An ethnic model along differentiation between justified death attitude and polls in a cross-cultural generational study

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Abstract

Background: "Justified Death Attitude (JDA) is imminent and likely paradoxical behavior against self threat to keep of self in modification for elimination of the opponent mentally or physically"the first author defined. The former studies have indicated that Justified Death Attitude Scale (JDAS) has both validity and reliability of the young majority society *Shia*, but we do not know whether or not it is a valid or reliable scale of minority societies *Sunni, Assyrian* and the old generation. If it has, can the scale discriminate between the JDA and the poll?

Objectives: It is a cross-sectional study to evaluate development of JDAS comprehensively because different generations, multi ethnicities, and social variables affect attitude and cognition persistently.

Method: 744 participants (368 male and 376 female) were selected through the convenience sampling method in Tehran, Ilam, Khoram Abad, and Sanandaj. The participants were of the following demographic properties: 528 adult and 216 older adult participants; 538 Shia, 108 Sunni, and 98 Assyrian participants; 460 normal and 284 abnormal participants. Participants carried out the General Health Questionnaire-12 (GHQ-12) and JDAS. 115 answer sheets were cancelled (less than 5%).

Results: A Pearson product-moment correlation coefficient, binomial tests, Chi square tests, and Jonckheere-Terpstra tests are performed to analyze the data. Multiethnic studies indicate that JDAS is a valid scale for adult and older adult participants and Shia, Sunni, and Assyrian participants ($p>0.05$). Meanwhile, attitude and polls are two different phenomena in the collision between capital punishment, the kind of death penalties, the agreement of euthanasia, and kind of euthanasia %61, %57, %56, and %61, respectively, because of different propositional and associative processes. The Chi-square indicates that gender, generations, ethnics, and sanity influence polls significantly. In line with the ethnic model of JDA, ethnics influence legal and medical subscales significantly according to Jonckheere-Terpstra tests.

Conclusion: The bases of polls and attitude are conformity and self, respectively. So, the poll coefficient of error is very high to assess social ideas. Although you could find some similarities between polls and attitude, they are different phenomena principally.

Keywords: Attitude, Euthanasia, Capital Punishment, Cross Cultural.

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Introduction

Evolutionarily, the greatest psychological Homo sapiens development is the way to kill and massacre all rivals such as homos and homonins after apical ancestor, so that men move from the lowest level to the highest level of food chain (Dawkins, 2021). Murder is named differently during the course of time and history, so that human rationalize their

behaviors legally or illegally such as revenge, execution, euthanasia, etc. According to the principle amount of resources, the kill increase or decrease. For instance, shortages are far likely to force physicians to decide which patients should be saved after the outbreak of Coronavirus disease. Therefore, the in-group and out-group variables lead us more to empathize or apathize according to the principle amount of resources. And with other out-group ones, empathy gets weaker (Zandian et.al, 2017; Han & Popple, 2011; Rosenthal & Levy, 2012). Thus, their JDA is likely to differ from person to person (Zandian et.al, 2016; Rosenthal & Levy, 2012). "Justified Death (JD) is imminent and likely paradoxical behavior against self threat to keep of self in modification for elimination of the opponent mentally or physically"(Zandian et.al, 2016). Indeed, JDA is a self-related concept and it is described how someone's attitude about killing someone else in a supposing justified situation. JDAS is a standardized psychometric scale to indicate the term of JDA scientifically. JDAS has two legal and medical scales for execution and euthanasia, respectively. But it has not been standardized for the older adult generation and minority ethnics yet. Meanwhile, we have not already evaluated the discrimination between the poll and JDA.

The poll does not share attitude components. So, the constitutions and mass media, temporal events, social opinions, and etc. are likely to form your conformity experiments in the poll, but the aforementioned events hardly affect attitude without unconditional positive regard (Aronson, et.al, 2019; Achille & Ogloff, 1997).

Hence, it is significant to know whether or not JDA and the poll are the same. Besides, an ethnic model of JD is likely to indicate better performance of the interest scale (Gawronski & Payne, 2010). So, an ethnic model of JDA is likely to indicate the interaction of behavior and measurements and differentiations of the poll and attitude (Gawronski & Payne, 2010; Gawronski & Brannon, 2020). Therefore, the objectives of this study were to compare JDA for majorities, minorities, and generation participants, the differentiation between the poll and attitude should be made, and to provide an ethnic model on the attitude of participants about JDA.

Methods

Study Design and Settings: In 2016, it was a cross-sectional study because it was a developmental study and looked at populations psycho-socially. Meanwhile, we illustrated our observation and described characteristics of variables in the current cross-cultural-generational study.

Participants: In stratification, we selected 744 adult and older adult participants via convenient sampling from all public Tehran universities and nursing homes of Tehran, Ilam, Khorramabad, and Sanandaj (Male=368, Female=376; Adult participants=528, Older adult participants=216; Shia=538, Sunni=108, Assyrian=98; General participants=460, Participants with probable mental health problems=284) (Table1). The age range of adult participants and older adult participants were 18 to 32 and 65 to 100 years old, respectively. All of the participants signed an informed consent and demographic forms including ethnic data. Examiners looked into participants individually. Each participant should carry out required forms and questionnaires such as GHQ-12, the poll, and JDAS (Figure 1).

We excluded 115 answer sheets because of incomplete responses (n=26), inappropriate age of consent to respond JDAS (n=60), and declining to participate in the study (n=29). The overall dropout rate was less than 5%. With no imputation of data, listwise deletion was used.

Instruments

Justified Death Attitude: JDAS has both the face and construct validity with acceptable double coding reliability. JDAS has two scales (legal and medical) and six subscales. Each scenario is about a situation where a death decision should be taken. Legal responses of participants were scored according to a five-point Likert scale, and medical responses of participants were scored according to a three-point Likert scale. In each scenario, all 59 questions were put according to self characteristics (Zandian et.al, 2016).

The General Health Questionnaire-12 (GHQ-12): We used the Persian version of the general health questionnaire (GHQ) to assess mental health. It was a 12-question questionnaire, the shortest form of GHQ. According to a bipolar scale, each item was scored. The range of total score was between zero

and twelve (Scores of general participants < 3.5/12). Cronbach's alpha coefficient of Persian GHQ-12 was greater than 0.70 (Zandian et.al, 2017).

Data Analysis: To analyze the data using SPSS 22.0, Phi and Cramer's V were computed to assess the relationship between independent variables gender, generations, ethnics, and sanity. A Pearson product-moment correlation coefficient was computed to assess the relationship among dependent variables, rape, adultery, murder, drug trafficking, conscious euthanasia, and unconscious euthanasia psychometrically. Also, binomial tests were computed in four steps to assess whether the poll correlates with attitude. Next, Chi-square tests were computed to assess gender, generations, and ethnics interest on agreement of execution, the kind of capital punishment, euthanasia, and the kind of euthanasia in the poll. Finally, dependent variables, rape, adultery, murder, drug trafficking, conscious euthanasia, and unconscious euthanasia and kinds of capital punishment and independent variables, gender, generations, ethnics, and sanity, are ordinal. Likewise, we have independence observations. So, Jonckheere-Terpstra tests were computed to assess gender, generations, ethnics, and sanity interest on kinds of punishment, and the kind of capital punishment.

Results

At first, a Phi and Cramer's V assessment indicated that there were significant correlations between gender-sanity [Ø=0.102, n=744, p<0.005], generations-ethnics [Ø=0.079, n=744, p<0.09],

Table 1. Demographic Characteristics (N= 744)

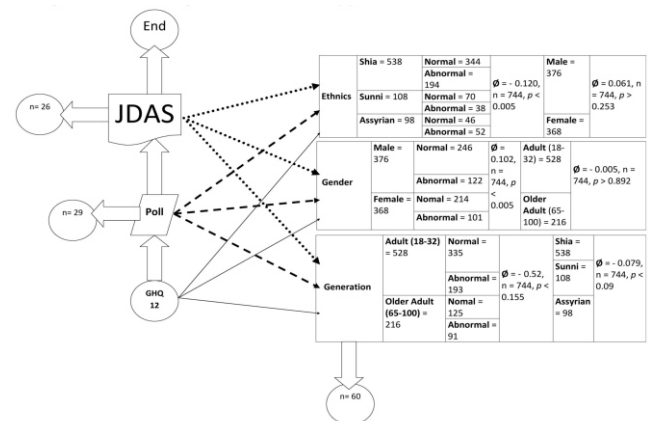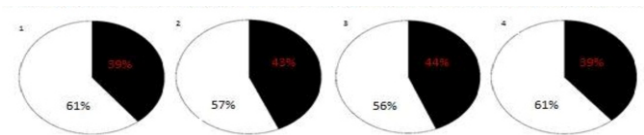| Characteristics		Data
Gender		
	Male	368
	Female	376
Generation		
	Adult Participants	528
	Older Adult Participants	216
Ethnics		
	Shia Participants	538
	Sunni Participants	108
	Assyrian Participants	98
Mental Health		
	Normal	460
	Abnormal	284
Range of Age for Adult Participants		18-32
Range of Age for Older Adult Participants		65-100

Figure 1: It is a flow diagram of the current study procedure

Note: The white is conflict and the black is agreement between polls and attitude

Figure 2: Four Comparison in conflict with execution, kind of execution, euthanasia, and kind of euthanasia polls and execution, kind of execution, euthanasia and kind of euthanasia attitude.
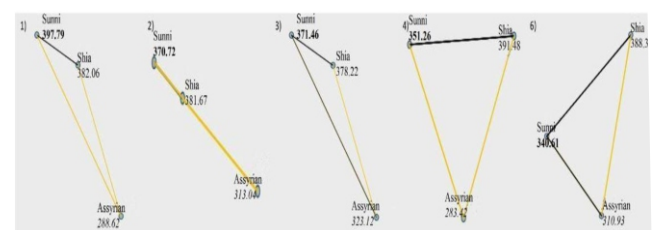

Figure 3: Pairwise comparisons of ethnics for the first, second, third, fourth, and sixth scenarios, respectively.

generations-sanity [Ø= -0.52, n=744, p<0.155], and sanity-ethnics [Ø= -0.120, n=744, p>0.005]. On the other hand, the assessment showed that there was no significant correlation between gender-generations [Ø=-0.005, n=744, p>0.892] and gender-ethnics [Ø=0.061, n=744, p>0.253].

A Pearson product-moment correlation coefficient indicated that there were significant correlations among six variables, rape [adultery: r=0.398, n=744, p>0.001; murder: r= 0.319, n=744, p>0.001; drug trafficking: r=0.380, n=744, p>0.380], adultery [rape r=0.398, n=744, p>0.001; murder r=0.32, n=744, p>0.001; drug trafficking r=0.391, n=744, p>0.001], murder [rape r=0.319, n=744,

p>0.001; adultery r=0.325, n=744, p>0.001; drug trafficking r=0.380, n=744, p>0.001], and drug trafficking [rape r=0.380, n=744, p>0.001; adultery r=0.275, n=744, p>0.001; murder r=0.391, n=744, p>0.001], and conscious euthanasia [unconscious euthanasia r=0.626,n=743, p>0.001] and unconscious euthanasia [conscious euthanasia r=0.626, n=743, p>0.001].

Also, binomial tests were computed in four steps to assess whether the poll correlates with attitude. Respectively, the first, second, third, and fourth binomial tests indicated that the proportion of the agreement of execution and kinds of capital punishment, euthanasia and kinds of euthanasia were 0.61, 0.57, 0.56, and 0.61 were lower than the expected 0.75, p=0.001 (2-sided, n=738, n=381, n=741, n=338) (Figure 2).

Besides, chi-square tests were computed to assess dependent and independent variables for the poll.

For the first, second, third, and fourth warm-up questions, a chi-square test of independence was performed to examine interest of agreement or disagreement of execution; interest of the painless or painful execution; interest of agreement or disagreement of euthanasia; interest of active or passive euthanasia about the relation between men (54.43%- 45.56%; 66.34%-33.65%; 47.2%-52.73%; 44.5%–6.2%) and women (49.40%-50.59%; 66.87%-33.12%; 46.4%-53.95%; 36.1%–13.3%), adults (47.81%–52.18%; 60.61%-39.38%; 49.50%–50.49%; 58.6%-16.3%) and the older adults (61.85%-38.14%; 77.71%-22.28%; 39.86%–60.13%; 21.9%-3.3%), Shia persons (54.83%-45.16%; 64.55%-35.44%; 85.16%-14.83%; 49%-26.9%), Sunni persons (51.2%-48.97%; 70.27%-29.72%; 78.43%-21.56%; 10.4%-6.2%), and Assyrian persons (36.15%–63.84%; 77.65%-22.34%; 62.65%-37.34%), general persons (51.20%-48.79; 65.47%-34.52%; 42.48%-57.51%; 82.56%-17.43%) and abnormal persons (53.3–46.96; 68.39%–31.60%; 53.54%–46.45%; 77.62%–22.37%). The relationship between generations and ethnics variables was significant $\chi2(1,N=738)=12.064$, P<0.001; $\chi2(2,N=738)=11.096$; generations variables was significant $\chi2(1,N=386)=11.699$, p<0.001; $\chi2(1,N=741)=5.796$,p<0.016; $\chi2(2,N=741)=8.471$, p<0.014; $\chi2(1,N=741)=8.588$, p<0.003; $\chi2(1,N=338)=11.564$, p<0.001;

$\chi2(2,N=338)=14.894$, p<0.001; the relationship between gender, ethnic, and sanity was insignificant, $\chi2(1,N=738)=1.781$, p<0.182; p<0.004; $\chi2(1, N=738)=0.167$, p<0.683, gender and sanity variables was insignificant $\chi2(1,N=386)=0.011$, p<0.915; $\chi2(1,N=386)=2.927$, p<0.231; $\chi2(1,N=386)=0.384$, p<0.536; generations, ethnics, and sanity variables was significant $\chi2(1,N=741)=5.796$, p<0.016; $\chi2(2,N=741)=8.471$, p<0.014; $\chi2(1,N=741)=8.588$, p<0.003; the relationship between genders was insignificant $\chi2(1,N=741)=0.096$, p<0.757; gender and ethnics variables was significant $\chi2(1,N=338)=11.564$, p<0.001; $\chi2(2,N=338)=14.894$, p<0.001; generations and sanity was insignificant $\chi2(1,N=338)=3.134$, p<0.077; $\chi2(1,N=338)=1.286$, p<0.257, respectively.

Next, Jonckheer-Terpstra tests were evaluated dependent and independent variables and release an ethnic model because the data was ordinal.

For gender, generations, sanity, and ethnics of participants, the Jonckheer-Terpstra tests indicated that there were statistically significant trends of higher median different levels of rape and murder punishment (from freedom, prison, and execution), [gender $T_{JT}=74.565$, z=2.222, p<0.005(2-sided test, n=744) and $T_{JT}=75432.5$, z=2.838, p<0.005 (2-sided test, n=744)], [generation $T_{JT}=49705.5$, z= -2.814, p<0.005(2-sided test), $T_{JT}=65906$, z=4.397, p<0.001 (2-sided test, n=744),and $T_{JT}=71994.5$, z=6.713, p<0.001 (2-sided test, n=744)], [sanity $T_{JT}=70066$, z=2.044, p<0.041(2-sided test, n=744), and $T_{JT}=69.679$, z=2.169, p<0.03 (2-sided test, n=744)], [ethnics $T_{JT}=53436$, z=-3.063, p<0.002 (2-sided test, n=744), $T_{JT}=53825.5$, z=-2.825, p<0.005 (2-sided test, n=744), $T_{JT}=54.904.4$, z=-2.207, p<0.027 (2-sided test, n=744), and $T_{JT}=54.904.4$, z= -2.207, p<0.027 (2-sided test, n=744)], respectively. But, the Jonckheer-Terpstra tests for gender showed that there were not statistically significant trends of higher median different levels of adultery and drug trafficking punishment (from freedom, prison, and execution), [gender $T_{JT}=71219.5$, z=1.015, p<0.310 (2-sided test, n=744) and $T_{JT}=72.914.5$, z=1.628, p>0.103 (2-sided test, n=744)], [generation $T_{JT}=60736$, z=1.749, p>0.08 (2-sided test, n=744], [sanity $T_{JT}=65006.5$, z =0.045, p>0.964 (2-sided test, n=744) and $T_{JT}=67446.5$, z =1.021, p>0.307 (2-

sided test, n=744)], respectively; although there was significant for ethnics T_{JT}=60736, z=1.749, p>0.08 (2-sided test, n=744) (Figure 3).

For gender, ethnics, sanity, and generations of participants, the Jonckheer-Terpstra tests showed that there were not statistically significant trends of higher median different kinds of capital punishment (painless or painful execution) for rape, adultery, murder, and drug trafficking, [Gender T_{JT}=23265.5, z=-0.002, p>0.999 (2-sided test, n=744), T_{JT}=2324.5, z=0.002, p>0.998 (2-sided test, n=744), T_{JT}=14779, z=1.590,p>0.112,and T_{JT}=12165, z=-1.049, p>0.294, respectively], [religion T_{JT}=19735.5, z=1.526, p>0.127 (2-sided test, n=744), T_{JT}=1610.5, z=1.068, p>0.286 (2-sided test, n=744), T_{JT}=9840, z=-1.674, p>0.094, and T_{JT}=7198, z=-1.887, p>0.059, respectively], and [sanity T_{JT}=20640, z= -0.599, p<0.549 (2-sided test, n=744), T_{JT}=2148.5, z=-0.338, p<0.689 (2-sided test, n=744), T_{JT} =13125, z=0.845, p>0.398, and T_{JT}=11723, z= -0.393, p>0.694], respectively; but there were significant for generations (painless or painful execution) for rape [T_{JT}=16746, z=-3.393, p<0.001(2-sided test, n=744)] and drug trafficking [T_{JT}=14472, z=2.671, p<0.008 (2-sided test, n=744)], although there was insignificant for (painless or painful execution) for adultery [T_{JT}=2149.5, z=1.259, p>0.208 (2-sided test, n=744)] and murder [T_{JT}=13978, z=1.508, p>0.132 (2-sided test, n=744)].

For gender, sanity, generation, and ethnics of participants, the Jonckheer-Terpstra tests indicated that there were not statistically significant trends of higher median different levels of euthanasia for conscious and unconscious patients (from injecting lethal dose of a medication, withdrawing medical interventions and getting required treatment), [Gender T_{JT}=67371, z=-0.619, p>0.536 (2-sided test, n=744) and T_{JT}=69798, z=0.231, p>0.817 (2-sided test), respectively] and [sanity T_{JT}=66491, z=0.515, p>0.606 (2-sided test, n=744), and T_{JT}=68348, z=1.175, p>0.240 (2-sided test, n=744) respectively]. But there was significant for generations (conscious patients) T_{JT}=63366.5, z=2.707, p<0.007 (2-sided test, n=744) although there was insignificant for unconscious patients T_{JT}=57012, z=-0.005, p<0.996 (2-sided test, n=744). For ethnics of participants, there was significant for unconscious patients T_{JT}=51668, z=-

3.757, p<0.001 (2-sided test, n=744); however, there was insignificant for conscious patients T_{JT}=55860, z= -1.904, p>0.057 (2-sided test, n=744).

Discussion

As a nation, Iran is a historical and multiethnic country. Currently, the vast majority of Iranians are Shia Muslims, but Assyrians and Sunni Muslims have governed and carried their values in the south-west of the Iranian Plateau and Iran since 2005 BC and 637 AD, respectively. In Iran, the education system and mass media carry the detail of majorities' values *Shia Muslims*. Indeed, Iran is on the Islamic cultural boundary and in the current study, higher prevalence of women's hassle is likely due to the stereotypical ideas (women should not lose their femininity) and the menstrual cycle (Teisl, et.al, 2012). Biologically, self-control of stereotypical ideas, discrimination, menstrual cycle, etc., requires a lot of energy from Ventromedial Prefrontal Cortex (VMPFC) which should regulate amygdala reactions. To avoid non conformity, evolution of women intertwines with biological, social, and discriminating stress. So, they do not express their attitude easily (Hatmi, et.al, 2007).

Surprisingly, the relationship between participants' sanity and generations prove that adults suffer greater levels of stress than older adults. Since, early life stress, poor parenting, economic pressure, competitive action (for limited sources), virtual communities (Achille & Ogloff, 1997; Stanley & Blanchard-Fields, 2011; Buiting, et.al, 2012), and generation gaps develop an adult generation with high prevalence of psychiatric disorders; however, older adults' family life cycle is completed and their social distance creates a weak social protection and social network. Biologically, older adults have lower health care and many senility symptoms, such as neurological degeneration, impacting their cognition such as morality and executive functions (Yap, et.al, 2011; Sinclair, et.al, 2014; O'Neil, et.al, 2004). So, the higher psychological health of older adult participants is likely to be attributed to weaker economic conditions of adults and stronger economic conditions of older adults. And the economy influences attitude, self, and sanity directly (Fleischmann & Verkuyten, 2016).

Interestingly, the relationship between sanity and

ethnics indicates that the ethnic minorities are of the generally more healthy mind because of the strong domestic social protection and social network, they already cherish. When ethnic minorities are in that connection, the downward perception weakens in social situations (Sinclair, et.al, 2014). So, their different psychological coping system makes difference selves in comparison of the majority selves (Rosenthal & Levy, 2012; Aguirre & Baker, 1993).

The correlation between dependent variables proves that JDAS is a valid scale for other ethnics, Shia, Sunni, and Assyrian; adults and older adult participants. If validity and reliability of a scale change among ethnicities in a country, it means that the community connection is loose (Rosenthal & Levy, 2012; Aguirre & Baker, 1993). Meanwhile, the aforementioned correlation indicates that euthanasia and execution scenarios are suitable to assess Iranian attitude (Han & Popple, 2011). Besides, euthanasia and execution scenarios could discriminate between JD attitude and the poll. In a contradictory statement, ninety percent of people, who supported euthanasia and execution in polls, reject euthanasia and execution for themselves in reality and the survey of attitude (Sinclair, et.al, 2014) because a person could hardly consider himself as a patient which have a painful malignant disease or commit a heinous crime in the poll (Sinclair, et.al, 2014).

Besides, the participants who agree with execution and euthanasia choose painless execution and active euthanasia. In Iran, participants have chosen active euthanasia, although foreign studies indicate that passive euthanasia is of greater acceptance internationally (Zandian et.al, 2017; Hatmi, et.al, 2007). It is likely due to a tendency of Iranians toward arbitrary consumption of medicine. Meanwhile, it is likely to exhibit Iranians' empathy toward patients, so that patients feel less pain (Teisl, et.al, 2012).

Next, older adult participants agree more with execution, but adult participants agree more with euthanasia. One finding proved to be surprising as adults should have been more inclined toward execution, but older adults generally agree that harsher punishment is necessary for criminals. For crackdown on crime, further cultural experience may account for the formation of the ideas that the harsher structure of punishment can make the safer stratum of society (Stanley & Blanchard-Fields, 2011). For example, older adult participants are likely to gain their considerable experience during violent incidents (Teisl, et.al, 2012; Sinclair, et.al, 2014; Aguirre & Baker, 1993). Meanwhile, older adults' communication with their grandchildren is far likely to accommodate their ideas empathically. Unfortunately, marriage and population growth has taken a downward trend in Iran, and older adults can hardly communicate with the younger generations, which affect their explicit ideas (Sinclair, et.al, 2014; Aguirre & Baker, 1993). In addition, neural degeneration of frontal lobe influences the expression of ideas, and as a result, they have less self-censorship (Stanley & Blanchard-Fields, 2011), or the neurological problems bring them into conformity with mass media which manipulates people for the effect of capital punishment on the crime control. Moreover, adults are hypocrites because of the development of their coping system, thus they show off their enlightenment by expressing ideas against execution and for euthanasia (Stanley & Blanchard-Fields, 2011). On the other hand, older adult participants do not agree with euthanasia because they are likely to be more religious. Besides, adults are likely to be for euthanasia because of its cost-effectiveness for their parent's inheritance and their less religious beliefs to indicate that they are enlightenment (O'Neil, et.al, 2004).

According to attitude, gender influences rape and murder punishment levels but does not influence adultery and drug trafficking punishment levels and euthanasia levels. For the type of punishment, they are the same (Cvetkovic, et.al, 2021). In terms of attitude, men tend to support punishment levels for rape and murder more than women. In fact, different forms of the self change the network structure of the brain which renders a different data processing method.

Likewise, generations influence the type of execution favored for rapists and drug dealers. Generations influence the punishment levels for adultery, murder, drug trafficking, and euthanasia for conscious patients. When the regular communication of a generation is changed, their attitude is likely to change as communication develops the self. Thus, adult participants tend to

communicate virtually while older adults favor face-to-face communication (Yap, et.al, 2011). For instance, adult participants choose painful execution for rapists, and older adult participants choose painless execution as older adult participants are less likely to threateningly enter into a communication with the rapists as victims of rape. So, rape victims are adult persons. When choosing an execution for drug dealers, adult participants and older adult participants prefer painless and painful execution for dealers, respectively. This is because older adult participants are likely to perceive the far-reaching consequences of drug dealers' business in a life-death situation, while adult participants are unlikely to share the same perception. Besides, the execution rate of drug dealers indicates that most of the dealers are young. Thus, adult participants are likely to support their self traits. Meanwhile, older adult participants maintain a harsher JDA toward drug dealers. Their risk evaluation of drug dealers is likely to be high as their risk decision making gets weaker (Zandian et.al, 2016; Zandian et.al, 2017). Older adult participants' JDA is harsher toward murderers as older adult participants are likely to have a stronger self and understand if one does not belong to an individual's group and intends to kill him; hence, one's reaction would be as harsh as that toward one's enemy. Therefore, their anxiety from murderers contributes to their harsh attitude against them (Zandian et.al, 2016; Zandian et.al, 2017).

As for general individuals, sanity influences punishment levels for rape and murder because general individuals might be exposed to the aforementioned crime by abnormal individuals. With regard to euthanasia for conscious patients, adult participants tend more toward passive euthanasia, while older adult participants are more inclined toward treatment.

According to the ethnic model of JDA, ethnics influence punishment levels for rape, adultery, murder, and drug trafficking. Likewise, ethnics influence euthanasia for conscious patients. Since, bilingual and multilingual minorities are far likely to influence their cognitive processes for willingness to respond. Besides, the rule of mass media reports of majority values is likely to make psychological resistance and self censorship from minorities in a theocratic government (Gawronski & Payne, 2010). Next, a cross section of the society

is based on education. Education of minorities is less than that of majorities. Educational levels make a class of stereotypical ideas and scripts. So, they are likely a class of idea for the educational level (Cvetkovic, et.al, 2021). On the other hand, the main section of the society is based on economy influence self significantly. Indeed, the base of in group-out group, discrimination, and prejudice are economy because it provides enormous varieties of sources for creatures (Gawronski & Payne, 2010; Khatony, et.al, 2021). That is, life-or death depends on the economy and the small economic changes effect on the sense of self and the most assessable part of it *attitude*. Meanwhile, the state of minorities' economy is less than that of majorities. So, the majorities' and minorities' attitude is likely for the economic class (Gawronski & Payne, 2010). The aforementioned agents and interactions with them, give associative network models which explain the representation of people, behavior, traits, events, schemas, scripts, and categorizations, but they cannot explain connections about them. Since, explanation of connectionists representation has been broad but the explanation of associationists representation is local (Han & Popple, 2011). Explicitly, interaction of behavior and measurements of the ethnics model predicts that ethnics differentiations of traits, motives, and group demography (Han & Popple, 2011).

In comparison with both Shia and Sunni participants, Assyrian participants choose lower levels of punishment for all legal scenarios. In comparison with Shia participants, Assyrian participants are inclined more toward euthanasia and less toward treatment. But it is not significant in comparison with Sunni participants. It indicates that cultural, ethnic, and religious communication affects the neural network, changing self and the brain (Gawronski & Payne, 2010; Yap, et.al, 2011), let alone some genetic factors, such as gender, which could develop a sexual differentiation of the brain (Dawkins, 2021).

From one's experience-shaping attitude, availability heuristics is used by people choosing between a life-or-death choice when one manipulates participants' emotions for or against a person. The experience is made of priming, which is the trigger of attitude. Indeed, the priming is likely to be trained explicitly. Next, propositional

processes accommodate and assimilate the important element of self in attitude (DeMarree, et.al, 2007; Brannon, et.al, 2019). Since, attitude is the most objective part of the self (e.g., self-esteem, self-concept, self-evaluations, traits, motivation, personality etc.). Although self contains some conflicting and contrasting element, such as liking and disliking (Brannon, et.al, 2019), the self should integrate these conflicts among the elements with the propositional processes (Heycke & Gawronski, 2020). In fact, certainty versus doubt processes relates to self-strength, which is confirmed by self-verification, and provides a model of thinking process, resulting in measurements (DeMarree, et.al, 2007). Thus, the attitude and the self become mature in parallel (DeMarree, et.al, 2007). A strong attitude, which does not have a unified latent construct, is more stable and resistant over time; even though one is proved that the attitude is not effective. Originally, aspects of propositional processes of attitude are certainty (DeMarree, et.al, 2007). With regard to self, certainty impacts thought (the basis of judgment, morality etc.). The weakness of certainty triggers doubt and weakness of self. If doubt intertwines with negative self-evaluation, it entails low self-esteem (DeMarree, et.al, 2007). Therefore, consistency is versus inconsistency (DeMarree, et.al, 2007). Consistency is an umbrella for the valence of ambivalence. The less ambivalence there is, the stronger the strength of consistency is. As a result, the stronger the consistency is, the more stable the attitude and the more predictive the thought are. If an individual has no inconsistency, then he/she has no ambivalence such as conflict of affective-cognitive, affective-evaluation, and cognitive-affective. Consistency is a positive or negative valence which could be approach-approach, avoidance-avoidance, and approach-avoidance (DeMarree, et.al, 2007; Brannon, et.al, 2019). In self, consistency decreases discrepancy (DeMarree, et.al, 2007). Implicit discrepancies are automatic, and explicit discrepancies are deliberate (DeMarree, et.al, 2007). Most of ambivalences are implicit discrepancies (DeMarree, et.al, 2007). Implicit ambivalences are regulated by associative processes. Thus, the poll responses could be rejected by propositional processes when propositional and associative processes collided

due to veto rights of propositional processes (DeMarree, et.al, 2007). In other words, associative processes regulate the poll and propositional processes regulate attitude, although propositional and associative processes, collaborate for all behavior and no response is propositional or associative processes solely (Gawronski & Brannon, 2020; Brannon, et.al, 2019; Heycke & Gawronski, 2020).

Conclusion

The poll and attitude are two different agents and JDAS can discriminate them well because former JDA attitude evaluation studies indicate that genders, generations, ethnics, and sanity influence on JDA but the poll evaluation do not. Likewise, JDAS is a valid and reliable scale for adults and older adults; majorities and minorities Iranians. JD would be an attitude to do against self-threatening (in-group) and keeps your integrity and eliminate opponents. Automatically, the social self shapes thinking to adjust to the society and keeps the sense of belonging and connections. The important element of attitude is that it energizes the self. When the energy of the self is centralized in an area, the normal self will be more limited and the importance of the area gets increased and vice versa, according to the principle of the amount of resources. Finally, the aforementioned results indicate that eastern and western studies are insufficient to explain psychological phenomena of Middle East nations. So, psychological cross cultural studies necessitate explaining many phenomena internationally.

Limitations: Sampling should have been a simple random sample. Other ethnics and provinces like Zoroastrians and Jews and north, east, and south provinces of Iran should have been included, respectively.

References

Achille, M. A., Ogloff, J. R. (1997). When is a request for assisted suicide legitimate? Factors influencing public attitudes toward euthanasia. *Canadian Journal of Behavioural Science.* 29(1): 19-27. https://doi.org/10.1037/0008-400X.29.1.19.

Aguirre, A., & Baker, D. V. (1993). Racial

prejudice and the death penalty: A research note. *Social Justice*, 20 (1/2) (51-52), 150-155.

Aronson, E., Wilson, T. D., Akert. R. M., Sommers, S. R. (2019). *Social Psychology*. London. Pearson; 10th edition.

Brannon, S. M., DeJong, A., Gawronski, B. (2019). Determinants of lateral attitude change: The roles of object relatedness attitude certainty and moral conviction. *Social Cognitive and Affective Neuroscience*. 37(6), 624-658. https://doi.org/10.1521/soco.2019.37.6.624.

Buiting, H. M., Deeg, D. J., Knol, D. L., Ziegelmann, J. P., Pasman, H. R. W., Widdershoven, G. A., & Onwuteaka-Philipsen, B. D. (2012). Older peoples9 attitudes towards euthanasia and an end-of-life pill in The Netherlands: 2001–2009. *Journal of medical ethics*, 38(5), 267-273. http://dx.doi.org/10.1136/medethics-2011-100066.

Cvetkovic, V. M., Bugarski, T., Ristivojevic, B., Milosevic, G., Martinovic, M. (2021). The predicitive model of citizens' attitudes about the risks of introducing the death penalty in the legal system: a case study of Serbia. *Preprints*. doi: 10.20944/preprints202108.0524.v1.

Dawkins, R. (2021). *Books do Furnish a Life: An electrifying celebration of science writing*. Bantam Press.

DeMarree, K. G., Petty, R. E., & Briñol, P. (2007). Self and attitude strength parallels: Focus on accessibility. *Social and Personality Psychology Compass*, 1(1), 441-468. https://doi.org/10.1111/j.1751-9004.2007.00012.x.

Gawronski, B., Brannon, S. M. (2020). Power and Moral Dilemma Judgments: Distinct effects of memory recall versus social roles. *Journal of Experimental Social Psychology*. 86(1): 1-15. https://doi.org/10.1016/j.jesp.2019.103908.

Fleischmann, F., & Verkuyten, M. (2016). Dual identity among immigrants: Comparing different conceptualizations, their measurements, and implications. *Cultural Diversity and Ethnic Minority Psychology*, 22(2), 151-165. https://doi.org/10.1037/cdp0000058.

Gawronski, B., Payne, B. K. (2010). *Handbook implicit social cognition*. The Guilford Press.

Han, S., Popple, E. (2011). *Culture and Neural Frames of Cognition and Communication*. Springer.

Hatmi, Z. N., Tahvildari, S., Gafarzadeh Motlag, A., Sabouri Kashani, A. (2007). Prevalence of coronary artery disease risk factors in Iran: a population based survey. *BMC Cardiovascular Disorders*. 7(32): doi: 10.1186/1471-2261-7-32.

Heycke, T., Gawronski, B. (2020). Co-occurrence and relational information in evaluative learning: A multinominal modelling approach. *Journal of Experimental Psychology: General*. 149(1): 104-124. https://doi.org/10.1037/xge0000620.

Khatony, A., Fallahi, M., Rezaei, M., Mahdavikian, S. (2021). Comparison of Attitude of Nurses and Nursing Students toward Euthanasia. *Nursing Ethics*. Epub ahead of print. doi: 10.1177/0969733021999751.

O'Neil, K. M., Patry, M. W., & Penrod, S. D. (2004). Exploring the effects of attitudes toward the death penalty on capital sentencing verdicts. *Psychology, Public Policy, and Law*, 10(4), 443-470. doi: 10.1037/1076-8971.10.4.443., 2. https://doi.org/10.1037/1076-8971.10.4.443.

Rosenthal, L., Levy, S. R. (2012). The relation between polyculturalism and intergroup attitudes among racially and ethnically diverse adults. *Cultural Diversity and Ethnic Minority Psychology*. 2012; 18(1). 1-16. doi: 10.1037/a0026490.

Sinclair, C., Smith, J., Toussaint, Y., & Auret, K. (2014). Discussing dying in the diaspora: attitudes towards advance care planning among first generation Dutch and Italian migrants in rural Australia. *Social Science & Medicine*, 101, 86-93. https://doi.org/10.1016/j.socscimed.2013.11.032.

Stanley JT, Blanchard-Fields F. (2011). Beliefs about behaviour account for age differences in the correspondence bias. *Psychological Science*. 66(2): 169-76. doi: 10.1093/geronb/gbq078.

Teisl, M., Rogsch, F.A,, Oshri, A., Cicchetti, D. (2012). Differential expression of social dominance as a function of age and maltreatment experience. *Developmental*

Psychology Journal. 48(2). 575-88. doi: 10.1037/a0024888.

Yap, SC.Y., Settles, I. H., Pratt-Hyat, J. S. (2011). Mediators of the Relationship Between Racial Identity and Life Satisfaction in a Community Sample of African American Women and Men. *Cultural Diversity and Ethnic Minority*. 17(1): 89-97. https://doi.org/10.1037/a0022535.

Zandian, P., Habibi M, Shariat SV, Tayeri N. (2016). Development and Psychometric Properties of the Justified Death Attitude Scale. *Iranian Journal of Psychitry and Behavioral Sciences*. doi: 10.17795/ijpbs-3217.

Zandian P, Habibi M, Seydi Z, Kleman B, Tayeri N, Fashandi N, Shariat SV. How gender, majors, religion, and mental health affect the justified death attitude? *Iranian Journal of Psychitry and Behavioral Sciences*. 2017: 1-7. doi: 10.5812/ijpbs.7700.