The 'Nones': Caring for the Religiously Unaffiliated

Who Are the 'Nones'?
Patients who identify as having no religious affiliation often indicate this in health care settings by selecting "None" on patient intake forms when asked about their religion. These individuals, commonly referred to as religious Nones, do not identify with an organized religion.

Unlike a traditional religious group, the Nones are not defined by a shared belief system or doctrine. Their perspectives range from secular worldviews to personalized forms of spirituality or finding meaning and purpose without relying on organized religious institutions. Many draw on personal values, ethical frameworks, relationships, and informal practices for coping and guidance, even if they do not frame these in religious terms. In the United States, Nones represent approximately 29% of adults, making them one of the nation's largest religious identity groups. [i]

Within the United States, Nones are more concentrated in the West and Northeast and less prevalent in the South and Midwest. [ii] They are also disproportionately younger than the general population, with higher representation among Millennials and Gen Z compared to older generations. [iii]

Common Subgroups Within the Nones
Note: These subgroups are not mutually exclusive, as individuals can identify with multiple categories or shift between them over time.

- **Agnostics:** Individuals who hold that the existence of God or ultimate reality is unknown or unknowable. [iiiiii]
- **Atheists:** Individuals who do not believe in the existence of God or gods. [iii]
- **Dones:** Individuals who were previously involved in organized religion but have since disengaged and no longer participate or identify with it. [iv]
- **Nothing in Particular (NIP): The largest group within the Nones.** Individuals who are religiously unaffiliated and often describe their worldview through diverse personal perspectives or individualized approaches to meaning and purpose. [v]
- **Spiritual but Not Religious (SBNR):** Individuals who do not identify with organized religion but identify as spiritual, typically based on personal or individually developed beliefs outside of formal religious institutions. [vi]

Common Beliefs
Many Nones engage in individualized forms of reflection, healing, and meaning making outside of organized religion. These vary widely across individuals and may change over time.

Some Nones adopt a "spirituality of seeking," in which they explore spiritual ideas and experiences rather than adhering to a particular doctrine. [vi] Others do not use spiritual language at all and instead ground meaning in ethics, personal goals, relationships, or everyday life. [vii]

Skepticism toward organized religion is also common. This is often linked to a distrust of institutions, disagreement with teachings, or the belief that religion is unnecessary for meaning or morality. [vi]

Common Practices [vii]

- Meditation and mindfulness practices
- Yoga and other mind-body practices, including breath-based and somatic approaches
- Dance
- Spending time in nature (e.g., walking, hiking)
- Journaling or self-reflective writing
- Engagement with wellness culture or self-development frameworks (e.g., life coaching, personal growth practices, wellness retreats, or self-improvement resources) [vi]
- Participation in informal or hybrid spiritual practices (e.g., astrology, tarot, or personal belief systems outside traditional religious institutions)
- Seeking meaning through relationships, family life, and community connection
- Volunteer work or service

Relevant Competencies for Respectful Communication

- Avoid assumptions
- Avoid "spokesperson syndrome**":** the tendency to assume that an individual can speak on behalf of an entire group or represent the experiences, beliefs, or perspectives of all members of the group.
- Be curious and ask respectfully
- Listen actively

Questions to Ask/Consider

- Ask: What helps you cope when you're dealing with illness or stress?
- Ask: Are there beliefs, values, or practices that are important to you while making medical decisions?
- Ask: Do you use any personal, spiritual, or contemplative practices that we should support during your care?
- Ask: Is there anything we should avoid or be mindful of based on your beliefs or values?
- Ask: Who or what supports you emotionally or helps you find meaning, hope, purpose?
- Consider: What assumptions might I unintentionally make about patients who identify as religious Nones?

Recommendations [viii]

- **Avoid equating nonreligious identity with an absence of spiritual or emotional needs.**
- Use neutral, open-ended language without making assumptions about religious belief or non-belief.
- Assess coping and meaning individually rather than by category, as beliefs and worldviews vary widely among the Nones. [ii]
- Support a range of coping strategies, including secular approaches.
- Explicitly invite discussions about existential concerns such as fear, uncertainty, and meaning.
- Offer chaplaincy or spiritual care as a nonreligious, inclusive resource that is focused on coping and meaning-making.
- Avoid assumptions about desired religious support; present options and let patients define what

is helpful.
- Reassess needs over time, as beliefs and coping styles may shift during care.
- Support patient-centered decision making by linking care discussions to individual values rather than assumed religious frameworks.
- Provide access to neutral, nonreligious spaces, such as quiet or reflection rooms, that allow patients to engage in personal practices.

Case Example [viii]

A religiously unaffiliated patient with cancer struggles with fear, uncertainty, and finding meaning during treatment.

- **Background:** Religiously unaffiliated patients with cancer may have significant existential concerns related to illness, suffering, and mortality. Cancer patients often report seeking meaning, hope, and sources of support while navigating diagnosis, treatment, and uncertainty; however, these experiences may not always be connected to religious beliefs or practices. Relationships, personal values, and practices such as meditation or reflection may serve as important sources of resilience during periods of illness and treatment.
- **Recommendations:** Use open-ended questions to understand what gives the patient a sense of meaning, connection, or support during treatment. Offer spiritual care as an inclusive resource for coping and reflection. Incorporate the patient's values and priorities into care discussions and decision-making.

For more information, email healthcare@tanenbaum.org or visit tanenbaum.org.

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