

PUBLIC HEALTH CRISIS *PUBLIC ENEMY #1*: COMMUNICATION DYSFUNCTION

ABSTRACT:

THE CASE FOR TARGETING BEHAVIORAL COMMUNICATION DYSFUNCTION AS A PUBLIC HEALTH CRISIS

There is a Public Health crisis affecting individuals, families, entire communities and our society-at-large. It is the precursor of most preventable illnesses and death. This systemic problem is blended into the fabric of EVERY socio-environmental context.

Human Communication Institute (HCI) and equally concerned healthcare advocates, recognize this specific *crisis* as the absence of *effective communication and listening skills* amongst interdependent individuals and groups affecting and exacerbating current public health inequities. HCI identifies Human Communication skills -distinguishable from the biological abilities of talking and hearing – as the #1 determinant of a healthy Public Health system and institution.

Human Communication as a subject of study and skill development, must be deliberately and actively infused into the academic, social (familial, community) and professional settings dependent on the effective exchange of messages. The Public Health crisis is directly related to individuals' inability, unawareness, and/or refusal to proactively advocate for a healthy mind and body by using the #1 agent of proactive health care – communication.

There is a direct connection between communication and life experiences. Their bond is at the core of all decision making and life solvency issues for each individual as well as the collective. We are all making decisions based on the perception we hold about life. Those decisions are made based in a mindset that has been captured by certain patterns of thinking, speaking and resultant actions. Verbal and Nonverbal language determine behavioral outcomes. Regardless of minimalist views on the viability of *linguistic determinism*, we cannot separate the way an individual verbally and nonverbally expresses themselves from the way the individual responds to life circumstances. This is how culture is perpetuated and kept from extinction – personally and collectively. “As you think, so you are.” *Wisdom*

Language Shaping is the mechanism used to create *Behavioral Communication* patterns that determine output and outcomes. Human thoughts, words, and emotions produce

actions/behavior. The language context within which we develop our perception, perspective, personality, is the language environment we create and live in. Communication is not stagnant nor stable. As communication contexts expand or diminish, so does language and the resultant behavior.

All context is communication and communication is context. The Public Health System provides a unique context that brings together a multiplicity of people's worldviews concerning illness and health care. The recent COVID pandemic of 2020, is a clear example of the varying attitudes cultures have towards illness, healthcare and compliance to healthcare guidelines. No matter the worldview, effective communication is the foundation of understanding, compliance, efficiency and recovery within the individual and within the institutions that support health services.

This paper discusses two major areas of consideration for bringing Behavioral Communication to the forefront of health care discussions as a primary factor of social wellness, **(1) the role of language and communication in the development of perception and (2) how the lack of effective communication skills as learned behavior within the social framework, is a major detriment to a healthy society.**

I. SOCIAL DETERMINANT: LANGUAGE ACQUISITION

LANGUAGE LEGACY and EPIGENETICS

Does language equal our social reality?

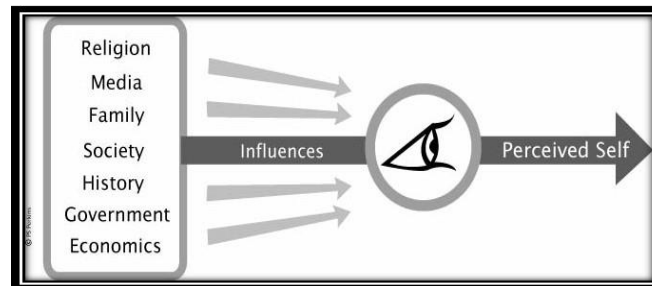
We are talking ourselves to life or death. HCI

Language (verbal, vocal and nonverbal) is the schemata (blueprint) that stores life events. We act upon the framework through which we think, speak, and emote. These three components become the individualized and collective behavior(s) that are released into society.

Communication happens whenever meaning is attached to behavior or the residue of behavior. HCI

Behavior = verbal, vocal, and nonverbal expression. That behavior is derived from our environmental conditioning – exchange of expression and the accumulation of vocabulary around us, especially formatively. We all live within the *linguistic mold* we are born into and grow through. It is, however, not stagnant. It continues to absorb and hopefully, when needful, discard. If we are all living through and experiencing a predisposed lexicon upon which we MUST think and act – each of us – then we must make a way to account for the fact that:

We are all residents of our *mental residue*. HCI



It is through the lens of environmental messaging that we amass our thoughts and processes of thinking. Our experiences and the resultant memories create our outlook and responses to stimuli around us. Everyone expresses the messages they have internalized and believe they must replicate. We exhibit these internalized messages through perception. Our verbal and nonverbal communication/behavior speaks life conditions into existence. Talking is not communicating. Just as hearing is not listening. Communication is a science and a learnable skill. Talking and hearing are biological abilities versus the intellectual functions of communicating and listening. Numerous societies continue to focus on communication ability as an *art* – something used to entertain. So, we train artist. However, the main two areas of effective communication – informing and persuading – are often highly neglected unless students are funneled into a *Public Speaking* course, too often a framework for getting a job or entertaining. We must learn to communicate to survive and thrive within our communities and global connectedness. Familial, community, societal, global conflict cannot be solved through *amusing ourselves to death* (Neil Postman, 1985). We have neglected instructing and sharing the science as well as the art of communication, as a result, we are experiencing mounting separation, neglect, and environmental global crisis. ***Communication is everything and everything is communication.*** Humanity must learn HOW TO communicate to disrupt the dis-eases proliferated due to a lack

of effective communication skills. This is not an exaggeration. It is clear the public health care crisis is growing and increasingly generating ripple effects that have long-term dire consequences on societal wellness.

Additionally, the examination of communication within the context of personal development - **words matter**. Words matter to the mental, emotional and physical health of all individuals and play a leading role in the progression and outcomes of health states. Communication that creates, manages, formulates and runs health systems, impacts people's daily lives and their communication health. Cultural values, attitudes, and beliefs around wellness, illness, life and death are sustained within the verbal and nonverbal language of a people. We are predisposed to our ideas about wellness and healthcare at a very young age. This exposure and the manner in which a culture relates to illness, is passed down generation to generation through its verbal and nonverbal communication patterns. Sleeping, eating, drinking, exercise, stress, relaxation, environmental cleanliness (indoors and out), these learned patterns of behaving directly impact the overall health of the community. These behaviors are codified within the language. Language expresses itself in a variety of experiences and all these behaviors expressed came from the mental reality of the individual using the language. It becomes the basis of your *Intrapersonal Communication* database/schemata/residue. The views we draw from and take with us.

The **Linguistics Society of America**, in an article on *FAQ: What is an Endangered Language*, states, "According to one count, 6,703 separate languages were spoken in the world in 1996. Of these, 1000 were spoken in the Americas, 2011 in Africa, 225 in Europe, 2165 in Asia, and 1320 in the Pacific, including Australia. These numbers should be taken with a grain of salt, because our information about many languages is scant or outdated, and it is hard to draw the line between languages and dialects. But most linguists agree that there are well over 5,000 languages in the world. By some estimates, 80% of the world's languages may vanish within the next century... When a community loses its language, it often loses a great deal of its cultural identity at the same time. Although language loss may be voluntary or involuntary, it always involves pressure of some kind, and it is often felt as a loss of social identity or as a symbol of defeat."

Immigrant, migrant, co-cultural citizens being supported by the Public Healthcare system, bring with them the beliefs about healthcare they were predisposed to, imbedded in their primary

language and socialization processes. If they are propelled into a biomedical system they are completely unfamiliar with, such as cultural rules and taboos of health and privacy, the road to better health and recovery will be overwhelmed by constant cross-cultural roadblocks.

While attending undergraduate courses in Speech Communication, the concept of *Linguistic Determinism* was an important theory discussing the impact of language on personal and collective choices of a society. Training included the theoretical work of Edward Sapir and Benjamin Whorf's Sapir Whorf Hypothesis, also known as a theory of *Linguistic Relativism*. This began my journey as a Human Communication Specialist, desiring to understand how these theories relate to the current mental, emotional, and physical health of African Americans. Linguistic Determinism explained how the vestiges of slavery could possibly negatively impact the socialization processes of African American descendants of slave into perpetuity. This is directly tied to the study of language shaping and the current field of *Epigenetics*.

According to J.A. Lucy, in **International Encyclopedia of the Social & Behavioral Sciences**, in an article examining Linguistic Determinism/Relativism, 2001, "The Sapir–Whorf hypothesis, also known as the linguistic relativity hypothesis, refers to the proposal that the particular language one speaks influences the way one thinks about reality. Linguistic relativity stands in close relation to semiotic-level concerns with the general relation of language and thought, and to discourse-level concerns with how patterns of language use in cultural context can affect thought. Linguistic relativity is distinguished both from simple linguistic diversity and from strict linguistic determinism."

According to Keivan Zahedi in a collaborative article, *Determinist Inquiries: Debates on the Foundation of Language* published in the **International Journal of Criminology and Sociological Theory**, Vol. 1, No. 1, June 2008, there are a variety of Linguistic Determinist theories. When discussing the viewpoint of Empiricist Determinism:

"Empiricist Determinism —i.e., the theory of knowledge—questioning how one comes to know anything. Using the famous metaphor used by Leibniz to draw a distinction between rationalist tradition—of which he was a founder—and empiricists, the latter are said to believe that mind—if such a term can even be appropriate in the eyes of an empiricist to be of any value—is a 'tabula rasa'—i.e. a blank slate. This is the capacity which distinguishes human from non-

human. And all knowledge that a human being may gain comes from observation/experience via his/her senses and written on the tablet. There is no knowledge prior to and beyond experience of sense-data available in the environment. From this perspective, *knowledge of language, like other types of human knowledge, is determined by the kind of environmental experience s/he is exposed to.* [emphasis mine] Let's call this E-(xternalist) determinism."

Currently, the study of socio-environmental factors possibly impacting generational DNA strands, Epigenetics, is a field of science examining how personal and social environmental factors can impact patient as well as generational health. Not only the patient, but also the health of their descendants – in both positive and negative ways.

According to **Kids Health.org**, **Epigenetic** experts believe “that the environmental conditions and life experiences of parents, grandparents, and even great-grandparents can, in a way, flip "on/off switches" on the genes in their eggs and sperm, or the genes of developing fetuses in pregnant women, thus changing the genetic code of their offspring and descendants. In this way, new genetic traits can appear *in a single generation*, and be passed on to kids, grandkids, and beyond.”

For example, evidence suggests that smoking and overeating can affect genetic markers, causing those markers affecting obesity to become "switched on" or "switched off." That means that in addition to the self-harm that can come from eating too much or smoking, these lifestyle choices may predispose a person's offspring (and even future descendants) to disease and premature death. Kids Health admonishes caregivers, “Epigenetics doesn't just apply to passing on potentially negative traits or health risks, but also to the benefits of inheriting healthy factors”.

INITIAL SYNOPSIS: There is a clear symbiotic relationship between patient/provider environments and public health especially as it begins to determine generational deposit. The connection between the communication environment and health conditions is enormously apparent. People, context, and cultural programming dictate the thought processes of the individual. **THUS**, impacting generational experiences with the Public Health System. This includes the evolution of how such impact has grown and at what rate.

Children observe the relationships that are a comfort or discomfort to their parents and begin to associate certain words and feelings with the healthcare experience. When definitively understanding “Communication IS Environment” it becomes incessant upon us to bring environmental communication factors to the forefront of patient provider care. The need to disrupt epigenetic switches before they foster ill-health is paramount. This must be done in the collective framework of mutual understanding and compliance. Further examination of how language legacy/shaping directly relates to all aspects of health self-governance as well as provider relationships is essential. The predisposition of physical illnesses such as Sickle Cell to be genetically driven, in the same way, environmental factors are aiding and abetting all manner of illness – physical, mental, emotional. Relationships cannot be fostered without communication period. Language Legacy/Shaping and Epigenetics are major factors in Public Health Equity and Liberation.

II. DYSFUNCTIONAL COMMUNICATION:

PUBLIC HEALTHCARE SYSTEM PUBLIC ENEMY #1

We do not all think, speak nor behave the same concerning health viewpoints.

As Public Health Ideology is dedicated to engaging interconnected advocates of the United States Public Health Economy, bringing Communication Health to the forefront of national health debates and progress is mandatory. We should all recognize that communication is the conduit through which all information is disseminated and turned into knowledge to be acted upon. Open and active examination of the use of language within the Public Health Economy built upon a Eurocentric hegemony, often falls short of the multiple cultural perspectives needed to create a more inclusive, wholistic national health system. Public Health systems must advocate for the incorporation of newly established sectors of the Public Health Economy that focus on researching, teaching, supporting and advocating for programs that increase Communication efficacy within the home, community and institutions responsible for health equity and efficiency.

The framework of the biomedical health system requires the patient actively participate in her care. It starts with a discussion as a vital tool during the process of diagnosis. A practitioner listens and from information gathered from the patient, determines what battery of tests are needed or not.

Even the most obvious physical or mental condition warrant a certain level of patient explanation – this includes nonverbal communication signs. Communication happens (when possible) during the entire patient/provider process. This sounds like an obvious statement and of course it is however, talking is not communication and all mental residue varies. As both parties bring their *residue* to the table of sharing, the need for clarity between both parties will determine next steps and successes.

Diagnosis requires open and honest communication between patient and provider, but what, who defines honest and open? Diagnosis is key to understanding treatment. Patients come into the system of health only prepared to share what they have been predisposed to. In a very heterogeneous society, this is complex. To achieve a hoped-for success, communication effectiveness must be exercised from start to finish of the Public Health Care process.

The Public Healthcare System must systemically incorporate Behavioral, Family, and Cross-cultural Communication Specialist into the diagnostic process when and where needed, as well as trained practitioners support the translation process.

There is a clear and repeated message sent out by practitioners and systems of health and safety, that there is a direct relationship between a society's health state and Social Determinants of Health (SDOH). The current social stressors have reached a fever pitch for many. Studies on the physical and mental effects of stress discuss *Allostatic load*. According to the **National Library of Medicine, NIH**, "Allostatic load refers to the cumulative burden of chronic stress and life events. It involves the interaction of different physiological systems at varying degrees of activity. When environmental challenges exceed the individual ability to cope, then allostatic overload ensues."

As a Public Health crisis, the lack of healthy, thriving communication climates within familial and societal environments, is a primary cause of dysfunctional physical and mental/emotional health within our communities. The health crisis's our society faces today are inherently connected to a lack of effective communication between individuals and groups. The news headlines are replete with individuals being adversely affected by environmental factors which at the least are exacerbating physical and mental illness. We are increasingly witnessing mass shootings, internal and external waring, divorce, child abuse, domestic violence, as well as multiple *socialized* fear factors that are often enlarged by racism/ethnocentrism, genderism, and classism.

According to **NAMI, the National Alliance on Mental Illness**, when quoting the current state of U.S, Mental affairs:

“Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

- **21%** of U.S. adults experienced mental illness in 2020 (52.9 million people). This represents 1 in 5 adults.
- **5.6%** of U.S. adults experienced serious mental illness in 2020 (14.2 million people). This represents 1 in 20 adults.
- **16.5%** of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- **6.7%** of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2020 (17 million people)”

A recent Associated Press headline, ***Cries for help pour into 988 mental health, suicide line***, authored by Amanda Seitz, discusses the overwhelming numbers of individuals advocating for themselves by attempting to find a listening ear and helpful resources. The article notes, “The call volume is, in some instances, well beyond what we anticipated,” said Miriam Delphin-Rittmon, assistant secretary for mental health and substance use in the Department of Health and Human Services. The article references that some states are beginning to designate culture-specific lines to address specific cultural concerns such as mental illness taboo, language barriers, LGBTQ, American Natives, etc. The center reports record breaking numbers in calls and texts during the recent winter:

“The 988-helpline registered 154,585 more calls, texts and chat messages during November 2022 compared to the old national lifeline in November 2021, according to the latest data available.

Texting has been particularly popular, with the Substance Abuse and Mental Health Services Administration noting a 1,227% increase in texts to the line during that same time.

The Veterans Crisis Line — callers can press “1” after texting or calling 988 to reach it — has fielded 450,000 calls, texts and chat messages, according to the Department of Veterans Affairs. By the end of the year, the line had handled a nearly 10% increase compared to 2021.

Calls show no signs of slowing into this year, with counselors answering 3,869 calls on New Year's Eve and the first day of 2023 — a 30 percent increase compared to the previous holiday. The Spanish language line saw an increase of 3,800 calls year over year from November 2021 to November 2022.”

These organizations and many others are dedicated to meeting the needs of individuals and communities who are experiencing a lack of equitable services. There are too many quick-fix solutions plaguing homes and communities that need immediate services around a myriad of preexisting health issues impacted by environmental conditions.

Dr. Carolyn Leaf in her book **Cleaning Up Your Mental Mess**, 2021, when discussing her research in the field of Neuroplasticity, writes, “Thinking, feeling and choosing (also known as our *mind-in-action*) proceeds all communication, all we say and do is always preceded by thought.” She goes on to affirm, “Unfortunately in our era, we have focused so much on the biology of the brain that we have forgotten about the mind...Many professionals and researchers pay attention to only the symptoms of how someone feels, not *why* they feel, because it is a lot easier to deal with one-dimensional symptoms than *multi-dimensional causes* [emphasis mine], especially as visits to the doctor become shorter and prescribing a pill becomes easier.”

Hmm...prescribing a pill? Illness in the biomedical framework of the U.S. Public Healthcare System, is often commodified piece by piece and many pieces are advocated to be fixed or controlled with a pill. These *pills* can come in varying forms that support the existing system or by-pass the system through internalized community support or community pillagers taking advantage of individuals seeking relief .

Dr. Gabor Maté, well-known child family-practice practitioner with a special focus on childhood development. In a 2016 presentation on ***How emotions affects [sic] our cognitive functioning***, he begins his talk by sharing that “One of the things that is less and less in our society is space to communicate.” Without healthy communication environments, how can we foster healthy families? He studies how children and adults “shut down” as coping mechanisms. He states, “In North America the situation is that we have millions of children being diagnosed...So, I'll give you one example a common one is ADHD these days attention deficit hyperactivity disorder. The United States according to latest figures there at least 3 million kids receiving stimulant medications for ADHD. In Canada, the number of prescriptions for stimulant medications has

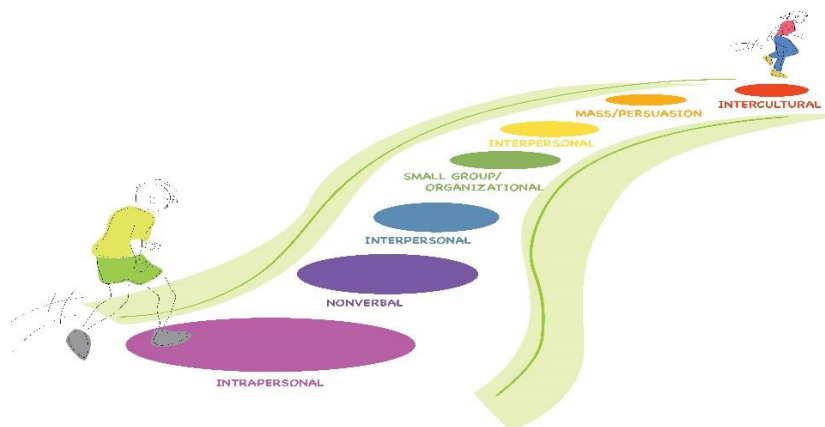
gone up 43 percent in the last five years let alone the hundreds of thousands of kids who are receiving antipsychotic medications not to control psychosis which they don't have, but to control their behaviors. We don't even know what the long-term effects are of antipsychotics on any developing human brain and the early indications are nothing positive so what we've got here is a massive social experiment in a chemical control of children's brains because we don't know what else to do. So when children don't learn the way we expect them to and they don't behave the way we expect them to, we have two dominant responses. The one response is to medicalize it - let's call it a medical name and let's medicate it..." Maté further states, "...many children are having so many problems for no other cause but that the parenting environment has become so stressed so that parents are no longer able to provide their children with the environment that these functions and the prefrontal circuits that serve these functions can develop properly...conditions for healthy brain development of the prefrontal cortex unless **[are]** less and less available for children..."

Mate continues, "... in the prefrontal cortex that I mentioned both of those functions that develops under the impact of the environment so that which circuits develop which prefrontal circuits develop and how the emotional circuits develop depends very much on the early environment...we have this whole idea that genes regulate things and that genetics control things they do not genes are turned on and off by the environment that study is called **epigenetics**. *Epigenetics* is how genes are regulated by the environment so that in both in human studies and animal studies we know that even if people have certain genes that might predispose them to addictions, if they're brought up in nurturing environments those genes are turned off..."

Maté ends the discussion sharing the need to thrive in a *social engagement mode* that creates emotional safety. When the emotional safety is absent during the formative years, a child's emotional growth along with other factors controlling their physical and mental development, is impeded and sometimes even absent. They will not develop healthy behavior reflexes in states of constant fear, neglect, dismissiveness and other forms of stress. *Emotional safety* is a key factor in healthy behavior for the entire life of an individual. This is environmental. This is how we grow into behaviors that support or destroy wellness – then we pass it down and create systems with others that have done the same. Verbal and Nonverbal Communication systems socially and generationally, are the pens and paint brushes we use to create our lives. Everyone starring, or

not, in their own movie. As members of individual and collective *lifetime movies*, we often play the role of *extras* in their own movies due to environmental controls.

Where are the **communication spaces** provided to help mitigate, support and enrich the **communication climate** (the emotional temperature of the environment) of our homes, schools, organizations? Should we rethink and revitalize the role of Communication skills in the formative years of learning as well as for adult learners? Classes, workshops, training on Family Communication, Relationship Communication, Peer Communication, Conflict Management are increasingly noticeably absent or never existed for school K-12 curriculum and even at the college level. Are we raising children and young adults to understand communication is context driven and directly relates to the outcome of any conversation – this is especially important when dealing with mental and emotional health issues. Too many are raising children ill-prepared to meet the challenges of interfacing and controlling their own intrapersonal residue, much less others.



CSM, 2023

FINAL SYNOPSIS: Communication Dysfunction Continues to Drive Public Health Inequity

Until a thorough and effectual examination of rigid and deeply imbedded biomedical “one-size fits all” paradigms are collectively addressed, the Public Health crisis will continue its downward spiral. Such over-burdened and culturally antiquated practices will continue to cause practitioner and advocate burnout and client/patient misunderstanding and mistrust. Additionally, lives will continue to be generationally impacted in ways that weaken and diminish the importance of a healthy, gainful society. Language Shaping and Epigenetics must become prime determinants in how the Public Healthcare system becomes more culturally responsive. Communication must be strategically and respectfully brought to the forefront of current discussions concerning all aspects

of Public Health Liberation and Equity – from in-take to follow-up. This is vital for any thriving society where each citizen contributes to their own and community health – a *co-opetition* – bringing our individual best for the collective good. HCI

It may take a minute to connect the dots between what may appear to be disparate issues but be assured they interrelated in a way that cannot be separated. **Our language predisposes us to the values, attitudes and beliefs that become individual and collective perception and worldview. Our language creates the socio-cultural lens through which we see and experience life. This language enculturation leads to our Behavioral Communication in all settings within the Public Health Care System. The legacy of language in all its verbal and nonverbal forms, plays a role in switching on or off genetic markers within the DNA. This makes it possible to generationally hand-down these positive or negative markers because of epigenetic transference. As a result, communication is the primary conduit through which illness, disease, and community health is experienced.**

A patient participates in the early diagnosis process based on their ability to communicate their concerns to the provider.

It is communication 1st, then diagnosis, then treatment.

Communication is the thread that connects the entire exchange. Done poorly, patient and care system suffer. If I do not have the words or am afraid or ashamed to speak the words; if I am culturally distrustful of those I am speaking to, then correct early diagnosis is not likely. If I do not understand this patient's needs and I must in great part rely on their clear explanation of the symptoms to aid in the diagnosis – their word – we must communicate clearly and cooperatively. Remember, talking and communicating are not the same. Communication is a learned process and sharing it to solve any problem takes ability, capability and mutually ascribed interdependence. Socio-cultural background (residue) of each party, plays a major role in the effective transference of messages.

We are all residents of our mental residue.

We are running out of time to fix a system that does not take care of all its citizens with equitable healthcare standards when everyone's health is impacted. Public health cannot be a sum game based on *have versus have not*s. How can the U.S. as one of the richest heterogeneous countries in

the world, have such an inequitable Public Health Care System? It is time to bring these disparities to the forefront so that we may move forward as the shining example of what true equity is/was established upon, “we hold these truths to be self-evident that all *humans* are created equal.”

All means ALL.

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Human Communication Institute

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