

# Religious Anti-euthanasia Attitudes — Authoritarianism and Age as Serial Mediators

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## Abstract

Given the link between religiosity and anti-euthanasia attitudes, the current study examined possible factors that could mediate the association between the two constructs. Thus, this study proceeded a step further, examining the contribution of authoritarianism and socio-cultural characteristics (i.e., age, gender, political positioning, and educational level) as serial mediators in the relationship between religiosity and anti-euthanasia attitudes. A sample of 236 (196 female) individuals participated in the study. Data were collected between August and November 2022. The associations between the variables were assessed using Pearson correlation analysis. Multiple regression analysis was performed to develop predictive models for euthanasia attitudes and PROCESS macro (Model 6) for the chain mediation tests with Bootstrap analysis. This study's results show that religiosity and anti-euthanasia attitudes are related, and their relationship is mediated by two serial mediators: right-wing authoritarianism and age. Alternative models were also tested to strengthen our model. This study has significant practical implications since it underlines potential factors for intervening at an individual and a societal level to influence euthanasia attitudes.

**Keywords:** Euthanasia, Religiosity, Authoritarianism, Serial Mediation.

Euthanasia is one of the most hotly debated political topics and is frequently overly moralized in public discourse (Lockhart et al., 2022; Rae et al., 2015). The procedure by which a physician purposefully ends a patient's life by giving them medication at their willing, competent request—one that has no goal of curing—is known as euthanasia (Triantafyllou et al., 2017). Euthanasia is the deliberate termination of a life to stop suffering (Barnett et al., 2018). Life expectancy has increased for individuals in excellent health and those chronically, severely, or terminally sick due to advancements in healthcare technology and services, enhanced medications, and increased treatment measures. When faced with a severe illness or death, several ethical concerns arise, the most pressing of which is whether the patient's quality of life should take precedence over the intrinsic worth of life (Sprung et al., 2007; Patelarou et al., 2009).

Social norms evolve as societies do, and it is crucial to consider how social norms and individual values interact. Sociocultural contexts have generally been developing in a manner that advances human rights in various ways. Thus,

the debate over euthanasia is frequently situated within that framework, that is, as a conversation about rights. (Ricou & Wainwright, 2019; Pegram, 2015). The views towards euthanasia and physician-assisted suicide have evolved over the past 20 years, and a growing number of countries, especially in the U.S. and Europe, have legalized or decriminalized voluntary euthanasia (Mroz et al., 2021; Younger & Arnold, 2016). Researchers are currently studying the factors that predict attitudes toward euthanasia in light of the controversy over euthanasia legalization that has broken out in almost all of Europe (Montañés Muro et al., 2023). In this kind of discussion, one of the most crucial issues is how society addresses euthanasia. Euthanasia suggests consenting to death, helping to carry it out, or having no objection at all (Sabriseilabi & Williams, 2020). Most people view euthanasia as a societal issue (Talhelm et al., 2015).

Previous research data associate religiosity and conservative political ideologies with anti-euthanasia attitudes (Bulmer et al., 2017; Gielen et al., 2009; Hains & Hulbert-Williams, 2013). However, there is scarce research examining the interrelationship between religiosity, political positioning, right-wing authoritarianism (R.W.A.), and sociodemographic characteristics to address the underpinnings of anti-euthanasia attitudes. Therefore, to our knowledge, the current study constitutes a novel contribution to this study area.

### *Conservative Worldviews*

The legalization or proscription of euthanasia has sparked many political and social discussions in several nations, splitting society between opponents and proponents of the practice as a means of putting an end to human suffering and ensuring the dignity of death (Montañés Muro et al., 2023). Higher religiosity and more conservative political ideology have been linked to lower support for euthanasia (Bulmer et al., 2017). More religiously committed people are more likely to see life as sacred and reject any attempts to terminate human life (Verbakel & Jaspers, 2010), and more socially conservative people are more likely to identify as “pro-life” (Yen & Zampelli, 2017). Democratic opposition to euthanasia is far lower than Republican opposition, which puts euthanasia at the center of the present cultural war between liberals and conservatives (Lockhart et al., 2022; Sabriseilabi & Williams, 2022). Silver (2020) argued that conservative resistance to euthanasia stemmed from a commitment to a legally enforced moral framework that puts collective standards and moral absolutism ahead of individual needs. Therefore, moral resistance to euthanasia seems to be more about avoiding group norm violations than it does about defending those involved. However, while conservative views and opposition to euthanasia are continuously correlated, the reasons for this link are scarcely explained (Lockhart et al., 2022; Koleva et al., 2012).

### *Religious Opposition to Euthanasia*

Religious rites, beliefs, and behavioral norms are tradition’s primary forms; these are meant to instill respect, commitment, and acceptance of the ideas and customs upheld by religion and society (Ramos et al., 2024). According to Hill and Hood (1999), religiosity is a measure of religion that links people’s perspectives around a shared holy identity. Practice, religious activities, and self-identification as a religious person are all considered aspects of religiosity (Sabriseilabi & Williams, 2020).

The religious discussion over euthanasia has grown increasingly complex in recent decades as a result of medical advancements, particularly those related to technology that extends patients' lives (Stempsey, 2010). Previous research data show that a person's religious faith or religiosity is one of the most significant indicators of euthanasia opposition (Aghababaei et al., 2014; Baeke et al., 2006; Jylhankangas et al., 2014; Televantos et al., 2013). Most religions oppose human involvement in the dying process because they emphasize the sacredness of human existence (Nelkin, 2004; Sabriseilabi & Williams, 2020). No human can choose their demise since doing so would be an attempt to override God's predetermined plan (Ahaddour et al., 2018). Only God has the authority to decide on death for humanity. Euthanasia is a problem for individuals who hold this belief since it is an interference with God's will (Sabriseilabi & Williams, 2020). Accordingly, religious objections to euthanasia are grounded on the idea that it is a kind of suicide as individuals consciously choose to end their own lives (Daaleman & VandeCreek, 2000; Wainwright, 2012).

According to Jans (2002) and Stack and Kposowa (2011), research findings suggest that messages emphasizing the sanctity of life have a more substantial effect on religious individuals. This is especially true when it comes to the Christian ethos, which views euthanasia as an evil that should be opposed (Sabriseilabi & Williams, 2020). In addition, even though there is a correlation between religion and anti-euthanasia attitudes, there are variations within the same religious groups depending on the nation; in Cohen et al. (2014) study, Catholics in Spain or France displayed a more lenient stance toward euthanasia than did Catholics in Hungary or Poland. Furthermore, Evangelicals and Catholics exhibit more resistance to euthanasia than mainstream Protestants (Sabriseilabi & Williams, 2022). This suggests that euthanasia attitudes are influenced by the culture of the nation in which an individual resides (Montañés Muro et al., 2023)

Since God is the creator and preserver of human life, Christianity traditionally resisted intentionally inducing death for suffering. The traditional Christian viewpoint is categorically opposed to both active and passive euthanasia because it shows that God alone has the authority to decide when a person should die. The Orthodox Christian Church holds that the soul is eternal and opposes all forms of euthanasia (Patelarou et al., 2009). To sum up, religiosity predicts opposition to euthanasia (Sabriseilabi & Williams, 2022). Thus, we think that higher levels of religiosity would be linked to greater opposition to euthanasia because of the significant opposition between many religious ideas and euthanasia (Campbell, 1999; Sabriseilabi & Williams, 2022). Accordingly, it is crucial to examine anti-euthanasia attitudes within different religious and cultural contexts (Montañés Muro et al., 2023).

### *Authoritarianism*

Acknowledging that conservatism may be a complex and nuanced issue as it involves participants' understanding of the terms used (i.e., very liberal, very conservative; Barnett et al., 2018), we used the concept of right-wing authoritarianism (R.W.A). Social scientists have long been intrigued by the idea of authoritarianism. Adorno and colleagues first proposed it concerning a particular personality structure (Adorno et al., 1950). Since then, many academics have reviewed, critiqued, and amended it (Altemeyer, 1981; Duckitt, 1989; Feldman, 2003). Currently, researchers consider authoritarianism under a social-cognitive framework. Authoritarianism is a collection of sociopolitical views consisting of three primary elements: submission to authority, unquestioning acceptance of tradition, and hostility against individuals who challenge authority and tradition (Altemeyer, 1981). According to several authors (Duckitt, 1989; Kreindler, 2005), people who have an

authoritarian tendency view certain events as a threat to social cohesiveness and, consequently, their group identity. The authoritarian response is meant to restore both individual and communal security (Kreindler, 2005).

Feldman (2003) argues that those who prioritize social conformity above personal autonomy may view threats to social cohesiveness as threats to social order, which can lead to an intolerance-instigating response. According to previous research data, authoritarian principles have also been linked to conservative views on social problems (Adorno et al., 1950; Altemeyer, 1998; Inglehart & Baker, 2000; Nilsson & Jost, 2020). Bulmer et al. (2017) found a correlation between support for euthanasia and lower levels of conservatism in the U.S. Although authoritarianism has historically been linked with far-right political philosophy, scholars have claimed that the term may equally apply to the left (Durrheim, 1997). According to research, left-wing authoritarianism does, in fact, accurately characterize the attitudes of some far-left groups (Van Hiel et al., 2006). However, right-wing authoritarianism is the main kind that the recent Greek economic crisis has fueled, for example, the Golden Dawn in Greece (banned in 2021 but still active among its supporters; Halikiopoulou & Vlandas, 2019), this study exclusively looks at right-wing authoritarianism.

### *Socio-demographic Factors Relating to Euthanasia*

When analyzing public opinion about euthanasia, age, gender, political positioning, and education are crucial variables to consider (Dworkin, 2011; Dunkan & Parmelee, 2006). However, the results from several research projects were inconsistent regarding gender. Though the majority of recent research (Aghababaei et al., 2014; Rodriguez-Calvo et al., 2019; Szadowska Szlachetka et al., 2019) finds no differences based on gender, some research (Muller et al., 1996) indicates that women are more supportive of euthanasia than men, while other research (Fekete et al., 2002; Ramirez-Rivera et al., 2006) shows that men are more supportive of euthanasia.

In terms of age and attitudes toward euthanasia, it appears that research studies generally show that support toward euthanasia tends to decline somewhat with increasing age (Fekete et al., 2002; Koneke, 2014). Regarding ideological self-positioning and attitudes toward euthanasia, it appears that people who identify more with the left wing of the political spectrum support euthanasia regulation to a greater extent than those who identify more with the right wing (del Rosal & Cerro, 2018; Dworkin, 2011). Therefore, it is hypothesized that age, gender, political positioning, and education may be potential mediators in the relationship between religiosity and euthanasia attitudes.

### *This Study*

A fresh analysis of the connection between religiosity and euthanasia attitudes is required (Terkamo-Moisio et al., 2016). The current study is conducted in Greece within a sociocultural setting that values traditions and the status quo (Grigoropoulos, 2023a, 2022b, 2021b). Greece has a conservative institutional structure and culture (Grigoropoulos, 2022a, c, 2021a, 2020), while the Orthodox Church significantly influences public's opinion on social issues (Grigoropoulos, 2023b, 2022d). The majority of Greeks adhere to the teachings of the Christian Orthodox Church, which rejects euthanasia since it is considered a rejection of God's will (Parpa et al., 2006). Since there is no applicable legislation, the contentious views surrounding the establishment of the right to euthanasia in Greece are interesting. The

phrase “euthanasia” is not found in Greek law; instead, “homicide in consent” is used to describe a criminal violation (Triantafyllou et al., 2017).

The current research aimed to a) verify the negative link between religiosity and euthanasia attitudes, b) clarify the link between right-wing authoritarianism and specific demographic factors with euthanasia attitudes, and c) examine whether right-wing authoritarianism and specific demographic factors represent mechanisms involved in the association between religiosity and euthanasia attitudes. These objectives led us to formulate the following hypotheses: (1) There is a significant relationship between religiosity and anti-euthanasia attitudes, (2) there is a significant relationship between right-wing authoritarianism and demographic factors with anti-euthanasia attitudes, (3) right-wing authoritarianism plays a mediating role between religiosity and anti-euthanasia attitudes, (4) specific demographic factors play a mediating role between religiosity and anti-euthanasia attitudes, and (5) right-wing authoritarianism and specific demographic factors play a chain mediating role between religiosity and anti-euthanasia attitudes.

## Method

### *Sample and Procedure*

A questionnaire-based correlational web design was used to measure religiosity, political positioning, right-wing authoritarianism, and attitudes toward euthanasia. Data were collected between August and November 2022. Based on accessibility, a convenience non-probability sample of 236 (196 female) individuals was gathered. Snowball sampling through social media messaging and word-of-mouth was used to find participants. Friendship networks were also used to find participants. Female participants were 18 to 59 years old ( $M = 33.28$ ,  $SD = 12.56$ ), and male participants were 18 to 58 ( $M = 33.50$ ,  $SD = 12.72$ ). Participants were all of Greek nationality and were all Orthodox Christians. Most of the participants were university students 39.8% (94), 31.8% (75) had a postgraduate degree, 21.6 (51) had a university degree, and 6.8% (16) had completed a high school diploma. For this acquired sample size ( $N = 236$ ), a sensitivity power analysis using G\*Power (Faul et al., 2007) predicted the minimal effect size that could be observed at a particular power level. For each of the predicted paths between our variables, the sensitivity power analysis under standard criteria ( $\alpha = 0.05$ , 80% power) indicates that the sample provides acceptable power to detect a small ( $f^2 = 0.02$ ) to medium ( $f^2 = 0.15$ ) effect size ( $f^2 = 0.072$ ).

Before starting the survey, participants were asked to fill out a permission form and were informed about the purpose of the study. In addition, a definition of euthanasia was added to the survey to reduce the impact of any knowledge or misinformation that individuals could have regarding euthanasia. Grounded on earlier research, euthanasia was defined as “a deliberate act intended to terminate the life of a person at his/her explicit request” (Danyliv & O’Neill, 2015; Johanssen et al., 2005; Louhiala et al., 2015). The procedure lasted ten to fifteen minutes. This study complied with all ethical guidelines and directives from the researcher’s institution and the Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects.

## Measures

### Demographics

Participants provided their age, gender identity (1 = woman; 2 = man; other available alternatives were not chosen), educational level (under high school diploma, with a high school diploma, university student, with a university degree, with a postgraduate degree), and political positioning (left party, center-left party, center party, center-right party, right party).

*Attitudes toward Euthanasia.* Based on a previous study (Lockhart et al., 2022), we used a single-item measure to evaluate attitudes toward euthanasia (Suppose a person has a painful incurable disease. Do you believe that if a patient asks it, doctors ought to be legally permitted to end that patient's life? Respondents used a scale of 1 for "definitely no" to 7 for "definitely yes" to indicate the level of support.

*Religiosity:* The participants indicated their frequency of praying and attending religious services (1=*Never* to 7=*Very Frequently*). The "Duke Religion Index" (DUREL; Koenig et al., 1997) was the source for these two questions. The two questions assessing religiosity showed strong associations ( $r_{236} = .66, p < .001$ ). Consequently, they provided a single religiosity measure.

*Political positioning.* To indicate their political ideology, participants were asked to rate themselves on a range of 1 (left) to 5 (right; i.e., left, center-left, center, center-right, and right). According to earlier research, one-item self-placement evaluations of political orientation have demonstrated adequate validity and stability (Jost, 2006).

*Right-Wing Authoritarianism Scale- Short Version (RWASS; Zakrisson, 2005).* The Greek version of the RWASS measure (Grigoropoulos, 2023c), developed by Zakrisson (2005), evaluated authoritarian beliefs. This is a shorter version of the Right-Wing Authoritarian Scale (Altemeyer 1998), which has been tested against measures of racism, sexism, ethnic tolerance, and social dominance orientation (Zakrisson 2005). Participants responded to 15 items (e.g., "The old-fashioned ways and old-fashioned values still show the best way to live) using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Increased scores indicate a more significant endorsement of R.W.A.

### Analytic Strategy

Statistical analysis was performed utilizing SPSS v21. The means, standard deviations, and reliability (Cronbach's  $\alpha$ ) of the different scales scores were assessed. The Cronbach's alpha scores for the scales used in the study are available in Table 1. The associations between the variables were assessed using Pearson correlation analysis. Multiple regression analysis was performed to develop predictive models for euthanasia attitudes and PROCESS macro (Model 6; Hayes, 2017) for the chain mediation tests with Bootstrap analysis. Using the bootstrap method with 5000 samples, we produced 95% confidence intervals for the indirect effects test.

## Results

## Statistical Analysis and Results

We consider data to follow a normal distribution if skewness and kurtosis have absolute values less than 2.0 and 7.0, respectively (Byrne, 2016). Pearson correlations between the variables are shown in Table 1. Analysis showed a significant negative correlation between religiosity and attitudes toward euthanasia. Religiosity also was positively related to age, political positioning, and right-wing authoritarianism (R.W.A). The relationship between the variables above supports the first two hypotheses and the exploration of the third hypothesis of the study.

Multiple regression analysis examined the ability of this study's variables to predict attitudes toward euthanasia. The results showed that higher levels of religiosity ( $\beta = -.330, p < .001$ ) predicted anti-euthanasia attitudes, while higher authoritarianism (R.W.A.) predicted more support for euthanasia ( $\beta = .173, p < .05$ ; adjusted  $R^2 = 0.65, F(6, 229) = 3.74, p = .001$ ; see Table 2).

In addition, to determine whether a serial multiple mediation model would be appropriate, we computed a series of partial correlations (i.e., between age and R.W.A., between age and political positioning, and between political positioning and R.W.A.) adjusting for religiosity. This association represents the relationship between the proposed mediators that remain after accounting for the effects of the independent variable on both (Hayes, 2013). We observed that more authoritarian respondents were younger, even after adjusting for the influence of religiosity on R.W.A. and age,  $r(233) = -.224, p = .001$ , and that more right-leaning participants were more authoritarians  $r(233) = .243, p < .001$ , even after adjusting for the influence of religiosity on political positioning and R.W.A. The association between age and political positioning after adjusting for the influence of religiosity was insignificant  $r(233) = -.040, p = > .05$ .

**Table 1.** Bivariate Correlations between the study variables (n = )

	Mean	SD	1	2	3	4	5	6	7	$\alpha$
<b>Variables</b>										
<b>1. Gender</b>			—							
<b>2. Age</b>	33.31	12.56	.007	—						
<b>3. Educational Level</b>			-.074	.539*	—					
<b>4. Political Positioning</b>	2.71	0.74	-.083	.013	-.016	—				
<b>5. RWA</b>	3.95	1.02	-.045	-.115	-.210**	.326**	—			
<b>6. Religiosity</b>	3.36	1.67	.005	.190**	.068	.264**	.437**	—		
<b>7. Attitudes toward Euthanasia</b>	5.19	1.79	.040	.046	.031	-.070	-.005	-.241**	—	

**Note.** RWA= Right-Wing Authoritarianism

\* $p < .05$ , \*\* $p < .01$

**Table 2.** Results of Multiple Regression Analysis. Standardized and Unstandardized Regression Coefficients for this Study's Variables. Predicting Attitudes toward Euthanasia (n = )

Predictors	B	SE B	$\beta$	Sig.	95%CI	VIF
Gender	.231	.305	.048	.450	-.370, .831	1.01
Age	.016	.011	.111	.149	-.006, -.037	1.47
Educational Level	.061	.142	.033	.669	-.219, .341	1.48
Political Positioning	-.087	.163	-.036	.594	-.409, .235	1.15
RWA	.309	.135	.173	.023*	.043, .575	1.43
Religiosity	-.356	.079	-.330	.000**	-.512, -.200	1.36

**Note.** RWA= Right-Wing Authoritarianism

\* $p < .05$ , \*\* $p < .01$

### Mediating Effect Test

According to the results of the serial mediation model (displayed in Fig. 1), there was a significant total effect for religiosity on euthanasia attitudes ( $c = -0.25$ ,  $S.E. = 0.06$ ,  $p < .001$ ), as well as a significant total indirect effect (i.e., total mediation effect including both mediators),  $ab = 01$ ,  $S.E. = 0.00$ ,  $CI_{95} = [-0.03, -0.01]$ . Thus, religiosity has a significant impact on R.W.A., which had a substantial adverse effect on age, which, in turn, had a significant effect on euthanasia attitudes (Figure 1).

In this model, three mediating chains were identified: *path 1* religiosity  $\diamond$  R.W.A.  $\diamond$  euthanasia attitudes non-significant; *path 2* religiosity  $\diamond$  age  $\diamond$  euthanasia attitudes with a mediating value of 0.03 and whose confidence interval does not contain 0 value showing that age operates as a significant mediator between religiosity and euthanasia attitudes; *path 3* religiosity  $\diamond$  R.W.A.  $\diamond$  age  $\diamond$  euthanasia attitudes with a mediating value of 0.01 and whose confidence interval does not contain 0 value showing that R.W.A. and age operate as significant mediators between religiosity and euthanasia attitudes. Table 3 presents mediating effect values, standard errors, and 95% bias-corrected confidence intervals.

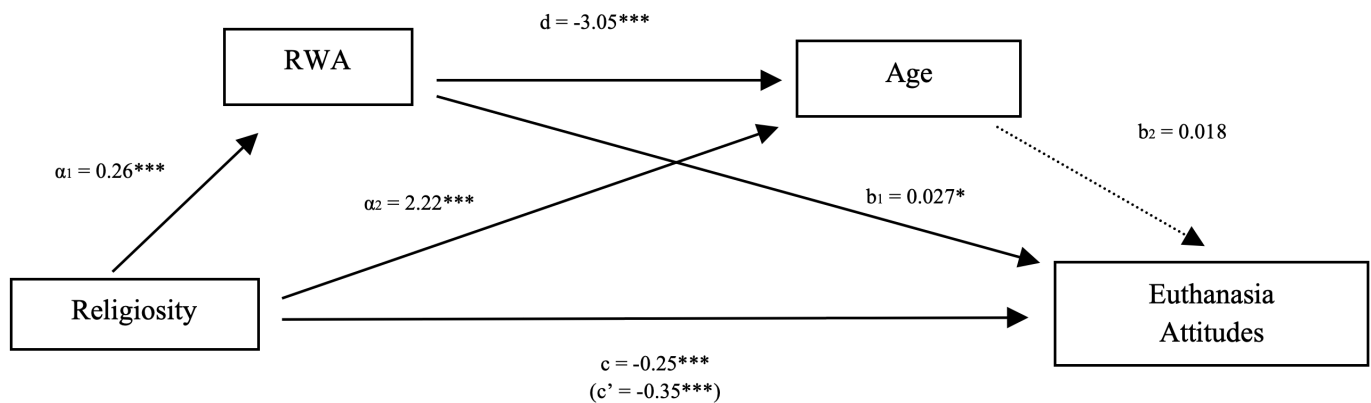
These findings suggest that only age was an independent mediator of the effect of religiosity on euthanasia attitudes. As hypothesized, the serial mediation indirect effect path was also significant. This result provides support for a multistep serial mediation impact from religiosity  $\diamond$  R.W.A.  $\diamond$  Age  $\diamond$  Euthanasia attitudes. Religiosity was also associated with opposition to euthanasia attitudes independent of the effects of R.W.A. and age ( $c' = .31$ ,  $p < .001$ ).

**Table 3.** Mediating effect analysis of the chain mediating model



Path	Mediating effect value	Standard error	Lower limit of 95% bias-corrected CI	Upper limit of 95% bias-corrected CI
Total effect	-.29	.06	-.39	-.12
Direct effect	-.35	.07	-.51	-.20
Total indirect effect	.09	.04	.01	.18
Path 1 Religiosity → RWA → Euthanasia Attitudes	.06	.03	-.01	.13
Path 2 Religiosity → Age → Euthanasia Attitudes	.03	.01	.02	.08
Path 3 Religiosity → RWA → Age → Euthanasia Attitudes	-.01	.008	-.03	-.009

**Note.** RWA= Right-Wing Authoritarianism



**Figure 1.** Serial multiple mediator model predicting euthanasia attitudes from religiosity, RWA, and age.

*Note.* \* $p < .05$ ,  $p < .001$ \*\*\*

### Alternative Models

Based on our hypotheses and to strengthen our tested model, we evaluated a series of alternative models according to partial correlation results, in which the independent, dependent, and serial mediator variables were ordered at different levels.

First, we inverted the mediators of the previous model (Alternative model 1). We considered age as the first-level mediator and R.W.A. as the second-level one. In this case, indirect effects also emerged as significant, Mean estimate = -0.006, *S.E.* = 0.004, CI [-0.015, -0.001]. This result provides evidence for a possible bidirectional link between R.W.A., the social psychological mechanism, and age, the socio-demographic factor, underlying the link between religiosity and euthanasia attitudes (see Table 4, Figure 2).

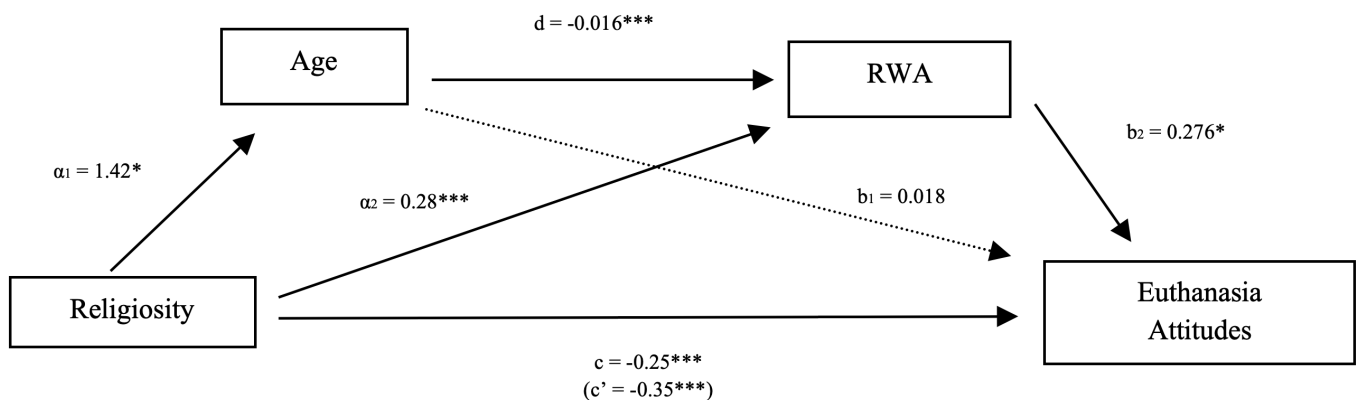
We also looked at religiosity as the IV (Alternative model 2), R.W.A. and political positioning as the serial mediators, and euthanasia attitudes as the DV. The alternative model's results indicated no significant indirect impact (mean estimate = 0.040, *S.E.* = 0.008, CI [-0.022, 0.013]).

The mediators were inverted in the third alternative model (Alternative model 3). Thus, religiosity was entered as the IV, political positioning and R.W.A. were the serial mediators, and euthanasia attitudes as the DV. Again, results showed that the indirect effect was non-significant, Mean estimate = .008, *S.E.* = .006, CI [-.009,.022], noting that it did not fit our data well.

**Table 4.** Mediating effect analysis of the chain mediating model

Path	Mediating effect value	Standard error	Lower limit of 95% bias-corrected CI	Upper limit of 95% bias-corrected CI
Total effect	-.25	.06	-.39	-.12
Direct effect	-.35	.07	-.51	-.20
Total indirect effect	.09	.04	.01	.18
Path 1 Religiosity → Age → Euthanasia Attitudes	.02	.01	.001	.06
Path 2 Religiosity → RWA → Euthanasia Attitudes	.07	.04	.003	.15
Path 3 Religiosity → Age → RWA → Euthanasia Attitudes	-.006	.003	-.015	-.001

**Note.** RWA= Right-Wing Authoritarianism



**Figure 2.** Serial multiple mediator model predicting euthanasia attitudes from religiosity, RWA, and age.

*Note.* \* $p < .05$ ,  $p < .001$ \*\*\*

## Discussion

Past research data show that not only religiosity but different ideological perspectives (Hout, 1999) influence euthanasia attitudes, with liberals endorsing while conservatives opposing euthanasia issues (Abramowitz, 1995). Given the link between religiosity and anti-euthanasia attitudes (Aghababaei et al., 2014; Baeke et al., 2006; Jylhankangas et al., 2014; Televantos et al., 2013), we examined possible factors that could mediate the association between the two constructs.

Hence, we proceeded a step further, examining the contribution of authoritarianism and socio-cultural characteristics (i.e., age, gender, political positioning, and educational level) as serial mediators in the relationship between religiosity and anti-euthanasia attitudes.

As hypothesized, religiosity was the most decisive predictor of anti-euthanasia attitudes. As Deak and Saroglou (2015) note, conservative opposition to euthanasia is motivated by sanctity. The belief that euthanasia opposes fundamental values about the sanctity of life and the natural order may be the source of religious opposition. This finding indicates that formal religious institutions and religiosity, as a fundamental aspect of culture, influence people's opinions about various social issues (Vasilenko et al., 2013), such as opposition to euthanasia, offering people a belief system they may adopt as their own. In addition, multiple regression analysis indicated that religiosity is a more significant predictor of attitudes toward euthanasia than authoritarianism.

Surprisingly, right-wing authoritarianism relates positively, rather than negatively, with the endorsement of euthanasia. That right-wing authoritarianism has a supporting impact on euthanasia attitudes in this sample may indicate something interesting about the political environment in Greece. In the years after the global economic crisis, there seems to have been a general tendency towards right-wing authoritarianism in Europe and Greece. The growth of the Golden Dawn in Greece is only one example among many. Due to economic threats, political movements and far-right parties have increased (Tzogopoulos, 2016). Therefore, the relationship of right-wing authoritarianism with different social issues in various socio-cultural contexts needs to be (re) examined.

In addition, right-wing authoritarianism and age mediated the relationship between religiosity and anti-euthanasia attitudes, suggesting a possible bidirectional link between right-wing authoritarianism as a social psychological mechanism and age underlying the relationship between religiosity and anti-euthanasia attitudes. In other words, higher endorsement of right-wing authoritarianism from younger participants helps explain the influence of different ideological perspectives and socio-structural factors on religious opposition to euthanasia. This serial mediation may be explained by the concepts of dignity and "feeling like a burden." According to previous studies, the main reasons why older support euthanasia are the desire to maintain one's dignity and the fear of "feeling like a burden" (Young et al., 2019). These ideas might partially convey the moral significance of carrying out one's role-based responsibilities, even at one's personal expense (Graham & Haidt, 2010). Thus, the current study suggests that higher right-wing authoritarianism and younger age serially mediate the negative relationship between religiosity and euthanasia attitudes. Hence, this study provides evidence that religiosity is related to anti-euthanasia attitudes both directly and indirectly through chain mediating effects of right-wing authoritarianism and age.

Euthanasia remains a controversial social topic with moral and cultural repercussions. Thus, the influence of the different socio-cultural contexts should be acknowledged and discussed. This study's findings support the significant role of context-specific social-psychological and socio-cultural factors underlying the relationship between religiosity and euthanasia attitudes. However, more studies from other countries are needed to make cross-cultural comparisons. This study has significant practical implications since it underlines potential factors for intervening at an individual and a societal level to decrease anti-euthanasia attitudes: young people's right-wing authoritarianism.

## Limitations

There are certain limitations to this study. First, even though a definition of euthanasia was provided to participants, we should acknowledge that since the term “euthanasia” refers to a variety of methods, attitudes toward these methods may vary widely (Moulton et al., 2006). This study’s findings can not be generalized because of the homogeneity of the participants group. Additionally, there may have been a bias in the sample since those who were more interested in euthanasia topic might have participated. Moreover, certain social groups are restricted from participating in online research. Subsequent research endeavors may prioritize gathering data from a broader range of individuals. People from other cultures and nations, as well as older adults, should be targeted.

Although alternative models were tested, results should be interpreted cautiously because the study's correlational design makes it difficult to determine the causative relationship. Since the study methodology was correlational and causation can not be inferred, further research can build upon and broaden the current study's findings; experimental approaches are therefore advised. Longitudinal designs may also give more insight into the relationship between variables throughout time.

## Conclusion

In conclusion, religiosity and anti-euthanasia attitudes are related, and their relationship is mediated by two serial mediators: right-wing authoritarianism and age. Interventions aimed at increasing the endorsement of euthanasia may focus on these variables.

## References

- Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality*. Oxford: Harpers
- Aghababaei, N., Wasserman, J. A., & Hatami, J. (2014). Personality factors and attitudes toward euthanasia in Iran: Implications for end-of-life research and practice. *Death Studies*, 38, 91–99. <https://doi:10.1080/07481187.2012.731026>
- Ahaddour, C., Branden, S. V., & Broeckaert, B. (2018). God is the giver and taker of life: Muslim beliefs and attitudes regarding assisted suicide and euthanasia. *AJOB Empirical Bioethics*, 9(1), 1–11. <https://doi.org/10.1080/23294515.2017.1420708>
- Altemeyer, B. (1981). *Right-wing authoritarianism*. Winnipeg: University of Manitoba Press
- Altemeyer, B. (1998). “The other “authoritarian personality”, in *Advances in Experimental Social Psychology*, eds. M. P. Zanna. San Diego, CA: Academic Press, 47–92. [https://doi.org/10.1016/S0065-2601\(08\)60382-2](https://doi.org/10.1016/S0065-2601(08)60382-2)
- Baeke, G., Wils, J.-P., & Broeckaert, B. (2011). “We are (not) the master of our body”: Elderly Jewish women’s attitudes towards euthanasia and assisted suicide. *Ethnicity & Health*, 16, 259–278. <https://doi.org/10.1080/13557858.2011.573538>

- Barnett, M. D., Cantu, C., & Galvez, A. M. (2018). Attitudes toward euthanasia among hospice nurses: Political ideology or religious commitment? *Death Studies*, 44(3), 195–200. <https://doi.org/10.1080/07481187.2018.1539050>
- Bulmer, M., Bohnke, J. R., & Lewis, G. J. (2017). Predicting moral sentiment towards physician-assisted death: The role of religion, conservatism, authoritarianism, and Big Five personality. *Personality and Individual Differences*, 105, 244–251. <https://doi:10.1016/paid.2016.09.034>
- Cohen, J., Van Landeghem, P., Carpentier, N., & Deliens, L. (2014). Public acceptance of euthanasia in Europe: a survey study in 47 countries. *International Journal of Public Health*, 59(1), 143-156. <https://doi.org/10.1007/s00038-013-0461-6>
- Byrne, B. (2016). *Structural equation modeling with Amos: Basic concepts, applications and programming*(3rd Ed.). Oxford, U.K.: Taylor & Francis/ Routledge.
- Daaleman, T. P., & Vande Creek, L. (2000). Placing religion and spirituality in end-of-life-care. *JAMA*, 284(19), 2514–2517. <https://doi.org/10.1001/jama.284.19.2514>
- Danyliv, A., & O'Neill, C. (2015, March). Attitudes towards legalising physician provided euthanasia in Britain: The role of religion over time. *Social Science & Medicine*, 128, 52–56. <https://doi.org/10.1016/j.socscimed.2014.12.030>
- Deak, C., & Saroglou, V. (2015). Opposing abortion, gay adoption, euthanasia, and suicide: Compassionate openness or self-centered moral rigorism? *Archive for the Psychology of Religion*, 37(3), 267–294. <https://doi.org/10.1163/15736121-12341309>
- del Rosal, R. S., & Cerro, A. H. (2018). Actitudes de los españoles ante la eutanasia y el suicidio médico asistido [Spanish Attitudes Towards Euthanasia and Physician-assisted Suicide]. *Reis*, 103-120. <http://dx.doi.org/10.5477/cis/reis.161.103>
- Duckitt, J. (1989). Authoritarianism and Group Identification: A New View of an Old Construct. *Political Psychology*, 10(1), 63. <https://doi.org/10.2307/3791588>
- Duncan, O. D., & Parmelee, L. F. (2006). Trends in public approval of euthanasia and suicide in the U.S., 1947–2003. *Journal of Medical Ethics*, 32(5), 266–272. <https://doi.org/10.1136/jme.2004.011072>
- Durrheim, K. (1997). Theoretical Conundrum: The Politics and Science of Theorizing Authoritarian Cognition. *Political Psychology*, 18(3), 625–647. <https://doi.org/10.1111/0162-895x.00070>
- Dworkin, R. (2011). *Life's dominion: An argument about abortion, euthanasia, and individual freedom* Vintage
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175–191. <https://doi.org/10.3758/BF03193146>
- Feldman, S. (2003). Enforcing social conformity: A theory of authoritarianism. *Political Psychology*, 24(1), 41–74. <https://doi.org/10.1111/0162-895X.00316>
- Fekete, S., Osvath, P., & Jegesy, A. (2002). Attitudes of Hungarian students and nurses to physician assisted suicide. *Journal of Medical Ethics*, 28(2), 126. <https://doi.org/10.1136/jme.28.2.126>
- Gielen, J., van den Branden, S. D., Iersel, T. V., & Broeckaert, B. (2011). The diverse influence of religion and world view on the palliative-care nurses' attitudes towards euthanasia. *Journal of Empirical Theology*, 24, 36–56. doi:10.1163/157092511X571169

- Grigoropoulos, I. (2020). Subtle forms of prejudice in Greek day-care centres. Early childhood educators' attitudes towards same-sex marriage and children's adjustment in same-sex families. *European Journal of Developmental Psychology*, 18(5), 711–730. <https://doi.org/10.1080/17405629.2020.1835636>
- Grigoropoulos, I. (2021a). Lesbian motherhood desires and challenges due to minority stress. *Current Psychology*. (2021). <https://doi.org/10.1007/s12144-021-02376-1>
- Grigoropoulos, I. (2021b). Lesbian mothers' perceptions and experiences of their school involvement. *Journal of Community & Applied Social Psychology*. <https://doi.org/10.1002/casp.2537>
- Grigoropoulos, I. (2022a). Normative Pressure Affects Attitudes Toward Pornography. *Sexuality & Culture*. <https://doi.org/10.1007/s12119-022-10036-0>
- Grigoropoulos, I. (2022b). Towards a greater integration of 'spicier' sexuality into mainstream society? Social-psychological and socio-cultural predictors of attitudes towards BDSM. *Sexuality & Culture* 26, 2253–2273. <https://doi.org/10.1007/s12119-022-09996-0>
- Grigoropoulos, I. (2022c). Greek High School Teachers' Homonegative Attitudes Towards Same-Sex Parent Families. *Sexuality & Culture*. <https://doi.org/10.1007/s12119-021-09935-5>
- Grigoropoulos, I. (2022d). Gay fatherhood experiences and challenges through the lens of minority stress theory. *Journal of Homosexuality*. <https://doi.org/10.1080/00918369.2022.2043131>
- Grigoropoulos, I. (2023a). Laypeople's Perceptions of Sexuality Education with Young Children Insights from a Convenient Sample of the Greek Orthodox Community, *American Journal of Sexuality Education*, <https://doi.org/10.1080/15546128.2023.2225790>
- Grigoropoulos, I. (2023b). Laypeople's Perceptions of Sexuality Education with Young Children Insights from a Convenient Sample of the Greek Orthodox Community, *American Journal of Sexuality Education*, <https://doi.org/10.1080/15546128.2023.2225790>
- Grigoropoulos, I. (2023c). Relations between Authoritarianism, Just World Beliefs, and the Dark Triad Life Philosophy. *Interpersona: An International Journal on Personal Relationships* <https://doi.org/10.23668/psycharchives.13265>
- Halikiopoulou, D., and Vlandas, T. (2019). What is new and what is nationalist about Europe's new nationalism? Explaining the rise of the far-right in Europe. *Nations and Nationalism* 25, 409–434. doi: 10.1111/nana.12515
- Hains, C. M., & Hulbert-Williams, N. J. (2013). Attitudes toward euthanasia and physician-assisted suicide: A study of the multivariate effects of healthcare training, patient characteristics, religion and locus of control. *Journal of Medical Ethics*, 39, 713–716. doi:10.1136/medethics-2012 100729
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford Press.
- Hill, P.C., & Hood, R.W. (Eds.). (1999). *Measures of religiosity* (pp.119–158). Religious Education Press
- Hout, M. (1999). Abortion politics in the United States, 1972–1994: From single issue to ideology. *Gender Issues*, 17(2), 3–34. <https://doi.org/10.1007/s12147-999-0013-9>
- Inglehart, R., & Baker, W. E. (2000). Modernization, Cultural Change, and the Persistence of Traditional Values. *American Sociological Review*, 65(1), 19. <https://doi.org/10.2307/2657288>
- Jans, J. (2002). Christian churches and euthanasia in the low countries *Ethical Perspectives*, 9(2), 131–133.

<https://doi.org/10.2143/EP.9.2.503851>

- Jylhankangas, L., Smets, T., Cohen, J., Utraiainen, T., & Deliens, L. (2014). Descriptions of euthanasia as social representations: Comparing the views of Finnish physicians and religious professionals. *Sociology of Health & Illness*, 36, 354–368. doi:10.1111/1467-9566.12057
- Johanssen, S., Hølen, J. C., Kaasa, S., Loge, J. H., & Materstvedt, L. J. (2005). Attitudes towards, and wishes for, euthanasia in advanced cancer patients at a palliative medicine unit. *Palliative Medicine*, 19, 454–460. <https://doi.org/10.1191/0269216305pm1048oa>
- Kelley, J., Evans, M. D. R., & Headey, B. (1993). Moral reasoning and political conflict: The abortion controversy. *The British Journal of Sociology*, 44(4), 589–612. <https://doi.org/10.2307/591412>
- Koleva, S. P., Graham, J., Iyer, R., Ditto, P. H., & Haidt, J. (2012). Tracing the threads: How five moral concerns (especially purity) help explain culture war attitudes. *Journal of Research in Personality*, 46(2), 184–194. <https://doi.org/10.1016/j.jrp.2012.01.006>
- Köneke, V. (2014). Trust increases euthanasia acceptance: a multilevel analysis using the European Values Study. *BMC Medical Ethics*, 15(1), 86. <https://doi.org/10.1186/1472-6939-15-86>
- Lockhart, C., Lee, C. H. J., Sibley, C. G., & Osborne, D. (2022). The sanctity of life: The role of purity in attitudes towards abortion and euthanasia. *International Journal of Psychology*, 58(1), 16–29. <https://doi.org/10.1002/ijop.12877>
- Louhiala, P., Enkovaara, H., Halila, H., Palve, H., & Vanska, J. (2015). Finnish physicians' attitudes towards active euthanasia have become more positive over the last 10 years. *Journal of Medical Ethics*, 41, 353–355. <https://doi.org/10.1136/medethics-2014-102459>
- McDaniel, E. L. (2016, June). What Kind of Christian Are You? Religious Ideologies and Political Attitudes. *Journal for the Scientific Study of Religion*, 55(2), 288–307. <https://doi.org/10.1111/jssr.12264>
- Montañés Muro, P., Soriano, M. E., & Manzano-García, G. (2023). The social perspective of euthanasia in Spain: variables that predict attitudes towards euthanasia. *Anales De Psicología*, 39(2), 287–293. <https://doi.org/10.6018/analesps.511201>
- Moulton, B. E., Hill, T. D., & Burdette, A. (2006). Religion and trends in euthanasia attitudes among U.S. adults, 1977–2004. *Sociological Forum*, 21(2), 249–272. <https://doi.org/10.1007/s11206-006-9015-5>
- Mroz, S., Dierickx, S., Deliens, L., Cohen, J., & Chambaere, K. (2021). As sisted dying around the world: a status quaestionis. *Annals of Palliative Medicine*, 10(3), 3540–3553. <https://doi.org/10.21037/apm-20-637>
- Muller, M. T., Onwuteaka-Philipsen, B. D., Kriegsman, D. M. W., & Van der Wal, G. (1996). Voluntary active euthanasia and doctor-assisted suicide: knowledge and attitudes of Dutch medical students. *Medical Education*, 30(6), 428–433. <https://doi.org/10.1111/j.1365-2923.1996.tb00863.x>
- Nelkin, D. (2004). Godtalk: Confusion between science and religion. *Science, Technology, & Human Values*, 29(2), 139–152. <https://doi.org/10.1177/0162243903261950>
- Nilsson, A., & Jost, J. T. (2020, August). The authoritarian-conservatism nexus. *Current Opinion in Behavioral Sciences*, 34, 148–154. <https://doi.org/10.1016/j.cobeha.2020.03.003>
- Parpa, E., Mystakidou, K., Tsilika, E., Sakkas, P., Patiraki, E., Pisteovou-Gombaki, K., Galanos, A., & Vlahos, L. (2006, August). The Attitudes of Greek Physicians and Lay People on Euthanasia and Physician-Assisted Suicide in

Terminally Ill Cancer Patients. *American Journal of Hospice and Palliative Medicine*, 23(4), 297–303.

<https://doi.org/10.1177/1049909106290247>

- Patelarou, E., Vardavas, C. I., Fioraki, I., Alegakis, T., Dafermou, M., & Ntzilepi, P. (2009, May). Euthanasia in Greece: Greek nurses' involvement and beliefs. *International Journal of Palliative Nursing*, 15(5), 242–248. <https://doi.org/10.12968/ijpn.2009.15.5.47389>
- Pegram, T. (2015). Governing relationships: The new architecture in global human rights governance. *Millennium-Journal of International Studies*, 43, 618–639. <https://doi.org/10.1177/0305829814562016>
- Rae, N., Johnson, M. H., & Malpas, P. J. (2015). New Zealanders' attitudes toward physician-assisted dying. *Journal of Palliative Medicine*, 18(3), 259–265. <https://doi.org/10.1089/jpm.2014.0299>
- Ramírez-Rivera, J., Cruz, J., & Jaime-Anselmi, F. (2006) Euthanasia, assisted suicide and end-of-life care: attitudes of students, residents and attending physicians. *Puerto Rico. Health Sciences Journal*, 25(4), 325-329.
- Ramos, A., Pereira, C. R., Soboleva, N., & Vaitonytė, M. (2024). The impact of far-right political orientation and cultural values on conservative attitudes toward life and death in Europe: a multilevel approach. *Frontiers in Political Science*, 5. <https://doi.org/10.3389/fpos.2023.1159916>
- Ricou, M., & Wainwright, T. (2019). The psychology of euthanasia: Why there are no easy answers. *European Psychologist*, 24(3), 243–256. <https://doi.org/10.1027/1016-9040/a000331>
- Rodríguez-Calvo, M. S., Soto, J. L., Martínez-Silva, I. M., Vázquez Portomeñe, F., & Muñoz-Barús, J. I. (2019). Attitudes towards physician-assisted suicide and euthanasia in Spanish university students. *Revista Bioética*, 27(3), 490-499. [https://doi.org/10.1590/1983\\_80422019273333](https://doi.org/10.1590/1983_80422019273333)
- Sabriseilabi, S., & Williams, J. (2020). Dimensions of religion and attitudes toward euthanasia. *Death Studies*, 46(5), 1149–1156. <https://doi.org/10.1080/07481187.2020.1800863>
- Silver, J. R. (2020). Binding morality and perceived harm as sources of moral regulation law support among political and religious conservatives. *Law & Society Review*, 54(3), 680–719. <https://doi.org/10.1111/lasr.12487>
- Stack, S., & Kposowa, A. J. (2011). Religion and suicide acceptability: A cross-national analysis. *Journal for the Scientific Study of Religion*, 50(2), 289–306. <https://doi.org/10.1111/j.1468-5906.2011.01568.x>
- Stempsey, W. E. (2010). The role of religion in the debate about physician-assisted dying. *Medicine, Health Care, and Philosophy*, 13(4), 383–387. <https://doi.org/10.1007/s11019-010-9267-y>
- Szadowska-Szlachetka, Z. C., Antoniak, K., Łuczyk, M., Ślusarska, B., Stanisławek, A., Nowicki, G., & Muraczyńska, B. (2019). Knowledge and attitudes of Medical University students with regard to euthanasia. *Medycyna Paliatywna*, 11(2), 73-80. <https://doi.org/10.5114/pm.2019.86531>
- Talhelm, T., Haidt, J., Oishi, S., Zhang, X., Miao, F., & Chen, S. (2012). Liberals Think More Analytically (More 'Weird') than Conservatives. *SSRN Electronic Journal* <https://doi.org/10.2139/ssrn.2111700>
- Televantos, A., Talias, M. A., Charalambous, M., & Soteriades, E. S. (2013). Attitudes towards euthanasia in severely ill and dementia patients and cremation in Cyprus: a population-based survey. *BMC Public Health*, 13(1). <https://doi.org/10.1186/1471-2458-13-878>
- Terkamo-Moisio, A., Kvist, T., Laitila, T., Kangasniemi, M., Rynnänen, O. P., & Pietilä, A. M. (2016). The Traditional Model Does Not Explain Attitudes Toward Euthanasia. *OMEGA - Journal of Death and Dying*, 75(3), 266–283.



<https://doi.org/10.1177/0030222816652804>

- Triantafyllou, T., Giakis, N., Polychronopoulou, E., Demosthenous, M., Karatzas, S., Stergiopoulos, S., Zografos, G., & Theodorou, D. (2017). Conception of family and friends on euthanasia in intensive care unit in Greece. *Journal of Compassionate Health Care*, 4(1). <https://doi.org/10.1186/s40639-017-0040-4>
- Tzogopoulos, G. (2016). *The Greek crisis in the media: Stereotyping in the international press* London: Routledge
- Van Hiel, A., Duriez, B., & Kossowska, M. (2006). The presence of leftwing authoritarianism in Western Europe and its relationship with conservative ideology. *Political Psychology*, 27(5), 769–793. <https://doi.org/10.1111/j.1467-9221.2006.00532.x>.
- Vasilenko, S. A., Duntzee, C. I., Zheng, Y., & Lefkowitz, E. S. (2013). Testing two process models of religiosity and sexual behavior. *Journal of Adolescence*, 36, 667–673. <https://doi.org/10.1016/j.adolescence.2013.04.002>
- Verbakel, E., & Jaspers, E. (2010). A comparative study on permissiveness towards euthanasia; Religiosity, slippery slope, autonomy, and death with dignity. *Public Opinion Quarterly*, 74, 109–139. <https://doi:10.1093/poq/nfp074>
- Yen, S. T., & Zampelli, E. M. (2017). Religiosity, political conservatism, and support for legalized abortion: A bivariate ordered probit model with endogenous regressors. *The Social Science Journal*, 54, 39–50. <https://doi.org/10.1016/j.soscij.2016.12.002>
- Youngner, S. J., & Arnold, R. M. (2016). *The Oxford handbook of ethics at the end of life* Oxford, U.K.: Oxford University Press
- Wainwright, W. J. (2012). *Religion and morality*. In *Monotheism & ethics* (pp. 45–57). BRILL. [https://doi.org/10.1163/9789004217416\\_005](https://doi.org/10.1163/9789004217416_005)