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The Influences of Ethnicity, Gender, Generation, and Mental Health over Justified Death Attitude

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Abstract

Background: Justified Death Attitude (JDA) is a new term about one's agreement with killing someone else. Previous studies have shown the Justified Death Attitude Scale (JDAS) is valid and reliable. We also know that some variables like major and gender are associated with JDA, but we do not know how gender, ethnics, generation, and sanity differently would affect JDA.
Objectives: This was a cross-sectional study to evaluate the effect of ethnics, generation, gender, and sanity on the attitude of the people about justified death.
Method: In 2022, 744 participants, including 368 male and 376 female participants were selected through convenience sampling method in Tehran, Ilam, Khorramabad, and Sanandaj. Participants were stratified according to age (528 adults, 216 older adults), religion (538 Shiite, 108 Sunni, and 98 Assyrian participants), and sanity status (460 normal and 284 participants with possible mental illness). Participants filled out General Health Questionnnair-12 (GHQ 12) and Justified Death Attitude Scale (JDAS).
Results: Older, Shiite, and Sunni participants agreed more with death penalties, but younger and Assyrian participants disagreed more with death penalties. Furthermore, young, Assyrian agreed more often with euthanasia. Different generations think significantly differently about the type and severity of execution and euthanasia.
Conclusion: The more diverse the sociocultural background, the more different is the attitude about justified death. That might be due to dissimilar crystallization of sense of self in different socio-cultural backgrounds and through different cognitive processes.

Keywords: Attitude, Euthanasia, Capital Punishment, Sanity

Introduction

Death gives the life meaning because you can give meaning to the life according to why and how stay alive with the ingroup and outgroup. It largely built up in the past cultural socialization experiences, pretotemism and totemism, when the massacres of homoes and Neandertals were typical behaviors among homosapians. According to development of hunting weapons of homosapians, totemism historically progressed and humans could find new ways to genocide others to exploit sources. After the industrial revolution, the annihilation seeds of human behavior generalized to the environments and the earth, although men knew the far bad reach consequences of damage to the environment.

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"Justified Death 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. Justified Death Attitude (JDA) is a self-related concept and is defined as the attitude of someone about killing someone else in a supposedly justified situation. Euthanasia and capital punishment that have been legalized or prohibited in some countries and could be regarded as examples of JDA. According to the historical and economic evidences, taboo of killing others and legalization of killing others even patients are recorded frequently. Since, humans are going to stay alive more. When you kill others, you should have some justifications because self should consider moral far reach consequences of that behaviour for the in-group and is likely to put him out your group. A justification is that he is a patient or a culprit who uses my right. In other words, subscales of JDAS, rape, adultery, murder, drug traffic, Euthanasia of conscious patient, and euthanasia of unconscious patients, are our variables of this study. We choose these variables according to our consulting with participants in the first step of development of JDAS. Actually, justified death is likely to be considered as a self-serving behavior that is conducted against self-threat and to keep the integrity of the individual and eliminate the opponent (Zandian, et.al., 2016; Rosenthal & Levy, 2012).

Self is subjective, but has an objective element (Rosenthal & Levy, 2012). The most objective element of self, which is developed in a parallel process, is attitude. Attitude has objective and subjective parts. Parallel development of attitude and self helps to evaluate them simultaneously. Thus, it is a good basis to initially evaluate the self. The presence of some features such as more accessibility, less subjectivity, more objective ambivalence, more consistency, more certainty, more extreme, more knowledge, more durability, more impacts, and more importance cultivate a stronger attitude (Rosenthal & Levy, 2012; Zandian, et.al., 2016). Therefore, some of the powerful sociocultural characteristics, like ethnics, race, generation, and education, could have a significant effect on attitude and in some situations result in prejudice (Rosenthal & Levy, 2012).

When people are primed with the thoughts of death, they would react more aggressively to anti-ethnic expressions or behaviors and would support more violent responses against out-groups (Ben-Naim., et.al, 2008; Zandian, et.al., 2017). Thus, JDA might be different explicitly and implicitly (Rosenthal & Levy, 2012; Yap, et.al., 2011). Understanding identity development of ethnics makes a sense of self-identity which influences affective and cognitive processes as the ethnic depends on dynamic and context association implicitly and explicitly (Marks & Coll, 2011). So, we are to know whether or not different ethnic experiences and generations of Iranians shape new attitudes.

According to previous studies, it has been shown that polls and attitude are distinct when they are assessed using JDA subscales. Moreover, it has been indicated that JDAS is a valid scale when it is used on different ethnicities and subjects from different generations (Zandian, et.al., 2016; Zandian, et.al., 2017). However, we do not know the effect of ethnics and generation differences on JDA. Besides, it is not clear how much gender and sanity problems might affect JDA. Therefore the objective was to evaluate the effect of ethnics, generation, gender, and sanity on the attitude of the people about justified death.

Methods

Study Design and Settings: It was a cross-sectional study that was performed in 2022.

Participants: Firstly, informed consent was obtained from all individual participants included in the study. Population characteristics are 51% male, 49% female, 90% Shie, 5% Sunni, 1.5% Assyrian, 20% Adult, and 6.18% Older adult. The 744 - sample size is calculated with Cochran's Formula. In stratification, the first, second, and third authors selected 744 adult and older adult participants via convenient sampling for two years from public universities *Tehran University, Shahid Beheshti University, Shahid Beheshti Medical University, Sharif University of Technology, Kharazmi University, Tehran University of Medical Sciences, Modares University, Tehran Polytechnic University, University of Science and Technology, and Allameh Tabatabai University* and nursing homes of Tehran, Ilam, Khorramabad, and Sanandaj (Male= 368, Female= 376; Adult participants= 528,

Older adult participants= 216; Shiite= 538, Sunni= 108, Assyrian= 98; General participants= 460, Participants with probable sanity 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 and JDAS.

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.

Ethical Consideration: All participants were volunteered. For confidence-building process, participants all complete an inform consent.

Instruments

Justified Death Attitude: JDAS contains two scales (legal and medical) and six scenarios. Each scenario describes a situation where a death decision should be made. Four scenarios are about deciding on execution (legal scenarios) and two scenarios are about deciding whether or not to perform euthanasia (medical scenarios). In legal scenarios, a criminal has perpetrated one of the four crimes of rape, adultery, murder, and drug trafficking. In medical scenarios, there is a terminally ill patient that is either conscious or unconscious. Eleven questions are posed in each legal and eight questions in each medical scenario. For example, this is a medical scenario: "suppose that someone has a malignant cancer and s/he would die a few months later. Although chemotherapy is likely to extend life for few months, it cannot cure the disease. Besides, s/he has an awful pain and under no circumstance could analgesics relieve the pain." What do you think should be done for her/his treatment? Perform every effort to prolong life, life prolonging treatment should be withheld and only palliative care provided (passive euthanasia), administer a lethal dose of a medication to hasten death (active euthanasia). The same question is asked for different conditions, e.g., what if you are the person who is dying? What if the person is of your nationality? What if the person has the same religion as you? What if the person is under 18 years old?

Legal responses of participants were scored according to a five-point Likert scale (from releasing the offender to painful execution), and medical responses of participants were scored according to a three-point Likert scale (from perform whatever to lengthen the life, to active euthanasia). All 59 questions in each scenario were put according to self characteristics (Zandian, et.al., 2016; Zandian, et.al., 2017).

JDAS has both the face and construct validity with acceptable reliability (rape, adultery, murder, and drug trafficking and terminally ill conscious and unconscious patient are 0.85, 0.91, 0.81, 0.81, 0.61, and 0.61, respectively. In addition, inter-item correlation ranged from 0.69 (murder) to 0.84 (adultery), and the obtained results suggested that the scales had adequate internal consistency) (Zandian, et.al., 2016). For rape, adultery, murder, drug trafficking, and terminally ill conscious, and unconscious patients were 0.85, 0.91, 0.81, 0.81, 0.61, and 0.61, respectively. The inter-item correlation ranged from 0.69 (murder) to 0.84 (adultery), and the obtained results suggested that the scales had adequate internal consistency (Zandian, et.al., 2016).

Participants filled a four-question poll for general assessment of their opinion (reported in a separate manuscript). We asked participants "Do you agree with the death penalty as the fit punishment does for heinous crimes?" Or "In some countries, if a patient has an incurable, painful terminal disease, she/he can end her/his own life legally. It is called euthanasia. Do you agree with euthanasia? " Finally, they should fill Justified Death Attitude Scale.

The General Health Questionnaire-12: In this study, we used the Persian version of the general health questionnaire (GHQ) to assess sanity. It was a 12-question questionnaire, the shortest form of GHQ. According to a four-point Likert scale, each item was scored. The range of total score was between zero and thirty six. Cronbach's alpha coefficient of Persian GHQ-12 was greater than 0.70 (Mokhatri-Hesari., et.al, 2020).

Data Analysis: Analysis of variance (ANOVA), two-way ANOVA, Multivariate analysis of variance (MANOVA), and Chi square tests were performed to analyze the data using SPSS version 22.0.

ANOVA was conducted to compare the effect of gender, generations, ethnics, and sanity on scores of attitude about scenarios of rape, adultery, murder, and drug trafficking and euthanasia in Justified Death Attitude Scale (JDAS). Indeed, we could not use MANOVA because of significant correlation between independent variables, and significant result in the Box's M test ($p > 0.001$).

Results

Participants suggested the harshest punishments for rapists and drug traffickers, then for murderers, and the lowest punishment was considered for adulterers. However, low scores of legal scenarios show that participants did not generally agree with euthanasia either for conscious or unconscious patients. In general, both genders, both generations

Table 1: Characteristics and mean and standard deviation of Score of Justified Death Attitude Scale (JDAS) in each of the six factors of JDAS in gender, mental health, ethnics, gender × generation, gender × ethnics, and generation × ethnics of participants.

Characteristics	Data	Legal Subscales				Medical Subscales		Subscales	
		Rape	Adultery	Murder	Drug trafficking	Conscious Euthanasia	Unconscious Euthanasia	Legal	Medical
Gender									
Female	376	376	376	376	376	376	376	376	376
Mean ± SD		41.393 ± 9.279	27.537 ± 11.915	33.473 ± 7.293	38.454 ± 8.7	17.494 ± 6.589	17.832 ± 6.504	140.857 ±37.187	35.326 ± 13.093
Male	368	368	368	368	368	367	368	368	368
Mean ± SD		42.010 ± 9.502	28.921 ± 13.160	35.375± 7.024	38.491 ± 9.229	17.024 ± 6.839	17.777 ± 6.519	134.386 ±38.801	34.801 ± 13.358
Generation									
Adult Participants	528	528	528	528	528	527	528	528	528
Mean ± SD		41.596 ± 9.318	29.204 ± 11.902	33.424 ± 7.091	36.712 ± 8.275	16.787 ± 6.502	17.784 ± 6.210	140.936 ± 36.586	34.571 ± 12.712
Older Adult Participants	216	216	216	216	216	216	216	216	216
Mean ± SD		41.949 ± 9.576	25.819 ± 13.766	36.833 ± 6.970	42.777 ± 9.130	18.421 ± 7.086	17.856 ± 7.196	147.378 ± 39.442	36.277 ± 14.282
Mental Health									
Abnormal	284	284	284	284	284	284	284	284	284
Mean ± SD		41.214 ± 9.712	28.119 ± 12.471	33.816 ± 7.325	37.753 ± 9.418	17.169 ± 6.635	17.743 ± 6.369	140.902 ± 38.926	34.912 ± 13.004
Normal	460	460	460	460	460	460	460	460	460
Mean ± SD		41.997 ± 9.181	28.284 ± 12.623	34.782 ± 7.136	38.917 ± 8.646	17.320 ± 6.768	17.843 ± 6.597	143.98 ± 37.586	35.163 ± 13.365
Religion									
Shiites	538	538	538	538	538	538	538	538	538
Mean ± SD		42.219 ± 9.138	28.756 ± 12.854	34.977 ± 7.367	39.691 ± 8.997	17.488 ± 6.795	18.208 ± 6.552	145.643 ± 38.356	35.696 ± 13.347
Sunni	108	108	108	108	108	108	108	108	108
Mean ± SD		43.269 ± 9.512	28.824 ± 12.170	34.592 ± 7.367	37.972 ± 8.400	17.120 ± 6.741	17.370 ± 6.501	144.624 ± 37.449	34.49 ± 13.242
Assyrian	98	98	98	98	98	97	98	98	98
Mean ± SD		37.081 ± 9.336	24.622 ± 10.700	31.122 ± 6.765	32.336 ± 6.510	16.164 ± 6.153	16.071 ± 5.991	125.161 ± 33.311	32.235 ± 12.144
Gender × Generation									
Adult Female	266	266	266	266	266	266	266	266	266
Meant ± SD		41.857 ± 9.332	29.421 ± 11.538	32.172 ± 7.209	36.793 ± 7.912	16.891 ± 6.393	17.793 ± 6.126	140.243 ± 35.991	34.684 ± 12.519
Older Adult Female	110	110	110	110	110	110	110	110	110
Mean ± SD		40.272 ± 9.093	22.981 ± 11.625	36.618 ± 6.521	42.472 ± 9.230	18.954 ± 6.854	17.927 ± 7.366	142.343 ± 36.469	36.881 ± 14.22
Adult Male	262	262	262	262	262	261	262	262	262
Mean ± SD		41.332 ± 9.314	28.984 ± 12.278	34.694 ± 6.749	36.629 ± 8.642	16.682 ± 6.621	17.774 ± 6.306	141.699 ± 36.983	34.456 ± 12.927
Older Adult Male	106	106	106	106	106	106	106	106	106
Mean ± SD		43.688 ± 9.794	28.764 ± 15.184	37.056 ± 7.432	43.094 ± 9.058	17.867 ± 7.310	17.783 ± 7.049	152.602 ± 41.468	35.65 ± 14.359
Gender × Ethnics									
Shia Female	262	262	262	262	262	262	262	262	262
Mean ± SD		41.591 ± 9.173	28.164 ± 12.174	33.942 ± 7.325	39.797 ± 8.821	17.542 ± 6.693	18.091 ± 6.529	143.494 ± 37.493	35.633 ± 13.222
Sunni Female	61	61	61	61	61	61	61	61	61
Mean ± SD		43.901 ± 9.027	28.541 ± 11.621	33.655 ± 7.275	37.803 ± 8.034	18.245 ± 6.528	18.524 ± 6.214	143.9 ± 35.957	36.769 ± 12.742
Assyrian Female	53	53	53	53	53	53	53	53	53
Mean ± SD		37.528 ± 9.041	23.283 ± 10.124	30.943 ± 6.743	32.566 ± 5.992	16.396 ± 6.096	15.754 ± 6.420	124.32 ± 31.9	32.15 ± 12.516

Table 1 Continuation: Characteristics and mean and standard deviation of Score of Justified Death Attitude Scale (JDAS) in each of the six factors of JDAS in gender, mental health, ethnics, gender × generation, gender × ethnics, and generation × ethnics of participants.

Assyrian Male	45	45	45	45	45	45	45	45	45
Mean ± SD		36.555 ± 9.748	26.200 ± 11.250	31.333 ± 6.862	32.066 ± 7.133	15.886 ± 6.281	16.444 ± 5.491	126.154 ± 34.993	32.328 ± 11.772
Generation × Ethnics									
Adult Shia	383	383	383	383	383	383	383	383	383
Mean ± SD		41.966 ± 9.205	29.947 ± 11.971	33.757 ± 6.866	37.637 ± 8.164	16.976 ± 6.553	18.195 ± 6.179	143.307 ± 36.206	35.171 ± 12.732
Adult Sunni	83	83	83	83	83	83	83	83	83
Mean ± SD		41.349 ± 9.296	30.108 ± 11.228	34.084 ± 7.717	36.674 ± 8.125	16.397 ± 6.425	16.915 ± 6.105	142.215 ± 36.366	33.312 ± 12.53
Adult Assyrian	62	62	62	62	62	61	62	62	62
Mean ± SD		39.645 ± 9.925	23.403 ± 10.864	30.483 ± 7	31.048 ± 6.888	16.131 ± 6.315	16.403 ± 6.323	124.579 ± 34.678	32.534 ± 12.638
Older Adult Shia	155	155	155	155	155	155	155	155	155
Mean ± SD		42.845 ± 8.970	25.812 ± 14.437	37.993 ± 6.861	44.767 ± 8.973	18.754 ± 7.226	18.238 ± 7.415	151.417 ± 39.241	36.992 ± 14.641
Older Adult Sunni	25	25	25	25	25	25	25	25	25
Mean ± SD		49.960 ± 7.717	24.560 ± 14.318	36.280 ± 5.884	42.280 ± 7.992	19.520 ± 7.332	18.880 ± 7.617	152.88 ± 35.371	38.4 ± 14.44
Older Adult Assyrian	36	36	36	36	36	36	36	36	36
Mean ± SD		32.666 ± 6.178	26.722 ± 10.219	32.222 ± 6.284	34.555 ± 5.173	16.222 ± 5.957	15.500 ± 5.411	126.165 ± 27.854	31.722 ± 11.368
Range of Age for Adult Participants	18-32								
Range of Age for Older Adult Participants	65-100								

and all three religions showed the same scoring pattern. Of course, there were differences between various subgroups that are presented here.

To see if the two genders have answered differently to subscales of JDAS (rape, adultery, murder, and drug trafficking, conscious and unconscious euthanasia), we performed a one way ANOVA. There were statistically significant differences between males and females only for murder [$F(1, 742)=13.112$, $p<0.001$, Eta squared=0.017] but the other scenarios did not show a difference including rape [$F(1, 742)=0.804$, $p=0.370$), adultery [$F(1, 742)=2.263$, $p=0.133$)], drug trafficking [$F(1, 742)=0.003$, $p=0.955$], euthanasia for conscious patients [$F(1, 741)=0.911$, $p=0.340$], and euthanasia for unconscious patients [$F(1, 742)=0.013$, $p=0.908$] (Table 1).

There were statistically significant differences between two generations of adults and older adults in some of the scenarios of JDAS including adultery [$F(1, 742)=11.294$, $p=0.001$, Eta squared=0.015)], murder [$F(1, 742)=35.778$, $p<0.001$, Eta squared=0.046], and drug trafficking [$F(1, 742)=77.477$, $p<0.001$, Eta squared=0.095] and euthanasia for conscious patients [$F(1, 741)=9.173$, $p=0.003$, Eta squared=0.012]. However, no difference was observed between two generations in scenarios on rape [$F(1, 742)=0.216$, $p=0.642$], and euthanasia for unconscious patients [$F(1, 742)=0.019$, $p=0.891$] (Table 1).

Shiites, Sunnis, and Assyrians also answered differently to the scenarios of JDAS including rape [$F(1, 742)=14.768$, $p<0.001$, Eta squared=0.038], adultery [$F(1, 742)=4.684$, $p=0.01$, Eta squared=0.012], murder [$F(1, 742)=12.216$, $p<0.001$, Eta squared = 0.032], and drug trafficking [$F(1, 742)=30.345$, $p<0.001$, Eta squared=0.076], and euthanasia for unconscious patients [$F(1, 742)=4.799$, $p=0.008$, Eta squared = 0.013]; but no difference was observed in scenarios of euthanasia for conscious patients [$F(1, 741)=1.629$, $p=0.197$].

Under the rape, adultery, murder, and drug trafficking scenarios a Tukey post-hoc test revealed that Assyrian's Justified Death Attitude was significantly lower from Shiites and Sunnis in rape (A: M = 37.08, SD = 9.33, Sh: M = 42.21, SD = 9.13, p =0.0001; S: M = 43.29, SD = 9.51, p =0.0001), adultery (A: M = 24.62, SD = 10.70, p = 0.008; Sh: M = 28.75, SD = 12.85, S: M = 28.82, SD = 12.17, p =0.04), murder (A: M=31.12, SD=6.76, Sh: M=34.97, SD=7.12, p <0.0001; S: M=34.59, SD=7.36, p=0.001), drug trafficking (M=32.33, SD=6.51, p=0.0001, Sh: M 39.69, SD = 8.99, p <0.001, S: M=37.97, SD=8.40, p <0.001). Nevertheless, there were no statistically significant differences between Shiites and Sunnis in Justified Death Attitude in the scenarios of rape, adultery, murder, and drug trafficking (Table 1).

In medical subscales of JDA, in the scenario of euthanasia for the unconscious patient there was statistically significant differences between Assyrians' attitude (M= 16.07, SD = 5.99) and Shiites' (M =18.20, SD= 6.55, p= 0.008), but no significant difference between Assyrians and Sunnis (M= 17.37, SD= 6.50, p= 0.322) and Shiites and Sunnis (p=0.437) in this scenario. Besides, in the scenario of euthanasia for the conscious patient, there were not statistically significant differences between Assyrians' Justified Death Attitude (M=16.16, SD=6.15) and Shiites (M= 17.48, SD= 6.79, p=0.174), and Sunnis (M=17.12, SD=6.74, p= 0.566), and not between Shiites and Sunnis (p= 0.861).

To see the possible effect of sanity on JDAS we compared those with high and low scores of GHQ. There were no statistically significant differences between two groups in scenarios of rape [F(1, 742)=1.222, p=0.269], adultery [F(1, 742)=0.030, p=0.862], murder [F(1, 742)=3.151, p = 0.076], and drug trafficking [F(1, 742)=2.970, p=0.085] and euthanasia for conscious patients [F(1, 741)=0.089, p=0.766] and euthanasia for unconscious patients [F(1, 742)=0.042, p=0.838] (Table 1).

We also performed two-way ANOVAs for independent variables which did not correlate with each other in order to know the interaction effect of gender – generations, gender – ethnics, and generations – ethnics on the scores of six scenarios of JDAS. We examined the interaction of gender and generations on attitude of JDAS. There were a statistically significant interactions between the effect of gender - generations levels on attitude of JDAS scenarios, rape [F(1, 740)=6.794, p=0.009, Eta squared=0.009], adultery [F(1, 740)=9.654, p=0.002, Eta squared=0.013]; but not in the scenarios of murder [F(1, 740)=3.409, p=0.065], drug trafficking [F(1, 740)=0.324, p=0.570], and euthanasia for conscious [F(1, 739)=0.661, p=0.416] and unconscious [F(1, 740)=0.014, p=0.905] patients (Table 1).

There were no statistically significant interactions between gender and religion in responding to JDAS scenarios, including rape [F(2, 738)=1.279, p=0.279], adultery [F(2, 738)=0.248, p=0.780], murder [F(2, 738)=0.581, p=0.560], and drug trafficking [F(2, 738)=0.074, p=0.929] and euthanasia for conscious patient [F(2, 737)=1.521, p=0.219] and euthanasia for unconscious patient [F(2, 738)=2.420, p=0.09].

There were statistically significant interactions between generations and religion in answering to different JDAS scenarios of rape [F(2, 738)=15.194, p<0.001, Eta squared = 0.04], adultery [F(2, 738)=3.823, p=0.022, Eta squared=0.01]; but no interaction was found in scenarios of murder [F(2, 738)=1.686, p=0.186], drug trafficking [F(2, 738)=1.985, p=0.138], and euthanasia for conscious [F(2, 737)=1.104, p=0.332] and unconscious [F(2, 738)=1.070, p=0.344] patients (Table 1).

Discussion

It seems that rape has been the most serious crime, from the participants' point of view, and they have selected the harshest punishment for this group. Interestingly, this harsh attitude exists in both genders, young and old generations, and all three religions. Only older Assyrians had a less aggressive attitude toward this group of perpetrators. Drug traffickers and murderers are also badly punished by the participants, but less often than rapists. This aggressive attitude toward drug trafficking and murder is less uniform than the attitude toward rape. For example, being younger and having an Assyrian background was associated with a less inclined toward the death penalty.

The younger generation is more adept in changing attitudes and replacing more traditional attitude with newer ones. Nowadays, there are some movements against death penalty in various parts of the world that insist on eliminating capital punishment. These movements might have affected the younger generation through mass media and globalization. Surprisingly, former studies indicated that older adult participants disagree with the death penalty (Zandian, et.al., 2017). But older adult participants in the current study agreed to the death penalty. This might be due to the fact that the older generation was more well-off than the younger generation; the more prosperous an individual, the more agreement with death penalty. In fact, the stronger it is, the more severe the deterrence, which is with retribution attitude. Indeed, their economic status needs harsher penalties. On the other hand, adult participants are physically stronger than older adults and could be

more endangered by death penalty and they are more likely to save themselves. In addition, older adult participants carry out the bloody Islamic Revolution of 1979 (They displace a monocracy to a theocracy). So, older adults are likely to be more religious than adults emerging women's right movement in Iran. Indeed, it is likely to indicate their attitude about humen which is against the adult Iranian attitude.

Younger generation showed a more aggressive attitude only in adultery case, which might be related to the recent increase in infidelity rates and their direct involvement with the issue. From an evolutionary perspective, the main duty of a man is transferring his genes to the next generation, and adultery endangers their duty. Therefore, they might react more to this adultery than older individuals. Older adults are less involved with the problem and less likely to punish the youthful for their fun seeking behavior.

Regarding euthanasia, again younger generation had a less restrictive view of conscious patients and not for unconscious patients. Maybe being conscious is considered as a necessary condition for giving consent for active or passive euthanasia and for an unconscious patient, it seems more difficult to decide for any kind of euthanasia. Furthermore, many movies and TV series have been shown in the recent decades in which someone with a malignant or end-stage disease is cured through a miraculous event in the last stage of life. Besides, euthanasia attitude changes in time (Beadle et.al., 2015), and adult participants are ordinarily less endangered by death from a disease. On the other hand, euthanasia endangers older adult participants' lives. Thus, they disagree more with euthanasia to more live out (Achille & Ogloff, 2004). In addition, adults' pragmatic ideas are likely to decide no expense for patients to keep sources more in the current recession (Sinclair, et.al., 2014).

The men agreed more with death penalty only in case of murder and no other gender differences were observed in responding to different legal or medical scenarios. Therefore, it seems that gender is not an important variable in justified death related decision making other than the case of murder. This finding is surprising because of the different roles that males and females have had during evolution as well as the difference in social roles of two genders.

Compared to other ethnic groups, Assyrian participants had a less positive attitude toward the death penalty for rape, adultery, murder, and drug trafficking. Pervious study has shown that some religious characteristics might affect the death penalty decisions, including fundamentalism, literal interprets, beliefs about God's position on the death penalty, and one's understanding of how other believers think about the death penalty (Shields, Miller, & Yelderman, 2018). Muslims, including Shiites and Sunnis might consider the official views of the government of Islamic countries as a predominant view of other Muslims and so might show a more accepting view toward capital punishment. In addition, it is likely due to sharia laws retaliation punishment. However, Assyrians might refer to the western world as the predominant view of the Christians. According to mass media news, Islamic wars rage for more than two decades and most of guerrilla groups are so called Islamic. So, it is likely to influence on the Muslims' attitude, but Christian worlds are more peaceful. As stated in religion, although all of them are compatriots and live in a country, the news is likely to change their prevailing attitude to the world.

In this study Assyrians' attitude toward euthanasia for unconscious patients was more tolerant than other ethnic groups. This finding is not in line with previous studies, because in former studies, minorities disagreed with euthanasia, which might be due to their distrustful perception of the majorities' judicial and medical systems (Lichentritte, 2000). We should note that the effect size of the difference observed here is small and therefore, we cannot make a clear and reasonable justification for the difference.

Meanwhile, the national mass media, which represents the majorities' ideologies, makes soap operas, such as those on the dangers of drug barons and miscreants, to suggest that the death penalty guarantees national security. Besides the media tries to suggest the majority's values, while the minorities are likely to feel negative about it (Gone, 2011; Gone & Kirmayer, 2020). In addition, minorities' social anxiety increases when they fill self-report scales as they are concerned about comparisons, even though self-censorship of minorities is not significant.

From one's experience-shaping attitude,

availability heuristics are used by people choosing between a life-or-death choice when one manipulates participants' emotions for or against a person (Lynch et.al, 2000). The experience is made of prime, which is the trigger of attitude. Indeed, the prime is likely to be trained explicitly. For example, attitude could be changed hardly even though you can prove that the death penalty is not effective or vice versa. Next, meta cognition accommodates and assimilates the important element of self in attitude (Ho & Lau, 2011). In fact, attitude is the most objective part of self which is defined by attitude, like self-esteem, self-concept, self-evaluations, traits, motivation, personality etc.

Although self contains some conflicting and contrastive element, such as liking and disliking, the self should integrate these conflicts among the elements. In fact, certainty versus doubt processes relates to self-strength, confirmed by self-verification, and provides a model of thinking process resulting in measurements (Ho & Lau, 2011). Thus, attitude and self become mature in parallel (Ho & Lau, 2011). A strong attitude, which does not have a unified latent construct, is far more stable and more resistant over time. Originally, certainty is a meta-cognitive aspect of attitude (Ho & Lau, 2011). With regard to self, certainty impacts thought that was 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 (Ho & Lau, 2011). Therefore, consistency is versus inconsistency (Ho & Lau, 2011).

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. Consistency is a positive or negative valence which could be approach-approach, avoidance-avoidance, and approach-avoidance (Ho & Lau, 2011). In self, consistency decreases discrepancy (Ho & Lau, 2011). Implicit discrepancies are automatic, and explicit discrepancies are deliberate (Ho & Lau, 2011). Most of ambivalences are implicit discrepancies (Ho & Lau, 2011). Implicit ambivalences are implicit awareness. Thus, it could be denied when the participant is conscious about the poll (Ho & Lau, 2011). The best example of implicit and explicit discrepancies is implicit and explicit narcissistic self-esteem, whose explicit and implicit self-esteem is inflated and fragile, respectively. If something motivates the inferiority implicit self-esteem, it will react defensively and harshly (Ho & Lau, 2011). The more durable the attitude is, the more extreme it will be (Ho & Lau, 2011). Accessible intertwinement of two elements of attitude, cognition and emotion, is a durable empowering attitude. Thus, the mere self-report is not valid due to the effective parts of attitude which could predict behavior (Ho & Lau, 2011). For instance, if a society confronts a form of racism, the constitution will not stop their attitude. Thus, people pretend that they are not racist in a poll, but vote for a nominee with such an ideology in their group.

The implication of the current study is the content of self which can be evaluated with attitude. If we can know what the self is, we can find the core of human's personality. So, we are likely to avoid some violence and make a better life for others. Supposed you have a world with no violence.

Conclusion

Diverse societies have more in-group and out-group members. Under normal circumstances, nations confront with no problem with cultural ethnic gaps. But in a recession or disaster, problems arise in societies, which have less in-group integrity. Especially in the twenty first century, many nations are far more likely to start the war or immigration to other countries for lack of water or cataclysms due to the climate changes. Indeed, humans like to keep their in-group integrity to control more sources be perform no matter what it takes. So, promulgation of radical racism, chauvinism, extremism, etc. ideas becomes more and more because the in-group members want to stay alive and they think, out-group members have no right to use their sources. As a result, the in-group members justify causes of out-group deaths. Exactly it is an evolutionary way of homosapiens, they sweat all rivals out with this potential violent pattern which is one of the main cores of their selves. Next, men's religions are founded to build tribes, cities, nations, and countries to get ride of us (as homosapiens) from other threatening of homosapiens and vice versa.

Limitations: We used convenient sampling that might have affected the results, because it was not

possible to perform a simple random sampling. Furthermore, our sample did not include other ethnic backgrounds including Zoroastrians, Jews and people living in various parts of north, east, and south provinces of Iran.

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