27.12                           | 30.51 | 36.15 |
|                                | Completely satisfied       | 7.95                            | 7.51  | 11.15 |

|                                |                            |                                 |
|--------------------------------|-----------------------------|---------------------------------|
| Household monthly finances     | Always have money left over | 26.33                           | 27.12 | 26.25 |
|                                | Have enough with a little extra | 44.75                           | 45.15 | 45.56 |
|                                | Have just enough, no more  | 22.65                           | 25.73 | 21.24 |
|                                | Can’t make ends meet       | 6.28                            | 8.01  | 6.95  |

|                                |                            |                                 |
|--------------------------------|-----------------------------|---------------------------------|
| Self-rated health              | Fair/poor/good             | 39.59                           | 44.71 | 39.46 |
|                                | Very good/excellent        | 60.41                           | 55.29 | 60.54 |

|                                | Sum of negative life events | .68                             |

**Note:** Standard deviations are omitted for categorical variables.

### Acknowledgments

I thank the Socius editors and anonymous reviewers for helpful and constructive feedback on a previous version of this article.

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