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A research about the relationships between the level of one's religiousness –divided into five different dimensions- and the attitudes towards abortion and euthanasia.

Master Thesis Sociology

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Abstract:

Abortion and euthanasia are both choices which have been defended and condemned throughout time. In the Netherlands both of these moral issues have become legal in the past few decades. This reflects the relatively permissive attitude towards these two issues as opposed to other countries in the world. Consequently, sociological researchers have tried to find out why it is that the Netherlands seems to have a permissive attitude towards abortion and euthanasia. This research follows in their footsteps by asking whether religion can be the cause of this phenomenon. Instead of looking at a drop in religiousness amongst the Dutch public, this research aims to find out if a disconnection between religion and moral values has occurred. The first research question is: *Does the level of religiousness in Christian beliefs still influence the attitudes towards abortion and euthanasia?* To answer this question, I divided religion into five known dimensions, due to the debatable multidimensional nature of religion: religious identity, religious participation, religiosity, orthodoxy and confidence in the church.

The aim of this research was to determine a possible disconnection between religiousness and the attitudes towards abortion and euthanasia, a possible cause was thought to be a rise in post-modernistic values. The second research question is thus: *How do post-modernistic values influence the relationships between the different dimensions of religion and attitudes towards abortion and euthanasia?*

In conclusion, considerable effects were found between the religious dimensions and the attitudes towards abortion and euthanasia. As it would seem, a disconnection between religion and these moral issues has not occurred in recent years. If the sizable secularization is still the prime reason for a rise in permissive attitudes, this is mainly due to a drop in religious participation. Unfortunately, due the remaining effects and possible issues with the operationalization of post-modernization, no significant interaction effects were found.

Keywords: Religion, euthanasia, abortion, morality, religious identity, religious participation, religiosity, orthodoxy, confidence in the church, post-modernization.

Preface:

This research was written as part of the master programme Sociology at Tilburg University. The subject of my thesis came to me during several long walks with my father. Philosophical conversations gave me the inspiration to form a conceptual framework which fitted many of our combined thoughts. While I am not especially religious, I adopted his interests in Christian morality and how its presence is fading from Dutch society. During a talk with theologian Dr. J.J.C. Maas, my vision on this subject was set.

I would like to thank my supervisor, Dr, Loek Halman for his vital and excellent support during the course of this research, and my second supervisor Dr. Tim Reeskens, who gave valuable feedback and ideas to improve my initial research proposal. Last, but not least, I would like to thank my fellow students, who also had to write their own thesis, in giving me the support and feedback I needed to continue on the right path. Writing this thesis was a valuable undertaking and a vital asset to the learning of my academic skills.

Tilburg, June 22, 2014

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1. INTRODUCTION

Abortion, referred to as the killing of a developing embryo with deliberate intent, and euthanasia, occurring when someone deliberately ends the life of a suffering patient at his or her request, are both choices for death (Dworking, 1994). These choices have both been defended and condemned throughout time, but as Dworking (1994) said two decades ago: "never have the arguments been so passionate, so open, and so evenly divided, and never has controversy about each one been so closely connected to controversy about the other, as in the United States and Europe now." Two decades have passed since this statement and it seems that the country which has gained the most liberal attitude towards both of these choices is the Netherlands. Due to this, it has gained a worldwide reputation concerning the legalization of euthanasia and abortion. To illustrate how the Netherland came to this reputation, one only has to look at the formation of laws concerning these two issues:

In the case of euthanasia, the active form of euthanasia is considered a criminal offense in most countries. However, in the Netherlands the attitude towards this type of euthanasia is much more permissive (Cohen-Almagor, 2004). Over the past thirty years, euthanasia has been tolerated and practiced even though it only became legal after the passing of the euthanasia law, approved by the Dutch Upper House of parliament on April 10, 2001. Before this law, many cases of illegal euthanasia were defended in court under the plea of force majeure if it met a certain set of guidelines. After the passing of the law, euthanasia would not be supervised by a public prosecutor, but by "a public committee consisting of a doctor, a lawyer, and an ethics expert" (Cohen-Almagor, 2004). Doctors may follow through with euthanasia if the doctors are convinced that the patient is opting for euthanasia voluntarily and did so under deep consideration; if the patient is unbearably suffering; if the doctor has advised the patient concerning the situation and the prospect; and if the doctor has come to the conclusion that there is no reasonable alternative (Cohen-Almagor, 2004).

While the legalization of active euthanasia came with the euthanasia law in 2001, abortion gained a much earlier support from the public and the political landscape. The liberalization of abortion started around the late 1960s. In these times abortion was tolerated by the government and the courts (Ketting and Visser, 1994). Around 1971, a network of free-standing non-profit abortion clinics, called Stimezo Nederland, was founded. Even though the abortion law was not officially revised in 1984, by the time Stimezo Nederland was introduced, abortion was available for request (Ketting and Visser, 1994). When the abortion

law was changed in 1984, it was legal to perform abortion for women who were pregnant for less than twenty-two weeks if this was done in a qualified hospital or in a specialized abortion clinic (David & Rademakers, 1996).

Consequently, sociological researchers have tried to find out why it is that the Netherlands seems to have a permissive attitude towards abortion and euthanasia (i.e. De Moor, 1995). Previous research has found religious beliefs to be the most important predictor in attitudes towards these two issues (e.g. Petersen & Mauss, 1976). More specifically, the two largest Christian religions (e.g. Protestantism and Roman Catholicism) seemed to have the largest effect on opposing attitudes towards abortion and euthanasia. Following this logic, it is not strange to argue that the sizable secularization in the Netherlands was the cause for the attitude towards euthanasia and abortion now. The Netherlands is even shown to be one of the most secularized countries in Europe (Becker & de Hart, 2006).

Secularization can be divided into three separate aspects: a drop in religiousness in the form of participation in religious services; adaptation of religion; and laicisation (Halman, 1991). It is easy to determine whether the general public within a country participates less in a country. But whether the traditional beliefs are followed and practiced and whether laicization has occurred is more difficult to determine. Laicisation can be described as the decreasing influence of religiousness on people's daily lives (Halman, 1991). So when one wants to determine whether the influence of religious convictions on the moral attitudes towards euthanasia and abortion has decreased, the latter aspect seems at least as important. One side of theological research (i.e. Becker & de Hart, 2006) looks at secularization in the Netherlands through the decrease in participation, membership, and the intensity of beliefs. While it has almost become evident that a decrease in religiousness will lead to more permissive attitudes towards euthanasia and abortion, the third aspect of secularization, laicization, is often overlooked. Could it also be that the remaining religious individuals in the Netherlands stopped following the Christian doctrines and started listening to their own convictions?

With this in mind, Stark and Glock (1968) made the heavy statement that a disconnection between religion and morality would occur in the future. While a more recent research, by De Moor (1995), showed that this was not entirely true (at that time), they did show that the previously important religiousness ceased to play the largest role in explaining moral issues such as euthanasia in the Netherlands. Supposedly, the upcoming post-materialism led moral issues to be more so dependent on individual convictions instead of the collective religious convictions.

Important to note however, is that the findings of De Moor (1995) represent the Dutch population from before the Dutch Euthanasia Act in 2002. More than ever, the ethical decisions on euthanasia and abortion are to the citizens themselves without a significant political barrier concerning these issues. Does this mean that the individual convictions of the general public shadow the political mind-set regardless of their religious beliefs? If so, the prediction of Stark and Glock (1968) could hold more truth now than two decades ago. On the other hand, it could also be that since these moral issues are not sanctioned by legal code, the relationship between religion and morality towards euthanasia and abortion is still strong. As Finke & Adamczyk (2008) argue, 'when legal codes are absent and the morality in question is openly contested, the norms and sanctions of religion should hold greater sway.' If this is the case, it could also be that an argument by Tieleman's (1995), that postmodernism makes way for a more individualistic form a religion which still has a strong effect on moral values, holds more truth.

How then, does religion affect moral issues towards euthanasia and abortion? This seems a difficult question to answer, as religion is difficult to define as a single, easy to measure, concept. As for euthanasia, there has been a lot of research over the past few decades on its relationship to religion. Following the results of these papers, there are three overarching aspects of religion effecting euthanasia: *religious identity* (Achille & Ogloff, 1997; Caddell & Newton, 1995; DeCesare, 2000; De Moor, 1995; Finlay, 1985; Hamil-Luker & Smith, 1998; Hare, Skinner, & Riley, 2000 Suarez-Almazor et al., 1997; Ostheimer & Moore, 1981; Singh, 1979; Wade & Anglin, 1987); *the degree to which religion is actively practised* (DeCesare, 2000; De Moor, 1995); and *the strength of religious beliefs* (Bachman et al., 1996; Caddell & Newton, 1995; De Moor, 1995; Suarez-Almazor et al., 1997; Suarez-Almazor, Newman, Hanson, & Bruera, 2002; Anderson & Caddell, 1993; Jorgensen & Neubecker, 1980/1981; Ostheimer & Moore, 1981; Shuman et al., 1992; Singh, 1979; Wade & Anglin, 1987). Like euthanasia, the research on abortion is focussed around the same measurements: *religious identity* (Emerson, 1996; Hertel & Hughes. 1987; McIntosh, Alex, Alston & Alston, 1979; Sullins, 1999); *the degree to which religion is actively practised* (Emerson, 1996; Hertel & Hughes; McIntosh, Alex, Alston & Alston, 1979); and *the strength of religious beliefs* (Emerson, 1996; McIntosh, Alex, Alston & Alston, 1979). These three measurements of religion find their base in a number of theories on how morality is influenced by religion.

When researchers talk about religious identity, they refer to the specific denomination individuals belong to. In light of this research, there are considered three overarching

Christian denominations: the Roman-Catholics, the orthodox-Protestants and the liberal Protestants (Knippenberg, 1992). While these two Protestant Churches are merged together into the Protestantse Kerk Nederland (PKN), the dataset used for this research allows for a distinction between individuals who were previously of either two. However, as Stack (2000) argues, research on the effect of denominations on moral issues (in his case suicide), are too narrow a scope. Different aspects such as the emotional connection to their God and the orthodox beliefs in heaven and hell are considered to be at least as important for the formation of someone's morality (Stack, 2000). For this reason I will follow the example of other researchers and also look into the other mechanisms: religious participation and the strength of religious beliefs.

The theories which resonate most with the effect concerning -the degree to which religion is actively practiced- on the attitude towards euthanasia and abortion, can be traced back to one of the first and most prominent researchers on this subject, Emile Durkheim. Research on the effect of religion on moral attitudes gained interest when Durkheim (1912) proposed his social integration theory. Norms, values and believes were argued to increase social cohesiveness which allowed society to function properly. While religion aids that purpose, Durkheim focused on the influence of religious rituals and rites on morality and dismissed the presence of a God as unimportant. Later research however, reevaluated the idea of Durkheim that only religious rituals and participation have an effect on morality. By using three pieces of literature (Halman, 1991; Halman & De Moor, 1993; De Moor; 1995) I will try to determine whether the strength of religious beliefs also has an effect on the morality concerning abortion and euthanasia. As Halman (1991); Halman & De Moor (1993) and De Moor (1995) show however, the strength of religious beliefs cannot be attributed to one aspect. Three dimensions emerge: orthodoxy, religiosity and confidence in the church. These three dimensions will attest for the strengths of religious beliefs.

Using these overarching mechanisms, I will try to answer the following question: *Does the level of religiousness in Christian beliefs still influence the attitudes towards abortion and euthanasia?* While answering this question, I will also look at which of the previously identified religious dimensions has the strongest influence on these attitudes, if there is indeed an effect; or, whether there is no particular dimension which influences these attitudes the most. This is a possibility, as some researchers (Glock, 1974; Lenski, 1961; Thung et al., 1985) have debated about the uni- or multi-dimensional nature of religion. Thung et al. (1985) for example, argued that there is no intrinsic value in dividing religion into different dimensions, as the correlations between the dimensions were too high. Others

however, find different empirical results and ascertain that the dimensions correlate low enough for multidimensionality (Stark & Glock, 1968; Lenski, 1961).

Secondly, as the previously explained mechanisms may show whether the effect of religion on attitudes towards euthanasia and abortion have diminished, they do not explain why this could be. Following the theories of Inglehart (1997) about post-modernization, I will look how the change in values in the past few decades might explain a possible disconnection between religion and morality. Therefore, this research will also try to answers a second question: *How do post modernistic values influence the relationships between the different dimensions of religion and attitudes towards abortion and euthanasia?*

Before showing any results concerning these questions, I will give a theoretical foundation for how these three overarching mechanisms ought to influence moral attitudes towards abortion and euthanasia. An interaction effect of post-modernism will be discussed last as it is expected to explain a possible occurrence of laicization. After that, the methods of research will be described. Using these methods, results will show more light on the conceptual relationships depicted in the theoretical framework. A conclusion and discussion of the results will follow last.

2. THEORETICAL FRAMEWORK

2.1. Morality

Abortion is the deliberate killing of a developing human embryo (Dworkin, 1994). Euthanasia is generally referred to as the 'administration of drugs with the explicit intention to end life at explicit request of the patient' (Rietjens et al., 2006). The first is a about a choice to end a life before the gravity of it has begun, the second a choice of death when it has ended.

The discussions about euthanasia and abortion can be both described as issues concerning morality. Morality has been proven to be a difficult concept to grasp. Many researchers use morality intuitively (in the sense of good versus bad) without really underlining a definition. However, there seem to be three important questions to describe this subject: "Which human beings should we care about; What is truly good for those we should care about and what is bad for them; and how should we resolve conflicts between what is good for some we should care about and what is good for others we should care about?" (Perry, 2000) The discussions between the approval and dismissal of euthanasia and abortion are clearly shown in these three questions. One could say that the two sides of the coin of

either approval or dismissal of abortion and euthanasia are directly a consequence of different views about what is truly good for those we should care about.

More concrete, the friction towards these two subjects often finds its ground in the double effect doctrine, which is heavily influenced by Christian morals (Shaw, 2002). This doctrine works twofold. While bad ends via any means are always forbidden, it also forbids when good ends are achievement via wrong means. It does, on the other hand, permit any actions which result in both good and bad ends. For example, if the act of abortion could save the life of a mother and the child's life is unsavable in either case, it is permitted. However, while both euthanasia and abortion are permitted (to a certain extend) in the Netherlands, this (Christian) doctrine forbids all other cases to help women by killing her fetus and to relieve pain and distress of dying by killing.

Several researchers have opted for a method to find common ground on these issues, or alternatively, to live together even if they disagree on abortion and euthanasia, like they do with many other issues (i.e. Tribe, 1990; Rosenblatt, 1992). However, as Dworkin (1994) argues, it is much more difficult to find common ground on issues where one side of the people believes it is murder. As Harris (2003) stated, end of life decisions such as euthanasia, are very often taken by other individuals than the person in question, because they are either unavailable or their consent is problematic. "This is the case with young children, those with dementia, the confused old, mental health patients, and individuals temporarily or permanently unconscious." (Harris, 2003) The harm that can be done in this case is that a life is taken of someone who might have valued a continuation of it. If religious individuals find euthanasia an immoral act of murder, the lack of consent makes it difficult for religious individuals to agree to disagree. Likewise, Dworkin (1994) commented about abortion in the same manner. People, who believe that women have the right to make their own decisions about what to do with their unborn fetus, insist that a solution must respect this idea. However, if others believe that abortion is murder, no such proposal would be ever accepted (Dworkin, 1994).

This shows that a common ground is difficult to attain towards these two moral issues and that the conflict between permissive and dismissive individuals can be a serious issue. Whether Christian religious individuals can be attributed to the dismissive side of the discussion depends on the truthfulness of the following theoretical mechanisms and derived hypotheses.

2.2. Religious identity

The first mechanism often researched is the individual's religious identity, or in other words whether someone is part of a religious denomination. Religious denominations often have different views about certain issues, but being part of a denomination is considered to increase the moral views associated with Christian religion (Halman & De Moor, 1993). Concerning Christian religiousness, the Netherlands has three distinct denominations: the Roman-Catholics, the orthodox-Protestants and the liberal Protestants (Knippenberg, 1992). In recent years, these two Protestant churches have merged into one church, the Protestantse Kerk Nederland (PKN).

As said by Boer (2005), the Roman Catholic Church has clear guidelines on euthanasia and abortion. These guidelines are shown in the official Catechism of the Catholic Church [CCC] (Catholic Church, 1997), which is a catechism promulgated by Pope John Paul II for the Catholic Church. This document was declared to be a norm for teaching the faith and a legitimate instrument for ecclesial communion. It clearly states that abortion is gravely contrary to the moral law based on the following statements: "Human life must be respected and protected absolutely from the moment of conception."; "From the first moment of his existence, a human being must be recognized as having the rights of a person - among which is the inviolable right of every innocent being to life." (Catholic Church, 1997) It also states that any formal cooperation with an abortion will lead to the canonical penalty of excommunication latea sententiae. As a consequence the church "makes clear the gravity of the crime committed, the irreparable harm done to the innocent who is put to death, as well as to the parents and the whole of society." (Catholic Church, 1997)

Likewise, this document also constitutes strict guidelines towards the act of euthanasia: "Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible."; Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable."; "Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded." (Catholic Church, 1997) While this shows that the act of active euthanasia is considered murderous by the Catholic Church, they do have a more permissive attitude towards passive euthanasia. The

discontinuation of medical procedures can be legitimate as it is seen as 'over-zealous' treatment (Catholic Church, 1997).

While the Roman Catholic Church has strict norms on these two issues, the smaller reformed protestant churches don't have any official documents on these issues, but they are against it in general as shown by statements from several Dutch protestant churches (Boer, 2005). Seen as the Roman Catholic Church has clear norms on these two issues, one would expect that Roman Catholics would have stricter moral values towards abortion and euthanasia. However, the opposite appeared to be true. As Halman & the Moor (1993) showed, the differences between orthodox-reformed Protestants, liberal Protestants and Roman Catholics were not as expected. In most of the world, the largest differences are often found between the Protestants and the Roman Catholics. In America for instance, Roman Catholics have the least liberal attitudes (Halman & De Moor, 1993). However, in the Netherlands the largest differences were between the orthodox-reformed Protestants and the liberal Protestants, while the Roman Catholics often side with the more liberal Protestants (Halman & the Moor, 1993). While the guidelines for the Catholic Church appear to be clearer, the protestant Orthodox Church was found to be less liberal then the Catholic Church (Halman, 1991; Peters & Schreuder, 1987). While it is difficult to determine why this is the case, a more recent research (Boer, 2005) showed that the protestant churches in the Netherlands have made numerous statements about the morality of euthanasia. While they pleaded to make the issue negotiable in the 1970's, from 1999 and onward their opinion on the matter became much more critical (Boer, 2005). For the Catholic Church on the other hand, because they have clear traditional guidelines on the issue provided by the pope, the act of euthanasia was much less debated (Boer, 2005). It could be that because abortion and euthanasia are more so in the spotlight in the orthodox Protestant Church, as opposed to the Catholic Church, that values on the subjects have become stronger and more grounded for Protestant Churches. As argued by Yawn, et al. (1991) in an article about the influence of political debates, repeated statements about an issue forces the receiving public to re-evaluate their opinions which ultimately 'anchors' their attitudes. On the basis of these theories, I propose the following two hypotheses:

H1a: *Individuals, who are part of a Christian denomination, are less likely to justify abortion and euthanasia than individuals who are not.*

H1b: *Orthodox Protestants will have the least permissive attitude towards abortion and euthanasia, followed by Liberal Protestants and Roman Catholics.*

While these denominations give a somewhat concrete view on how individuals ought to act concerning abortion and euthanasia, it does not explain why and to what extent individuals follow the moral doctrines of their denomination. For that matter, denominations are also a limited measure for the existence of Christian religiousness amongst individuals. For example, one cannot exclude the existence of individuals who are not part of a specific denomination, but who do belief in the Christian God. In the next section I will elaborate on the other mechanisms by which religion is thought to influence the morality of individuals.

2.3. Religious participation

One of the earliest and most influential theories which connected religiousness to morality is the social integration theory (Durkheim, 1912; 1965). Durkheim (1912; 1965) explains this connection through the two salient features of the communitarian-societal approaches, namely shared interests and a reliance on tradition. His assumption was that morality has to be rooted in someone's sentiments towards an entity larger than oneself or others. In his view, morality embodies a strong respect for a supra-individual entity, or in other words the society. (Turiel, 2002) It is thus important to note that morality does not entail judgements of principle, or a deep-rooted respect towards other individuals who are considered superior.

Durkheim (1965) described two central elements on how morality is attained. The first one is through driven attachments of individuals towards to social order. The shared attachments arise, simply put, when people feel 'at one' with society and its subordination. Consequently, this will lead to an acceptance of standards, rules, social sanctions and authority. As Durkheim (1965) argued, certain rules (such as the Ten Commandments), have no meaning or power of themselves if they are not interpreted with society and it's subordination in mind. Collective sentiments thus have to be greater than the individual goals and judgements. For example, if morality was based on individual goals and judgements, it would be more likely that individuals would steal. Stealing can be beneficial for individual goals and at the same time disadvantaging for other individuals within society. If the latter consequence of stealing is not included in one's own judgement, then, according to Durkheim (1965), there is no morality.

Following this argument, Durkheim (1965) brings in the second central element on how morality is attained, which is considered as the 'spirit of discipline'. The spirit of discipline is what connects religion to morality. This concept entails that moral sensibilities of individuals are acquired by a regular confrontation of the moral standards, rules, etc. and by the outside influence of an authoritarian figure. By participating in groups, individuals form

their morality, because they are confronted with rules, authority and collective sentiments and create a sense of solidarity (Turiel, 2002). This is where the connection with religion really lies, as Durkheim (1965) argues that morality is best formed in either schools or religious organisations. Like schools, churches have a sense of regularity (through church services and mass's) and have an authoritarian figure (a pastor or a clergy). So following this theory, by participating in religious services, individuals are more prone to acquire their collective sentiments or moral judgements through the attachment they feel with their religious social environment. As Alexander and Smith (2005) argue, when people participate in religious rituals or services, they commit themselves to a high level of respect for future actions and solidarity towards fellow communicants. A religious service does not bring a recreational performance, but has the intention and capacity to change the ethical personality of its participants (Rappaport, 1999).

However, this theory did receive some criticism. Stark (2001) disputed Durkheim's argument and showed results which indicated that participation in religious rituals and rites does not have the profound effect on morality as Durkheim claimed. However, Stark (2001) researched the effect of religious participation and belief in God on a large spectrum of moral issues which are generally accepted as immoral, regardless of religious beliefs (like joyriding, stealing and fraud). When looking at the topics euthanasia and abortion, there is generally much more conflict between the religious ideals and societal values, so the effect religious rituals have on communal ethical beliefs might be more significant. This leads to the following hypothesis:

H2: *Individuals, who participate in religious services regularly, are less likely to justify abortion or euthanasia than individuals who do not.*

2.4. The strength of religious beliefs

In this research however, I will not only look at the religious identity and the participation in religious services. One could argue for example, that someone who participates regularly in religious services might not follow Christian moral values due to a lack of confidence in their church (De Moor, 1995). Likewise, someone who does not belong to a Christian denomination and does not participate in religious services might still be a religious person. As stated in the introduction, literature which looked into the relationship between religion and acceptance of euthanasia and abortion also found significant results concerning the strength of religious beliefs.

This is also shown in the theoretical literature which came after Durkheim's social integration theory. After his connection between religion and suicide rates, a second stream of literature added to his theories (Stack, 2000). Because his subject on morality was focussed on suicide, most of the following literature also followed this subject. As Stack argues, (2000) in the last few decades, two dimensions of religion which influenced rates of suicide came forth: "shared beliefs or orthodoxy (religious commitment), and religious practices or interaction (religious networks) (Stack 2000)".

Suicide is not the same as euthanasia and abortion, but these religious dimensions are generally the same as found in literature which focussed on euthanasia or morality in general (Halman, 1991; Halman & De Moor, 1993; De Moor; 1995). An understandable similarity; suicide, euthanasia and abortion centre around the moral issue of ending a life prematurely. While Stark (2000) only distinguishes one element next to the religious practices, namely religious commitment, other researchers (e.g. Halman, 1991; Halman & De Moor, 1993; De Moor; 1995) categorize this aspect in to three distinct dimensions: Religiosity, orthodoxy and confidence in the church. Orthodoxy refers to the traditional beliefs one has such as the beliefs in heaven and hell and traditional Bible stories, which can also be referred to as a cognitive dimension. Religiousness refers to the importance of God and religion in someone's life, which is an emotional dimension as opposed to the latter. While the straightforward belief in God can be seen as a more orthodox value, when one looks at how important God is to someone on a more personal level it falls under the emotional dimension. The last dimension, confidence in the church, refers to the level in which the church can adequately answer questions towards morality or provide concrete moral directions for individuals who are in doubt. (De Moor, 1995)

2.4.1. Religiosity

The first dimension identified, concerning the strength of beliefs, is thus religiosity (Halman, 1991; Halman & De Moor, 1993; De Moor, 1995). The origin of this dimension comes from a research by Stark and Glock (1968) and Lenski (1961). Stark and Glock (1968) called this the experience dimension. It does not refer to the traditional beliefs in terms of dogmas, but the emotions one experiences with being religious; In other words, feeling a general presence of, and connection to, a supernatural agency. Lenski (1961) identified the dimension 'devotionalism' which has roughly the same description, as it refers to the level of importance of someone's connection with God. Combining these two dimensions, the religiosity dimension can thus refer to how important God is in someone's life, if he/ or she believes in a

personal God or if someone receives strength from his religion or God (Halman, 1991; Halman & De Moor, 1993; De Moor, 1995).

But how then does this religious dimension influence moral issues such as euthanasia and abortion? A more recent researcher who incorporated this dimension into an analysis on the relationship between religion and the level of general morality, did so via the notion that God can be seen as a conscious, morally concerned being (Stark, 2001). While Durkheim (1912) argued that religion unites people into moral communities through religious rites and rituals and that belief in God plays little part in this relationship, Stark (2001) disputed this argument. He tested and confirmed that the effect of religiousness on individual morality is contingent on images of gods as conscious, morally-concerned beings. A few years later, Atkinson and Bourrat (2011) tested this theory by researching whether believing in a personal God decreases the extent to which an individual justifies immoral behaviour. While this operationalization fits partly with the religiosity dimension, I find it forgets one important aspect. If someone beliefs in a personal God, it does not automatically mean that this person thinks of God regularly and feels like he/she is being judged by God. Important here is thus not only the belief in God itself but also, as shown by Halman (1991), the importance of God in someone's life. People, who consciously think about God as an ever-watching entity and acknowledge his presence regularly, may feel that they are being judged and will therefore less likely cheat on religious moral codes.

A more psychological theory which might explain the relationship between the level of religiosity and the level of justification towards euthanasia and abortion is the 'supernatural monitoring theory' (Rossano, 2007). The basic argument of this theory is that the cognitive processes associated with reputation management are activated when someone feels like he/she is being watched, which consequently promotes behaviour which is perceived to be expectable by the watcher (Rossano, 2007). This leads to the following hypotheses:

H3: *Individuals who have a high level of religiosity are less likely to justify abortion or euthanasia than individuals who do not.*

2.4.2. Orthodoxy

The second dimension discussed is the level of orthodoxy (Halman, 1991; Halman & De Moor, 1993; De Moor, 1995), or in other words the extent to which someone beliefs in traditional Christian doctrines. In Christianity these doctrines consist of believing in the traditional God, in life after death (in the form of heaven and hell), the devil, and stories about Jesus etc. (Halman, 1991). This dimension, like religiosity, was formed after the

implementation of a similar dimension by both Glock (1974) and Lenski (1961). They called it respectively the ideological dimension and the doctrinal orthodoxy dimension. As Stark and Glock (1968) argue, every religion has its own doctrines or set of beliefs of which the individuals, part of this religion, are expected to follow or adhere to.

This dimension also finds its grounds in the research which followed after Durkheim's (1983) theory about the connection between religion and suicide. They acknowledge that a number of religious beliefs would have an effect on the morality of suicide (Stack, 1983; 2000; Stack & Kposowa, 2011; Stark, Doyle & Rushing, 1983). However, they suggest that not all elements of religious beliefs have a critical influence on these moral issues. Stack and Kposowa (2011) give an example on why this is: "belief in hell, a place where suicide victims might be damned for eternity, might be more important than belief that Jesus walked on water. Belief in an afterlife, where someone who suffered stressful life events such as widowhood, divorce, job loss, and physical disabilities could experience bliss, would save more lives from suicide than a belief in the Virgin birth."

This example of morality on suicide can also be applied to the morality on abortion and euthanasia. Beliefs in heaven and hell will create more consideration concerning euthanasia and abortion since both of these acts will lead to eternal damnation for the proprietor concerning euthanasia and the mother concerning abortion. Heaven and hell arouse this consideration because they represent the eternal externalizations of the characters (good or bad) people develop in the course of their life (Russell, 2009). The Bible proclaims a couple of characteristics on what heaven will be like for those who would experience it. Bernstein (1993) observed the following characteristics: heaven entails the presence of God, beauty, joy, a lack of sin, happiness, rest, fellowship, peace and truth; hell is characterized by a missing presence of God, darkness, suffering, a lack of joy and hopelessness. Modern Christianity follows a less tangible idea on heaven and hell; however they still reflect a sense of retribution on immoral behaviour. While they are not seen as physical places, but a state of consciousness, it will reflect the life one had and the world someone created for himself or herself based on the actions of his or her life. (Russell, 2009)

Future suffering can thus seem less of a struggle if enduring it gives the promise of heaven or if relieving yourself from it gives the outlook of eternal damnation (Stark, Doyle & Rushing, 1983). Birthing an unwanted child is done more readily, if the alternative leads to eternal damnation, even if raising the child will pose difficulties. Likewise, choosing not to end a life prematurely to relief one's suffering is more favourable if it leads to the glory of eternal salvation.

This cost versus benefit mechanism is explained thoroughly by Johnson and Krüger (2004). They argue that God influences the moral attitudes of its followers is through the belief in heaven and hell and call this theory the *supernatural punishment theory*. Cooperation between individuals and their moral attitudes depend on whether the individuals get punished for non-cooperative and deviant behaviour. But instead of being punished by other members of the group, the punishment in this case relies on the prospects of afterlife, whether real or not. God imposes threats toward the individual, by punishing immoral behaviour, or sin. As Johnson and Krüger (2004) argued, "the concept of the afterlife means that, in addition to any immediate sanctions that may be feared those who cheat the moral codes of the community while on earth bear the threat of punishment later, in hell". Following the argument by Stack and Kposowa (2011) that the belief in heaven and hell is the most profound aspect of orthodoxy, the next hypothesis goes:

H4: *Individuals who have a high level of religious orthodoxy are less likely to justify abortion or euthanasia than individuals who do not.*

2.4.3. Confidence in the church

As Felling, Peters and Schreuder (1986) argued, the strength of beliefs is not only shown through the acceptance of a number of convictions (or through the emotional connection with a supernatural agency for that matter), but also through the connection with the church. Beliefs do not only arise via the individual, but is also expanded through the community and the church (Felling, Peters en Schreuder, 1986). As was discussed earlier, it is expected that being part of a Christian denomination can lead to a negative attitude towards euthanasia and abortion. Religious beliefs can thus be enforced by the outside influence of the church, however, as Halman and De Moor (1993) argue, only if that individual is willing to follow the Christian doctrines. For this reason the third dimension which measures the strength of one's beliefs is the confidence someone has in the church (Halman, 1991; Halman & De Moor, 1993; De Moor, 1995).

Glock (1974) also discusses a likewise dimension he calls the consequence dimension. This refers to the extent to which people draw consequences from their own beliefs. These consequences are about what someone expects as a result from their own religiousness and what is expected of them to give. If someone has a strong connection to the institution, they are more likely to draw these consequences, or in other words let their lives be led by the religious doctrines (Glock, 1974). As Halman (1991) argues, this strong connection could be

measured through the extent people trust their church to have adequate answers to moral problems, family problems and spiritual needs. This leads to the following hypothesis:

H5: *Individuals who have a high level of religious orthodoxy are less likely to justify abortion or euthanasia than individuals who do not.*

2.5. Post-modernization:

The different mechanisms which are thought to influence moral issues are discussed, namely religious identity, religious participation and strength of beliefs (in the form of religiosity, orthodoxy and confidence in the church). While these mechanisms have the potential to show what aspect of religion still has an effect on the morality concerning euthanasia and abortion and what has not, it does not explain the reason why. One of the most important processes of societal change which has been changing the religious landscape is post-modernization. If the values of the Dutch society have become more postmodern, it could be that its citizens are more inclined to follow their own convictions concerning moral issues even if they are confronted with the Christian doctrine (Du Bois-Reymond et al., 1998) via the previously discussed religious dimensions.

The study on modernization gained a lot of interest in the late 1950s. Society had changed to a more rational mindset in which increased political and economic capabilities were the goals to achieve. The core for modernization thus lies in the industrialization of society. To have the society move from being poor to being rich there had to start a rationalization in all sectors of society (Inglehart, 1997). What followed was an increase in urbanization, mass education, bureaucratization and occupational specialization (Stark, 2000).

However, more recently we entered the postmodern era and the relationship between modernization and the morality towards the value of life changed. In short, the norms and values became more of a product of people's own choices and considerations instead of external institutionalizations (Du Bois-Reymond et al., 1998). One of the most recognized theorists on who theorizes about the effect of post-modernism on religion is Inglehart (1997). He started his discussion that religious values would decrease and secularization would increase, due to the process of post-materialism (Inglehart, 1977). This process is based on two hypotheses. The first one, the scarcity hypothesis, is described by Moors (2003) as: "individuals' priorities reflect their socioeconomic environment: one attaches relatively more importance to relatively scarce objects." The second hypothesis is referred to as the socialization hypothesis, which "stresses the importance of experiences in the so-called 'formative' years: in reaching adulthood, values tend to crystallize in personality" (Moors,

2003). With these to ideas Inglehart (1977) refers back to Maslow's (1954) hierarchy of needs to describe the difference between materialism and post-materialism. Individuals who have values which reflect the lower order of needs are referred to as materialistic. Individuals who have a higher level of social and self-actualization needs are referred to as post-materialistic.

Most recently, Inglehart (1997) has generalized his discussion towards postmodernism and argues that Western societies have moved from a modernized society to a post-modernized society. He describes post-modernization as follows: "In the post-modernization phase of development, emphasis shifts from maximizing economic gains to maximizing subjective well-being" (Inglehart 1997). While the term is often used in various ways, this research follows this line of reasoning. He argues that the processes of economic and political change in society shape the values of its citizens in predictable ways. These predictable patterns consist of general values such as permissiveness and tolerance. His previously discussed post-materialism is thus "only one part of a broader shift toward postmodern values, involving changing orientations towards politics, work, family life, religion, and sexual behavior" (Inglehart, 1997). The change of the values of citizens in the Western world is shifting its priorities towards issues such as abortion, euthanasia and others like environmental protection, women's issues etc. (Inglehart, 1997).

Inglehart (1997) hypothesized about the declined need for religious values and attributed it to the rising sense of security. Because people with postmodern values often feel more secure, the need for reassurance provided by the traditional Christian belief systems has declined. Inglehart (1997) thus found that individuals with higher levels of post-modernistic values, feel more secure and consequently participate less in churches, or believe less in their God. Alternatively, it can also mean that while they still participate in the religious services, they are less inclined to adopt the sentiments/values promoted in the religious service. These thoughts are reflected in a research by Lühoff and Selten (2001). They did a research on whether the post-modernization in Dutch society had an influence on the moral values of Christian-orthodox adolescents. They found that, for individualized youth, belief in the Bible, God and heaven and hell is not only strong but based on individual choices instead of the traditional, collective interpretations of the Christian doctrine. The respondents from Lühoff and Selten's (2001) research did not see the Christian values as absolute norms but as personal convictions. As a result, they were much more open for discussion with people of other religions. Like Inglehart (1997) predicted, postmodernism does not only make way for post-materialistic values, but also for tolerance and permissiveness. While open discussion seemed to empower their beliefs in God, it led them to alter their convictions towards a more

permissive attitude. Their convictions were not based on the Christian doctrine but on their own moral values, which were much more prone to change. (Lühoff & Selten, 2001). These theoretical expectations and the previous results from a research on Christian-orthodox adolescents lead to the following two hypotheses:

H6a: *The relationship between finding God important in your life and the justification of abortion or euthanasia is weaker for individuals who are post-modernistic.*

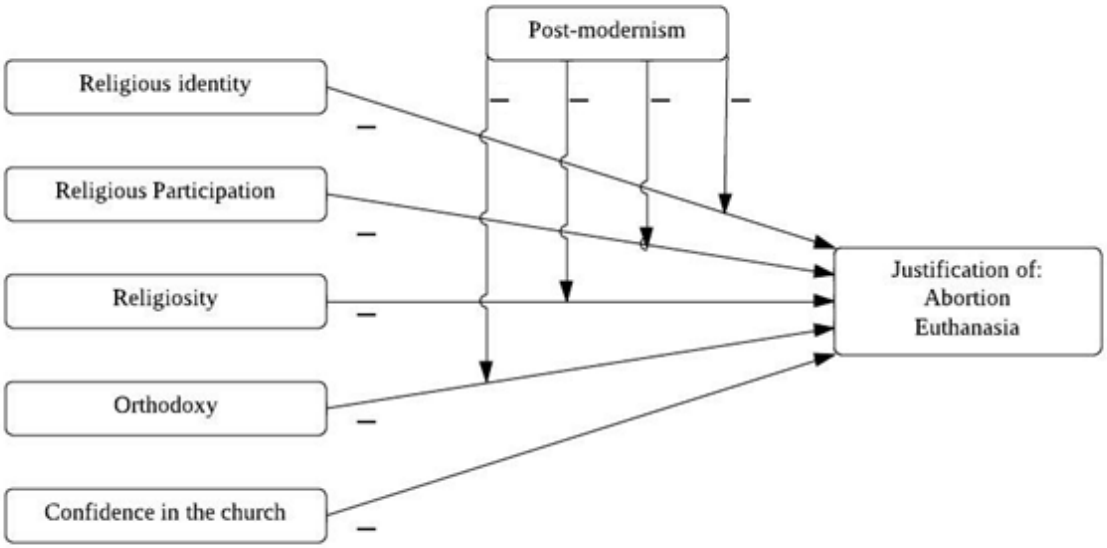
H6b: *The relationship between believing in heaven/hell and the justification of abortion or euthanasia is weaker for individuals who are post-modernistic.*

Lühoff and Selten (2001) also found that most young Christian people in the Netherlands, who go to religious services, do so out of their own convictions. They feel pressured when they are forced to accept the Christian doctrine by their church or by their clergymen. As a result, they are less prone to the preaching of a clergyman, or the statements of their church, about the moral nature of abortion and euthanasia. This leads to the last two hypotheses:

H6c: *The relationship between participation in religious services and the justification of abortion or euthanasia is less strong for individuals who are post-modernistic.*

H6d: *The relationship between having a religious identity and the justification of abortion or euthanasia is less strong for individuals who are post-modernistic.*

2.6. Conceptual model



3. METHODS

3.1. Research design

This research will be of cross-sectional design through the use of an existing survey from the European Value Study. The year used is the most resent one from 2008 and the particular sample will consist of respondents older than 18 years old and living in the Netherlands. The units of analysis are thus groups of Dutch individuals older than 18, with or without a certain level of religiousness and the unit of observation is the individual. The number of valid respondents for the analysis is 1321.

3.2. Methods of data collection

The EVS survey was performed in the form of face-to-face standardized questionnaires. The samples were drawn multi-stage or stratified random. For most questions, respondents were given the possibility to answer within pre-made scales (for example, a Likert-scale or a ten-point scale which ranges from never to always). The nature of the items used for this research is discussed in the following operationalization.

3.3. Operationalization

The two dependent variables were taken from a set of items, formulated in the same manner, about a large number of moral issues (i.e. joyriding, stealing, suicide etc.). They all measured the extent to which someone justifies these issues. The dependent morality variable, *attitude towards abortion*, was measured with the use of the item 'do you justify abortion'. This item uses a ten point scale ranging from never to always. The small selection of missing values (15) was discarded, which left a total number of 1539 respondents for this variable. The other dependent variable, *attitude towards euthanasia*, was measured with the use of the item 'do you justify euthanasia'. The item is continuous with values ranging from 1 (never) through 10 (always). The very small selection of missing values (18) will be discarded from the analysis, which left a remainder of 1536 respondents. Apart from implementing variable and value labels, these variables will be used in this state.

Religious identity is measured by the question: 'which denomination do you belong to?' The categories consist of all worldly denominations, however since the subject of this research is focussed on the three major Christian denominations in the Netherlands, only these three are included. While the two different distinguished Protestant denominations now have merged into the PKN, the data set allows for a separation of these two denominations. The categories used for this variable are thus: *Roman Catholic; Protestantste Kerk Nederland [PKN] (previously Hervormd)*; *PKN (previously Gereformeerd);* and *not part of a*

denomination. In this research, the PKN (previously 'Hervormd') represents the liberal Protestants and the PKN (previously 'Gereformeerd') represents the orthodox-Reformed Protestants. Each denomination is operationalized as a dummy variable. *Not being part of a denomination* is the reference category in the analysis. The number of respondents for the Roman Catholics is 412; the number for the PKN (previously Gereformeerd) is 92; for the PKN (previously Hervormd) 183; and the number of respondents not part of a denomination is 737. The other non-Christian denominations (n=57) and the missing values (n=3) will be excluded from the analysis.

Religious participation is measured with the question: 'how often do you attend religious services?', with the following categories: more than once a week, once a week, once a month, only on specific holidays, once a year, less often and never, practically never. Because these values appear to be ordinal in nature I first checked whether it was possible to implement this item as a continuous variable. To do this, I made dummy variables out of each value. I then implemented these as independent variables in a linear regression analysis with justification of abortion and justification of euthanasia as dependent variables. It appeared that *religious participation* was continuous from negative to positive except for one value with the *justification of abortion* as dependent variable: 'never, practically never'. The effect strength of this value dropped slightly in comparison to the value 'less often' instead of rising. To keep the explanatory power of this variable, it would be best to make each value into dummy variables. However, keeping this variable continuous increases the ease at which data can be interpreted and diminishes the number of analyses. Because only one value diverges very slightly from the continuous nature, I kept it a continuous variable. The missing values (n=2) are excluded from the analysis.

Religiosity is measured with the question: 'how important is God in your life?', as this is argued to be the most important aspect of one's religiosity. The categories are continuous ranging from 1 (not at all) to 10 (very). This variable is used in this state, as a means analysis showed that the effect of religiosity is linear. The small selection of missing values (n=14), which consisted of the values 'no answer' or 'don't know', are discarded from the analysis.

Orthodoxy is measured by looking at whether respondents believed in heaven and/or hell. As Stack and Kposowa (2011) argued, belief in heaven or hell is the most profound aspect of orthodoxy concerning the morality on suicide. Consequently, this research will only look at these beliefs to measure orthodoxy. The variable is made out of two separate items from the dataset: 'do you believe in heaven' and 'do you believe in hell'. To check if these to items could be made into one dichotomous variable, a reliability analysis was done. This

showed that the Cronbach's alpha was over 0.663 which made combining the two items possible. The two items are thus then combined into a dichotomous variable, where 0 represents 'not believing in heaven or hell' and 1 represents 'believing in either heaven or hell'. The value 'don't know' was put together with not believing in hell because that does not represent strong religious beliefs. The 4 missing values where respondents did not give an answer are discarded from the analysis.

Confidence in the church is measured by: 'church answers to: moral problems. Two other items (church answers to: family life problems and church answers to: spiritual needs) were previously used to measure this religious dimension (Halman, 1991; Halman & De Moor, 1993; De Moor, 1995). However, these are not included because abortion and euthanasia are interpreted as moral issues in this research, not as family life problems or spiritual needs. This research also confines to moral problems to minimize the number of items used in this analysis and prevent too much correlation between the variables. The answers to the question whether the church answers to moral problems were either 'yes, 'no' or 'don't know'. While the value 'don't know is considered as a missing value in the dataset, it will be joined with the value 'no', because of the high number of respondents who answered this value (n=297). While no and don't know are not necessarily the same values, the value 'don't know' does not help in interpreting the effect of having confidence in the church or not. In this research one value is thus the most important: having confidence in the church. The rest falls into another category. This resulted in a binary variable with the values 'has confidence in the church' and 'does not have confidence in the church. The rest of the missing values, due to missing answers, were excluded from the analysis (n=27).

Post-modernization, was made with the use of two items which measured the extent of post-materialism. While the post-materialism items do not capture the entirety of post-modernization as described by Inglehart (1997), it is referred to as the most representative indicator to measure post-modernization (Inglehart, 1997, p.86). The EVS did not include a singular item which could measure the broad characteristics of post-modernization, so instead the important post-materialism index is used. The first item I used asked: 'which aims of this country is most important?' The second item asked: 'which aims of this country are second most important?' The possible answers to these two questions were the same, namely: 'maintain order in the nation', 'more say in important government decisions', 'fighting rising prices' or 'protect the freedom of speech'. Maintaining order in the nation and fighting rising prices are considered to be materialistic values. More say in important government decisions and protect the freedom of speech are post-materialistic values. With these two items I made

one variable by making four categories. The first category 'pure materialistic' consists of respondents who gave a materialistic answer for both the most important and the second most important aim of the country. The second category 'leaning towards materialistic' consist of respondents who gave a materialistic answer as the most important aim and a post-materialistic answer for the second most important aim. The third category 'leaning towards post-materialistic' consists of respondents who gave a post-materialistic answer as the most important aim and a materialistic answer as the second most important aim. The last category 'pure post-materialistic' consists of respondents who post-materialistic answer for both the most important and second most important aim. I then checked whether I could implement this as a continuous variable into the regressions by calculating means with the dependent variables. The means were rising continuously, so this variable was implemented as continuous. To make this variable interact with the direct relationships, it was multiplied with the independent variables. The missing values associated with the post-modernism scale (n=40) were excluded from the analysis.

This research will also control for a number of variables which are expected to have an effect on the dependent variables. I control for *gender, age, educational level* because there has been previous research which found a relationship between these variables and attitudes towards abortion and euthanasia (e.g. Petersen & Mauss, 1976). Because *Post-modernism* is part of the later analyses and was found to have an effect on the justification of euthanasia (De Moor, 1995), I also control for this variable. *Gender* is a dichotomous variable which is available for every respondent in the used sample. The values of the variable are changed to make it a dummy variable in which the value 1 represents women. *Age* is a continuous variable. There seemed to be no inconsistencies in this variable, as the ages were all within logical range. A means analysis showed that the effect of age on the dependent variables was linear, so it will be used as a continuous variable. The two missing values will be discarded from the analysis. *Educational level* is a recoded categorical variable. The EVS dataset allowed me to look specifically at the educational levels of the Netherlands. The item provided by the EVS gave a total of 15 different educational levels. However, some specific groups had a sample size which was too small for reliable analyses. For this reason some logically coherent groups were joined together. Each category represents the highest level of education that was attained by the respondent. The first category that was made, consists of individuals who either completed or did not complete primary school (n=160). The second category consists of individuals who completed the lowest attainable secondary education. The third category is a continuation of this educational level. The respondents, who completed

the middle secondary educational level, form the fourth category. A higher educational level which is a continuation of the previous category forms the fifth group. The last two categories are considered to be the higher educational levels. The sixth category consists of individuals who completed the higher secondary educational level. The last and seventh category is made out of three groups: those who completed a bachelor degree or a master degree at a university or those who completed a promotional research. This left me with a total of 18 unidentified respondents regarding their educational level. These were regarded as missing values and thus excluded from the analysis.

The following table shows the total of respondents for each of the dependent variables as well as the independent and interaction variables. The mean was replaced for a percentage, when it was a binary variable, which represents the number of respondents falling under the value of interest. The standard deviation scores were left out for those multinomial variables for which it had no meaning.

Table 1: Descriptive statistics of the operationalized variables.

	N	Minimum	Maximum	Mean / %	Std. Dev.
Justification of abortion	1539	1	10	5.2	2.963
Justification of euthanasia	1536	1	10	6.6	2.802
Roman Catholic	1424	0	3	28.9%	
PKN (previously Gereformeerd)	1424	0	1	6.5%	
PKN (previously Hervormd)	1424	0	1	12.9%	
Not part of a denomination	1424	0	1	51.8%	
Religious participation	1552	1	7	2.92	2.072
Religiosity	1540	1	10	5.02	3.198
Orthodox	1554	0	1	37.9%	
Has confidence in the church	1527	0	1	29.9%	
Post-modernism (post-materialism index)	1514	1	4	2.638	0.997
Educational level	1536	1	7	3.471	1.829
Age respondent	1552	17	95	54.8	17.345
Gender (1=female)	1554	0	1	55%	
Valid N	1321				

Source: EVS 2008

Due to the similar nature of each of these dimensions, I checked for multicollinearity. However, a correlations analysis showed that none of the variables correlated above the general limit of 0.7. While most of the variables' correlations with each other were between 0.101 and 0.350, one variable stood out. *Religiosity* (measured through the importance of God in one's life) correlated relatively high with *religious participation* (0.654) and with *orthodoxy* (0.614). This could result in some clouded effect sizes in the analyses, so special

attention will be given to these variables. Secondly, a collinearity check revealed that the Variance Inflation Factor (VIF) was highest for *religiosity* (2.444), followed by *religious participation* (2.047). The rest of the variables all centred around (1.633). While the highest VIF score of *religiosity* matches the correlation shown earlier, it does not give any reason to assume multicollinearity, as these scores are all relatively low. The correlation between the dependent variables (*justification of abortion* and *justification of euthanasia*) is 0.513. While this is relatively high, it could be that the differences between these variables can be explained through the religious dimensions.

3.4. Methods for data analysis

The results will first present a number of bivariate analyses concerning the differences between the two dependent variables (justification of abortion and justification of euthanasia). After this it will continue with bivariate analyses between the independent and the dependent variables. This will show whether the distribution of the values is as expected. Next, a number of ordinary least squares regressions (OLS) are done for both dependent variables separately. In each OLS regression there will be controlled for age, post-modernization, gender and education. Instead of implementing all dependent variables at once, multiple stepwise analyses are done to account for high correlations between the different dimensions. Because individuals who are part of a Christian denomination are also likely to have a high level of religiosity, participate regularly in religious services, etc., these effects may cloud each other in the SPSS output if they are put together simultaneously. Each dimension is first implemented individually after which other dimensions are added into the stepwise regression. This will show what kind of bi-directional relationships exist between the dimensions. To discuss which of these dimensions has the strongest individual effect, the beta scores will be presented of each effect in the last model in which every dimension is added. Next to that, the adjusted R Square will be used to determine which dimension has the highest explanatory power. The adjusted R Square is used instead of the regular one to account for statistical shrinkage when multiple predictors are added into the model. Lastly, the interaction variable will be added into the OLS regression to see whether it has a significant effect on the direct relationships.

4. RESULTS

4.1. Bivariate analyses

Before discussing the multivariate analyses, there are several things which can be shown in the bivariate analyses. This research looks at both the justification of abortion and the justification of euthanasia to determine whether laicisation has occurred. A means analysis shows that the mean scores of these two dependent variables vary quite a bit. The mean for the *justification of abortion* is 5.2 while the mean score of the *justification of euthanasia* is 6.6. Taking into account that the neutral value of these variables is 5.5, it can be said that the sample is generally more permissive towards euthanasia and more neutral towards abortion. This is also shown in figure 1, which shows the distribution of the level of justification amongst the respondents. The most prominent value for the *justification of abortion* is the fifth one which could indicates that most of the respondents have either an impartial view towards abortion, or find there are an equal amount of cases in which abortion is justified and unjustified. The *justification of abortion* also has almost double the cases in which it is never justified in comparison to euthanasia. The respondents are much more permissive towards euthanasia. The highest number of respondents found that euthanasia is always or almost always justified.

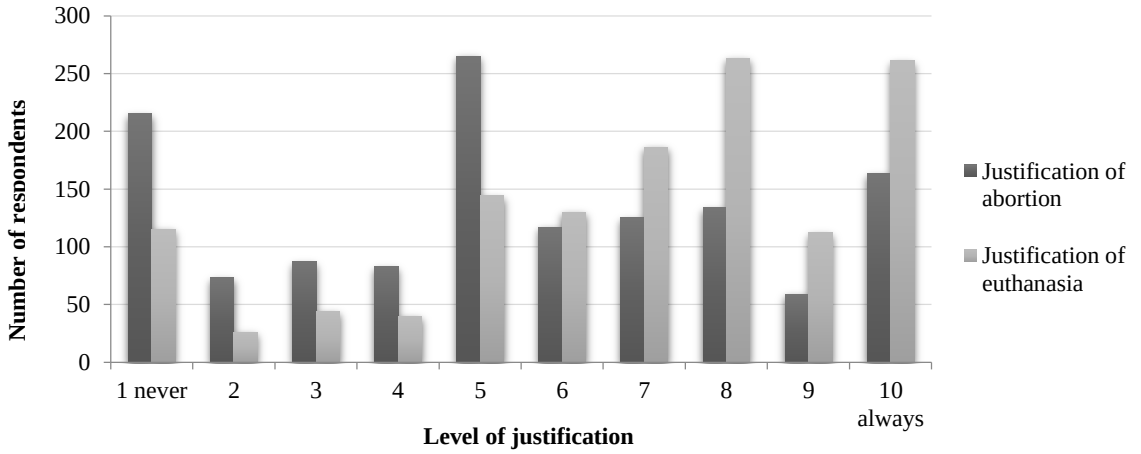


Figure 1: The number of respondents for the levels of the justification of abortion and the justification of euthanasia.

Source: EVS 2008

Figure 2 shows the mean scores of not being part of a denomination and being part of a specific Christian denomination. For the *justification of abortion*, the pattern is that being part of a Christian denomination is associated with a less permissive attitude towards abortion. What is unexpected though is the distribution between the *PKN (previously Hervormd)* category and the *PKN (previously Gereformeerd)* category. While it was expected that the

latter category would be the most orthodox and thus least permissive towards the *justification of abortion*, this means graph gives an indication that both PKN categories have roughly the same attitudes. As expected, the *Roman Catholics* have the most permissive attitude towards abortion out of the three denominations.

For the *justification of euthanasia*, the Roman Catholics also have the most permissive attitude towards euthanasia out of the Christian denominations. Their mean score can even be described as more permissive than not (their mean score surpasses the neutral score of the variable: 6.23 > 5.5). The *PKN (previously Hervormd)* appears to have the least permissive attitude, while it was expected that they would have a level as high as the *Roman Catholics*. Because the *PKN (previously Gereformeerd)* does not have the least permissive attitude towards euthanasia and abortion, hypothesis 1B appears to be wrong.

In this figure we can also see clear differences between the *justification of abortion* and the *justification of euthanasia*. Respondents are generally more permissive towards euthanasia than towards abortion and this difference is even stronger for the *Roman Catholics*. Their views on euthanasia are even as permissive as the views of those not part of a denomination towards abortion.

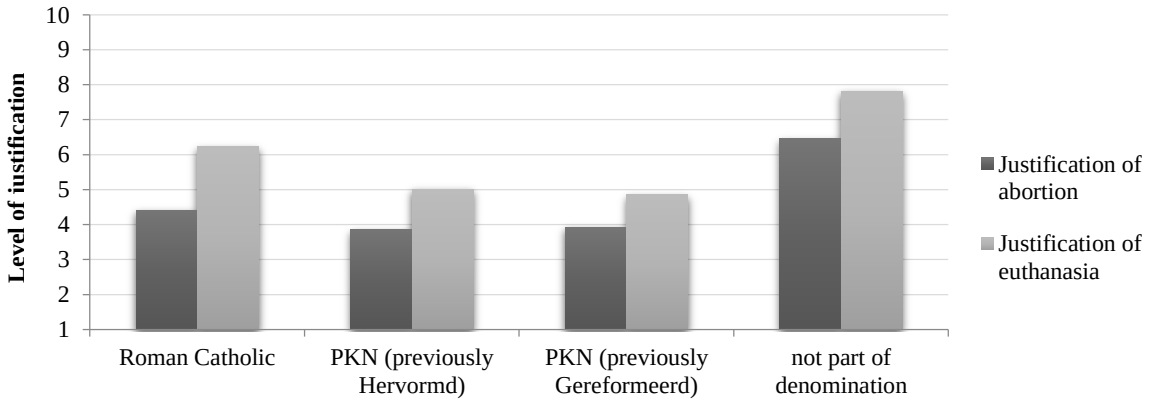


Figure 2: Mean scores of the different Christian denominations concerning the level of *justification of abortion* and the level of *justification of euthanasia. Source:* EVS 2008

Figure 3 shows a negative linear progression concerning the effect of *religious participation* the *justification of abortion* and the *justification of euthanasia*. Participating regularly or daily in religious services is associated with very negative attitudes towards both the justification of abortion and of euthanasia. While the lines are roughly parallel to each other, they come together at the end. So participating daily in religious services has the same outcome for both the moral issues. The negative association thus seems somewhat stronger for the *justification of euthanasia.* This is also represented in a correlation analysis. There is a significant

Pearson's correlation of -0.367 between *religious participation* and the *justification of abortion* and a stronger negative correlation of -0.413 for the *justification of euthanasia*.

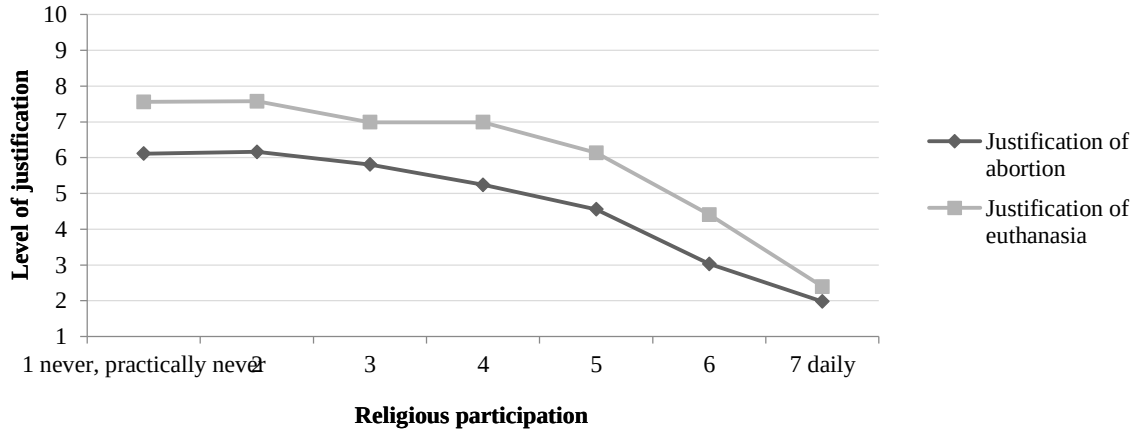


Figure 3: Mean scores for the level of *justification of abortion* and the level of *justification of euthanasia* by the level of *religious participation. Source:* EVS 2008

Figure 4 shows a clear negative association between the level of *religiosity* and the *justification of abortion* and *euthanasia*. The mean of the *justification of abortion* and *euthanasia* rises gradually with higher levels of *religiosity*. The lines show a parallel pattern, while the constant lies higher for the *justification of euthanasia*. This indicates that the level of *religiosity* does not have a stronger negative effect on either of the two dependent variables, but the general attitudes towards euthanasia is more permissive. A correlation analysis gave a significant Pearson's correlation of -0.410 between the level of *religiosity* and the *justification of abortion*; and there is a significant correlation of -0.436 between *religiosity* and the *justification of euthanasia*. Both of these bivariate analyses give a strong indication that there is a significant negative association between religiosity and the dependent variables.

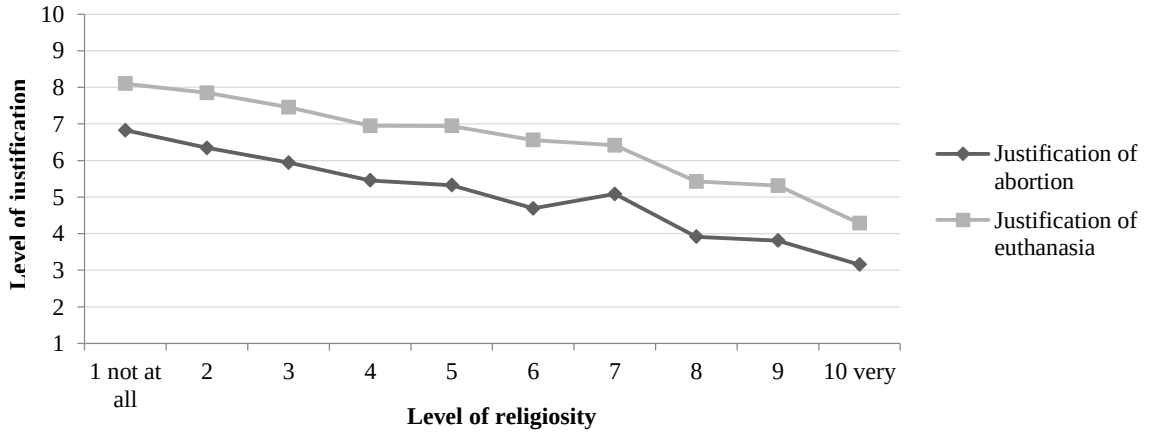


Figure 4: Mean scores for the level of *justification of abortion* and the level of *justification of euthanasia* by the level of *religiosity. Source:* EVS 2008

The distribution between the non-orthodox and the orthodox respondents is as expected (figure 5). The orthodox individuals are leaning towards a negative attitude towards the *justification of abortion* and *euthanasia* whilst the non-orthodox respondents are leaning towards a more permissive attitude. Like with previous dimensions, the distribution between euthanasia and abortion is the same, however the means for euthanasia are much more permissive. A correlation analysis with *orthodoxy* and the dependent variables gave a significant Pearson's correlation of -0.330 for the justification of abortion and a significant correlation of -0.349 for the *justification of euthanasia*.

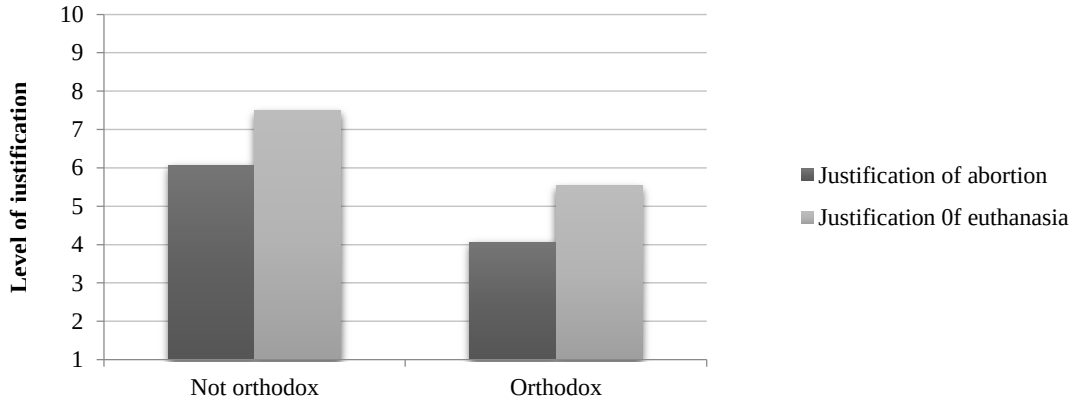


Figure 5: Mean scores for the level of *justification of abortion* and the level of *justification of euthanasia* by the presence of orthodox beliefs. *Source:* EVS 2008

Figure 6 shows a clear distinction between the respondents who have *confidence in the church* and those who do not. The means of the *justification of abortion* and *euthanasia* are lower for the respondents who do not have confidence in the church. However, the differences here are not as large as in the other dimensions. The categorical variables *orthodoxy* and *religious identity* had larger differences between the different categories. This would indicate that the negative relationship is less strong here. This is also reflected in the correlation analyses. There is a correlation of -0.191 between *confidence in the church* and the *justification of abortion*, and a correlation of -.0.264 for the *justification of euthanasia*. The latter correlation indicates that having confidence in the church is a considerably better predictor for the *justification of euthanasia*.

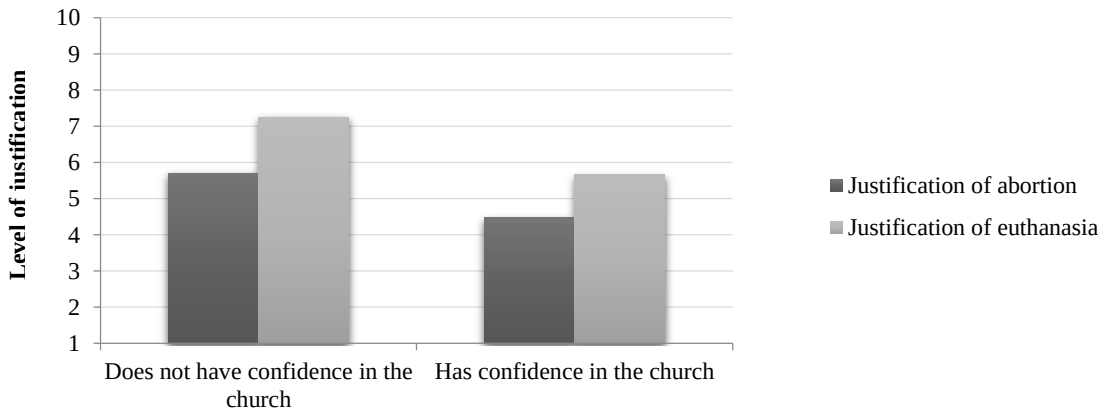


Figure 6: Mean scores for the level of *justification of abortion* and the level of *justification of euthanasia* by the presence of *confidence in the church. Source:* EVS 2008

These bivariate analyses all indicate that there is a negative association between the dimensions and the *justification of abortion* and *euthanasia*. The means are higher for the *justification of euthanasia* but correlation analyses showed that the negative associations concerning the religious dimensions are stronger for the *justification of euthanasia* (however, the differences are small). Thus, while the respondents are generally more permissive towards euthanasia, religious individuals are more likely have a negative attitude towards euthanasia as opposed to abortion.

4.2. Multivariate analyses

When we look at the OLS regressions of both dependent variables, as shown in tables 2 and 3, some differences can be observed concerning the explained variance due to the control variables. For the *justification of abortion,* the explained variance due to the control variables is 0.160. In comparison, controls seem to explain less variance in the *justification of euthanasia*. As shown in table 2, the explained variance is 0.091. As we can see, the smaller explained variance is mostly due to the smaller effect size of educational level for the *justification of euthanasia*. When the religious dimensions are added (as shown in model 7 of both tables), the explained variance increases much more for the *justification of euthanasia*. Religion is thus a more important predictor for the *justification of euthanasia*.

Models 2 through 6 (of both table 2 and 3) show the OLS regressions when each dimension is added individually. When we look at the *religious identity* dimension (model 2 of table 2) for the *justification of abortion,* we can see that each religious denomination has a significant and considerable negative effect on the *justification of abortion*. This model shows that being part of the *Roman Catholic* denomination has a negative effect of -1.537 on the justification of abortion as opposed to not being part of a denomination. Being part of the

PKN (previously Hervormd) has a larger significant negative effect. But unlike the means analysis, the *PKN (previously Gereformeerd)* seems to have the least permissive attitude towards abortion. With the inclusion of all other religious dimensions, the effect of *religious identity* diminishes significantly (model 7). As shown in model 2d (table 2), after the implementation of both *religious participation* and *religiosity*, being part of the *PKN (previously Gereformeerd)* becomes insignificant. It seems as though this only happens due to the inclusion of both these dimensions, seen as the effect remains significant when either of these dimensions are added separately (model 2b and model 2c). The effect of this denomination can thus be explained through a combination of *religious participation* and *religiosity*.

The most permissive attitude of the *Roman Catholics* concerning the *justification of euthanasia*, as shown in the means graph, is also reflected in table 3. As opposed to the respondents who are not part of a denomination, the *Roman Catholics* have a negative effect of -1.290 in model 2. However, as we saw with the *justification of abortion*, adding other religious dimensions into the model deminshes the effects strongly (model 7). Model 3d shows that the negative effect of *Roman Catholic* becomes entirely insignificant after adding both *religious participation* and *religiosity*. This happens only with the combination of these two variables. This indicates that the variation in *justification of euthanasia* due to being part of the *Roman Catholic* denomination is almost fully explained through *religious participation* and *religiosity*. Both the PKN categories stay significant when other dimensions are added. However, while the *PKN (previously Gereformeerd)* was the least permissive in the second model, after the inclusions of the other dimensions *PKN (previously Hervormd)* becomes the least permissive. Seen as this also happened for the *justification of abortion* one could assume that the obtained negative attitde of the *PKN (previously gereformeerd)* is largely formed due to frequent participation in religious services and their level of religiosity. A means analysis showed that this was indeed the case: *PKN (previously Gereformeerd)* had the highest level of *religious participation* and *religiosity* out of the denominations.

To conclude on the first religious dimension, the two hypotheses 1A and 1B were as follows: *Individuals, who are part of a Christian denomination, are less likely to justify abortion and euthanasia than individuals who are not;* and *Orthodox Protestants will have the least permissive attitude towards abortion and euthanasia, followed by the Liberal Protestants and the Roman Catholics.* The first hypothesis is only partly confirmed due to the possible mediation or spuriousness of *religious participation* and *religiosity* which led to an insignificant effect for the *Roman Catholics* or the *PKN (previously Gereformeerd)*.

Concerning the second hypothesis, the expectations were not completely in line with the empirical results. The *Roman Catholics* did have the most permissive attitude towards the justification of abortion and euthanasia; however the *PKN (previously Gereformeerd)* was not the least permissive, as seen in the mean graphs and the OLS regressions.

Model 3 of tables 2 and 3 shows the implementation of *religious participation* into the OLS regression, controlling for *educational level, post-modernism, age* and *gender*. For both dependent variables the effect is highly significant. Like the correlations, the effect on the *justification on euthanasia* (B = -0.513) is slightly larger than the effect on the *justification of abortion* (B = -0.469). Next, other dimensions were added into the regression. The effect of *religious participation* diminishes to -0.220 for the *justification of abortion* and to -0.234 for the *justification of euthanasia*. For both the *justification of abortion* and *the justification of euthanasia*, including the variables stepwise into the regression showed that the effect of *religious participation* diminished most after the inclusion of *religiosity*, followed by *religious identity* and *orthodoxy*. The inclusion of *confidence in the church* did not seem to change the relationship much. This indicates that there are mentionable associations between *religious participation* and *religiosity*, *religious identity* and *orthodoxy*. Individuals, who participate highly in religious services, are thus more likely to have a higher level of religiosity; have a higher likelihood to be part of a denomination; and have a higher likelihood to be orthodox. This, in turn, leads to a more negative attitude towards abortion and euthanasia.

In conclusion, *religious participation* has an individual direct effect on the *justification of abortion* and *euthanasia*. Hypothesis 2 can thus be confirmed. There is indeed a negative association between the level of *religious participation* and the *justification of abortion* and *euthanasia*. The negative effect is stronger for the *justification of euthanasia*.

When *religiosity* was implemented into an OLS regression, controlling for *educational level, post-modernism, age* and *gender*, the effects gives highly significant results for the *justification of abortion* and of *euthanasia*. When the other dimensions were implemented into the regression after *religiosity* nothing changed concerning the significance. However, as with the previously discussed dimensions, the effects become almost three times smaller. This does indicate that *religiosity* has an individual direct effect, but a large part of its initial effect size is explained away due to a spurious effect of other dimensions, or explained through mediation of the other dimensions. If we look at what dimensions diminish the total effect the most, once again the same three dimensions stand out. It diminishes most after the inclusion

of *religious participation*, followed by *religious identity* and *orthodoxy*. Once again, *confidence in the church* does not explain a noticeable portion of the direct relationship.

While much of the original effect is explained away after the inclusion of other dimensions, it can be concluded that the third hypothesis is correct. *Religiosity* does have a negative effect on the *justification of abortion* and *euthanasia*. The negative effect is once again stronger for the *justification of euthanasia*.

When *orthodoxy* was implemented in an OLS regression with the controlling factors, the effect was highly significant for both the dependent variables. Without the inclusion of other dimensions the effect of orthodoxy on the *justification of abortion* is -1.62. When other dimensions are included it drops to and effect size of -0.544 (table 2). The effect stays significant; however the effect becomes roughly three times smaller, which would once again indicate mediation or spuriousness by the other dimensions. After doing stepwise regressions, the three previously discussed dimensions (*religious identity, religious participation* and *religiosity*) play again the biggest part in diminishing the effect size. Table 3 (models 5 and 7) shows that the effect drops from -1.719 to -0.431 after the inclusion of all dimensions for the *justification of euthanasia*. Here, the effect thus becomes four times as small. Once again, a stepwise analysis showed that the effect diminished most after the inclusion of *religiosity*, followed by *religious participation* and *religious identity*.

To conclude, this dimension does have a significant effect on the *justification of abortion* and *euthanasia*. Individuals have a more negative attitude towards abortion and euthanasia if they are orthodox. The fourth hypothesis is thus correct. Next to that, the negative effect is once again stronger for the *justification of euthanasia*.

When we look at the previous dimensions and this one, it can also be stated that the whole is greater than the sum of the parts. Each of these dimensions seems to have a bi-directional relationship or a non-causal association with each other. When one religious dimension is present for the individual, others are also more likely to be present. Seen as they have individual direct effect, they also enforce each other's effects on the *justification of abortion* and *euthanasia*.

As we saw in the bivariate analyses, *confidence in the church* had low correlations with the dependent variables. The reason for the low negative correlation with the *justification of abortion* might be due to insignificant effects. As shown in table 2, the effect seems to be significant when only *confidence in the church* is added into the OLS regression (model 6). However, when *religious participation* is included (model 6b), the effect becomes highly insignificant. This was also the case with *religiosity* to a lesser extent. It thus seems that the

effect of having *confidence in the church* on the *justification of abortion* is completely explained through the level of *religious participation* and *religiosity*. When we look at model 7, when all the other dimensions are added, the effect size becomes almost non-existent. For the *justification of abortion*, the fifth hypothesis is thus rejected. Individuals who have *confidence in the church* do not have a more negative attitude towards abortion.

The effect of having *confidence in the church* on the justification of euthanasia is significant when only controlling for the *educational level, post-modernism, age* and *gender* (-1.334). Unlike with the *justification of abortion* however, the effect stays significant when adding all of the other dimensions. So it seems that having *confidence in the church* does have an individual direct effect on opinions towards euthanasia. However, the effect is diminished largely after the inclusion of the other dimensions (from -1.334 to -0.356). The largest cause for this was *religious participation* and to a lesser extent the other three dimensions. On the other side, when *confidence in the church* was added after religious participation, the effect of *religious participation* did not drop considerably. This indicates that there is a one directional mediation: when people trust in the church, they participate more regularly in religious services and consequently have a more negative attitude towards euthanasia. This also holds for the mediation of *religiosity*, *religious identity* and *orthodoxy* to a lesser extent.

So in conclusion, the hypothesis is only partially true, namely for the *justification of euthanasia*. But, the effect is very small and has the smallest Beta score (0.6) out of the significant relations. It seems that that having *confidence in the church* has no important impact on either of the moral issues, however one cannot say there is no effect at all on the *justification of euthanasia*.

Lastly, the interaction of *post-modernism* is measured in model 8 in both table 2 and table 3. Unfortunately, while it proved to be an important direct influence on the *justifications of abortion* and *euthanasia* (model 1), the hypothesized interaction effects are all insignificant. In this case, the results are kept short. The hypotheses about the interacting effect of *post-modernization* on four of the direct religions are thus rejected.

4.3. The importance of religious dimensions

The results showed that the whole is greater than the sum of the parts; the different dimensions influence each other's effects greatly. The stepwise analyses showed that the first four dimensions are highly intertwined. Each of these dimensions seems to have a bi-directional relationship or non-causal relationship with each other. However, most of these

dimensions have a significant effect after the inclusion of the other dimensions, so it is safe to assume religiousness can be divided into these different dimensions.

Which of the dimensions then, is the most important predictor? The Beta scores in model 2 (in both table 7 and 8) indicate that *religious participation* has the strongest direct effect as opposed to other dimensions. When looking at the changes in the explained variance when a dimension was implemented last, *religious participation* also seemed to have the most explanatory power. For the *justification of abortion*, the increase in R square was (0.296 – 0.292 =) 0.004 after including *religious identity* last; (0.296 - 0.285 =) 0.011 after the inclusion of *religious participation*; 0.005 after the inclusion of *orthodoxy*; 0.007 after the inclusion of *religiosity*; and of course 0 after the inclusion of *confidence in the church*. For the *justification of euthanasia*, the increase in R square was (0.286 – 0.275 =) 0.011 after including *religious identity* last; (0.286 - 0.271 =) 0.015 after the inclusion of *religious participation*; 0.003 after the inclusion of *orthodoxy*; 0.009 after the inclusion of *religiosity*; and 0.003 after the inclusion of *confidence in the church*.

However, this shows that the individual explanatory power of the dimensions is very small. Let's look at the *justification of abortion* to illustrate this: The total increase in explained variance after the inclusion of the religious dimensions is 0.296 – 0.163 = 0.133. When I add individual explanatory power of each dimension together there is a much lower increase: 0.011 + 0.004 + 0.005 + 0.007 + 0 = 0.027. This means that 0.133 – 0.027 = 0.106 of the explained variance due to religious dimensions comes from a combination of these religious dimensions. This shows that not one of these religious dimensions is necessarily the most important predictor, but that the combination of dimensions is what predicts the most (with the exception of *confidence in the church*).

Table 2: Stepwise OLS regressions with *justification of abortion* as dependent variable.

	Model 1	Model 2	Model 2b	Model 2c	Model 2d	Model 3	Model 4	Model 5	Model 6	Model 6b
Variable name	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**B (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**
(Constant)	4.316*** (0.443)	4.867*** (0.423)	5.230*** (0.423)	5.175*** (0.417)	5.365*** (0.416)	5.224*** (0.423)	5.156*** (0.421)	5.027*** (0.431)	4.706*** (0.444)	5.291*** (0.425)
Educational level	0.420*** (0.044)	0.382*** (0.042)	0.411*** (0.042)	0.393*** (0.041)	0.412*** (0.041)	0.440*** (0.042)	0.410*** (0.041)	0.385*** (0.043)	0.410*** (0.044)	0.437*** 0.042)
Post-modernization (post-materialism index)	0.385*** (0.076)	0.284*** (0.073)	0.244** (0.073)	0.231** (0.072)	0.215** (0.071)	0.261*** (0.072)	0.238** (0.072)	0.262*** (0.074)	0.337*** (0.076)	0.253*** (0.072)
Age	-0.029*** (0.004)	-0.017*** (0.004)	-0.015** (0.004)	-0.012** (0.004)	-0.011** (0.004)	-0.018*** (0.004)	-0.013** (0.004)	-0.026*** (0.004)	-0.027*** (0.004)	-0.018*** (0.004)
Female	0.095* (0.149)	0.129 (0.141)	0.140 (0.141)	0.220 (0.138)	0.206 (0.138)	0.129 (0.140)	-0.249 (0.140)	0.207 (0.143)	0.063 (0.147)	0.119 (0.140)
Religious identity (reference category: Not part of a denomination)										
Roman Catholic		-1.537*** (0.168)	-0.864*** (0.191)	-0.798*** (0.195)	-0.488* (0.203)					
PKN (previously Hervormd)		-2.077*** (0.221)	-1.273*** (0.246)	-1.156*** (0.253)	-0.795** (0.261)					
PKN (previously Gereformeerd)		-2.153*** (0.293)	-1.121** (0.246)	-1.047** (0.327)	-0.565 (0.339)					
Religious participation			-0.313*** (0.045)		-0.230*** (0.048)	-0.469*** (0.036)				-0.450*** (0.038)
Religiosity				-0.218*** (0.031)	-0.164*** (0.033)		-0.318*** (0.024)			
Orthodoxy								-1.620*** (0.152)		
Has confidence in the church									-0.906*** (0.163)	-0.241 (0.165)
Adjusted R Square	0.160	0.247	0.273	0.274	0.286	0.256	0.261	0.227	0.179	0.257

Notes: Numbers in parentheses are standerd errors; N = 1321;
* p < 0.05; ** p < 0.01; *** p < 0.001
Source: EVS 2008

Table 2 (continuation): Stepwise OLS regressions with *justification of abortion* as dependent variable.

	Model 7		Model 8
Variable name	**b**	**Beta**	**b**
(Constant)	5.475*** (0.418)		5.577*** (0.514)
Educational level	0.401*** (0.041)	0.251	0.401*** (0.041)
Post-modernization (post-materialism index)	0.197** (0.071)	0.068	0.162 (0.137)
Age	-0.013** (0.004)	-0.078	-0.013** (0.004)
Female	0.221 (0.138)	0.038	0.216 (0.138)
Religious identity (reference category: Not part of a denomination)			
Roman Catholic	-0.469* (0.203)	-0.073	-0.347 (0.571)
PKN (previously Hervormd)	-0.699** (0.263)	-0.081	-0.887 (0.776)
PKN (previously Gereformeerd)	-0.428 (0.343)	-0.036	0.206 (0.984)
Religious participation	-0.220*** (0.048)	-0.149	-0.202 (0.133)
Religiosity	-0.123*** (0.035)	-0.131	-0.175 (0.098)
Orthodoxy	-0.544** (0.182)	-0.089	-0.398 (0.514)
Has confidence in the church	-0.034 (0.167)	-0.005	-0.035 (0.167)
Roman Catholic * post-mod.			-0.048 (0.205)
PKN (prev. Her.) * post-mod.			0.078 (0.276)
PKN (prev. Ger.) * post-mod.			-0.254 (0.354)
Religious participation * post-mod.			-0.007 (0.048)
Religiosity * post-mod.			0.019 (0.034)
Orthodoxy * post-mod.			-0.056 (0.187)
Adjusted R Square	0.290		0.287

Notes: Numbers in parentheses are standerd errors; N = 1321;
* p < 0.05; ** p < 0.01; *** p < 0.001
Source: EVS 2008

Table 3: Stepwise OLS regressions with *justification of euthanasia* as dependent variable.

	Model 1	Model 2	Model 2b	Model 2c	Model 2d	Model 3	Model 4	Model 5	Model 6
Variable name	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**	**b (ES)**
(Constant)	5.549*** (0.427)	6.094*** (0.398)	6.497*** (0.392)	6.429*** (0.391)	6.642*** (0.388)	6.543*** (0.399)	6.460*** (0.397)	6.303*** (0.410)	6.123*** (0.421)
Educational level	0.195*** (0.043)	0.160*** (0.040)	0.193*** (0.039)	0.172*** (0.039)	0.193*** (0.038)	0.217*** (0.039)	0.184*** (0.039)	0.158*** (0.041)	0.180*** (0.041)
Post-modernization (post-materialism index)	0.478*** (0.073)	0.371*** (0.068)	0.328*** (0.067)	0.314*** (0.067)	0.296*** (0.066)	0.342*** (0.068)	0.318*** (0.068)	0.348*** (0.071)	0.407*** (0.072)
Age	-0.021*** (0.004)	-0.009* (0.004)	-0.007 (0.004)	-0.003 (0.004)	-0.003 (0.004)	-0.010* (0.004)	-0.004 (0.004)	-0.019*** (0.004)	-0.019*** (0.004)
Female	0.315* (0.143)	0.350** (0.133)	0.362** (0.129)	0.450** (0.130)	0.433** (0.128)	0.352** (0.132)	0.482*** (0.132)	0.434** (0.136)	0.269 (0.139)
Religious identity (reference category: Not part of a denomination)									
Roman Catholic		-1.290*** (0.158)	-0.541** (0.179)	-0.485** (0.182)	-0.136 (0.190)				
PKN (previously Hervormd)		-2.502*** (0.208)	-1.607*** (0.230)	-1.498*** (0.237	-1.092*** (0.244)				
PKN (previously Gereformeerd)		-2.711*** (0.276)	-1.563*** (0.303)	-1.506*** (0.306)	-0.964** (0.316)				
Religious participation			-0.349*** (0.042)		-0.176*** (0.030)	-0.513*** (0.034)			
Religiosity				-0.238*** (0.029)	-0.259*** (0.044)		-0.346*** (0.022)		
Orthodoxy								-1.719*** (0.145)	
Has confidence in the church									-1.334*** (0.155)
Adjusted R Square	0.091	0.218	0.256	0.256	0.274	0.225	0.230	0.178	0.142

Notes: Numbers in parentheses are standerd errors; N = 1321;
* p < 0.05; ** p < 0.01; *** p < 0.001
Source: EVS 2008

Table 3 (continuation): Stepwise OLS regressions with *justification of euthanasia* as dependent variable.

	Model 7		**Model 8**
Variable name	**b**	**Beta**	**b**
(Constant)	6.820*** (0.389)		7.088*** (0.478
Educational level	0.180*** (0.038)	0.122	0.182*** (0.038)
Post-modernization (post-materialism index)	0.273*** (0.066)	0.102	0.161 (0.127)
Age	-0.005 (0.004)	-0.031	-0.004 (0.004)
Female	0.430*** (0.128)	0.080	0.433** (0.129)
Religious identity (reference category: Not part of a denomination)			
Roman Catholic	-0.145 (0.189)	-0.024	-0.375 (0.531)
PKN (previously Hervormd)	-0.982*** (0.245)	-0.123	-1.653* (0.722)
PKN (previously Gereformeerd)	-0.773* (0.320)	-0.070	-1.257 (0.915)
Religious participation	-0.234*** (0.045)	-0.172	-0.226 (0.124)
Religiosity	-0.138*** (0.033	-0.158	-0.153 (0.091
Orthodoxy	-0.431* (0.169)	-0.077	-0.585 (0.479)
Has confidence in the church	-0.356* (0.155)	-0.060	-0.352* (0.156)
Roman Catholic * post-mod.			0.075 (0.190)
PKN (prev. Her.) * post-mod.			0.252 (0.257)
PKN (prev. Ger.) * post-mod.			0.196 (0.329)
Religious participation * post-mod.			0.001 (0.044)
Religiosity * post-mod.			0.005 (0.032)
Orthodoxy * post-mod.			0.066 (0.174)
Adjusted R Square	0.280		0.279

Notes: Numbers in parentheses are standerd errors; N = 1321;
* p < 0.05; ** p < 0.01; *** p < 0.001
Source: EVS 2008

5. CONCLUSIONS AND DISCUSSION

Numerous sociologists have researched why the Netherlands has such a permissive attitude towards abortion and euthanasia. The sizable secularisation is often thought of as the prime reason for this occurrence. While other researchers did so by looking at the decline in participation in religious services, in religiosity or in orthodoxy, this research aimed to find out whether there has occurred a disconnection between religiousness and these moral values. In the introduction, I ended with two different research questions. The first research question was: *Does the level of religiousness in Christian beliefs still influence the attitudes towards abortion and euthanasia?* To my knowledge, I have provided clear evidence that this is still the case. Using five different dimensions to measure the level of religiousness of an individual, it seems there still are distinct associations between someone's level of religiousness and what kinds of attitudes they have towards abortion and euthanasia. While Stark and Glock (1968) argued a disconnection between religion and moral values of the public could occur, to this day this is still not the case in one of the most permissive countries of the world.

Having established that religion does have an effect on the moral attitudes towards abortion and euthanasia, raised a new question: which of the dimensions has the most explanatory power? The discussion about what aspect of religion influences morality started with the statements of Durkheim (1912). He argued that religion only influences morality through religious rituals and the social integration that comes with it. This led to a stream of other research testing and confirming that other aspects such as the belief in a supernatural entity also has an intricate influence on how an individual's morality is formed. For instance, Stark (2001) even argued that belief in God is a more important predictor for the formation of moral attitudes, as opposed to the religious rituals described by Durkheim (1912). While this research only looks at two distinct moral issues and not the whole of morality, it can shed light on which religious dimension is most important for the attitudes towards abortion and euthanasia. Religiosity, (which represents the importance of God in someone's life) has a considerable effect on the two moral issues, but appeared to be the second most important predicator. In this research it appears that the strongest dimension is religious participation. The oldest theory (e.g. Durkheim's social integration theory) is thus still the most applicable for the formation of attitudes towards these moral issues.

Four of the five dimensions had a mentionable contribution; not only religious participation and religiosity, but also religious identity and orthodoxy, albeit to a lesser extent.

Confidence in the church came forth as the least important dimension. While it could just be that having confidence in the church to have answers to moral issues is not important to the formation of one's morality, it could have a different reason: due to the nature of the question asked in the survey. Respondents were asked whether they had any confidence in the church to have answers to moral problems. It could very well be that unreligious individuals still answered yes to this question, because they feel that the church adequately provides answers to moral issues for other individuals.

However, as mentioned in the last part of the results section, while some religious dimensions had a larger individual contribution than others, it appeared that the combination of dimensions is what predicts the most. Each dimension had relatively little individual explanatory power for both the justification of abortion and of euthanasia due to high associations between religious identity, religious participation, religiosity and orthodoxy. This raises the question whether it is necessary to treat religion as a multidimensional concept. Previous researchers (Glock, 1974; Lenski, 1961; Thung et al., 1985) argued that religion could be multidimensional if the correlations were low enough. However, this research shows, that even with low enough correlations between the dimensions (ranging between 0.101 and 0.654), they do not have a considerable impact when looked at individually in a multivariate analysis. Next to that, while the results implicated strong associations between the dimensions, it is difficult to determine whether these associations are non-causal or bi-directional. For example, it is likely that an individual who is part of a religious denomination, participates regularly in religious services, however it is not as logical for someone to become part of a religious denomination because they participate regularly in religious services.

This research also showed that there is a clear difference between abortion and euthanasia and how they are affected by religion. While the sample was generally more permissive towards euthanasia than abortion, the religious dimensions each had a stronger effect on euthanasia. I have several thoughts on why this can be the case. Firstly, the more permissive attitude towards euthanasia might be due to the dual nature of the end of life decisions. As McLachlan (2008) states, euthanasia consists of both active and passive euthanasia. While both are legal in the Netherlands, the nature of the acts is very different. Passive euthanasia could be the discontinuation of a treatment which could prolong the life of a dying patient. Active euthanasia is a deliberate act to end the suffering of an individual by ending their life, regardless of them being in a life threatening situation. If respondents take both of these acts into account, it is highly likely that they will be more permissive towards letting someone die instead of prolonging a life of suffering slightly. "Even when acts and

omissions have the same outcomes, they are not thereby necessarily morally identical: how and why what is done matters" (McLachlan, 2008). This could also be the case for Christian individuals. As described in the CCC, the discontinuation of medical procedures can be legitimate as it seen as 'over-zealous' treatment (Catholic Church, 1997). Seen as abortion is forbidden in most cases according to the Christian doctrine, it is not shocking that the general attitude towards it is less permissive.

The reason for the stronger effect of religion on the justification of euthanasia might be attributed to the low influence of educational level. While educational level was the stronger predictor for the justification of abortion, this was not the case for the justification of euthanasia. It could be that the act of euthanasia is less integrated within the educational system, which reduces possible internal conflict between rationalized values formed through education and religious values concerning euthanasia. Another reason could be that euthanasia has been legal for a much shorter period of time. The longer legalization of abortion could have led to a deeper integration of permissive values. Why the act of euthanasia is more so influenced by religion is thus something for future research to look into.

This research also addressed a second research question: *How do post modernistic values influence the relationships between the different dimensions of religion and attitudes towards abortion and euthanasia?* I intended to show whether post-modernistic values could possibly explain a disconnection between religion and moral values. Unfortunately, the results showed that having post-modernistic values made no difference in the relationship between religiousness and the attitudes towards abortion and euthanasia. I thus have to conclude that there is no interaction on this relationship and the theories on which this question was based were insufficient. There could however be another reason why this research showed no signification results concerning this interaction. There are two issues with the measurement of post-modernization in this research: the sample size is small. This not only caused some religious identities to be small in comparison to others, but the interaction effects of post-modernization are also done on the small sample groups, with made the number of respondents for each value even smaller. This may have caused the insignificant effects.

As a final note, this research gave a snapshot in time and provided enough evidence that a disconnection between religion and moral values has not occurred as of yet. If future research sought to enrich this empirical evidence on this subject, it could do so by including other moments in time, using a longitudinal analysis. While there still is an effect between religiousness and the attitudes towards abortion and euthanasia, this could determine whether the connection has been diminishing and whether a disconnection could happen in the future.

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