ABSTRACT

For decades, researchers have been interested in the relationship between religiosity and general health outcomes. Religiosity is generally predictive of longer life and health benefits, including lower levels of depression (Koenig, 2012; Smith, McCullough & Poll, 2003). Some research supports the causal relationship between high self-compassion and low levels of depression; Although the majority of studies have found a negative relationship between religiosity and depression, a handful of previous research present conflicting findings on the subject. Also, many studies regarding the relationship between religiosity and depression have failed to introduce other factors that can influence the relationship. One factor related to lower depressive symptoms is self-compassion. Self-compassion, the ability to be kind to oneself, has been shown to be negatively related to depression and anxiety and positively related to life satisfaction. The focus of this study is to see whether self-compassion moderates or mediates the relationship between religiosity and depression.

The religiosity-self-compassion-depression causal model proposes that religiosity has a negative relationship with self-compassion, and that self-compassion has a causal negative relationship with depression. The participants included in this exploratory analysis were a subset of a larger study based on their belief in God. Simple mediation and moderation models were run using Hayes Process macro (2017) to analyze the influence self-compassion has on religious commitment and depression. The Hayes model also calculates the influence and causal relationship between self-compassion and depression. The hypothesized mediating effect of self-compassion on the relationship between religiosity and depression was supported. Although the direct effect was not statistically significant, the indirect effect through the mediator was statistically significant. The moderation model indicated a trend in the interaction between self-compassion and depression. Implications and suggestions for further research includes a more advanced moderated mediation model which includes religious coping and spiritual instability.