THE ROLE RELIGION PLAYS IN ATTITUDES TOWARD EUTHANASIA

by

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ABSTRACT

This research investigated the role religion plays in how individuals view euthanasia and physician-assisted suicide. One hundred participants from each of the three major monotheistic world religions were given a seven-question survey. The seven questions consisted of statements regarding the knowledge of their own religion, how the participants feel about terminally ill patients and those who have lost vital functions, and also whether or not they believe euthanasia is morally just. It was predicted that the participants who belong to Judaism and Islam viewed euthanasia as morally just and participants who belong to the Christianity viewed euthanasia as morally incorrect.

DEDICATIONS

For my family and supporting husband, who have been by my side for about three years in completing the following work.

I thank God for blessing me with wonderful people who have been supporting me throughout my life.

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TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION 1
Defining Euthanasia 1
Defining Death 2
Physician-assisted suicide 4
CHAPTER TWO: CHRISTIANITY, JUDAISM, AND ISLAM 5
Beliefs in the Jewish Faith 5
Beliefs in the Christian faith 7
Beliefs in the Islamic faith 9
CHAPTER THREE: THE SUCCESS OF RELIGION 11
CHAPTER FOUR: PURPOSE 15
CHAPTER FIVE: METHOD 16
Participants 16
Procedure and Materials 16
CHAPTER SIX: RESULTS 18
Descriptive Statistics 18
Inferential Statistics 18
Post Hoc Analysis—Religion 19
Post Hoc Analysis—Age Category 21
CHAPTER SEVEN: DISCUSSION 24
Euthanasia—Religion 24
Euthanasia—Age Categories 27
Physician-Assisted Suicide—Religions 29
Physician-Assisted Suicide—Age Categories 30
Limitations 32
APPENDIX A: SURVEY 34

APPENDIX B: IRB APPROVAL LETTER 42

APPENDIX C: POST HOC TEST 44

REFERENCES 70

CHAPTER ONE: INTRODUCTION

DEFINING EUTHANASIA

Suffering in the eyes of those who are terminally ill can only be experienced by those who undergo the pain, not by the loved ones or the medical staff. Yet, the question of who has the right to determine how much suffering an individual should endure and for how long is still considered controversial in our society. Although euthanasia is the Greek term for "good death," it has never been viewed or practiced as such in Western society. The term euthanasia itself is very conflicted and holds two meanings according to Keown: "to end the suffering and prolonged treatment of a terminally ill patient" or "to euthanize a patient by using a lethal injection" (2002). Furthermore, euthanasia can be categorized in three ways. There is "voluntary euthanasia," where the patient requests out of their own free will the process of euthanasia in order to help end their suffering. Then there is "non-voluntary euthanasia," where the act of euthanasia is performed on patients who are not competent to make an informed decision. Finally, there is "involuntary euthanasia," where euthanasia is performed against the demands of a fully competent patient (Keown, 2002).

Societal responses to euthanasia are varied. In the U.S. euthanasia tends to coincide with the idea that it is killing the weak, and that an option to euthanize will lead to doctors not treating patients when the option of death is readily available. In terms of medical ethics, the question that arises is whether or not keeping a patient who will not recover is worth the cost of using expensive testing and interventions. Keeping a long-term patient in hospital care for a considerable amount of time goes against the healthcare model in the United States, where

discharging patients out of hospital care as soon as possible is admired (Keown, 2002). The cost-benefit ratio pertaining to medical treatment is using every medical intervention possible in order to receive the greatest return: a self-sustainable life to be present in the patient (Keown, 2002). However, this cost-benefit ratio of using such measures to save a life is not returned when it comes to a patient who is terminally ill. The permeating idea that euthanasia is murder makes this option increasingly problematic and scrutinized via moral debates. Amongst the various views on euthanasia and its legality are religion and theology which are paramount in influencing the individual perspective and response to euthanasia.

DEFINING DEATH

Religion and theology brings about a peace of mind when it comes to certain life decisions as they bring straightforward answers to those who seek comfort. The issue that arises with the topic of euthanasia is the definition of death; it is here where the answer is found when it comes to the action needed to take when assessing the right-to-die. Before 1968, cardiopulmonary function was used to define the death of a patient (Glannon, 2005). The advancement in medical practices has helped prolong life; however this has resulted in many consequences. The loss of cardiac and pulmonary function relayed the belief that there is loss of central nervous function, hence the death of the patient. Then the respiratory ventilator was introduced into the medical society where now patients will appear to be alive even though mental functions appear to be absent; this launched the debate of the true definition of death.

The next criterion of death that was formulated is called the "whole-brain" criterion, where the permanent loss of all brain functions should be the standard of determining death

(Glannon, 2005). This diagnostic tool was also criticized as there are many bodily functions that function without the use of brain such as the pulmonary mechanisms in the human body (Glannon, 2005). The last two methods of defining death only looked at the patient as a bodily organism rather than a human being. Therefore, the next topic of determining death introduced a "higher-brain" definition of death which placed human consciousness at the peak discussion. Persons are defined by their consciousness and the brain and body are seen as two separate entities. The activity of the cerebral cortex is what separates humans from animals as this part of the brain dictates the capacity of consciousness and also thought processing. This criterion states that death is defined as the termination of cortical functioning of the brain (Glannon, 2005). This idea refutes the previous criteria of death where cardiopulmonary cessation and cessation of the whole-brain function are key. Instead, this process defines a patient as being dead even if the brain stem and the cardiopulmonary system continues to be active. Given these three views of defining death by ethical and scientific standards, the religious views of the patient and family remain a pivotal decisive factor.

PHYSICIAN-ASSISTED SUICIDE

Physician-assisted suicide is another controversial topic that also falls under the right-to-die. However, physician-assisted suicide greatly differs from euthanasia. The large distinction between physician assisted suicide and euthanasia is the will power and ability to live, which is evident in the patient. In the case of euthanasia, it is common to see an end-stage, terminally ill patient who might or might not have lost proper self-sustaining bodily functions. This is when the patient or advocate of the patient who is unable to make a decision for themselves requests to terminate life and the physician will begin and end the procedure needed to complete the task. Whereas in cases of physician-assisted suicide, it is common to see patients who have lost the will to live due to a medical condition which will eventually render them unable to properly manage their life and therefore, patients request to terminate their life. Then the physician will prepare the necessary tools needed in order to fulfill the request, subsequently the physician will provide the patient with said tools and the patient will complete the termination of life themselves with or without the supervision of the physician.

CHAPTER TWO:
CHRISTIANITY, JUDAISM, AND ISLAM

The three major monotheistic religions each have their own holy books that give their own unique moral guidelines. In Christianity there is the Bible, in Judaism there is the Torah, and in Islam there is the Quran. In each of these holy books adherents believe there lays the answer to the major ethical issues that are present in this lifetime. However, individuals interpret these texts in their own way, giving rise to a variety of opinions on any given subject. In each of these holy books, there are generic instructions where followers must believe through faith. Through these teachings is where we find the roots of bioethics, which is the foundation of ethical issues behind the world of medicine and medical procedures. The main preface behind these particular religions in regards to life itself is that we were created by God and we all have a duty to protect the creations of God; through all the advances that might come in the future, faith and the religious traditions should never be forgotten.

Beliefs in the Jewish Faith

In Judaism, preserving the creations of God is a vital obligation that is given to humans. However, the prolonging of a life which is destined to end is a crime in the Jewish law because it is an act of playing God as death is an inevitable feature of life. In the Talmud it states, "My creatures need it [death]." According to Rabbi Shulman, the Jewish tradition views death as a part of life that cannot be stopped and it is against the Jewish law to prolong the act of dying (Shulman, 1998). The Jewish attitude of the process of death is represented in the Mishnah, which is used in Jewish teachings secondary to the Torah, is used to explain the teachings of the

Torah. In the Mishnah, it states, "He who touches a dying person or moves him is shedding blood." With the given quote from the Mishnah arises the Jewish principle of the process of death, that if a person is evidently on the path of death, one should not intervene or else the death of the person is on the hands of who obstructed the process of death. Given that the physician is given the job of a skilled healer, it is up to the physician to know when the time has come to stop treatment. Suicide is forbidden in Jewish law and to prolong life is a must, it is a right that every human has. However, if a patient is terminally ill or in a vegetative state, withholding treatment is required, but it is up to the physician to decide whether or not he or she would give pain killing medication to ease the process. Placing a patient on life support however is against Jewish law (Schulman, 1998). Through this fact, the first hypothesis of those surveyed who are Jewish will believe that euthanasia is just.

Life in Judaism is revered and one should everything possible to keep that life healthy and pure. As Shulman states in his own words, which he has deciphered from the Jewish holy book, “the body is given to us in trust… we cannot harm it, since it belongs to Almighty God” (1998). With this mindset in place in Judaism, suicide is a great sin as suicide is harming the physical body, which has been given to individuals, thus life is viewed as a divine entity. Physician-assisted suicide is still clearly suicide, whether or not a physician approves of it or not, as Shulman deciphers from the holy book, “I may not commit suicide…I must not even cut myself, except for therapeutic purposes” (1998). Physician-assisted suicide is defined as the physician providing the tools necessary to complete suicide, and then the patient performs the following action himself or herself. With the given credentials as to what physician-assisted

suicide is, the next hypothesis of those surveyed who are Jewish will believe that physician-assisted suicide is unjust.

Beliefs in the Christian faith

In Christianity, life created by God must be preserved and saved and is sacred under Christian Law. The doctor must give and show hope that a patient will become better, and try everything possible in order to sustain their life. The concept of hope is a very vital force in the Christian faith where if it is lost, then one is seen as having "bad faith" (Gill, 2006). The commitment of faith must not be broken at the risk of losing a peaceful afterlife. In the Bible it is stated, "Or do you not know that your body is a temple of the Holy Spirit within you...therefore glorify God in your body." With this given quote from the Bible in the book of Corinthians, is where a human's life is defined and also human life is seen as divine worth. The act of euthanasia is seen as horrible as suicide, regardless of the possible causes or reasons for the need of ending life so abruptly. Ending one's own life is to play the act of God, where death is depended upon God and should not be controlled by any human (Committee on Medical Ethics, 1997). Suffering is an inevitable force which is brought upon in the process of death or being terminally ill, it is then when the Christian community must come together in the aid of the sick to bring forth compassion and a sense of well-being as stated by the Committee on Medical Ethics of the Episcopal Diocese of Washington D.C. (1997); it is in this process where healing is present and must be completed so that the patient shall not feel alone and therefore should not feel the urge to end their life.

Through the belief in Christianity that faith is a strong constituent in the healing process and that if one were to give up to ill health, then all faith and hope in God is lost and is seen as a taboo in the religion (Gill, 2006). Since these are the beliefs in Christianity, the second hypothesis of those surveyed Christians will believe that euthanasia is immoral.

Intention is a decisive factor seen behind the decisions made by all the followers in all three of the monotheistic religions. According to the Committee on Medical Ethics of the Episcopal Diocese of Washington D.C "Jesus stressed intent for distinguishing between right and wrong" (1997). To commit suicide is to do harm to the body, it is seen as murdering oneself and as stated in the 10 Commandments, "Thou shalt not kill." In Christianity, according to the Committee on Medical Ethics/ Diocese of Washington D.C., desire to end the suffering of a loved one clouds the judgment of a morally correct intention, which is to relieve the pain and preserve the life that is given by God (1997). To end a life that is given by God as a gift is murder and murder is never justifiable, therefore the termination of life by oneself is also a great sin. With the given rules set in the Holy Bible, the next hypothesis of those surveyed who are Christian will believe that physician-assisted suicide is unjust.

BELIEFS IN THE ISLAMIC FAITH

In Islam, one of the duties of humans is to serve a social responsibility that would help others. By fulfilling this goal of helping others in the community, there shall be no harm inflicted to others in society. Muslims are required to stay in good health and to make sure that healthy steps are taken daily to ensure a prosperous life. With this given obligation, Muslims are required to know their bodies in case there is a time needed where extra steps might be taken to ensure proper health. In the Quran it states that a Muslim must know that any pain that becomes apparent in their life is a test of God in order to confirm the believers' faith and spiritual state of mind. Quoted by Prophet Muhammad, "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim," it is through this saying where Muslims must see the truth behind pain and suffering (Sachedina, 2009). Suffering should not lead a Muslim into despair and feelings of hopelessness where life must be ended. Given that a Muslim must know his or her own body, it shall be known by a Muslim when their life is near the inevitable end; where death is evident and it is here when a Muslim should not interfere with the process of death. In Islam, humans are seen as two separate entities, which are the soul and the physical body. Once the soul leaves the physical form of the body, then the person is considered to be dead at that point (Sachedina, 2009). Trying to keep that person alive artificially is illegal in Islamic law. The spirit that is within the body is a part of God, it is a source of life that is linked with God as Sachedina states (2009) and if the vital functions of the cardiac and respiratory systems are to the point where they are not functioning, it is told in the Quran that humans must obey their limitations and understand them in order to not play God (Sachedina, 2009). Through the given

facts that are stated in the Islamic law, those surveyed who are Muslims will believe that euthanasia is just.

In the Quran it states, "it is not given to any soul to die, save by the leave of God, at an appointed time." From this quote from the Quran, Sachedina has deciphered this is as God having the divine power and right when and how to terminate one's life, which is written in one's destiny. In Islam, suicide is seen as a sin, which can never be forgiven, as is murder. The right-to-die is not debated in Islam, purely because life is a divine gift given by God, where the physical body will return back to God as He pleases. God appoints death to each individual and this appointment must and cannot be broken by the individual who is temporarily in that body. Even though the patient might be in pain or suffering, in Islam, is it seen as a test by God to view the level of faith the patient has for God. Therefore, with the given criteria of Islam forbidding suicide and forbidden the negative intentions of death due to illness, those surveyed who are Muslim will see physician-assisted suicide as unjust.

CHAPTER THREE: THE SUCCESS OF RELIGION

Throughout the discussions of euthanasia in the media and in politics, it has been shown to be an issue of moral ethics, rather than science-based complications. Religion has been seen as a way to ease the frustration in life (Argyle & Beit-Hallahmi, 1975) and religion introduces inner conflict where moral demands are felt through pleasing a higher power such as God (Argyle & Beit-Hallahmi, 1975). Religion is a great force in the influence of mankind's daily lives, according to Hood et al. humans tend to have religious influences intimately play a major part of our daily activities (2009). Throughout the course of history, religion has been used as an excuse to perform many unspeakable actions, from the Crusades to more recent events such as the September 11th attacks which have been acted upon in the name of religion. Understanding the role of religion can be hard to assess given that religiosity is hard to operationalize because there is great subjectivity in how individuals view their faith. Thus, there are three fundamental thought processes which can provide insight behind the theory of understanding the role of religion psychologically through the given framework: cognitive, motivational, and social aspects of life (Hood et al.). The given framework provides the reasons why we all search for meaning, especially in religion. Mankind has been in search for meaning since the beginning of history and the search for meaning is what causes humans to fill the void in their lives.

The concept of the afterlife, what the future may entail, and various other questions that are impossible to answer scientifically is where religion introduces itself as the savior. The fundamental process of cognition in understanding the role of religion comes from the fact that we as humans try to mold our personalities, morals, and views daily (Hood et al., 2009). This

process according to psychologists is known as the personal schema. In the process of creating this schema, we use information we have learned socially, through nurturing and nature, and things we have learned through experience. In the development of creating this schema, the theory of attribution is a key factor in finding meaning in our lives and therefore a key mediator of the creation of individual schemas. The attribution theory is used to explain the role of religion in psychology due to the fact that it gives an explanation to an event that has occurred. Psychologists have tested the theory of attribution by seeing whether or not events occurred due to economical, social, or medical reasons then assessing how many participants as attribute the events to "God's work" (Spilka & Schmidt, 1983). In the study, participants were given different scenarios with either a positive or negative outcome and were then asked to assess whether the event occurred from an economical, social, or medical cause. Then the participants were asked if the event was an act of chance or an act of God. The results of the study revealed that the scenarios that were given a positive response, were considered an act of God, whereas the scenarios that were given a negative response were seen as due to chance. Also the attributions to God were made to the scenarios that were of medical reasons, whereas the economical and social causes were seen as an act of chance (Spilka & Schmidt, 1983). Hood et al. (2009) suggested that when it comes to understanding ourselves, our relationships, and also the events that occur around us, we all discover religion to be in the midst of our developing schema. Religion provides teachings which have shown to provide a cognitive stepping stone to thought processes regarding decisions people make.

In the process of developing an individual schema and completing the search for meaning in this life, the motivational cue to continue this process is the need for control. The

attribution theory not only aids in figuring out what causes an event to occur, but also goes deeper into helping individuals control their surroundings. This motivation to control one's surroundings is rooted in the individual's fear of either the life on earth or the life thereafter. Consequently, according to Hood et al., individuals seek to control life's threats in order to control the outcome (2009). By controlling the outcome of certain events, individuals are able to ease the stressors which befall us in our daily lives and also future events to come. The ability to handle certain such negative events is completed differently by every individual and these different methods of controlling one's events are crucial in determining the schema of the individual. The governing schema is fundamental to understand the behavioral process of an individual and this motivation to control one's life is aided by religion and its teachings. Religion is introduced into the world with set guidelines and also meaning to every situation in life. Life and death are clearly represented in the three monotheistic religions discussed; the meaning of death, what is meant to follow after death and how to handle such difficult situations are clearly illustrated in each holy book. The ability of religion to offer meaning to life and also to provide control is what makes religion successful but also creates the individual as a whole (Hood et al., 2009).

Individuals have found religion to provide a cognitive backbone, where our very thought processes are governed through the eyes of a religion. The motivation of finding meaning to one's existence, life's decisions, and outcomes provides individuals the tools needed to master control over themselves and their surroundings. Given that religion is able to provide such a stepping stone into developing the individual schema, religion is also able to connect individuals together—the ability to socialize with others in terms of beliefs and thoughts with

others is what makes religion such a strong and influential force in developing the human psyche. Religion is able to connect individuals with each other where it brings about social support, compliance to religious standards, and many other actions which help influence the actions of each individual. Religion provides a very strong factor in developing minds, which is the need of social interaction. According to Hood et al., we are born into this world with human interactions and relationships (2009); religion is able to follow up on this humanistic urge to socially gather by forcing each other to congregate. Through these methods of congregating is what provides individuals with the final tool to determine what kind of person they are and also how they will control their environment. The congregation of individuals of the same cognitive and motivational backbones provides a perfect sense of integration into a social group with similar beliefs and practices. The ability of religion to successfully achieve such interconnectedness within each group is what strengthens the bond between religion and self.

CHAPTER FOUR: PURPOSE

The purpose of this study is to show how religious beliefs are related to the views of euthanasia and physician-assisted suicide. The three major monotheistic religions each have different views upon death and also the bioethics behind the livelihood of the ill. In this study, through the use of a survey, the factor of religion will be tested as to show how such a concept of life plays a major role in the field of bioethics, more specifically, euthanasia and physician-assisted suicide.

Through the humanistic psychoanalytic view of religion and psychology, Fromm (1978) had theorized that religion promotes the growth of a person's own love and reason for humanity. Also, according to a study by L. B. Brown (1962), primary beliefs play a large role in the characteristics and functions of day-to-day life. Based upon the aforementioned theories, the prediction of this research is that religion will play a significant role in how individuals of the three religions surveyed determine the outcome of a terminally ill patient's life.

CHAPTER FIVE: METHOD

PARTICIPANTS

In this research, there were to be three hundred participants: where 100 participants were of the Judaism faith, 100 participants were of the Christian faith, 100 participants were of the Islamic faith. In each of the three independent variables, which are the three monotheistic religions stated, participants were to be surveyed in two primary locations, the University of Central Florida and the respected churches of the religions studied. Informed consent forms were given regarding the topic of research that contained specific inquires about faith, which can be a sensitive subject to many.

PROCEDURE AND MATERIALS

The 100 participants needed for conducting the survey on those of the Judaism faith were to be surveyed at a synagogue after a prayer service, when there were more followers available, and also at the University of Central Florida before student group organization meetings were held. The next 100 participants needed for conducting the survey for those of the Christian faith were to be surveyed at a church and also at the University of Central Florida before student group organization meetings were held. Finally, 100 participants needed for conducting the survey of the Islamic faith were to be surveyed at a mosque after prayer services and at the University of Central Florida before student group organization meetings were held.

Prospective participants were asked first if they have time for a survey. Once the desired participant was approached and agreed to the research study, then the participant was given the survey and could take on the spot or take it home to be completed. To ensure confidentiality, once completed, participants themselves placed each survey in a confidential bag. The participants were told that they would receive the results of the study and also the purpose of the research.

The survey statements were printed on a standard sheet of paper without any pictures of those who are terminally ill or any sickly patients in order to make the participant feel unbiased about their decision. The survey did not ask for the participant name and consisted of statements that the participants answered on a scale that ranged from strongly agree (1) to strongly disagree (5). See Appendix A for the survey statements.

CHAPTER SIX: RESULTS

DESCRIPTIVE STATISTICS

A total of 207 participants responded to the survey. Of those 207, 118 were males and 89 were females. Furthermore, 77 were Christian, 50 were Jewish, and 80 were Muslims. The majority of the respondents were between the ages of 18 and 25 (102), 35 were between 26 and 38, 52 were between 39 and 50, and 18 were over 50 years of age.

INFERENTIAL STATISTICS

A between groups multivariate analysis of variance was conducted on the data. The independent variables were Religion, Age Category, and Gender. The dependent variables were the Euthanasia and Assisted Suicide items on the survey. The overall analysis indicated statistical significance between Religions $F(16, 360) = 13.32$, $p=.000$; Pillai's Trace = .774, and between Age Categories $F(24, 543) = 1.95$, $p=.005$; Pillai's Trace =0 .238. However, there was no significant effect for Gender. There was one interaction effect between Religion and Age Category $F(40, 915) = 1.632$, $p=.009$; Pillai's Trace = 0.332. See Appendix B for statistical tables.

When the results for the dependent variables were considered separately, the analysis indicated that all the items were significant for Religion and Age Category except for one. The one item that was not significant (i.e. participants of various religions and age categories did not differ in their responses to it) was the item: Do you think that assisted suicide should be legalized in the U.S.?

Post Hoc Analysis—Religion

Post Hoc analyses were conducted on the data and the following significant effects were found for Religion:

1. On the item "Euthanasia is never ethically justified," responses of Christians were different from those of Jews and Muslims. However, responses of Jews and Muslims did not differ from each other. An inspection of mean scores indicated that Christians were more likely to agree with the statement (Mean = 2.18), whereas Jews and Muslims were more likely to disagree with it ($Mean_{jews}$ = 4.42 and $Mean_{Muslims}$ = 4.34).

2. On the item "There are some situations in which euthanasia should be legal," once again, responses of Christians were different from those of Jews and Muslims. Responses of Christians were less positive towards the legalization of euthanasia (Mean = 3.42). Jews and Muslims had similar views of legalizing euthanasia, where they were more positive about legalization ($Mean_{Jews}$ = 2.02 and $Mean_{Muslims}$ = 2.03).

3. On the item "There are some situations in which I would be willing to participate in euthanasia," there was a significant difference in the viewpoints of Christians compared to Jews and Muslims where Christians were less positive about participation ($Mean_{Christians}$ = 3.78). Jews and Muslims responses were similar in that both were more likely to participate in euthanasia. The means for those two groups were 2.72 and 2.80 respectively.

4. On the item "Assisted Suicide is never ethically justified," there were significant differences between the views of Muslims compared to the views of Jews and Christians. Muslims strongly

agreed that assisted suicide is never justified ($Mean_{Muslims}$ = 1.30) compared to Jews and Christians who did not share such strong negative beliefs towards the justification of assisted suicide ($Mean_{Jews}$= 1.88 and $Mean_{Christians}$= 1.91). However, all three religions still found assisted suicide not to be ethically justified.

5. There were some situations where the Christians and Jews held similar views. On the Item "There are some situations in which Assisted Suicide should be legal," Jews and Christians were similar in their views towards the legalization of assisted suicide ($Mean_{Jews}$ = 3.76 and $Mean_{Christians}$ = 3.79). Whereas Muslims were more likely to disagree more strongly about legalizing it ($Mean_{Muslims}$ = 4.63).

6. On the item "There are some situations in which I would be willing to participate in Assisted Suicide," respondents of all three religions disagreed to participate in assisted suicide. However, Muslims were significantly different from Christians and Jews who were not different from each other. Muslims were found to have views closer to strongly disagreeing to participate in assisted suicide ($Mean_{Muslims}$ = 4.85) compared to Jews and Christians who disagreed but not as strongly ($Mean_{Jews}$ = 4.30 and $Mean_{Christian}$ = 4.23).

7. On the item that asked "Do you think that euthanasia should be legalized in the USA?" (1=yes, 2=no), members of the three religions had the following means ($Mean_{Jews}$ = 1.02; $Mean_{Christians}$ = 1.70; $Mean_{Muslims}$ = 1.09). Christians differed significantly from Jews and Muslims who were not different from each other.

8. With the final item on the survey asking "Do you think that assisted suicide should be legalized in the USA?," there were no significant findings. With the mean values given, it appears that all three religious groups felt that assisted suicide should not be legalized ($Mean_{Jews}$ = 1.88; $Mean_{Christians}$ = 1.86; $Mean_{Muslims}$ = 1.91.)

POST HOC ANALYSIS—AGE CATEGORY

Post Hoc analyses were conducted on the data and the following significant effects were found for Age Category:

1. On the item "Euthanasia is never ethically justified," The young and oldest groups were different from each other and from the two middle age groups with the means for the age groups between 26-38 and 39-50 being 3.14 and 3.39 respectively which is close to being neutral on the issue. Participants aged 18-25 found euthanasia to be justifiable ($Mean_{18\text{-}25}$ = 4.03), whereas participants 50 or over were largely against euthanasia ($Mean_{50 \text{ or over}}$ = 2.33).

2. The following item "There are some situations in which euthanasia should be legal," the age groups 18-25 and 50 or over once again had significantly different views than the other age groups. Participants in the age groups of 26-38 and 39-50 both agreed that euthanasia should be legal in some circumstances ($Mean_{26\text{-}38}$ = 2.80 and $Mean_{39\text{-}50}$ = 2.84). The age group of 18-25 agreed that there are some situations where euthanasia should be legal ($Mean_{18\text{-}25}$ = 2.09). On the other hand, participants in the age groups 50 or over disagreed ($Mean_{50 \text{ or over}}$ = 3.62).

3. On the item "There are some situations in which I would be willing to participate in euthanasia," participants in the age group 18-25 were more willing to participate in euthanasia in

certain situations ($Mean_{18\text{-}25}$ = 2.81), whereas participants in the age groups 26-38 and 39-50 were similar to each other ($Mean_{26\text{-}38}$ = 3.34 and $Mean_{39\text{-}50}$ = 3.37) and less likely to agree. But once again, the difference is seen within the age group of 50 or over who were more likely to disagree to participation ($Mean_{50 \text{ or over}}$ = 3.90).

4. According to both the Multiple Comparison analysis and the post hoc analyses, there were no significant differences on the item "Assisted Suicide is never ethically justified." According to the means, all the age groups were strongly against the justification of assisted suicide.

5. Similarly, the item "There are some situations in which Assisted Suicide should be legal," showed no significant differences in the age groups. The age group of 18-25 presented a mean of 3.95. The other age groups also disagreed that assisted suicide should be legal in certain circumstances ($Mean_{26\text{-}38}$ = 4.34; $Mean_{39\text{-}50}$ = 4.08; $Mean_{50 \text{ or over}}$ = 4.52).

6. The comparison values were not significant on the following item as well, "There are some situations in which I would be willing to participate in Assisted Suicide." The participants in all the age groups disagreed to participating in assisted suicide ($Mean_{18\text{-}25}$ = 4.45; $Mean_{26\text{-}38}$ = 4.51; $Mean_{39\text{-}50}$ = 4.57; $Mean_{50 \text{ or over}}$ = 4.43).

7. On the item which asked "Do you think that euthanasia should be legalized in the USA?," participants in the youngest and oldest age groups were significantly different from each other and from the two middle aged groups who were not different from each other ($Mean_{18\text{-}25}$ = 1.14; $Mean_{26\text{-}38}$ = 1.43; $Mean_{39\text{-}50}$ = 1.37; $Mean_{50 \text{ or over}}$ = 1.71).

8. On the item “Do you think that assisted suicide should be legalized in the USA?” there were no significant differences between the age groups. The means in the post hoc test revealed that all the age groups believe that assisted suicide should not be legal ($Mean_{18-25} = 1.86$; $Mean_{= 38} = 1.86$; $Mean_{39-50} = 1.90$; $Mean_{50 \text{ or over}} = 2.00$).

CHAPTER SEVEN: DISCUSSION

The followers of the three monotheistic religions studied appear to have adhered to the teachings set by their respective religious domains as the results of the study have shown that religion is powerful in influencing the decision making process.

EUTHANASIA—RELIGION

After the demographics and religious affiliation were accounted for in the survey, the first question regarding euthanasia stated, "Euthanasia is never ethically justified." The results of the first item indicated that the Jews and Muslims were more likely to disagree with the statement with a mean value of 4.42 and 4.34 respectively. Whereas, the responses of the Christians revealed that they were more likely to find euthanasia unjustifiable ($Mean_{Christians} = 2.18$). Thus, the Jews and Muslims that were surveyed found that euthanasia could be ethically justified in certain circumstances. As hypothesized, Jews and Muslims had similar views towards euthanasia as opposed to Christians. The next item on the survey states, "There are some situations in which euthanasia should be legal." The results of the survey indicated once again that Jews and Muslims shared common views ($Mean_{Jews} = 2.02$ and $Mean_{Muslims} = 2.03$), where both religious groups agreed upon the legalization of euthanasia. The difference lies with the views of the Christians, where more Christians disagreed with the legalization of euthanasia ($Mean_{Christians} = 3.42$). The next item on the survey assessed the participation of euthanasia stating, "There are some situations in which I would be willing to participate in euthanasia." When interpreting the results, from the post hoc analysis, Jews and Muslims were more willing to participate in

euthanasia ($Mean_{Jews}$ = 2.72 and $Mean_{Muslims}$ = 2.80). On the other hand, Christians had a less positive response to any form of participation in euthanasia ($Mean_{Christians}$ = 3.78). The last item regarding the subject of euthanasia was a "Yes" or "No" question that asked, "Do you think that euthanasia should be legalized in the USA?" (1 = "Yes" and 2 = "No"). The Jews and Muslims believe that euthanasia should be legalized in the United States, as the means were 1.02 and 1.09 respectively. This question correlates with the previous statement in the survey, "There are some situations in which euthanasia should be legal," and both Jews and Muslims had agreed for the legalization of euthanasia. The question regarding the legalization of euthanasia was asked twice in the survey in different formats and received similar responses in both accounts. This finding implies that the responses were reliable. The hypotheses made regarding euthanasia were supported; Jews and Muslims indicated that allowing one to continue living a life that is destined to die is both immoral and against religious law due to the argument that one should not play God. The Christians however saw the issue differently because, according to Gill, one should not lose hope by introducing thoughts of death, as this displays a loss of hope in God (2006). Hence, it was hypothesized that Christians would find the justification and participation in euthanasia to be against religious law and against God; the hypothesis was supported as Christians did not favor participation in euthanasia ($Mean_{Christians}$ = 3.78) and also agreed that euthanasia can never be ethically justified ($Mean_{Christians}$ = 2.18).

Religion is successful in being such an influential factor in how we make decisions by the given framework: cognitive, motivation, and social interaction (Hood et al., 2009). With the development of the individual schema, religion introduces a cognitive blueprint where the individual is able to view the world through the eyes of the religion they adhere to. Given that we

are social beings and social interaction is a vital part of our existence, religion gives individuals a feeling of wholeness—where there are other people in the world who may share similar views. Humans are motivated by the urge to control their surroundings, thus, religion is able to provide the correct path and tools required to properly organize the path that may be followed in life. Religion gives answers to difficult questions and allows one to control certain aspects in life to produce desirable outcomes—promised by God. These three noted forces are evident in this study. The hypotheses made about Jews and Muslims, having similar views about justifying and participating in euthanasia provide evidence of the framework introduced by Hood et al. (2009). The answers given by Jews and Muslims were similar—where it is seen in their religious teachings that one must allow an individual to die if destined. Most Jews answered the same as other Jews did, where most Muslims answered similar to other Muslims. The fact that Christians answered differently also shows the role religion plays in decisions because in their teachings, one must not lose hope in life, and may be seen as one losing hope in God. Hence, it is evident in the results that Christians viewed euthanasia to be unethical and immoral. The social strength that religion brings is also clear in the data where most Christians had similar answers to other Christians.

EUTHANASIA—AGE CATEGORIES

Following the completion of analyzing the differences in the religions and discovering that correct hypotheses were made, another significant effect was found as well. The age groups were divided into four separate groups: 18-25, 26-38, 39-50, and finally 50 or over. The first item, "Euthanasia is never ethically justified," the results indicated that the youngest group (18-25) and the oldest group (50 or over) had different views about the statement compared to the two middle aged groups, 26-38 and 39-50 ($Mean_{26-38} = 3.14$ and $Mean_{39-50} = 3.39$). However, with the given means on the two middle-aged groups, they appeared to be neutral towards the topic. The age group 18-25 disagreed to the statement, therefore viewing euthanasia as justifiable ($Mean_{18-25} = 4.03$). Whereas, the age group 50 or over disagreed greatly compared to the other age groups ($Mean_{50 \text{ or over}} = 2.33$). The next item, "There are some situations in which euthanasia should be legal," there was not a significant difference once again between age groups 26-38 and 39-50 ($Mean_{26-38} = 2.80$ and $Mean_{39-50} = 2.84$). With the resulting means of the two middle-aged groups, participants in both groups agreed that euthanasia should be legal in certain circumstances; however, participants in these age groups were close to being neutral on the issue. Once again the youngest and the oldest group significantly differed from all the other age groups. Participants 18-25 and participants 50 or over both had polar opposite views. The mean of the participants 18-25 was 2.09, indicating that the youngest group agreed that there are situations where euthanasia should be legal. Conversely, participants 50 or over disagreed for the legalization of euthanasia ($Mean_{50 \text{ or over}} = 3.62$). The next question dealt with the participation of euthanasia, where the item at hand stated, "There are some situations in which I would be willing to participate in euthanasia." Once more the difference is seen in age group of 50 or over where

participants were more likely to disagree to participate in euthanasia ($Mean_{50\ or\ over}$ = 3.90). Participants of the age groups of 26-38 and 39-50 ($Mean_{26-38}$ = 3.34 and $Mean_{39-50}$ = 3.37), compared to age group of 18-25 ($Mean_{18-25}$ = 2.81), were less likely to agree in the participation of euthanasia, where the participants of the youngest age group were more willing to participate in euthanasia. The final item regarding euthanasia asked participants, "Do you think that euthanasia should be legalized in the USA?," results were similar once again, where the middle-aged group did not appear to have a significant difference, whereas the participants of the youngest and oldest group have opposing views from all the other groups. The youngest group ($Mean_{18-25}$ = 1.14) and the oldest group ($Mean_{50\ or\ over}$ = 1.71) differed greatly in their views towards the legalization of euthanasia. Where the middle-aged groups, ($Mean_{26-38}$ = 1.43 and $Mean_{39-50}$ = 1.37) did not differ from each other.

According to the given means, the oldest group (50 or over) felt more strongly against euthanasia compared to the youngest group (18-25). This finding suggests that as age increases, individuals tend to become more religious. This conclusion arises from Tulloch, who stated that death is a "human condition" with "one great certainty, the defining condition of our life that sharpens the importance of choice" (2005). There is an evident trend that is seen where as humans age and get closer to death, individuals' start looking for answers—an answer for what lies after death. There is no scientific evidence that gives humans a clear answer for this question; the only answers are given in these religious scriptures, provides direction and a description of life after death. The analysis showed that along with age, the opinions towards euthanasia had become stronger. Older participants may have felt that euthanasia shortens the amount of time they have in this world to fulfill the duties given by their faith. This subject can

be analyzed in the future to find significant correlations between age and the progression of religious beliefs.

PHYSICIAN-ASSISTED SUICIDE—RELIGIONS

The next hypothesis that was made towards the three monotheistic religions studied were the views of physician-assisted suicide. The first item presented regarding this topic stated, "Assisted Suicide is never ethically justified," according to the Multiple Comparisons table, there were significant differences between the views of Muslims compared to the views of Jews and Christians. After completing the post hoc analysis, Jews and Christians both viewed assisted suicide as unjustifiable ($Mean_{Jews}$= 1.88 and $Mean_{Christians}$= 1.91). However, there was a significant difference within the views of Muslims regarding assisted suicide in which Muslims strongly agreed that assisted suicide could not be justified ($Mean_{Muslims}$ = 1.30). Nevertheless, members of all three religions still found assisted suicide not to be ethically justified. There was another situation where Christians and Jews held similar views. On the Item, "There are some situations in which Assisted Suicide should be legal," Jews and Christian held similar beliefs regarding the topic ($Mean_{Jews}$ = 3.76 and $Mean_{Christians}$ = 3.79). Muslims, however, felt much stronger in opposing the legalization of assisted suicide compared to Jews and Christians ($Mean_{Muslims}$ = 4.63). The next item pertained to the participation of assisted suicide stating, "There are some situations in which I would be willing to participate in Assisted Suicide." With a mean of 4.85, Muslims differed from Jews and Christians, where Muslims strongly disagreed to participate in assisted suicide. Whereas Jews and Christians were not significantly different from each other with means of 4.30 and 4.23 respectively, both disagreed to participate in

assisted suicide. All three religious groups had a similar response to physician-assisted suicide—disagreement in the action leading to suicide. Since suicide is viewed to be a great sin, comparable to murder in religious law, it was hypothesized that all three of the monotheistic religions will view assisted suicide as immoral and one should not engage in the participation of such actions. The final question on the survey pertaining to assisted suicide consisted of a "Yes" or "No" (1 = "Yes" and 2 = "No") response, similar to what was asked during the subject of euthanasia, which asked the participant, "Do you think that assisted suicide should be legalized in the USA?." There were no significant differences in the answers of the three religious groups with the means as follows: $Mean_{Jews} = 1.88$; $Mean_{Christians} = 1.86$; $Mean_{Muslims} = 1.91$. Religious members of all three groups viewed that assisted suicide should not be legal.

PHYSICIAN-ASSISTED SUICIDE—AGE CATEGORIES

Assisted suicide received different results compared to euthanasia among all age groups. The results in the Multiple Comparisons table and the post hoc analysis indicated that participants in the various age groups appeared to have values that were not significantly different. On the item, "Assisted Suicide is never ethically justified," according to the means, all age groups were against assisted suicide. Once again, the data has shown to have values that were not significantly different on the item "There are some situations in which Assisted Suicide should be legal." All of the age groups presented with the following means of: $Mean_{18-25} = 4.45$; $Mean_{26-38} = 4.34$; $Mean_{39-50} = 4.08$; $Mean_{50 \text{ or over}} = 4.52$. According to this data, all the age groups disagreed with assisted suicide; this data correlates with the previous data on the three monotheistic religions, where assisted suicide was not favored. The next item, "There are some

situations in which I would be willing to participate in Assisted Suicide," there were no significant differences as well, where the means indicate that the participants in each age group strongly disagreed to the statement ($Mean_{18\text{-}25}$ = 4.45; $Mean_{26\text{-}38}$ = 4.51; $Mean_{39\text{-}50}$ = 4.57; $Mean_{50 \text{ or over}}$ = 4.43). This following data also correlates with the previous findings on the views of religion, where all three religious groups disagreed to participate in assisted suicide. The final item "Do you think that assisted suicide should be legalized in the USA?," has also shown to have no significant differences ($Mean_{18\text{-}25}$ = 1.86; $Mean_{26\text{-}38}$ = 1.86; $Mean_{39\text{-}50}$ = 1.90). Interestingly, every participant in the age group of 50 or over strictly responded "No" to the legalization of assisted suicide in the USA ($Mean_{50 \text{ or over}}$ = 2.00). The findings in the analysis have shown that all age groups within the three religions answered that assisted suicide should not be legal.

The one topic where all three monotheistic religions and the four age groups that were analyzed have agreed upon the immorality of assisted suicide, given that the means showed no significant differences. In conclusion, assisted suicide can be seen as helping someone commit a crime even if it means to end one's own life. There are other ways where one can ease the pain, as medicine has advanced, suicide should not be the last resort for both the patient and the physician who assists in the action. The Hippocratic oath, which every physician must partake in, states that one must not induce harm onto others.

LIMITATIONS

In conducting this research, there were limitations that arose while collecting the data for the analysis. The research called for a total of 300 participants, 100 from each religious group, however the total number of participants who participated in the survey was 210. Receiving the approval of conducting the surveys at the locations of each religious institution was a strenuous task due to possible fears of hassling the congregation members with such a controversial topic. Approval to conduct the surveys was first given by the Islamic institution, where the total number of Muslim participants from the mosque was 50. Limitations in gathering the complete number of surveys required for the study was due to the fact that the surveys were done after prayers. Once the prayers were over, the Muslims would hurry to continue on with their day such as leaving to go back to work, back to school, or to complete errands—as these were the responses given by the members when asked to participate in the survey. The surveys collected from the Muslim students resulted in 30 completed surveys, which gave us a total of 80 completed surveys.

The research study was confined to finding views of religious members in the Central Florida region, however, the Christian churches that were visited did not approve in surveying the members of their congregation. The responses given by the church leaders stated that the topic was too controversial and there was simply no time to allow for surveys. After giving the option of surveying the members after their congregation time was over, the church leaders responded in saying that there is a strict no soliciting policy. Therefore, with the help of a friend who belongs to a church in Fort Pierce, FL, 50 surveys were given in order to receive the results of the church, however, 30 completed surveys were returned. The completed surveys were then

collected in a confidential bag placed by the participants themselves to ensure anonymity. A limitation presented by the church was that the members were of a low socio-economic status, with most of the members being African-American.

A limitation in completing the surveys by the Jewish community was that there were a limited number of synagogues in Central Florida, and the synagogues that were visited never replied back. The major limitation in analyzing the Jewish community was that we could not get participants to complete the survey from any synagogue. Therefore, in total, there were 20 Jewish adults and 30 Jewish students surveyed, with a total of 50 Jewish participants.

As a suggestion for future research, it would be much more efficient to have this survey available online for prospective participants to complete. This way, achieving the results would be much quicker than handling paper copies of surveys and would also be easier to achieve confidentiality. An online version of the survey would allow more participants from around the U.S. who could be part of the analysis. With a larger sample size and a variety amongst cities, this would allow the findings to be more generalizable to the overall population.

APPENDIX A: SURVEY

APPENDIX A: SURVEY

This study is completely voluntary and anonymous. You must be 18 years of age or older to be included in the research study.

The person doing this research is Rezawana Chowdhury of the University of Central Florida's Psychology Department, because the researcher is an undergraduate honors student she is being guided by Janan Smither, Ph.D., a UCF faculty supervisor in Psychology.

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: This research investigates the role religion plays in how individuals in the three major monotheistic religions view euthanasia. Those who follow the religions of Judaism, Christianity, and Islam all have different views upon life and death due to their beliefs. Through the use of a survey, the role-playing factor of religion will be tested to show how religion plays a major role in field of bioethics and life.

What you will be asked to do in the study:

You will be asked to complete two surveys that should only take a few minutes of your time. You do not have to answer every question or complete every task. You will not lose any benefits if you skip questions or tasks.

Definitions:

Euthanasia is also called mercy killing. It is the act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person or animal suffering from an incurable, especially a painful, disease or condition.

Assisted Suicide is suicide facilitated by another person, especially a physician, who organizes the logistics of the suicide, as by providing the necessary quantities of a poison.

Please respond to the following statements by placing a checkmark (√) next to the terms that reflect how you feel:

1. Are you

_____Male

_____Female

2. How old are you?

_____18-25

_____26-38

_____39-50

_____50 or over

3. Were you born in the United States?

_____Yes

_____No

If No, how old were you when you came here? (Please indicate the number of years and months—for example, 2 years and 5 months)

____

4. What is your religion?

_____Christianity

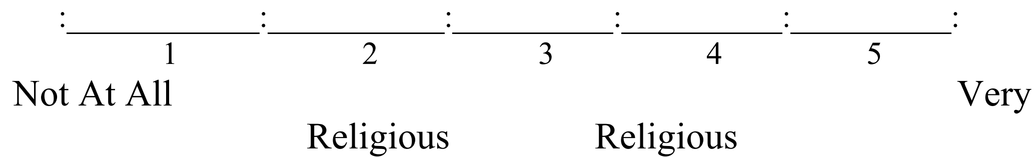
_____Judaism

_____Islam

_____Atheist

_____Other

5. On a scale of 1 to 5, where 1 indicates “not at all religious” and 5 indicates “very religious,” how religious do you consider yourself to be? (place a check mark where appropriate)



6. How often do you attend religious meetings and ceremonies per month? (eg. Church, Mosque, or Synagogue)

_____Never

_____Less than once a month

_____1 to 2 times

_____3 to 5 times

_____more than 5 times

7. What is your race?

_____White/Caucasian

_____African American

_____Asian/Pacific Islander

_____Hispanic

_____other; please specify ________________________

8. Euthanasia is never ethically justified.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

9. There are some situations in which euthanasia should be legal.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

10. There are some situations in which I would be willing to participate in euthanasia.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

11. Assisted Suicide is never ethically justified.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

12. There are some situations in which Assisted Suicide should be legal.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

13. There are some situations in which I would be willing to participate in Assisted Suicide.

___Strongly Agree

___Agree

___Neutral

___Disagree

___Strongly Disagree

14. Do you think that euthanasia should be legalized in the USA?

___Yes

___No

15. Do you think that assisted suicide should be legalized in the USA?

___Yes

___No

16. If someone is surviving because of a life support machine, who do you think should decide when/whether the machine is turned off?

___ Patient (through a living will)

___ Family

___ Physician

___ Government

___ No one should be allowed to turn off the machine

APPENDIX B: IRB APPROVAL LETTER

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Rezawana Chowdhury** and Co-PI: **Janan A. Smither**

Date: **April 12, 2011**

Dear Researcher:

On 4/12/2011, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Religious Role-Playing in Attitudes Toward Euthanasia
Investigator:	Rezawana Chowdhury
IRB Number:	SBE-11-07578
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Kendra Dimond Campbell, MA, JD, UCF IRB Interim Chair, this letter is signed by:

Signature applied by Joanne Muratori on 04/12/2011 01:08:51 PM EDT

Joanne Muratori

IRB Coordinator

APPENDIX C: POST HOC TEST

Crosstabs—Religion BY Gender Age

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Religion * Gender	207	100.0%	0	.0%	207	100.0%
Religion * Age	207	100.0%	0	.0%	207	100.0%

Religion * Gender Crosstabulation

Count

		Gender		Total
		1	2	
Religion	1	39	38	77
	2	26	24	50
	3	53	27	80
Total		118	89	207

Religion * Age Crosstabulation

Count

		Age				Total
		18-25YRS	26-38YRS	39-50YRS	50-OVER YRS	
Religion	1	25	16	23	13	77
	2	29	1	15	5	50
	3	48	18	14	0	80
Total		102	35	52	18	207

Crosstabs—Gender BY Age

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Age	207	100.0%	0	.0%	207	100.0%

Gender * Age Crosstabulation

Count

		Age				Total
		18-25YRS	26-38YRS	39-50YRS	50-OVER YRS	
Gender	1	61	20	26	11	118
	2	41	15	26	7	89
Total		102	35	52	18	207

Crosstabs—Gender BY Age BY Religion

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Age * Religion	207	100.0%	0	.0%	207	100.0%

Gender * Age * Religion Crosstabulation

Count

Religion			Age				Total
			18-25YRS	26-38YRS	39-50YRS	50-OVER YRS	
1	Gender	1	12	10	9	8	39
		2	13	6	14	5	38
	Total		25	16	23	13	77
2	Gender	1	16	0	7	3	26
		2	13	1	8	2	24
	Total		29	1	15	5	50
3	Gender	1	33	10	10		53
		2	15	8	4		27
	Total		48	18	14		80
Total	Gender	1	61	20	26	11	118
		2	41	15	26	7	89
	Total		102	35	52	18	207

General Linear Model

Notes

Output Created		27-Jun-2012 22:37:16
Comments		
Input	Data	C:\Users\smither\AppData\Local\Temp\Temp1_rezawana.zip\rezawana.sav
	Active Dataset	DataSet1
	Filter	Religion < 4 (FILTER)
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	207
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the model.
Syntax		GLM EEJ EL EP ASEJ ASL ASP ELUS ASLUS BY Religion AgeCategory Gender /METHOD=SSTYPE(3) /INTERCEPT=INCLUDE /POSTHOC=Religion AgeCategory(TUKEY) /CRITERIA=ALPHA(.05) /DESIGN= Religion AgeCategory Gender Religion*AgeCategory Religion*Gender AgeCategory*Gender Religion*AgeCategory*Gender.
Resources	Processor Time	00 00:00:00.202
	Elapsed Time	00 00:00:00.235

Between-Subjects Factors

		N
Religion	1	77
	2	50
	3	80
Age Category	1	102
	2	35
	3	49
	4	21
Gender	1	118
	2	89

Multivariate Tests[c]

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.993	3213.206[a]	8.000	179.000	.000
	Wilks' Lambda	.007	3213.206[a]	8.000	179.000	.000
	Hotelling's Trace	143.607	3213.206[a]	8.000	179.000	.000
	Roy's Largest Root	143.607	3213.206[a]	8.000	179.000	.000
Religion	Pillai's Trace	.744	13.320	16.000	360.000	.000
	Wilks' Lambda	.303	18.289[a]	16.000	358.000	.000
	Hotelling's Trace	2.149	23.912	16.000	356.000	.000
	Roy's Largest Root	2.075	46.698[b]	8.000	180.000	.000
AgeCategory	Pillai's Trace	.238	1.950	24.000	543.000	.005
	Wilks' Lambda	.776	1.976	24.000	519.756	.004
	Hotelling's Trace	.270	2.000	24.000	533.000	.003
	Roy's Largest Root	.181	4.091[b]	8.000	181.000	.000
Gender	Pillai's Trace	.020	.457[a]	8.000	179.000	.885
	Wilks' Lambda	.980	.457[a]	8.000	179.000	.885
	Hotelling's Trace	.020	.457[a]	8.000	179.000	.885
	Roy's Largest Root	.020	.457[a]	8.000	179.000	.885
Religion * AgeCategory	Pillai's Trace	.333	1.632	40.000	915.000	.009
	Wilks' Lambda	.700	1.667	40.000	783.037	.007

	Hotelling's Trace	.382	1.695	40.000	887.000	.005
	Roy's Largest Root	.221	5.058[b]	8.000	183.000	.000
Religion * Gender	Pillai's Trace	.093	1.093	16.000	360.000	.360
	Wilks' Lambda	.909	1.097[a]	16.000	358.000	.356
	Hotelling's Trace	.099	1.101	16.000	356.000	.352
	Roy's Largest Root	.080	1.796[b]	8.000	180.000	.080
AgeCategory * Gender	Pillai's Trace	.086	.671	24.000	543.000	.881
	Wilks' Lambda	.915	.669	24.000	519.756	.882
	Hotelling's Trace	.090	.668	24.000	533.000	.884
	Roy's Largest Root	.057	1.300[b]	8.000	181.000	.246
Religion * AgeCategory * Gender	Pillai's Trace	.137	.808	32.000	728.000	.766
	Wilks' Lambda	.869	.804	32.000	661.715	.772
	Hotelling's Trace	.144	.800	32.000	710.000	.778
	Roy's Largest Root	.071	1.616[b]	8.000	182.000	.123

a. Exact statistic

b. The statistic is an upper bound on F that yields a lower bound on the significance level.

c. Design: Intercept + Religion + AgeCategory + Gender + Religion * AgeCategory + Religion * Gender + AgeCategory * Gender + Religion * AgeCategory * Gender

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Euth Justified	261.959[a]	20	13.098	16.118	.000
	Euth Legal	138.098[b]	20	6.905	8.165	.000
	Partic Euth	86.419[c]	20	4.321	5.772	.000
	As Suic Justified	52.211[d]	20	2.611	2.586	.000
	As Suic Legal	74.575[e]	20	3.729	4.360	.000
	Partic As Suic	36.992[f]	20	1.850	3.107	.000
	Euth legal	24.165[g]	20	1.208	11.665	.000
	As Suic legal	1.415[h]	20	.071	.664	.857
Intercept	Euth Justified	1210.023	1	1210.023	1488.992	.000
	Euth Legal	637.687	1	637.687	754.021	.000
	Partic Euth	963.803	1	963.803	1287.538	.000
	As Suic Justified	228.911	1	228.911	226.730	.000
	As Suic Legal	1707.365	1	1707.365	1996.200	.000
	Partic As Suic	1946.195	1	1946.195	3269.209	.000
	Euth legal	162.835	1	162.835	1572.107	.000
	As Suic legal	349.283	1	349.283	3280.721	.000
Religion	Euth Justified	157.802	2	78.901	97.091	.000
	Euth Legal	61.545	2	30.772	36.386	.000
	Partic Euth	34.484	2	17.242	23.033	.000
	As Suic Justified	14.424	2	7.212	7.143	.001
	As Suic Legal	30.216	2	15.108	17.664	.000
	Partic As Suic	13.742	2	6.871	11.542	.000
	Euth legal	13.400	2	6.700	64.687	.000
	As Suic legal	.240	2	.120	1.127	.326
AgeCategory	Euth Justified	7.752	3	2.584	3.180	.025
	Euth Legal	15.114	3	5.038	5.957	.001
	Partic Euth	8.773	3	2.924	3.907	.010
	As Suic Justified	11.787	3	3.929	3.891	.010
	As Suic Legal	17.396	3	5.799	6.779	.000
	Partic As Suic	1.656	3	.552	.927	.429
	Euth legal	1.354	3	.451	4.358	.005

	As Suic legal	.395	3	.132	1.236	.298
Gender	Euth Justified	.367	1	.367	.451	.502
	Euth Legal	.034	1	.034	.040	.842
	Partic Euth	.050	1	.050	.066	.797
	As Suic Justified	.070	1	.070	.069	.793
	As Suic Legal	.141	1	.141	.165	.685
	Partic As Suic	1.016	1	1.016	1.707	.193
	Euth legal	.007	1	.007	.068	.794
	As Suic legal	.028	1	.028	.265	.607
Religion * AgeCategory	Euth Justified	12.942	5	2.588	3.185	.009
	Euth Legal	17.668	5	3.534	4.178	.001
	Partic Euth	23.022	5	4.604	6.151	.000
	As Suic Justified	15.133	5	3.027	2.998	.013
	As Suic Legal	14.302	5	2.860	3.344	.006
	Partic As Suic	10.276	5	2.055	3.452	.005
	Euth legal	1.693	5	.339	3.268	.007
	As Suic legal	.390	5	.078	.732	.600
Religion * Gender	Euth Justified	2.121	2	1.060	1.305	.274
	Euth Legal	1.331	2	.666	.787	.457
	Partic Euth	.148	2	.074	.099	.906
	As Suic Justified	1.166	2	.583	.577	.562
	As Suic Legal	.226	2	.113	.132	.876
	Partic As Suic	3.015	2	1.508	2.533	.082
	Euth legal	.051	2	.025	.246	.783
	As Suic legal	.093	2	.046	.435	.648
AgeCategory * Gender	Euth Justified	1.217	3	.406	.499	.683
	Euth Legal	1.709	3	.570	.674	.569
	Partic Euth	.144	3	.048	.064	.979
	As Suic Justified	2.251	3	.750	.743	.528
	As Suic Legal	.558	3	.186	.218	.884
	Partic As Suic	2.518	3	.839	1.410	.241
	Euth legal	.146	3	.049	.470	.703
	As Suic legal	.034	3	.011	.106	.956
Religion * AgeCategory * Gender	Euth Justified	.903	4	.226	.278	.892
	Euth Legal	1.128	4	.282	.334	.855

	Partic Euth	.737	4	.184	.246	.912
	As Suic Justified	1.205	4	.301	.298	.879
	As Suic Legal	3.625	4	.906	1.060	.378
	Partic As Suic	1.770	4	.442	.743	.564
	Euth legal	.355	4	.089	.856	.492
	As Suic legal	.116	4	.029	.272	.896
Error	Euth Justified	151.152	186	.813		
	Euth Legal	157.303	186	.846		
	Partic Euth	139.233	186	.749		
	As Suic Justified	187.789	186	1.010		
	As Suic Legal	159.087	186	.855		
	Partic As Suic	110.728	186	.595		
	Euth legal	19.265	186	.104		
	As Suic legal	19.803	186	.106		
Total	Euth Justified	3030.000	207			
	Euth Legal	1632.000	207			
	Partic Euth	2273.000	207			
	As Suic Justified	815.000	207			
	As Suic Legal	3724.000	207			
	Partic As Suic	4317.000	207			
	Euth legal	393.000	207			
	As Suic legal	756.000	207			
Corrected Total	Euth Justified	413.111	206			
	Euth Legal	295.401	206			
	Partic Euth	225.652	206			
	As Suic Justified	240.000	206			
	As Suic Legal	233.662	206			
	Partic As Suic	147.720	206			
	Euth legal	43.430	206			
	As Suic legal	21.217	206			

a. R Squared = .634 (Adjusted R Squared = .595)
b. R Squared = .467 (Adjusted R Squared = .410)
c. R Squared = .383 (Adjusted R Squared = .317)
d. R Squared = .218 (Adjusted R Squared = .133)
e. R Squared = .319 (Adjusted R Squared = .246)
f. R Squared = .250 (Adjusted R Squared = .170)
g. R Squared = .556 (Adjusted R Squared = .509)
h. R Squared = .067 (Adjusted R Squared = -.034)

Religion

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Euth Justified	1	2	-2.24*	.164	.000	-2.63	-1.85
		3	-2.16*	.144	.000	-2.50	-1.82
	2	1	2.24*	.164	.000	1.85	2.63
		3	.08	.163	.868	-.30	.47
	3	1	2.16*	.144	.000	1.82	2.50
		2	-.08	.163	.868	-.47	.30
Euth Legal	1	2	1.40*	.167	.000	1.00	1.79
		3	1.39*	.147	.000	1.04	1.74
	2	1	-1.40*	.167	.000	-1.79	-1.00
		3	.00	.166	.999	-.40	.39
	3	1	-1.39*	.147	.000	-1.74	-1.04
		2	.00	.166	.999	-.39	.40
Partic Euth	1	2	1.06*	.157	.000	.69	1.43
		3	.98*	.138	.000	.65	1.31
	2	1	-1.06*	.157	.000	-1.43	-.69
		3	-.08	.156	.865	-.45	.29
	3	1	-.98*	.138	.000	-1.31	-.65
		2	.08	.156	.865	-.29	.45
As Suic Justified	1	2	.03	.182	.986	-.40	.46
		3	.61*	.160	.001	.23	.99
	2	1	-.03	.182	.986	-.46	.40
		3	.58*	.181	.005	.15	1.01
	3	1	-.61*	.160	.001	-.99	-.23
		2	-.58*	.181	.005	-1.01	-.15
As Suic Legal	1	2	.03	.168	.980	-.36	.43
		3	-.83*	.148	.000	-1.18	-.48
	2	1	-.03	.168	.980	-.43	.36
		3	-.87*	.167	.000	-1.26	-.47
	3	1	.83*	.148	.000	.48	1.18

		2	.87*	.167	.000	.47	1.26
Partic As Suic	1	2	-.07	.140	.884	-.40	.26
		3	-.62*	.123	.000	-.91	-.33
	2	1	.07	.140	.884	-.26	.40
		3	-.55*	.139	.000	-.88	-.22
	3	1	.62*	.123	.000	.33	.91
		2	.55*	.139	.000	.22	.88
Euth legal	1	2	.68*	.058	.000	.54	.82
		3	.61*	.051	.000	.49	.74
	2	1	-.68*	.058	.000	-.82	-.54
		3	-.07	.058	.477	-.20	.07
	3	1	-.61*	.051	.000	-.74	-.49
		2	.07	.058	.477	-.07	.20
As Suic legal	1	2	-.02	.059	.921	-.16	.12
		3	-.06	.052	.538	-.18	.07
	2	1	.02	.059	.921	-.12	.16
		3	-.03	.059	.845	-.17	.11
	3	1	.06	.052	.538	-.07	.18
		2	.03	.059	.845	-.11	.17

Based on observed means.

The error term is Mean Square(Error) = .106.

*. The mean difference is significant at the .05 level.

Post Hoc Tests

Homogeneous Subsets

Euth Justified

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
1	77	2.18	
3	80		4.34
2	50		4.42
Sig.		1.000	.859

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .813.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

Euth Legal

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
2	50	2.02	
3	80	2.03	
1	77		3.42
Sig.		.999	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .846.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

Partic Euth

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
2	50	2.72	
3	80	2.80	
1	77		3.78
Sig.		.856	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .749.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

As Suic Justified

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
3	80	1.30	
2	50		1.88
1	77		1.91
Sig.		1.000	.985

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = 1.010.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

As Suic Legal

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
2	50	3.76	
1	77	3.79	
3	80		4.63
Sig.		.978	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .855.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

Partic As Suic

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
1	77	4.23	
2	50	4.30	
3	80		4.85
Sig.		.875	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .595.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

Euth legal

Tukey HSD[a,b]

Religion	N	Subset	
		1	2
2	50	1.02	
3	80	1.09	
1	77		1.70
Sig.		.452	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .104.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

As Suic legal

Tukey HSD[a,b]

Religion	N	Subset
		1
1	77	1.86
2	50	1.88
3	80	1.91
Sig.		.594

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .106.

a. Uses Harmonic Mean Sample Size = 65.953.

b. Alpha = .05.

Age Category

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Age Category	(J) Age Category	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Euth Justified	1	2	.89*	.177	.000	.43	1.34
		3	.64*	.157	.000	.24	1.05
		4	1.70*	.216	.000	1.14	2.26
	2	1	-.89*	.177	.000	-1.34	-.43
		3	-.24	.200	.610	-.76	.27
		4	.81*	.249	.007	.16	1.45
	3	1	-.64*	.157	.000	-1.05	-.24
		2	.24	.200	.610	-.27	.76
		4	1.05*	.235	.000	.44	1.66
	4	1	-1.70*	.216	.000	-2.26	-1.14
		2	-.81*	.249	.007	-1.45	-.16
		3	-1.05*	.235	.000	-1.66	-.44
Euth Legal	1	2	-.71*	.180	.001	-1.18	-.24
		3	-.75*	.160	.000	-1.16	-.33
		4	-1.53*	.220	.000	-2.10	-.96
	2	1	.71*	.180	.001	.24	1.18
		3	-.04	.204	.998	-.56	.49
		4	-.82*	.254	.008	-1.48	-.16
	3	1	.75*	.160	.000	.33	1.16
		2	.04	.204	.998	-.49	.56
		4	-.78*	.240	.007	-1.40	-.16
	4	1	1.53*	.220	.000	.96	2.10
		2	.82*	.254	.008	.16	1.48
		3	.78*	.240	.007	.16	1.40
Partic Euth	1	2	-.53*	.169	.011	-.97	-.09
		3	-.55*	.150	.002	-.94	-.16
		4	-1.09*	.207	.000	-1.63	-.55
	2	1	.53*	.169	.011	.09	.97

		3	-.02	.191	.999	-.52	.47
		4	-.56	.239	.090	-1.18	.06
	3	1	.55*	.150	.002	.16	.94
		2	.02	.191	.999	-.47	.52
		4	-.54	.226	.084	-1.12	.05
	4	1	1.09*	.207	.000	.55	1.63
		2	.56	.239	.090	-.06	1.18
		3	.54	.226	.084	-.05	1.12
As Suic Justified	1	2	.47	.197	.081	-.04	.98
		3	.21	.175	.624	-.24	.66
		4	.46	.241	.223	-.16	1.09
	2	1	-.47	.197	.081	-.98	.04
		3	-.26	.222	.644	-.84	.32
		4	-.01	.277	1.000	-.73	.71
	3	1	-.21	.175	.624	-.66	.24
		2	.26	.222	.644	-.32	.84
		4	.25	.262	.772	-.43	.93
	4	1	-.46	.241	.223	-1.09	.16
		2	.01	.277	1.000	-.71	.73
		3	-.25	.262	.772	-.93	.43
As Suic Legal	1	2	-.39	.181	.138	-.86	.08
		3	-.13	.161	.848	-.55	.29
		4	-.57	.222	.051	-1.15	.00
	2	1	.39	.181	.138	-.08	.86
		3	.26	.205	.579	-.27	.79
		4	-.18	.255	.893	-.84	.48
	3	1	.13	.161	.848	-.29	.55
		2	-.26	.205	.579	-.79	.27
		4	-.44	.241	.261	-1.07	.18
	4	1	.57	.222	.051	.00	1.15
		2	.18	.255	.893	-.48	.84
		3	.44	.241	.261	-.18	1.07
Partic As Suic	1	2	-.06	.151	.975	-.46	.33
		3	-.12	.134	.806	-.47	.23

		4	.02	.185	.999	-.46	.50
	2	1	.06	.151	.975	-.33	.46
		3	-.06	.171	.987	-.50	.39
		4	.09	.213	.978	-.47	.64
	3	1	.12	.134	.806	-.23	.47
		2	.06	.171	.987	-.39	.50
		4	.14	.201	.893	-.38	.66
	4	1	-.02	.185	.999	-.50	.46
		2	-.09	.213	.978	-.64	.47
		3	-.14	.201	.893	-.66	.38
Euth legal	1	2	-.29*	.063	.000	-.45	-.13
		3	-.23*	.056	.000	-.38	-.09
		4	-.58*	.077	.000	-.78	-.38
	2	1	.29*	.063	.000	.13	.45
		3	.06	.071	.826	-.12	.25
		4	-.29*	.089	.008	-.52	-.06
	3	1	.23*	.056	.000	.09	.38
		2	-.06	.071	.826	-.25	.12
		4	-.35*	.084	.000	-.56	-.13
	4	1	.58*	.077	.000	.38	.78
		2	.29*	.089	.008	.06	.52
		3	.35*	.084	.000	.13	.56
As Suic legal	1	2	.01	.064	1.000	-.16	.17
		3	-.04	.057	.925	-.18	.11
		4	-.14	.078	.298	-.34	.07
	2	1	-.01	.064	1.000	-.17	.16
		3	-.04	.072	.942	-.23	.15
		4	-.14	.090	.389	-.38	.09
	3	1	.04	.057	.925	-.11	.18
		2	.04	.072	.942	-.15	.23
		4	-.10	.085	.628	-.32	.12
	4	1	.14	.078	.298	-.07	.34
		2	.14	.090	.389	-.09	.38

	3	.10	.085	.628	-.12	.32

Based on observed means.

The error term is Mean Square(Error) = .106. *. The mean difference is significant at the .05 level.

Homogeneous Subsets

Euth Justified

Tukey HSD[a,b]

Age Category	N	Subset		
		1	2	3
4	21	2.33		
2	35		3.14	
3	49		3.39	
1	102			4.03
Sig.		1.000	.642	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .813.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

Euth Legal

Tukey HSD[a,b]

Age Category	N	Subset		
		1	2	3
1	102	2.09		
2	35		2.80	
3	49		2.84	
4	21			3.62
Sig.		1.000	.998	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .846.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

Partic Euth

Tukey HSD[a,b]

Age Category	N	Subset		
		1	2	3
1	102	2.81		
2	35		3.34	
3	49		3.37	
4	21			3.90
Sig.		1.000	.999	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .749.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

As Suic Justified

Tukey HSD[a,b]

Age Category	N	Subset
		1
2	35	1.37
4	21	1.38
3	49	1.63
1	102	1.84
Sig.		.179

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = 1.010.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

As Suic Legal

Tukey HSD[a,b]

Age Category	N	Subset 1	Subset 2
1	102	3.95	
3	49	4.08	4.08
2	35	4.34	4.34
4	21		4.52
Sig.		.259	.166

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .855.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

Partic As Suic

Tukey HSD[a,b]

Age Category	N	Subset 1
4	21	4.43
1	102	4.45
2	35	4.51
3	49	4.57
Sig.		.853

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .595.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

Euth legal

Tukey HSD[a,b]

Age Category	N	Subset		
		1	2	3
1	102	1.14		
3	49		1.37	
2	35		1.43	
4	21			1.71
Sig.		1.000	.843	1.000

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .104.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

As Suic legal

Tukey HSD[a,b]

Age Category	N	Subset
		1
2	35	1.86
1	102	1.86
3	49	1.90
4	21	2.00
Sig.		.232

Means for groups in homogeneous subsets are displayed.

Based on observed means.

The error term is Mean Square(Error) = .106.

a. Uses Harmonic Mean Sample Size = 37.593.

b. Alpha = .05.

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