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**I CHOOSE LIFE PROJECT: RESOLVING THE DISPARITY OF POLITICAL
AND HUMAN RIGHTS INTERVENTIONS
A STRATEGIC COMMUNICATION PLAN TO IMPLEMENT TREATMENT FOR
TRAUMA AND SUICIDE PREVENTION AND REDUCE GLOBAL CONFLICT
VIA DIGITAL DIPLOMACY**

by

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ABSTRACT

If one is faced with the daunting challenge of climbing Mount Everest or entering a battlefield, the best option is to follow the lead of someone who has done it before, rather than someone who has only read about it. Such is the case with current trends in addressing human rights interventions for self-sabotage, traumatic ordeal, and suicide (SOS) in conflict-ridden societies. Many well-meaning leaders and agencies implement political Band-Aids instead of following the direction of those most capable of addressing the core problem. As trauma is the impetus of conflict, and self-sabotage and suicide are natural consequences, logic dictates that individuals who have experienced these ordeals are our best resource for a sustainable solution. When this element of raw humanity is strengthened through overcoming personal challenges and in learning how to heal, survivors become the best teachers of resilience for others who struggle. The purpose of life is learning to hold onto hope through relationships. Hence, “Give a man a fish, and you feed him for a day; teach a man to fish, and you feed him for a lifetime” (Chinese proverb).

Training members of conflict-ridden communities simple methods of healing self-sabotage, traumatic ordeal, and suicide (SOS), which are rooted in identity and ideology, will curb perpetual conflict and help reduce the almost one million deaths by suicide globally each year (WHO, 2018). In reference to Alan Turing, the socially challenged genius behind computer technology, “Sometimes it is the people no one imagines anything of who do the things that no one can imagine” (The Imitation Game, 2015). A grass roots approach of spreading the word and cultivating resources via social media and digital diplomacy is the best opportunity to create a social justice movement to address

these issues. This approach will harness social compliance by employing peer pressure, authority, and ideology toward a positive outcome.

This thesis paper outlines and combines multidisciplinary research in the fields of psychology, strategic communication, social science, and business process management to uncover three primary sources of conflict at home and abroad: self-sabotage, traumatic ordeal, and suicide (SOS), which perpetuates intergenerational trauma. Then it explores gaps in current humanitarian approaches, additional necessary research, how to effectively prioritize and address these issues through community effort, and how to motivate individuals and communities to take action for sustainable change. An explanation of what was found and a way to enact the goals and objectives revealed through the research is outlined through a four phase, nine step strategic communication plan. This plan was produced to create change locally and can be scaled up globally, while retrieving data to refine the process as the plan continues to unfold. The goal of psychology is to reveal and potentially heal human dysfunction. Conversely, the goal of strategic communication is to effectively manipulate human dysfunction. This thesis will show how these twin disciplines can work together for the greater good and reveal that crisis manifests the birth of hope and recovery.

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INTRODUCTION

“This [story] is to be neither an accusation nor a confession, and least of all an adventure, for death is not an adventure to those who stand face to face with it. It will try simply to tell of a generation of men who, even though they may have escaped its shells, were destroyed by the war” (Remarque, E. M., 1929, *All Quiet on the Western Front*, Title Page).

One does not have to be a combat soldier or war refugee to encounter trauma. It is everywhere, surrounding one’s family, friends, and neighbors. War is often waged behind closed doors; within the illusory protective walls of a place called home. “Each year about three million children in the United States are reported as victims of child abuse and neglect. In other words, for every soldier who serves in a war zone abroad, there are ten children who are endangered in their own homes” (Van der Kolk, B. A., 2014; Seal, K., H. et al., 2007; Hoge, C. W., 2006; HHS, 2007, 2009, 2010, 2011).

Research by the United States Centers for Disease Control and Prevention (CDC) and the landmark Adverse Childhood Experiences study (ACEs) reveals that one in four American children is so severely beaten by a parent that telltale marks are left on their body, one in five was sexually molested as a child, three-quarters of children were raised by relatives drowning in alcoholism, one in eight children witnessed their mother being brutalized, and one in three couples participate in physical violence. These adverse childhood experiences cause toxic stress that harms the nervous system, immune system, and retards early brain development. Children who are abused or neglected are at higher risk for chronic health problems as adults, eating disorders, drug and alcohol abuse, depression, obesity, and suicide (Feletti, V., et al., 1998). Despite this adversity, one moves forward because humans are extremely resilient. Humankind has survived relentless wars, numerous disasters, personal violence, and betrayal. However,

traumatic experiences shadow histories, cultures, and families with imperceptible scars passed through generations leaving traces on biology, immune systems, minds, and emotions.

Thus, the result cripples the capacity for joy and intimacy, feeling damaged to the core and beyond salvation. This affects both those exposed to trauma and the people in their sphere, perpetuating the cycle of abuse.

Political Band-Aids after times of crisis, both domestic and abroad, often ignore the value of healing the trauma that is perpetuated from one generation to the next, which is pervasive in tumultuous regions of the world. By focusing on the psychology of diplomatic processes and protection of basic human rights in times of crisis, diplomatic power can strategically address viable, practical solutions to create lasting peace (Dixon, W., 1994; Hoffman, A. M., et al., 2013; Chatterjee, D., 2013). Through diplomatic means training of local clinicians, healers, leaders, and members of communities in conflict-ridden areas can be implemented. Simple, proven treatments for self-sabotaging behavior, traumatic ordeal, and suicide prevention (SOS) can be easily replicated and multiplied with these common factors.

Policies can effectively create structure after conflict only when the psychological consequences that plague human beings are adequately addressed. For decades, many nations have fought as allies and mutually benefited from shared intelligence and ingenuity. Through common humanity, we learned human rights issues create ripple effects for everyone, as millions of people are directly affected by conflict and trauma.

Because we bear the collective responsibility of these matters, leaders in the fields of psychology and international diplomacy are beginning to address these problems as social justice issues (Button, M., 2016). The purpose of this thesis is to create a strategic communication plan

that will generate public awareness, provide access to the best treatments available, and motivate social action to support those in need, thus utilizing the strength of community to more effectively initiate enduring change for peace.

Intimate, personal knowledge of trauma is part of the real life education of visionaries and celebrated architects of social change. Their insights and passions are drawn from devastation. Modern examples include Elie Wiesel, Oprah Winfrey, Maya Angelou, and Nelson Mandela. Profound advances in societies have also emerged from experiencing trauma. The Civil War ameliorated the abolition of slavery, the Great Depression produced social security, and World War II inspired innovators from the mighty middle class through the GI Bill. “Trauma is our most urgent public health issue and we have the knowledge necessary to respond effectively. The choice is ours to act on what we know” (Van der Kolk, B. A., 2014). Acting in faith on what is known to awaken the unknown has been the bedrock of social change throughout the ages; it is the basis of creation and the human experience.

The origin of humanity is equality, which is balance, fairness, and justice. This thesis thus defines a strategic communication plan to address conflict-based human rights issues that are self-evident, a term notably used by the authors of the United States (US) Declaration of Independence, a template for global human rights: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness.” When something is self-evident it is based on logic and is best implemented into action through process management rules that have stood the test of time. As the world becomes trauma informed, a self-evident change of perspective and renewed compassion is

emerging to create pivotal relationships for those who have been traumatized by showing unconditional love.

Everyone is directly affected by trauma, which can be passed on for many generations and can show as biological markers, such as the elevated stress hormone cortisol through the DNA. A child who has not been exposed to a traumatic event, like the Jewish Holocaust, can still have emotional and psychological reactions to trauma as though they experienced it, making them susceptible to environmental instability (Yehuda, R., et.al., 2014). “A genetic polymorphism is evidently at work in the development of PTSD via the regulation of the expression of genes of interest to the serotonergic system and the adrenocorticotrophic axis” (Auxéméry Y., 2012). How genes interact “may modulate emotional responses to traumatic events.” These are potential predictors of PTSD and depression (Auxéméry Y., 2012). When families weather hereditary sorrow, humanity moves from individual crisis to societal discord. Current political interventions often meet needs for food, shelter, and education after conflict, but fail to confront gaping psychological wounds (Patel, V., 2007). Ironically, in times of peace, war often continues to wage in the mind of an individual. The experience of the individual is essential to the stability of the family, which in turn affects communities and nations.

War is a drug, as it induces insensibility and addiction to conflict. Because social programs do not fully address the masked tension that lies deep within the psyche of those in hostile regions, conflict begets trauma and trauma begets conflict, creating a cycle of sabotage within individuals and their communities. Because these issues have not been adequately addressed the ship of humanity is sinking. The human family is in distress, drowning in perpetual conflict, and a worldwide epidemic of over one million suicides annually (WHO,

2018). Empirically proven mental health treatments available in the United States can be made accessible for people in conflict-ridden communities and societies. Historically, when ships were at risk of sinking they sent out an emergency SOS signal. Like those ships, these simple methods can be utilized as diplomatic interventions to curb self-sabotage, traumatic ordeal, and suicide (SOS). Research shows that self-sabotage can be overcome and trauma can be a source of resilience. When both are properly addressed, ideology can be changed and have a direct impact on reducing suicide (Blaustein, M. & Kinneburgh, K., 2012).

Focusing on resilience-oriented models, as part of humanitarian and diplomatic intervention, is an innovative option for health care delivery being implemented in the United States. Addressing self-sabotage, traumatic ordeal, and suicide (SOS) as social justice issues can utilize the strength of community and generate resources to more effectively solve these problems. This insight provides a foundation to address individual experience and its correlation to societal upheaval in the aftermath of generational trauma, paving the way to operationalize a practical solution.

It is imperative that nations share their integrated knowledge. Veterans deployed to war often have horrific experiences that leave permanent psychological scars. While deeply harrowing, their experiences can be exacerbated if they have experienced childhood trauma. Children and intimate partners who experience trauma, especially when perpetrated by parents, caregivers, or loved ones who are supposed to be trusted to protect, can be as equally ravaged as soldiers in war (Terr, L., 2008; Perry, B. & Szalavitz, M., 2006; Kerig, P. K., Wainryb, C., 2014). Refugees who do not have the liberty to return to a safe home after deployment, but must endure life in a war zone and survive without a nation to call

their own also suffer significant trauma (Falb et al., 2013a; Falb, McCormick, Hemenway, Anfinson, & Silverman, 2013b; Gupta et al., 2014). Complex developmental trauma is compounded by traumatic experiences over a lifetime. It is more difficult to treat, requires creative approaches, and needs more exploration.

The brain is molded by early experience making developmental trauma a hidden epidemic. The Adverse Child Experiences Study (ACE Study) reveals:

The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data. [It] is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. Childhood experiences, both positive and negative, have a tremendous impact on future violence, victimization and perpetration, and lifelong health and opportunity. (Felletti, V., et al., 1998)

The study has revealed how enduring maltreatment has devastating long-term effects on the development of the brain. Adverse childhood experiences (ACEs) are strongly correlated to development of risk factors for disease, and well-being throughout the course of life. Child abuse and neglect is the single most preventable cause of mental illness, drug, and alcohol abuse. ACEs are common: “Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs,” which contribute to disrupted neurodevelopment, social, emotional, and cognitive impairment, adoption of health-risk behaviors, diseases such as cancer, stroke, heart disease and diabetes, disability, social problems, and early death including suicide (Felletti, V., et al. 1998). As Teicher noted:

Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds. Child abuse isn't something you get over, it is an evil that we must acknowledge and confront if we aim to anything about the unchecked cycle of violence in this country. (Teicher, M., 2002, Scientific American)

People who feel safe and connected to others are less likely to sabotage their lives or harm others. However, if they cannot find relief from the overwhelming impact of complex developmental trauma they may feel trapped and are susceptible to drug addiction, alcoholism, violent political movements, gang leaders, and extremist religions as long as there is a promise of relief (Van der Kolk, B. A., 1989; Van der Kolk, B.A., 2014). Malevolent tyrants have mustered militant forces by enlisting the downtrodden.

For instance, after World War I Germany suffered economic devastation and the aftermath of post-war trauma. Savage opportunist, Adolf Hitler, preyed on the compromised psyche of the German people and manipulated them into joining the Nazi party (Nelson, R., 1933). Under the mind numbing auspices of groupthink they lacked a sense of individual responsibility and committed abhorrent acts in order to feel significant. These are the ingredients for a society to commit mass genocide (Nelson, R., 1933).

Fortunately, according to experts who have participated in the evolution of trauma-based therapies, there are means by which a healthy sense of belonging can be actualized. These experts include Bessel van der Kolk, Professor of Psychiatry at Boston University School of Medicine, Director of the Complex Trauma Network, and former Professor of Psychiatry at Harvard Medical School. His work concentrates on medical biophysics and psychology, the interaction of neurobiology, attachment, and the developmental aspects of trauma and its effects. Van der Kolk reports:

The conclusion is clear, children who are fortunate enough to have an attuned and attentive parent are not going to develop [these] genetically related problem[s]... safe and protective early relationships are critical to protect children from long- term problems. In addition, even parents with their own genetic vulnerabilities can pass on that protection to the next generation provided that they are given the right support. (Van der Kolk, B. A., 2014)

Other trauma experts, including psychiatrist Bruce Perry, psychologist Peter Levine and pediatrician Nadine Burke Harris support this perspective (see Appendix I). Many ask these experts if politics can be kept out when addressing these topics. Van der Kolk states:

As long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. In today's world your zip code, even more than your genetic code, determines whether you will lead a safe and healthy life. People's incomes, family structure, housing, employment, and educational opportunities affect not only their risk of developing traumatic stress, but also their access to effective help to address it. Poverty, unemployment, inferior schools, social isolations, widespread availability of guns, and substandard housing all are breeding grounds for trauma. Trauma breeds further trauma. Hurt people hurt other people. (Van der Kolk, B. A., 2014)

The South African Truth and Reconciliation Commission based its work on the concept of *Ubuntu*, a Xhosa word meaning “my humanity is inextricably bound up in yours” (New World Encyclopedia, 2016). This idea is interrelated with forgiveness and is the primary message between victims and perpetrators. True healing is only possible through “recognition of our common humanity and our common destiny” (Van der Kolk, B. A., 2015). Van der Kolk continues:

We are fundamentally social creatures. Our brains are wired to foster working and playing together. Trauma devastates the social engagement system and interferes with cooperation, nurturing and the ability to function as a productive member of the clan....[w]e have seen how many mental health problems from drug addiction to self injurious behavior start off as attempts to cope with emotions that became unbearable because of a lack of human contact and support. Yet institutions that deal with traumatized children and adults all too often bypass the emotional engagement system that is the foundation of who we are and instead focus on narrowly correcting faulty

thinking and on suppressing unpleasant emotions and troublesome behaviors. People can learn to control and change their behavior, but only if they feel safe enough to experiment with new solutions. The body keeps the score. If trauma is encoded in heart breaking and gut wrenching sensations then our first priority is to help people move out of fight or flight states, reorganize their perception of danger and manage relationships. (Van der Kolk, B. A., 2015)

Disturbing behaviors begin as “frustrated attempts to communicate distress and as misguided attempts to survive.” The most accurate definition of mental health is the ability to feel safe with other people. Shortcuts like doling out pills to relieve pain, anxiety, or depression “make it impossible to develop self care and self leadership” (Van der Kolk, B. A., 2014).

Our increasing use of drugs to treat these conditions doesn’t address the real issues. What are these [people] trying to cope with? What are their internal or external resources? How do they calm themselves down? Do they have caring relationships with their bodies? And what do they do to cultivate a physical sense of power, vitality, and relaxation? Do they have dynamic interactions with other people? Who really knows them, loves them, and cares about them? Whom can they count on when they are scared, when their babies are ill or when they are sick themselves? Are they members of a community and do they play vital roles in the lives of the people around them? What specific skills do they need to focus, pay attention, and make choices? Do they have a sense of purpose? What are they good at? And finally, how can we help them feel in charge of their lives? (Van der Kolk, B. A., 2014)

Simple multidisciplinary approaches like Eye Movement Desensitization and Reprocessing (EMDR), Internal Family Systems (IFS), Somatic Experiencing (SE), Psycho Motor Therapy, Nutrition, Hatha Yoga, Neurofeedback, and Mindfulness Meditation allow the autonomic nervous system (ANS) that is responsible for regulating respiration, digestion, and heart rate to re-regulate itself (Grossman, P., 2004; Cuthbert, B., et al., 1981; Van der Kolk, B., A., 2006) Disruption of the ANS is attributed to trauma symptoms

including fear, intensified startle response, hypervigilance, and flashbacks.

These approaches are proving to be more effective than psychotropic drugs and many can be processed without the patient being required to talk openly about their trauma (Van der Kolk, B. A., et al, 2007; Shapiro, F., 2004; Carlson, J.G., et. al, 1998). Court mandated programs are transforming the lives of children who may otherwise end up in the prison system. Examples are Shakespeare in the Courts, where juvenile offenders are required to learn and act out Shakespearian dramas, Urban Improv that teaches violence prevention, and The Possibility Project focused on teaching youth how to work together. Such treatments are perfect for international interventions where there may be cultural and language barriers. While keeping in mind unique cultural sensitivities, we can introduce these methods to each community through the people they know and trust.

The “I Choose Life Project” clinical team, with potential oversight by the experts previously stated, is being formed to determine the best evidence-based approaches and create a curriculum to address these issues on a worldwide scale. Further research of this pandemic requires systematic, multi-disciplinary procedures to ascertain research questions that require more exploration. By employing Ronald Smith’s steps of Strategic Planning for Public Relations this paper has determined and addresses seven research questions: (1) What are the origins of societal discord? (2) Why is it important to address self-sabotage, traumatic ordeal, and suicide (SOS)? (3) Why are current political interventions not effective in resolving and preventing these problems? (4) What simple, evidence-based treatments can be made available to address these issues? (5) How can individuals and communities be enrolled to solve these problems? (6) Is there a strategic

communication plan that can be implemented locally then scaled up internationally to ensure sustainability? (7) Are there sufficient resources to operationalize a plan of this size?

LITERATURE REVIEW

The fields and topics being examined are first, psychology focusing on the topics of self-sabotage, traumatic ordeal, and suicide (SOS). Second, strategic communication with a focus on the elements of designing a plan to address these issues as well as creating and showing how to enact a plan to enroll individuals, families, and communities to support those who struggle. Third, social science as it relates to the use of digital diplomacy in social media, the Internet, and other technology to influence public policy from a grassroots perspective. Fourth, business process management to prioritize problems, organizing approaches, evaluating, and refining the strategic communication plan to achieve optimal results. The materials that were relevant to the subjects being explored were found in journal articles, personal interviews, documentaries, and texts.

The seminal research in these fields that laid the foundation for this thesis are outlined as follows. *The Adverse Childhood Experiences Study* (ACEs) by Feletti, et al. (1998) was landmark research and discovered that ACEs, traumatic experiences in childhood, create toxic stress, harm healthy brain development, and are correlated to health and social problems across the lifespan. Toxic stress is determined to be a primary contributing factor to violence, disease, and poverty epidemics. ACEs has changed the way clinicians in both mental health and medicine screen and treat their patients because long-term health conditions are being tied to early childhood trauma. *The Disease Burden of Childhood Adversity in Adults: A Population-Based*

Study (2011) in the Netherlands analyzed over 7000 participants and further confirmed the significant ACEs findings and answered the questions of “Why” behind the project.

Important contributions to the treatment of war veterans and prediction of suicide have been made by Craig Bryan and AnnaBelle Bryan, et al. (2017) through *Predictors of emerging suicide death among military personnel on social media networks* and their work on suicide prevention delineated in *Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial*. The creator of Cognitive Processing Therapy (CPT), Patricia Resick and key researchers, Candice Monson, and Kathleen Chard are setting the stage for global applications of CPT through their work *Cognitive Processing Therapy for PTSD* (2016). Finally, Micheal Merzenich’s *Brain Plasticity-Based Therapeutics: Frontiers in Human Neuroscience* (2006) and Candace Pert’s *Molecules of Emotion* (1997) have made it possible to change the landscape of the brain through thought processes, the key to stopping self-sabotage.

Mary Ainsworth (1978) and John Bowlby’s (1979, 1982) work confirmed that children are not seeking attention, but rather attachment, a connection to loving parents and to feel attunement, otherwise known as empathic or emotional sensing. Bessel van der Kolk expanded trauma work in *The Body Keeps the Score* (2014). He provided a clear understanding of the epidemic of trauma and showed that complex developmental trauma in childhood is radically different from adult traumatic stress. Steven Suomi’s (2007) 40 years of research with rhesus monkeys and their correlated behaviors to human attachment has provided essential insight on human development. This vital research answered the question “What” for the I Choose Life

Project and SOS program outlined in this thesis.

The field of communication is rich with examples of extraordinary campaigns that have united or divided the world. These works and those following have provided the “How” for this thesis. The science behind these strategies is illustrated through a blue print in Ronald Smith’s *Strategic Planning for Public Relations* (2009). These principles are essential to create effective communication techniques. Robert Cialdini’s dissection of *The Psychology of Influence and Persuasion* (1984) is foundational to strategic communication and compliments the groundbreaking work of Sharon Brehm’s *Psychological Reactance: A Theory of Freedom and Control* (1981), which revealed the techniques behind directing people to do what they otherwise would not.

The gold standard for business process management is *Six Sigma*, which developed the sound direction and patterns of prioritization necessary to grasp a plan of this size. The philosophical underpinnings of the thesis were established in Alan Sandomir, et al.’s *Foundations of Business Thought* (2013), which is a journey of intellect through the historical architecture and socio-philosophic maze of the business world. Additionally, Alice Tybout, et al., through *Kellogg on Marketing* (2010) provided fundamental techniques for plan execution.

The social science literature was particularly insightful on how to approach humanitarian aid ethically with cultural sensitivity. The questions posed by Deen Chatterjee’s work (2013) *The Ethics of Preventive War* and (2007) *The Ethics of Assistance: Morality and the Distant Needy* contributed to creating a core message of hope for the project. Many questions were answered through the *Encyclopedia of global justice: Vol. 1 and 2* (2011) to better understand how the strategic plan can be a tool for peaceful intervention.

How to best design a global message and understand the minds of those served was gained through Lyn Boyd-Judson *Strategic Moral Diplomacy: Understanding the Enemy's Moral Universe* (2011) and Boyd-Judson, L., & James, P. *Women's Global Health: Norms and State Policies* (2014). These concepts carried forward into Hugo Slim's contributions to the field through *A Guide to Mediation: Enabling Peace Processes in Violent Conflicts* (2007), as being in conflict-ridden areas can prove dangerous. Slim's *Humanitarian Ethics: A Guide to the Morality of Aid in War and Disaster* (2015) provided further direction on plan design and management, as did several more Slim works cited in the bibliography. Cheney Ryan's *The Chickenhawk Syndrome: War, Sacrifice, and Personal Responsibility* (2009) and *The Hard Hand of War* (2017) were also consulted in the preparation of this thesis.

Plan dissemination and tactics were refined by Corneliu Bjola's research on digital diplomacy *Digital diplomacy: Theory and Practice* (2015); Bjola, C., & Kornprobst, M. *Understanding International Diplomacy: Theory, Practice and Ethics* (2018); Bjola, C., & Murray, S. *Secret Diplomacy: Concepts, Contexts and Cases*, (2017); and Bjola, C., & Kornprobst, M. *Arguing Global Governance: Agency, Lifeworld and Shared Reasoning* (2010). These works were essential to developing and implementing a viable, effective and sustainable global plan.

These works also explored gaps in humanitarian aid and communication via diplomatic means to influence policy. The United Nations Sustainable Development Goals revealed gaps in research and interventions, as an approach directed at SOS has not been created. Entities and individuals have not yet fully addressed the mental health issue, as

illustrated by Vikram Patel in *From science to action: the Lancet Series on Global Mental Health* (2008). The UN and WHO are missing the connection of SOS to conflict, as they are focusing on secondary mental health issues. For these reasons this research thesis is an important addition to making a global impact at home and abroad, because it coordinates and magnifies the cooperative power of these disciplines.

The literature that made the most significant contribution to the understanding of the topic was the research found on trauma-related issues and their influence on family systems, attachment, belief systems and ideologies that contribute to intergenerational conflict. Additionally, the research on public relations, humanitarian intervention, conflict resolution, global governance, military trauma and suicide research, and digital diplomacy was extremely valuable in understanding how to execute a viable plan for change. The findings revealed that humanity faces a potentially catastrophic mental health crisis and until the public is trauma-informed and addresses self-sabotage through simple, evidence-based methods, together as a human family, there will be perpetual conflict and a continual rise in suicides worldwide. Furthermore, all are responsible to solve this problem and no one is immune from the devastating effects. Like responding to a global war, it is necessary to approach these issues with urgency and take immediate, organized action. The most unsettling issue that the research uncovered was how little is being done to deal with SOS and exposed the political gaps where humanitarian intervention is not ultimately affecting ideology. Many well-meaning people are investing time, energy, and resources in areas that do not resolve the core issues.

The purpose of this thesis was to determine the core issues that are a recipe for conflict and how to create and implement a meaningful strategic communication plan that will effectively

enroll individuals, families, communities and nations toward sustainable change so future generations can invest their energy on innovation and exploration, rather than just keeping the peace. This thesis suggests a possible solution: place responsibility, with professional guidance, in the hands of individuals and families. It can thus make a significant difference by filling a gap in academic research and by helping resolve a global mental health crisis.

METHOD & THEORY

Humanity shares a common human rights problem involving the complex interactions between science, policy, and the public. This paper develops a strategic communication plan and template for potential solutions with the intent to close the gap between international diplomacy and human rights interventions. The primary method for the diplomatic execution of this paper is drawn on established strategic communication planning outlined in *Strategic Planning for Public Relations* (Smith, R. D, 2009). This method employs four phases with steps within each phase.

The phases are outlined as written in the third edition of the book below:

PHASE ONE – Formative Research

Step 1- Analyzing the Situation - The situation facing the organization, background of the situation, and significance or importance of the situation.

Step 2 – Analyzing the Organization - The quality of the organizations performance, the communication resources, including budgets that are available, and how supportive the organization is of public relations activity.

Step 3 – Analyzing the Public - The nature and type of each key public group, the major wants, interests, needs, and expectations of each group, the benefits that can be offered to each.

PHASE TWO – Strategy

Step 4 – Establishing Goals and Objectives - Targeted goals, position sought, and specific objectives (awareness, acceptance, and action for each public group).

Step 5 – Formulating Action and Response Strategies – Proactive strategies to be developed, reactive strategies to be developed, and consistency of these strategies with past practices of the

organization.

Step 6 – Developing the Message Strategy – Identification of possible spokespersons who could present the message, the level of credibility for each possible spokesperson, level of charisma for each, level of control for each.

PHASE THREE - Tactics

Step 7 - Selecting Communication Tactics – Specific initiatives or sections make up the plan, tactics associated with the plan, public groups, and objectives each tactic serves.

Step 8 – Implementing the Strategic Plan – The schedule, budget, and who is responsible for the project.

PHASE FOUR – Evaluative Research

Step 9 – Evaluating the Strategic Plan – How awareness, acceptance, and action objectives will be measured.

Theoretical resources include social science literature (Slim, H., 1997, 2007, 2015; Cheney, R., 2009; Chatterjee D., 2016) utilized for public relations and digital diplomacy (Bjola, C., 2015), also referred to as eDiplomacy. Digital diplomacy is the application of the Internet and novel information communication technologies to accomplish diplomatic objectives. For example, this “new diplomacy” according to University of Southern California (USC), Center on Public Diplomacy, has very a practical application, even in third world countries:

Social media may also help African nations in leveraging their position in the global diplomatic arena. For instance, African MFAs that are highly active on Twitter may attract a significant number of their peers. By doing so, African countries can more easily disseminate information to the diplomatic milieu and voice their stance on issues shaping the global agenda. Similarly, African embassies to multilateral organizations may become important hubs of information online, thus enabling them to influence decisions in such forums. (USC, Center on Public Diplomacy, 2016)

Professor Corneliu Bjola of the University of Oxford is an expert on the use and effectiveness of eDiplomacy. He attributes its viability to a number of factors. There has been a dramatic rise in the number of Internet users worldwide. In the past decade users have almost tripled nearing 3.6 billion users in 2017 (Statista the Statistics Portal, 2018). The world has

become a networked society where there is a free flow of information.

This has transformed how information is acquired, contained, processed, managed, and shared.

Politics has also become digitized as seen in the 2017 US and French elections (Romm, T.,

2017). Diplomatic conduct has been forced to adjust coining the emerging term, digital

diplomacy. This evolving form of communication exceeds public diplomacy (Bjola, C., 2015) as

digital measures influence diplomatic activities in regard to negotiations, policy processes, and

crisis management. For example, the government of Brazil was able to persuade the international

society to move forward with the 2016 Olympics and World Cup via social media by illustrating

their preparedness in response to the outbreak of Zika virus in 2015 and 2016 (USC, 2016).

Diplomats and state leaders are using online platforms in the form of social media as an effective

tool as demonstrated during the P5+1 Nuclear negotiation (2013-2015) using Twitter between

Iranian Foreign Minister Javad Zarif and US Secretary of State John Kerry (Duncombe, C.,

2017). With the ability to share information to the vast public in a matter of seconds digital

diplomacy is powerful and interactive, especially when dealing with foreign policy matters. The

public can more readily connect with their government and both can amplify their message.

To support the psychological underpinnings of diplomacy, targeted populations, core problems, and implementation of potential solutions, there are extractions from

research in the fields of psychology and social science. Social compliance and psychological

reactants are examples of psychological tactics employed in campaigns to get people to do things

they would not usually do in order to feel accepted (Brehm, S. S., & Brehm, J. W. 1981). These

strategies have been used in advertising as well as campaigns for movements throughout the ages

to accomplish given objectives. The US Civil Rights movement (Hon, L., 1997, Goldsberry, L.,

2017) and Hitler's Nazi propaganda campaign are two brilliant examples of these principles at work (Nelson, R., 1993).

DISCUSSION

PHASE ONE: FORMATIVE RESEARCH

To manage potential issues with these organizations environmental scanning was used to seek information about organizational relationships and determine which would aid in directing a future course of action. Benchmarks of progress were made through implementing best practices to weigh the most effective options. Future issues were identified, researched, and analyzed. Options were then considered to respond to each issue and an action plan was developed for the best option. The plan was implemented with the requisite energy and resources. An evaluation of the effectiveness of the response was made both during and upon program completion when there was sufficient time to make necessary adjustments for risk. To avoid crisis management, careful and preemptive assessments of the potential impact of the issues on the organizations and their publics were noted (Smith, 2009, p. 23-26).

To manage issues, active dialogues were necessary with individuals, families, and communities affected by conflict to consider whether or not these issues were important to them and worth managing. Where necessary the plan provided third-party research and endorsements, coalitions were formed with other organizations interested in supporting these goals and objectives. Then risk-management strategies for each organization were created, updated, and adjusted. Finally, there was oversight of all activities by a senior management team who are experts on the various aspects of the project (Smith, 2009, p. 22-23). Parts of the first three steps of Six Sigma (DEFINE, MEASURE, and ANALYZE) were used to further clarify, compliment,

and gain a clear comprehension of the circumstances and decisive course of action for Smith's (2009) first phase of formative research, that include three steps: analyzing the situation, organizations, and publics.

STEP 1: *Analyzing the Situation*

A plethora of challenges and obstacles stand in the way of implementing a new paradigm to ultimately change the ideology that is the impetus of war, perpetuating self- sabotage, traumatic ordeal, and suicide (SOS), thus keeping families, communities, and nations in a persistent state of conflict. The greatest challenges are time and resources. Often, it takes generations to change ideology and ultimately the course of history.

Another obstacle is a tendency in human nature to seek power over others by any means necessary. While many are genuine in their respect for life, it is naïve to assume that all people will want to be part of the I Choose Life Project because of differing values. The project is not intended to enroll everyone, rather to inspire those who share a reverence for life to unify individual strengths as one body and one voice, with vulnerability and imperfection. When one lets go of being perfect one can succeed at being good. There is a glimmer of hope in the idea that each person has an impact on the next by changing one's self first. Like the parable of the starfish, there is an inevitable effect if one is courageous enough to focus on saving a single dying starfish by throwing it back to the sea, instead of being overwhelmed by a beach riddled with them. Thus, addressing the deeper psychological needs of individuals to influence societal issues is a viable option for long-term diplomatic and human rights interventions.

In research that studied female suicides, Vijayakumar reported that:

Suicide is a global public health problem. Each year worldwide approximately one million individuals die by suicide, 10–20 million attempt suicide and 50–120 million are profoundly affected by the suicide or attempted suicide of a close relative or associate. (Vijayakumar, L., 2015)

More specifically, the US Department of Defense is leading the way with developing and refining strategies to combat the rising rates of suicide and post-traumatic stress disorder (PTSD) among military personnel. These methods can be easily adapted for civilians and refugees. In addition to EMDR and other methods for treating complex trauma, Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) are shown to be effective, evidence-based treatments for soldiers with post-traumatic stress (Bryan, C. J., & Rudd, M. D., 2015; United States, 2008). Seventy-six percent of soldiers treated with an intensive version of CPT no longer meet diagnostic criteria for PTSD in two weeks by utilizing this resilience focused model (Bryan, C. J., & Rudd, M. D., 2015).

Historically, times of war have birthed dramatic innovations in psychiatry and psychology. New forms of public support and health care delivery have been utilized most notably in the United Kingdom's National Health Service (NHS) since the early 2000s. In the United Kingdom, military personnel have immediate access to holistic mental health services. Veterans, for example, are provided well-funded programs for reintegration and treatment with dramatically less homelessness (Great Britain, 2008; DeLuca, M. A. (2000; Mumford, A., 2012). There is a stark contrast in treating this population in the United States (US). As a result of unfavorable discharge status, often labeled PTSD, only one third of US veterans have access to Veterans Administration (VA) benefits (U. S. Department of Veterans Affairs, 2017). Of those not treated many become homeless and an estimated 13,000

veterans have been incarcerated for violent crimes and substance abuse (Tsai, J., et. al., 2014; Tsai, J., & Rosenheck, R. A., 2015). Additionally, an average of 7,300 veterans die by suicide each year, more life lost than Pearl Harbor and 9/11 combined (U. S. Department of Veterans Affairs, 2017). There are six populations that pose the highest risk for PTSD and suicide. They are military, women, LGBTQ+, refugees, disabled, and cultural minorities. These populations also prove to be the most resilient when provided with appropriate tools and opportunities (NAMI, 2017; WHO, 2017; Ungar, M., & Liebenberg, L. 2009; Ungar, M., 2008; Shrivastava, A., Kimbrell, M., & Lester, D., 2012). They are inspiring examples of transforming heartache into human triumph.

The World Health Organization (WHO) and others report suicide as being correlated with stigmatization of post-traumatic stress (WHO, 2018). Simplified suicide prevention techniques, such as the Crisis Response Plan (CRP) include a 30-minute intervention that can be utilized by anyone and can reduce suicide attempts by 75 percent for up to six months, allowing for subsequent treatment. (Bryan, C. J., et al., 2017).

Methods such as Brief Cognitive Behavioral Therapy (BCBT) are proving to be dramatically successful long-term treatments with a two-year post-treatment follow up.

This burgeoning research proves that resilience has a direct impact on reducing suicide (Bryan, C. J., & Rudd, M. D., 2015; Cloitre et al., 2011; Foa et al., 2008; Forbes et al., 2007; van Minnen et al., 2012). In the United States, resilience-oriented models are being effectively implemented for military veterans and refugees as part of humanitarian and diplomatic interventions. The suicide problem is pandemic:

Every year close to 800,000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the second leading cause of death among 15–29-year-olds globally in 2015.

Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, over 78% of global suicides occurred in low- and middle-income countries in 2015.

Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed. (WHO, 2018)

Additional research included analysis of social media and suicidal ideation, which is thinking about or planning suicide (NAMI, 2017), which exposed a gap in identifying people at risk:

Finding ways to identify those at risk is a key public health goal, but researchers and clinicians alike have been stumped in the quest to decrease suicide rates using primary, secondary and tertiary prevention strategies. Our predictors simply do not work well, especially in identifying short-term risk. (Oquendo, M. A. & Baca-Garcia, E., 2014)

As necessity is the mother of invention, suicidal ideation can now be detected via social media posts and suicide attempts can be predicted within one week of attempt (Bryan, C., et al. 2016). The US Department of Defense and leading technology companies including Apple, Facebook, and Microsoft are working together to create an algorithm to flag suicidal ideation in social media posts by searching for phraseology that are known indicators of suicidal thinking (NIMH, 2018). This radical approach steers away from reactive responses to trauma by introducing prevention and fostering resilience training as part of crisis intervention, enhancing a person's ability to cope with adverse events. These methods reinforce strengths,

revealed through challenging circumstances.

Generational trauma is pervasive in conflict-ridden societies and conflict will perpetuate unless mental health issues associated with the conflict are resolved:

Most studies have shown that unrelated to the traumatic event, additional risk factors for developing PTSD include younger age at the time of the trauma, female gender, lower socio economic status, lack of social support, pre-morbid personality characteristics and preexisting anxiety or depressive disorders increase the risk of PTSD. The psychic trauma is firmly attached to the repetition and the previous traumas are as many risks of developing a subsequent PTSD in the wake of a new trauma: PTSD in adults may represent a prolonged symptomatic reaction to prior traumatic assault, child abuse and childhood adversities. (Encephale, A.Y., 2012).

To support this theory, the author, as a member of a consortium on religion and human rights through the University of Oxford (Oxford Consortium for Human Rights, 2016), participated in conducting comparative research through a series of interviews in Northern Ireland on aspects of human rights, religion, ethnic conflict, and mental health with ex-combatants, journalists, and policymakers who were directly involved in the Troubles, involving deep historical and religious oppression (Messenger, C. 1985; Williams, E., 2011). Generational trauma has plagued the region for centuries. The primary concern of those interviewed is that Northern Ireland will return to conflict if the

United Kingdom breaks up after Brexit because the Good Friday Agreement has not addressed the repercussions of conflict and trauma (Morrissey, M., & Smyth, M. 2002). To further confirm this research the author participated as a member of a consortium on refugees and immigration through the University of Oxford (Oxford Consortium for Human Rights, 2018), was trained by human rights experts and non-governmental organizations (NGOs), and cared for refugees on the Greek island of Lesbos, which is the focal point of the current refugee crisis in Europe. By

introducing evidence-based treatments, proven to work with military personnel in the United States, to policymakers, researchers, leaders of religious organizations, and corporate pioneers, we can cooperatively implement these treatments internationally. The psychology behind diplomatic processes and protection of human rights in times of crisis can translate to viable, practical solutions to resolve these conflicts (Slim, H., 1997, 2007, 2015; Cheney, R., 2009; Chatterjee D., 2016). By diplomatic means, we can coordinate the training of clinicians and implementation of evidence-based treatments for suicide prevention, post- traumatic stress, and self-sabotage in the international community. Rather than forcing Western ideas of healing trauma and suicide on other cultures, the diplomatic approach bears in mind unique cultural sensitivities and introduces these methods to people through local leaders and healers in ways that are appropriate for each community. A strategic communication plan can enact such a diplomatic approach. To fully understand the process, however, we must first excavate the core problem that underlies the present situation and concern: Self-sabotage.

Core Problem: Self-sabotage

Extensive multidisciplinary research was conducted to comprehend self-sabotage, recognize it as a core problem, and discover how to overcome cultural and psychological obstacles that stand in the way of plan implementation. The author administered psycho-educational sessions and preliminary qualitative research interviews with several populations including: prisoners, veterans, struggling youth, immigrants, the disabled, people struggling with addiction, victims of domestic violence as well as members of the general public, corporate employees, and executives. One common factor existed across populations that escalated

recidivism and failure, nullifying progress toward a healthy life, regardless of level of commitment, intent, and socioeconomic status: self-sabotage. A thorough investigation of the scientific literature was necessary to support these anecdotal findings (Litt, A., et al., 2011; Baumeister, R.F., 1997; Baumeister, R.F., & Scher, S.J., 1988; Kahneman, D., & Tversky, A., 1982; Litt, A., et al., 2010; Leith, K.P., Baumeister, R.F., 1996; Herbert, W.; 2010). The literature brings to light a poignant picture. A person may not experience trauma, but still experience self-sabotage because of an innate tendency to do what is familiar rather than optimal, which appears to be a common facet of the human experience. Self-sabotage is the first element of SOS, which amplifies traumatic ordeal and a tendency toward suicide. Self-sabotage happens cyclically, based on deep-seated beliefs that influence identity and ideology. Individuals, as a microcosm, will subconsciously sabotage success in order to support an underlying core belief, which can expand to a larger macrocosm. The cycle of success follows the same patterns as the cycle of sabotage with one simple yet powerful difference, truth or lies. Therefore, planned implementation goals, objectives, and humanitarian efforts can be thwarted if this reality is not resolved. (See Exhibit I)

This examination of self-sabotage was a requisite aspect of phase one, formative research, and has been examined in the following pages to better understand the situation, opportunity and potential barriers. The research reveals that without addressing self-sabotage there is no plan. It will implode before it gets off the ground. Self-sabotage is like a gravitational force pulling back on progress. The NASA space program made this notion evident. Gravitational pull is so strong it takes more energy to launch a rocket than for a rocket to orbit the Earth (Science Learning Hub, 2011). Understanding self-sabotage was imperative in defining

publics and the indispensable patronage needed to alleviate suffering. Goals were earnestly deliberated to meet the needs of both individuals and their communities. Strategies and tactics were formulated to inspire community advocacy through personal accountability and cultivate resources. This added perspective of self-sabotage aided in all aspects of developing the strategic communication plan to ensure a successful outcome through individual engagement as well as community involvement beginning in the family.

Family systems influence how one views self, which plants the seeds of ideology and self-sabotage and is the foundation of identity. These systems can introduce central problems that present significant, but not insurmountable, obstacles for long-term reconciliation. If the underlying belief systems – that are rooted in the family system and drive behavior – are not addressed when interventions are introduced individuals, and consequentially families, communities, and nations, will subconsciously sabotage any progress in order to support their deep-seated core beliefs. This is done despite their conscious desires to move toward peace. An opportunity to solve these problems and their connection to trauma, suicide, and conflict is within reach.

Even when optimum efforts to provide essential support, many experiencing conflict find themselves in a relentless cycle of self-defeating behavior. Self-sabotage is exclusively a human problem. “Communicating with oneself is not an accident” (Ehrlich, 2000, p. 39). The environment to which a child is exposed is a trigger that influences the intrapersonal process (Ehrlich, 2000, p. 39). Self-talk is developed early in life and is influenced by the nature of the attachments and potential toxic communication to which people have been subjected and fall along a continuum that is both positive and negative. A positive internal model communicated to

self does not rely on external influences and reflects “an internalized sense of self worth that is not dependent on ongoing external validation” from others (Bartholomew, 1993, p. 40). Self-talk has a profound effect on the way we treat others and how we feel personally. Erlich (2000) stated there is an intrapersonal imperative as follows:

One has little choice about the process of intrapersonal communication. The pervasive nature of intrapersonal communication is evident in almost every stage of an individual's life: infancy, adulthood and throughout the aging process. At whatever minimal level, at the instant of our birth, the process of inner feeling and negotiation and expression begins. Before we learn to use language, we respond to movement and color in our environment. Meaning is attached to behavior that begins at a minimal level to represent thoughts and feelings. The imperative we first experience in the crib is simply replayed throughout our lives in more meaningful and sophisticated encounters. Our environment invades our senses, and we are enticed to respond, even if only subconsciously. (p. 42)

The consciousness of one's feelings and views is an important precursor to the way one rationalizes, problem-solves, and comprehends actions in connection to social and emotional issues, all of which are involved in emotional intelligence (Prins et al., 1999, p. 436). Self-evaluating happens early in life. How we speak to ourselves as children can have a lasting effect on how we cope as adults. During a study of negative and positive self-talk in children, the findings were consistent with that of adults. In general, children who experience negative self-statements exhibited greater levels of anxiety, fear, and depression (Treadwell & Kendall, 1996, p. 944). A potential problem that can manifest in early development is the inability to use healthy coping self-talk. In assessment research, findings showed that anxious children appear to have the ability to develop healthy coping skills when taught how and when to use positive coping self-talk strategically and competently (Depape et al., 2006). Consequently, turning dark self-talk to brighter intrapersonal communication can reverse potential self-sabotage. The detrimental effects of toxic intrapersonal communication and coping strategies are

evident. Negative self-statements function as a link in a chain that binds an individual to dark communication that can eventually be perpetuated in the family and potentially ripple for generations.

Intrapersonal communication is the genesis of self-sabotage to which no one is immune. It directly affects interpersonal communication, or communication with others. The societal implications of self-sabotage are widespread, impact every aspect of life and begin at birth. Research and literature in the field of communication label unhealthy communication as “dark” and healthy communication as “bright” in correlation to attachments within the family and relationship within the self (Olson & Wagner, 2012). Children who have a strong sense of attachment to their caregivers have a higher tendency to develop a healthier sense of self-worth. When looking at this destructive cycle, an early foundation of self-esteem plays a major role:

Because of our extreme insecurities at birth, human infants can only survive if an adult is willing to provide protection and care. As a result of selection pressures, infants evolve behaviors that function to maintain proximity to a protector/caregiver. (Hazan & Shaver, 1987, p. 44)

Caregivers who are emotionally abusive, verbally or paralinguistically, can create long-term self-sabotaging behavior. Emotional abuse is a form of interpersonal communication, or communication with others, that affects intrapersonal communication, and is proven to be more damaging and longer lasting than any other form of abuse (Harper & Arias, 2004). Intrapersonal communication is established early in life and is influenced by the nature of the attachments and potential dark communication to which we have been subjected. These models are formed by relationship experiences, primarily with caregivers, where “emotions are experienced and expressed” (Anderson & Guerrero, 1998, p. 70). Ideas are formed whether people are reliable or

unreliable, caring or dismissive. Perceptions of self and the world shape beliefs, which in turn affects the family system.

In summary, the core factors that are the stimuli of self-defeating behavior include dynamics of family systems, the nature of attachment to primary caregivers, intrapersonal communication that results from that attachment, and the cyclical pattern of self-sabotage potentially spawning generational trauma. The first step in healing generational trauma, an immediate antecedent to pervasive abuse, perpetual conflict and the underpinnings of SOS, is by teaching, via a strategic communication campaign, individuals and families how to arrest destructive intrapersonal communication. Healthy attachment to loving parents and caregivers can uproot malignant monologues.

Healthy or unhealthy attachments begin to form from the moment one is born. As one grows and develops, so do the phases of attachment. Infants begin to build expectations in the first stages of development when they can start to differentiate familiar caregivers from the unfamiliar (Ainsworth, 1969, p. 970). Once that phase is complete, infants will start showing preference towards specific figures and finally they will actively seek to be closer to those figures.

Infants attach to the people who usually respond to their distress. After forming attachments those people become the only frame of reference for beliefs, attitudes, etc. Infants then internalize their thoughts, feelings, and behaviors. Once a foundation is formed it shapes perspective, which does not change much throughout life without deep introspection and therapeutic intervention (Ainsworth, M. 1969; Ainsworth, et al., 1978; Bowlby, J., 1979; Bowlby J., 1982).

There are two different typologies represented in the literature about attachment styles. Patterns of attachment include secure, dismissive, preoccupied, and fearful- avoidant. Hazen & Shaver (1987) state “Secure attachments are correlated with more positive psychological states and behavioral patterns, while the opposite is true of insecure (anxious/ambivalent, fearful, avoidant, dismissing) styles” (Olson & Wagner, 2012, p. 44). Secure attachment is when a child heavily relies on the caregiver for emotional support. People who are securely attached in childhood tend to have a high sense of self-worth, strong romantic relationships, and the ability to self-disclose to others. As adults, they tend to have healthy, happy, long-term relationships (Schaffer & Emerson, 1964).

Furthermore, Ainsworth and Bowlby’s work observes and assesses the quality of attachment between a child and his/her caregiver. When a caregiver leaves, a child with a secure attachment will be visibly upset. Conversely, unresponsive parenting creates fearful-avoidance in a child. The child does not trust the parent will address their needs, lacks a strong bond and therefore is not upset when the caregiver leaves (Brodie, 2012). Unresponsive parenting styles evoke anxiety, distress, and social deprivation. These interconnected dysfunctions can profoundly affect other aspects of the self, contributing to engagement in self-defeating behaviors (Ainsworth, M. 1969; Ainsworth, et al., 1978; Bowlby, J., 1979; Bowlby J., 1982).

The second typology in the literature refers to insecure attachment as disorganized where a child often seems confused when he/she is with their caregiver (Schaffer & Emerson, 1964). Children do not know whether to be afraid of their caregiver, or if it is safe to seek emotional

support from them. This often stems from emotionally abusive relationships. When children have a disorganized relationship with their caregiver, they are less likely to ask for help in the future due to a fear of intimacy.

Phillips, et al. (2013) published a study on how child attachment styles lead to fear of intimacy in young, female adults. Children who had high levels of security and feelings of love from a parent or guardian were less likely to have intimacy fears as an adult. Whereas, young adults who did not experience full attachment were more likely to have intimacy issues in the future due to how they perceived relationships, themselves and were predisposed by intrapersonal communication. Teaching parents and caregivers how to form secure attachments, heal insecure attachments, and consequently transforming family systems is the second step in addressing generational trauma and

ongoing SOS. By molding an internal positive model of self-communication that remains sound regardless of external factors and by infusing a change in identity and ideology to encourage peace through the organizations who are the central focus and purpose of the strategic communication plan, individuals, families, communities, and nations can be transformed.

STEP 2: Analyzing the Organization

The Sabotage-Ordeal-Suicide (SOS) issue involves four interdependent organizational categories: individuals, families, communities, and nations.

Individuals

Neuroscientific, psychological, and social scientific research has proven that the cognitive process within the microcosms of individuals and families can influence success or

sabotage within the macrocosm of communities and nations. The cognitive process is the same for either an outcome of success or sabotage (Merzenich, 2014). The difference is based on whether or not the beliefs themselves are grounded in truth. The brain does not differentiate truth or lies and programs itself neutrally based on the information with which it is presented. A higher sense of self is what distinguishes truth from falsehood, which germinates doubt. When we are born we have no doubts about ourselves. We have experiences in our families that shape us. We either believe the truth or a lie about ourselves. While truth and lies are part of social construction, research refers to a lie as “the process by which the perpetrator (a lie) deliberately attempts to convince their victim of the truth of a proposition they themselves know to be false” (Spence et al., 2001).

For the purpose of this thesis a lie is defined as dark communication that is considered injurious as demonstrated in one of the first empirical studies examining hurt by Shaver and colleagues and therefore contributes to a destructive definition of self (Shaver, Schwartz, Kirson & O'Connor, 1987). When a lie is perpetrated through dark communication, as in emotional abuse by parental figures, and it is believed long enough it becomes a foundational core belief. These beliefs may be communicated demonstratively through feelings of inadequacy and not being good enough or a variation such as not being lovable, capable, or safe. Emotional maltreatment may emerge as parents who are physically and/or emotionally uninvolved, who constantly undermine, bicker, fight, and yell. These individuals and parents who are perfectionistic, demanding, threatening, exploitive, isolating, terrorizing, or critical create damaging self-schemas for a child (Brassard & Donovan, 2006; Hart & Brassard, 1991; Gibb, 2004). Such schemas were investigated as potential mediators for depression, anxiety, and

dissociative symptoms (Harper & Arias, 2004). The findings were salient and unsettling:

Although the maltreatment they experienced was the most subtle of all the groups of maltreated children, the consequences were striking. Children who were emotionally neglected at an early age were more impaired in many areas of functioning than children who were physically abused or neglected. (Erickson & Egeland, 1996; Egeland, 2009)

If our core beliefs are true (bright) we will believe we are good enough. If our core beliefs are lies (dark) we will believe we are not good enough. Often we do not know our core beliefs exist. These core beliefs are the filters through which we interpret all of our experiences. According to attachment theory (Bowlby, 1982 ; Bowlby, 1988), a child forms representational models (i.e., internal working models) of attachment figures, of the self, and of self-in-relation to others based on his or her relationship with primary caregivers (Bowlby, 1988). When the child's caregivers respond in a sensitive, loving, and consistent manner, a working model of *other* as loving, reliable, and supportive is internalized. Conversely, experiences of emotional abuse (EA) and emotional neglect (EN) might instill damaging beliefs about the self (e.g., EA: "I am stupid"; EN: "I am not worthy of attention"), which may result in maladaptive models of self, other, and self-in- relation to others (Rogosch, Cicchetti, Shields, & Toth, 1995; Waldinger, Toth, & Gerber, 2001). Instead of developing a working model of the self as worthy of love and attention, negative models of the self as unworthy, incompetent, powerless, or bad may result. Such maladaptive interpersonal expectations can put the child at risk for psychological distress (Liem & Boudewyn, 1999; Perry, DiLillo, & Peugh, 2007; Wright, 2007). Understanding the numerous clinical symptoms often observed following EA and EN can be facilitated by examining internal cognitive processes as mediating mechanisms (Gibb, 2004; O'Dougherty et al., 2009). As Deci noted:

There is virtual consensus among emotion theorists about a sequence that is at least temporal if not causal in emotion-motivated behavior. The sequence begins with a stimulus event, followed by an emotion, and then a behavior. There is far less agreement, however, about the role of mediating cognitive processes within that sequence. In self-determination theory (Deci, 1980; Deci & Ryan, 1985, 1991; Ryan, 1995), for example, we argue that emotion-energized behavior may be regulated by the process of choice, rather than necessarily be determined by an implicit behavioral tendency or emotion-behavior linkage. One can manage the strong force of an emotion and decide to behave in a way that is different from the behavior that might implicate the emotion... Thus, although people's behavior may at times be an emotion (and some type of emotion-behavior linkage), it need not be (Deci, 1996).

Core beliefs create thoughts, and thoughts create emotions. Neuroscientists describe emotions as biochemical expressions of neurotransmitters (Pert, 1997).

Emotions, such as depression and anxiety, are examples of responses to communicative environmental factors and biochemical expressions that are largely influenced by our thought process. "Emotions also change in response to changing circumstances, including changes in the provoking events and one's ability to control them" (Anderson & Guerrero, 1998, p. 43).

Emotions are marvelously multiple dimensional. Specifically, Scherer (1994) argues that emotions are characterized by four components including cognitive as the interpretation of an emotional stimuli and result of changes of perception and beliefs, action readiness, the valence of emotion; including pleasure and pain and finally, psychological change referring to physiological reactions and increases or decreases in arousal level.

Thus even though the best examples of emotion are heavily affect laden, they still contain cognitive behavioral and physiological components. It should also be noted that the presence of a single component is usually insufficient for identifying an emotional experience. (Anderson & Guerrero, 1998, p. 6-7)

Social scientists have clarified the elements that comprise an emotion. Ortony, Clore, and Foss (1987) defined emotion as "internal mental states that are focused primarily on affect"

(Anderson & Guerrero, 1998, p. 6). The effect that can contribute to self-sabotaging behavior induced by dark communication is a feeling of hopelessness.

Both the “theory of hopelessness (Abramson, Metalsky & Alloy, 1989) and Beck’s theory of depression (Beck, 1967, 1987; Clark, Beck, & Alford, 1999) include the hypothesis that individuals’ characteristic ways of interpreting events in their lives (i.e., their cognitive styles) may contribute vulnerability to the development of symptoms and episodes of depression.

Specifically, according to the hopelessness theory, individuals who tend to attribute negative events to stable and global causes, and who infer negative consequences and self-characteristics following the occurrence of negative life events are hypothesized to be vulnerable to developing a cognitively-mediated subtype of depression: hopelessness depression. Similarly, according to Beck’s theory, the presence of dysfunctional beliefs, representing maladaptive self-schemata centering around themes of helplessness or unlovability, contribute vulnerability to the development of depression, particularly... in the face of negative life events” (Beck, 1967, 1987; Clark, Beck, & Alford, 1999). A number of studies have supported the cross-sectional and predictive relations between negative cognitive styles and both symptoms and diagnoses of depression (for reviews, see Abramson et al., 2002; Abramson, Alloy, & Metalsky, 1995; Alloy et al., 1999; Clark et al., 1999; Haaga, Dyck, & Ernst, 1991; Joiner & Wagner, 1995; Peterson & Seligman, 1984). Of particular relevance to this thesis are recent findings from the Temple– Wisconsin Cognitive Vulnerability to Depression (CVD) project (Alloy & Abramson, 1999).

The concept of not being good enough is communicatively constructed initially through dark messages from caregivers in childhood and then interpersonally as the “form of information

exchange that occurs totally within an individual.” (Ehrlich, 2000, p. 38). Our emotions induce action. Our actions have consequences. As we experience possible consequences such as having lost our self-respect, freedom, and relationships, this reinforces our core belief of not being good enough, which can become cyclical.

When we believe we are not good enough we may subconsciously sabotage everything that is important to us in order to support the core belief because deep down we do not believe we deserve those things:

The theoretical formulation of the fear of success phenomenon leads to the expectation that individuals high in the fear of success would demonstrate the following characteristics: low self-esteem, a preoccupation with the evaluative aspects of situations, a competitive orientation, repudiation of competence, and self-sabotage at the approach or attainment of success. (Pappos, 1983, p. 36)

Researchers thus developed a fear of success questionnaire (FOS): “The results of the laboratory experiment indicated that there is strong clear evidence of self-sabotage under conditions of success among subjects who scored high on the FOS questionnaire” (Pappos, 1983, p. 36). Other studies show similar findings regarding beliefs and fear of success. Researchers at the University of Toronto and the University of Washington completed research that suggested “how people react to success or failure depends not so much on their performance, but rather on their underlying beliefs about intelligence” (Plaks J.E., et al., 2007).

If our virtues are, for example, love, respect, and honesty and we believe we are not good enough, we will not be loving, respectful, or honest with ourselves or others. When our virtues contradict our core belief we will have conflicting chatter in our minds and we may feel a number of negative emotions such as depression and anxiety (Gibb, 2004). This is all based in perceptions, which are

clusters of grouped sensations that combine to make the resulting product recognizable. Applied to communication, you have verbal and nonverbal sensations sounds and movements that must somehow be combined to be seen as spoken words, sentences and speeches so that they become meaningful. When you apply meaning to your sensations, you are perceiving; you are giving psychological order to your sensations. In doing so you rely on at least two things
– your meanings and your feelings. As you perceived something, you decide not only what it means, but how you feel about it as well. Your meanings and feelings create expectations. Thus, you see what you expect to see. (Goss, 1989, p. 36 -37)

One way to stop the negative cycle is to change the negative core belief. When we change our negative core beliefs to positive core beliefs the sabotage cycle can transform into the success cycle. “Brain plasticity is a two way street. We can drive brain change positively or negatively. Every unhealthy habit is also a product of brain plasticity” so change is possible (Merzenich, 2006).

The one vital relationship that affirms secure expectations, rather than unreliability or rejection, and increases the likelihood of forming secure attachments starts with one’s self. Peace within the self and one’s identity is the first step toward peacebuilding and peacekeeping (Beck, 1967, 1987; Clark, Beck, & Alford, 1999). While experts have introduced the vast gap in addressing mental health issues on a global scale, this extensive research has yet to address identity and the self-sabotaging belief systems that are at the core of mental health issues and conflict producing ideologies. There is a significant opportunity to fill this need through the I Choose Life Project and SOS plan by reaching out to families and communities through family systems.

Families and Communities

Family systems play a significant role in influencing society, thus influencing an

individual's self-talk and potential for self-sabotage. By analyzing family influences on individual self-perception from early childhood, we can better understand the outcome of family systems in relation to intrapersonal communication and cohesion with community as "emotional bonding that family members have toward one another" (Olson, Russell, & Sprenkle, 1984). The family unit is imperative to the development and outcome of self-perception and is the first social unit to which one is exposed. As one grows through experience and becomes an individual, one is shaped through lessons and interaction from within the family.

Bowlby (1973) asserted that, although there may be some modifications during childhood, these expectations are formed mostly by age five and persist relatively throughout one's lifetime, thereby following individuals from cradle to grave (Bowlby, 1979). Attachment theory described above, asserts that the reason for this continuity is because the expectations come to serve as internal working models, or cognitive representations, of how the child (and later the adult) views him/herself, others, and relationships (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1973; Kirkpatrick & Hazan 1994).

There are myriad outcomes parents may largely predetermine due to indoctrination in their children from a young age. Conflict-ridden societies permeate with the dark side, or shades of grey. Studies show a correlation between dark communication and suicide due to dark parental influences on infants. Bowlby (1973) noted that parents create severe anxiety in their children when they threaten them with abandonment if they misbehave. Abandonment fears can lead to suicidality later in life, as noted in a study by Adam (1973). Adam (1973). Substance abuse by a parent can lead to violent and abusive behaviors. Ranjara and Kelly (2006) stated, "Parental alcoholism has been found to be negatively associated with adult child self esteem and

parental disregard, and positively associated with violent and abusive behaviors.”

The connection between the family systems and how parents connect with their children runs deep. The influence of parents is immense and plays a large part in molding children and adolescents into whom they become and the “self-talk” rhetoric they use.

Dark communication can lead to harmful subconscious thoughts, which can ultimately lead to individuals ending up in a cycle of sabotage. These thoughts become the core

foundation of their identity and can be successful or sabotaging depending on the true or false perspective through which they experience reality. This introspective and insightful quandary is the essence of the human experience (Ainsworth, M. 1969; Ainsworth, et al., 1978; Bowlby, J., 1979; Bowlby J., 1982; Hepburn, J. 2012). Tremendous mental health problems affect most nations. The convergence of action for social justice, sophisticated technology, mental health resources, and global networking capabilities has brewed a perfect storm to implement the I Choose Life Project and SOS plan worldwide.

Nations

A substantial portion of the world’s disease burden is represented by mostly hidden mental health disorders. In low and middle-income countries that have no resources to deal with mental health issues they are often neglected. The Lancet Series on Global Mental Health draws together leading experts from the Institute of Psychiatry, Kings College London, UK, The London School of Hygiene and Tropical Medicine, UK, and, WHO to devise a clear call to action and to stress the inconsistencies of aid for mental health globally (Patel, V., & Sartorius, N., 2008; Patel, V., et al., 2008). Vikram Patel is a University of Oxford trained psychiatrist who is a pioneer in providing viable mental health treatments in the developing world. In 2007 he was

interviewed to share an enlightened perspective as part of this series on global mental health and expose the gross neglect of those in need. Patel stated, "Despite the great attention western countries pay to the mind and human consciousness in philosophy and the arts, disturbances of mental health remain not only neglected but also deeply stigmatised across our societies" (Patel, V., 2007).

Surprisingly, none of the United Nations 17 Sustainable Development Goals (SDGs) to transform our world adopted by leaders in September 2015 at the UN Summit explore suicide, trauma, or self-sabotage as links to conflict, but instead relegate these mental health concerns as secondary issues stemming from depression, substance abuse, and other forms of mental illness (UN, 2018; WHO, 2013). SDG Goals 3 and 16 under the direction of the United Nations Office on Drugs and Crime (UNODC) would have been the most logical areas to tackle these issues.

The UNODC stated:

On 25 September 2015, Member States of the United Nations adopted 'Transforming our World: the 2030 Agenda for Sustainable Development', and with it 17 Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development is intended as 'a plan of action for people, planet and prosperity that seeks to strengthen universal peace in larger freedom.' The SDGs have moved beyond the focus on social and economic priorities reflected in the Millennium Development Goals to a broad agenda that is universal in its coverage. In particular, the 2030 Agenda for Sustainable Development affirms explicitly that 'there can be no sustainable development without peace and no peace without sustainable development'. It draws together the strands of peace, the rule of law, human rights, development and equality into a comprehensive and forward-looking framework. Reducing conflict, crime, violence, discrimination, and ensuring inclusion and good governance, are key elements of people's well-being and essential for securing sustainable development (UN, 2018; WHO, 2013).

The United Nations system also has a key role in the new global agenda. This is based on its culture of shared responsibilities, collective action and benchmarking for progress. Through its work at global, regional and national levels, UNODC will provide support to Member States to reach their Targets under the various SDGs (UN,

2018; WHO, 2013).

SDG Goal 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages is

limited to four targets for health and well-being:

Target 3.5: Strengthening the prevention and treatment of substance abuse, narcotic drug abuse and harmful use of alcohol.

Target 3.3: End of epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases.

Target 3.8: Universal health coverage, quality health-care services, and access medicine and vaccines for all.

Target 3.b: Support of research and development for essential medicines and vaccines.

SDG Goal 16: Promote Peaceful and Inclusive Societies for Sustainable Development,

Provide Access to Justice for All and Build Effective, Accountable and Inclusive Institutions at

All Levels is primarily directed at the justice system without emphasis on the core reasons for the ideology that is perpetuating this injustice:

Target 16:1 Significantly reduce all forms of violence and related death rates everywhere.

Target 16:2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.

Target 16:3: Promote the rule of law at the national and international level to ensure justice for all.

Target 16.4: By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime.

Target 16.5: Substantially reduce corruption and bribery in all their forms.

Target 16.6: Develop effective, accountable and transparent institutions at all levels.

Target 16.7: Ensure responsive, inclusive, participatory and representative decision-making at all levels.

Patel (2007) further articulated the problem: “Most of the world's 400 million people with mental disorders live in poor countries; indeed, mental illness accounts for more than 10% of the total burden of disease in low-income and middle-income countries.” Simple and inexpensive

treatments can help many people with mental disorders to tremendously enhance the quality of their lives and potentially recover.

However, there is scant funding from donors that specialize in relieving the problems of developing nations. These countries are often plagued with conflict and their plight receives little attention. Patel expounded, “The tendency has been to think that if a problem also occurs in developed countries, then it isn't really a developing country problem.” While many countries are becoming aware of this universal issue, most agencies do not consider proposals to treat mental health. “That's the amazing mismatch here; there are poor countries that want mental health reform, but no donors willing to help them,” reported Patel.

While the pervasive nature of this dilemma may seem insurmountable it reveals an opportunity to address global mental health issues that influence one's identity, and subsequent ideology. The Sabotage-Ordeal-Suicide (SOS) program can help change personal perspectives and ultimately curb perpetual conflict by addressing core beliefs, which are the foundation of perception that can ultimately curb perpetual conflict. This change in perspective will change a cycle of sabotage into a sustainable cycle of success in first world nations and the developing world. To be effective, the I Choose Life Project and subsequent SOS program must first reach the key publics involved.

STEP 3: *Analyzing the Publics*

“Publics exist because of their interaction and interdependency with the organization or because they and the organization face a common issue.” They are not picked as markets or a certain type of public, they are picked based on “shared interests and common values” (Smith, 2009, p. 48). The following publics have been targeted to engender support and participation for

the SOS cause. Demographics of these markets have also been studied in order to achieve the organizations' primary goal. The messaging will also reach audiences, people who "pay attention to a particular medium" and get information from it. Stakeholders have also been identified who "relate to the

organization through its potential impact on the organization's mission and objectives" (Smith, 2009, p. 49). These people are aware of a shared relationship with an organization. Audiences can vary and are often aggregates that do not necessarily have anything in common except use of a certain medium of communication (Smith, 2009, p. 49).

The chosen publics share five characteristics: distinguishability, an apparent categorization of individuals; homogeneity, where the public's members have traits and features that are similar; importance, those people who can have a critical impact on the organization's bottom line and influence progress toward fulfilling the mission; large size, enough to justify "strategic attention and possible use of public media;" and accessibility, where there is ability to effectively interface and communicate (Smith, 2009, p. 50-51).

There are linkages that have been established by sociologists, "patterns of relationships that exist between and its various publics" (Esman, 1972; Evan, 1976; Grunig & Hunt, 1984). While there are many approaches to determining publics there are four categories of linkages have been considered on this project: customers, producers, enablers, and limiters. Customers are the people who will directly gain information and receive treatment through the proposed plan and those they are in contact that would be considered secondary customers, as well shadow constituencies (Mau & Dennis, 1994) that do not have a direct link to the organization, but can influence how the organizations are viewed. Producers advise the organization like personnel,

donors or financiers, and suppliers. Enablers are groups that set the standards and regulations for the organization such as community leaders, like governmental agencies, or professional associations.

Limiters are those who create barriers to “reduce or undermine the success of the organization” including opponents, competitors, and activists (Smith, 2009 p. 52-53). There are opinion leaders who have “a particular influence over an organization’s publics.” The best opinion leaders are those who can “carry the organizations message to others” through a method devised by Paul Lazarsfeld’s two step flow of communication theory (Lazarsfeld, Berelson, & Gaudet, 1944). This concept evolved into a multi-step process where the media influences opinion leaders who then persuade other people.

SOS plan implementation is relying on opinion leaders. According to Everett Roger’s diffusion of innovations theory (2003) those who are quick to come on board are able to influence those who are more wary. Because opinion leaders are respected role models, the publics have confidence in following their lead. Attitudes and opinions are formed in the public who observe the choices and actions of opinion leaders. The publics then share what they have learned and initiate word-of-mouth support. The plan is targeted toward both types of opinion leaders. Formal opinion leaders who hold positions of authority and informal opinion leaders who exert influence as leaders due to their expertise on an issue have been determined for each campaign. This intercession, or go-between, will more quickly generate networking (Smith, 2009 p. 54). Messages will also be directed at intercessory publics who are groups that are not key publics, but are already connected and have the ability to create bridges between the organization and their publics (Smith, 2009 p. 54). Independent, critical-thinking advocates will

add credibility to the I Choose Life Project messages.

The six primary key publics for the SOS strategic communication plan are stakeholders (Smith, 2009 p. 49): military, women, refugees, LGBTQ+, disabled, and cultural minorities. These publics are fully defined in the “Key Messages” section below. Additional publics are enablers, opinion leaders or intercessory publics that serve as regulators or “an influential bridge between an organization and its publics” (Smith, 2009 p. 52-55). SOS messages must also reach supportive friends and family of the key publics.

Each campaign for the six key publics will outline additional publics and people that are vital to the achievement of this public relations plan. Secondary publics are designated as supportive friends, family, and members of their community. Opinion leaders include celebrities, medical and mental health practitioners, and community leaders. Formal opinion leaders include members of political bodies, associations, and non-governmental bodies. Informal opinion leaders are educational institutions and religious organizations. Intercessory publics are specific corporations and small businesses.

Present enabler, opinion leader and intercessory publics targeted to help enact the plan, assist in producing, and disseminating the final tactical pieces are:

Experts who have participated in the evolution of trauma-based therapies: 1) Bessel van der Kolk, professor of psychiatry at Boston University School of Medicine, director of the Complex Trauma Network, and former professor of psychiatry at Harvard Medical School; 2) psychiatrist Bruce Perry, Adjunct Professor of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine in Chicago, Illinois and Senior Fellow of the ChildTrauma AcademySM in Houston, Texas; 3) psychologist, Peter Levine, a stress consultant for NASA, who

studied the effects of oppression and trauma on indigenous people, and is a member of World Psychologists for Social Responsibility,

pediatrician; 4) pediatrician, Nadine Burke Harris founder and chief executive officer of the Center for Youth and Wellness in San Francisco, California, an advisory council member for Clinton Foundation's Too Small to Fall campaign, founding physician and medical director of the Bayview Child Health Center, and was appointed by the American Academy of Pediatrics to the Project Advisory Committee for the Resilience Project.

Park City, Utah, community organizations: 1) Connect Summit County. State of Utah organizations: 2) Trauma-Resiliency Collaborative (TRC) based in Salt Lake City, Utah; 3) NAMI Utah; 4) The Division of Juvenile Justice Services; 5) researchers from University of Utah College of Social and Behavioral Science; 6) and clinicians and directors of treatment programs throughout the state of Utah.

Northern Ireland national organizations: 1) Northern Ireland Association for Mental Health (Niamh); 2) The Bamford Centre for Mental Health and Wellbeing on the campus of University of Ulster; 3) and the Northern Ireland Centre for Trauma and Transformation (NICTT).

United States national organizations: 1) National Child Traumatic Stress Network (NCTSN); 2) schools; 3) courts; 4) and government entities throughout all fifty states will be approached and persuaded to incorporate the strategic communication plan; 5) SaintASM, a non-profit organization in Milwaukee, Wisconsin and their network of 50,000; 6) educators; 7) law enforcement officers; 8) members of government agencies; 9) local and national news programs such as CBS News 60 Minutes; 10) and public figures such

as Oprah Winfrey.

International organizations: 1) United Nations; 2) Hugo Slim, Head of Policy at the International Committee of the Red Cross, and Co-Director of The Oxford Consortium for Human Rights; 3) Cheney Ryan, Director of Human Rights Programs for the University of Oxford Institute of Ethics, Law, and Armed Conflict, and Co-Director of The Oxford Consortium for Human Rights; 4) Deen Chatterjee, Senior Advisor and Professional Fellow in the S.J. Quinney College of Law, a Global Ethics Fellow at the Carnegie Council for Ethics in International Affairs in New York City, and a Faculty Director and Mentor at The Oxford Consortium for Human Rights; 5) Corneliu Bjola, Associate Professor of Diplomatic Studies in the Oxford Department of International Development, and Course Director of the MSc program in Global Governance and Diplomacy. These international entities, as well as the United Nations, have additional programs and resources to accomplish this plan and expand it internationally.

Religious organizations: 1) The Church of Jesus Christ of Latter-day Saints (LDS Church) whose membership as of 2018 is 15,882,417 million, speaking 188 published languages, with a missionary force of 70,946 full-time missionaries and 10,238 welfare service missionaries in 422 missions worldwide (LDS Statistics and Church Facts, 2018).

The I Choose Life Project and SOS plan will utilize these enabler, opinion leader, and intercessory publics and other experts in diplomatic management of international crises to utilize social networking and rally public support via digital diplomacy to steer strategic planning of diplomacy, development, and defense through a strategic plan to accomplish the following goals and objectives.

PHASE TWO: STRATEGY

STEP 4: *Goals and Objectives*

Goal

Founded on the formative research of Phase One above, the task management goal of this thesis is to mobilize an overarching “I Choose Life Project” for peace building and peacekeeping using strategic communication and diplomatic psychology. While utilizing the resources and strength of community, trauma, and suicide prevention will be embraced as social justice issues and spread internationally to change ideology in conflict-ridden societies. Sustainable healing is possible by incorporating digital diplomacy via social media to implement reproducible, evidence-based psychological methods to address this universal mental health crisis.

Objectives

To ensure a viable and executable plan, six incremental action objectives are outlined. They teach publics how to address the mental health issues that are the focus of the SOS strategic communication campaign. These action objectives are specific, measurable, attainable, time bound, and mission-driven (Smith, 2009, p. 83-89).

The following objectives point toward “awareness, acceptance and action” and activities are planned based on management by objectives. Awareness addresses knowledge and information and how it is processed cognitively. Acceptance deals with attitudes and interest with particular attention to how people will respond emotionally. Action focuses on the conative or “behavioral element of the message” moving behaviors (physical action) and opinions (verbal action) to positively affect the bottom line.

Objectives for each of the six campaigns will state the “public, category, direction, specific effect, focus, performance measure, and time period.” These objectives are “rooted in

goals, public focused, oriented toward the impact they can achieve, linked to research, explicit and clearly defined, measurable, time definite, singular, challenging, attainable, and acceptable” (Smith, 2009 p. 81-84).

The primary objectives emanating from this goal are simple, evidence-based, highly efficient, and reproducible ways for any layperson to direct the healing process for suicidal ideation, traumatic ordeal, and self-sabotage (SOS) for people in distress. The steps are easily remembered and implemented as SOS (the international distress signal) - Suicide, Ordeal, and Sabotage (Oxford Dictionaries, 2018). These steps provide tools for self-healing and time for follow-up with professional intervention when necessary. The process is based on a buddy system. A sponsor or “Life Champion” throws a life preserver (the SOS methods) to a buddy who is drowning. The “Buddy” (sponsee) is required to utilize his/her own resilience to heal by holding onto the life preserver and implementing the principles learned. The sponsor leads the way and provides emotional support until the buddy becomes certified by leaders in the community as a life champion and sponsors his/her own buddy. As demonstrated in recovery programs, the sponsor/sponsee relationship draws on a sense of community. This personal, connected partnership provides sustainable support between someone who has developed strong resilience skills and someone who is in recovery. They work together to strengthen each other and hold each other accountable. The key to such assistance, however, is to first inform the necessary publics about the Sabotage-Ordeal-Suicide (SOS) program within the I Choose Life Project, which is the purpose of this thesis. The six objectives for this strategic communication campaign are:

Objective 1. I Choose Life – Become part of the “I Choose Life Project” for social justice by

choosing to support one or more of the six populations targeted (military, women, refugees, LGBTQ+, disabled, cultural minorities). Become familiar with the online I Choose Library of downloadable short videos, books, and additional resources for sale at low prices to go toward further education, fundraising, and progress for the movement.

Take action and rising to the next level by becoming certified with local clinicians, coaches, healers, leaders, and members of the community to become a “Life Champion.”

Objective 2. I Choose You – Choose a buddy (sponsee) that you can sponsor. Implement part one of SOS - Suicide Prevention by learning the Crisis Response Plan, known as CPR for suicide, through a video in the I Choose Library. This is a 20-minute intervention that can be implemented by anyone and is proven to reduce suicide attempts by 75 percent for up to six months, providing adequate time for professional help. When certified, you can help your buddy write the plan on a 3x5 laminated card to be carried with them or share the My3 app where they can write out their plan for easy access.

Learn what phrases to look for that indicate suicidal ideation. Provide immediate support as a community watch member by flagging suicidal ideation via social media posts. (Research shows suicide attempts can be predicted more efficiently through an algorithm that is being developed by technology companies).

Objective 3. I Choose Love – Implement phase two of SOS – Traumatic Ordeal by learning the basics of Cognitive Processing Therapy (CPT) and other interventions that are individually “prescribed” with professional oversight for each community through videos in the I Choose Library to treat trauma.

Objective 4. I Choose Me – Implement phase three of SOS – Overcoming Sabotage by learning how to change the core beliefs that induce self-defeating behavior. This is accomplished by understanding The Sabotage Cycle through a video in the I Choose Library. When certified, you can implement success over sabotage in your own life and teach it to your buddy.

Objective 5. I Choose Us – Contribute to the I Choose Life Project social media family by sharing success stories, financial aid, and community support.

Objective 6. I Choose Pro – Refer your friend to a mental health professional in the I Choose Life Project network if they require additional support.

STEP 5: Formulating Action and Response Strategies

Three primary strategies are the foundation of this project and subsequent campaigns. First, activism which is a proactive public relations strategy using persuasive communication and advocacy (Smith, 2009, pp. 103-106). Second, newsworthy information introduces a new idea or latest development to an audience (Smith, 2009, pp. 109-111). Third, digital diplomacy described as the use of the Internet, short films, and social media as a means of influencing public and foreign policy (Adesina, O. S., & Summers, J., 2017). These primary strategies, and secondary strategies discussed below, are intended to inspire publics to take action by getting involved with the I Choose Life Project objectives through tactics such as special events including rallies, marches, and public speaking on university campuses as well as other educational platforms and forums. News will be shared through television and Internet talk shows, radio shows, broadcast news shows, and print articles. All forms of coverage will be posted on social

media blogs and podcasts. Focused media coverage is the most valuable type of coverage so emphasis will be directed at local news coverage for each public in a given geographic area. For example a tactical news article about I Choose Life Champions serving at a local food bank for refugees, would be posted on numerous social media sites. The idea is to create momentum that will evolve into a movement.

Secondary proactive action and communication strategies will drive digital diplomacy tactics executed through social media for international fundraising and awareness (Smith, 2009 p. 93-111). Triggering events, activities to inspire action with key publics, built into the campaign(s) will prove to be of great benefit to proliferate the message. Staged activities, or special events, are designed to be distinctive and inspire audience participation. Publicity stunts are excluded, as they do not seem appropriate for such a sensitive topic and all risks of offense must be avoided.

In contrast, alliances and coalitions, both formal or informal, will be established for each individual campaign. Alliances with key opinion leaders will be formed early to involve them before launching the public phase and tactics. These thought leaders, especially those who have experienced SOS loss personally, can ease and accelerate the process of plan implementation. Training will be provided to encourage behavioral changes to reduce SOS and conflict. Sponsorships will be acquired to directly provide programs or give support financially, with personnel, and additional resources (Smith, 2009 p. 99).

Additional strategic philanthropy will be utilized via corporate social responsibility to be executed as a business decision to benefit the bottom line of corporations to ensure their sustained support, not just on emotional appeal (Smith, 2009

p. 101). Activism using a confrontational strategy and advocacy model will be utilized to magnify relationships with key publics and those that sympathize with the message (Smith, 2009 p.103). Tactics through civil disobedience and street theater taking nonviolent visual forms may be utilized to ignite publicity (Smith, 2009 p. 104-107) that incorporates the elements of happenings that are considered news worthy: “significance, localness, balance, and timeliness, plus unusualness and fame” (Smith, 2009 p. 109).

For the campaign to be proactive there will be transparent communication with publics so they understand the intentions and purpose of the organization(s) and are supportive in implementing action (Smith, 2009 p. 111). Reactive strategies like apologia, a need to convince critics of actions, and theory of accounts to respond to rebuke or criticism will be designed to preempt any need for image restoration through a “prebuttal” when it seems there is inevitable bad news (Smith, 2009 p. 116). Offensive responses will be carefully considered in the event of attack, embarrassment, shock, or threat. Defensive responses such as denial in the forms of innocence, mistaken identity, and blame shifting; excuse in the forms of provocation, lack of control, accident, victimization, and mere association; and justification of actions based on good intention, context, idealism, and mitigation will be considered as necessary (Smith, 2009 p. 118-122).

Additional diversionary strategies through concession, ingratiation, disassociation, and relabeling (not to be confused with the unethical practice of doublespeak) to create distance from criticism, are a part of the overall strategy needing to be thought through before taking further action. The primary strategy will be vocal commiseration employed to express empathy to publics through concern, condolence,

regret, and apology. Responses to opposition and criticism if there is a need to repair damage to publics will be accomplished with rectifying behavior of corrective action, investigation, restitution, and repentance. Strategic silence, including a statement as to why an issue will not be addressed, and strategic ambiguity will be used carefully as deliberate inaction (Smith, 2009 p. 122-132).

STEP 6: Developing the Key Message Strategy

Because the focus of the overarching project and subsequent campaigns are focused on life they are not restricted by organizational, political, socio-economic, racial, sexual identity, religious, or cultural agendas. The core message is something all can agree on: HOPE. The lines are very clear and support individual agency. The campaign is so straightforward that hidden agendas do not exist. The overarching message is: “A simple choice between life or death.” This choice is illustrated in three parts: TRUTH, PEACE, and LIFE. To seek truth is to find peace, to find peace is to choose life.

Humanity is symbolized as a ship in distress. The ship is at war with the three elements of societal discord: self-sabotage, traumatic ordeal, and suicide (SOS). The messages for the primary six publics will be illustrated as six sails or spokes of a captains wheel that move forward or steer the distressed ship of humanity. An SOS message has been sent out (indicating self-sabotage, traumatic ordeal, suicide). Each sail/spoke represents the personification (I am...) of a quality that is essential to choosing life and saving self and others: Veterans = courage; Women = love; Refugees = determination; Disabled = resilience; Minorities = strength; and LGBTQ+ = authenticity. A seventh future key public who can be slower to adopt change are Seniors = wisdom. The messages will communicate through simple adjectives the hardships each

of these publics

have experienced and their victory over them; all resonating with the core message: “I don’t know what tomorrow will bring. Today, I choose life.”

The messages were devised by utilizing the information model of communication and focusing on “the content and channels of communication” involving ideas, symbols as words and images, and transmitted through a technical connection or by word of mouth. Messages are based on Weiner’s cybernetic model of communication “involving feedback from the receiver to influence the sender” and focuses on two-way communication (Smith, 2009, pp. 137-138). The messages also incorporated the persuasion model and consciously attempted to use “ethical means that enhance democratic society,” which is grounded in communication, not coercion, involving relevant public relations and marketing persuasion theories: balance theory, symmetry theory, congruity theory, cognitive dissonance theory, selective exposure, inoculation theory, and social judgment theory (Smith, 2009, p. 139). The dialogue model involving the “a sincere and competent attempt at mutual understanding” was the basis for designing the message strategy (Smith, 2009, p. 140). Messaging sources will be carefully analyzed (Smith, 2009 p. 152-153) for a given set of criteria and the branding will involve both verbal and nonverbal communication by using symbols and music to reflect the message with the logo and taglines throughout the project. Adjustments will be made in order to honor communication laws and practices for given regions.

Based on the stated plan objectives, six individual campaigns will direct key publics toward the I Choose Life Project website that has a specific area for each population. The six campaigns will teach publics and their circle how to be a sponsor or Life Champion for one

person as part of the overarching I Choose Life Project. There are six steps outlined that are simple, personal, and actionable. The campaigns are designed to specifically communicate these concepts to each cultural community at risk through a buddy system. A life champion supports one person, a buddy (sponsee), through six steps of the I Choose Life system until that person becomes a certified Life Champion and sponsors one person. Life champions choose a new person to sponsor when their current buddy (sponsee) graduates to become a life champion. With commitment to one person at a time global change will grow exponentially and be created through a “pay it forward” paradigm. These ideas have international appeals, can be easily translated into various languages, and because of their simplicity break through cultural and socio-economic barriers.

The six primary messages will include details specific to each key public that supports the credibility of the campaign’s overarching message for populations at-risk for trauma and suicide. These details will include population statistics, examples, testimonials, and relevant facts for the six key publics. Relevant statistics are outlined below.

One: *Military* – As a result of unfavorable discharge status, often labeled PTSD, only 33 percent of US veterans have access to Veterans Administration (VA) benefits. Of those not treated, many become homeless and an estimated 13,400 veterans have been incarcerated for violent crimes and substance abuse. Additionally, an average of 7,300 veterans die by suicide each year, this is more life lost than Pearl Harbor and 9/11 combined (US Veterans Administration, 2018).

In 1929, Erich Maria Remarque, a German veteran of World War I, illustrated the moral dilemma soldiers face, their feeble attempts to reconcile the act of killing and subsequent shame in his novel *All Quiet on the Western Front*, a literary glimpse that moves

beyond deceptive glory and delves into the reality of war. Paul Baumer is an inquisitive schoolboy who a year later is a hardened, yet compassionate, German soldier fighting in the muddy trenches of World War I. Paul is surprised by a French soldier who jumps into a trench for cover. He shoots the French soldier and discovers him to be Gerard Duvall, the printer, who has a wife and is the father of a young child. Gerard dies while Paul attempts to offer comfort. Paul says these words as consolation to himself and Gerard, who in times of peace could have been friends:

I didn't want to kill you, but you jumped in here like that. What would you have done? Its just I have never met you before, like this, face to face. I just saw your rifle, your bayonet; grenades. If we threw all those away we could be brothers, but they never want us to know that, do they? They never want us to know we each have mothers, fathers, the same; fear of death, the same; pain, the same; everything, everything. Forgive me, comrade. (Remarque, E. M., 1929, 1957. Summary: Mann, D., 1979. *All Quiet on the Western Front*, Film)

Many veterans and soldiers live in a constant state of inner conflict that drives many to end their lives, as a means of finding peace. They no longer feel connected to friends and family because of their experiences and yearn to be among those who understand them; their brothers in arms. When coming home on leave, Paul reveals these sentiments in a letter to his mother, which he tears up due to a feeling of guilt:

Mother, I used to live in this room, all my things are here, all my books. My beloved books no longer speak to me as they used to, for I am no longer what I was when I lived in this room; I am a soldier. My business is not reading; it is killing. My knowledge of life is limited to death, and I know now I should never have come back. Out there all men think as I do. There is no argument about the meaning of life because it has no meaning. My companions at the front are the only truth I know. They are now my books, my family, my life. I depend on them and I depend on nothing else. Mother, it is a terrible thing to say, but I feel I am now going back to my real home. (Remarque, E. M., 1929, 1957. Summary: Mann, D., 1979. *All Quiet on the Western Front*, Film)

Military key message: Exhausted – Scarred – Numb, but I am COURAGEOUS. Today, I choose life.

Two: *Women* – Globally, the number one cause of mortality in girls between the ages of 15 and 19 years is suicide. (Ajdacic-Gross V., et al., 2008). As Vijayakumar noted:

In most countries, men die by suicide at 2–4 times the rate of women, despite the fact that women make twice as many suicide attempts as men. However, while most countries collect and report national data for suicide, many countries neither record nor report national data for suicide attempts. Suicide data fails to fully represent the major female contribution to morbidity. If both mortality and morbidity are considered together then it is evident that the weight of disease burden in suicidal behavior is clearly female. (Vijayakumar, L. 2005, 2015).

Meanwhile, Prince clarified that “[m]ental health problems are a serious and growing public health epidemic, contributing 14% to the global burden of disease” (Prince et al., 2007).

War and conflict have devastating effects on populations, with women being more acutely affected than their male counterparts (Usta, Farver, & Zein, 2008). “Countries affected by humanitarian crises (defined as armed conflict, famine, epidemics, or natural disaster) rank among the lowest in mothers’ and children’s indicators of well-being, including health status, contraceptive use, and infant mortality (Women’s Refugee Commission, 2010)” (Bell, S. A., et al., 2015).

Women key message: Bruised – Dishonored – Ignored, but I am LOVE. Today, I choose life.

Three: *Refugees* – Because of their vulnerability, refugees often become victims of trafficking and other exploitation. This exacerbates the trauma they have already endured. In low-income countries, like Uganda, there is limited research on the ubiquity

of Posttraumatic Stress Disorder (PTSD). However, it can still pose a major public health problem (Kizza, D., et al., 2012). As Mugisha et al. reported:

In order to respond to the burden of PTSD in northern Uganda, an area that experienced civil strife for over two decades, we need accurate data on its (PTSD) prevalence and the associated risk factors to facilitate public mental health planning. (2015 p. 15, 170)

While the United States population experience high rates of depression and post-traumatic stress these rates pale in comparison to those of refugees who are at more than double the rate (Mollica et al., 2004). Darfurian refugee women have a high rates for both suicidal ideation and universal mental health disorders as one study shows a prevalence of 31 percent meeting major depression criteria (Kim, Torbay, & Lawry, 2007). In Thailand, an additional study found 7.4 percent of Burmese refugee women waiting for repatriation or resettlement had suicidal ideation in the last thirty days (Falb, McCormick, Hemenway, Anfinson, & Silverman, 2013a). Refugee women have increased potential trauma history and predisposition to various mental health conditions due to ongoing conflict in war, gender directed physical and sexual violence, as well as harsh conditions in which they are forced to reside (Falb et al., 2013a; Falb, McCormick, Hemenway, Anfinson, & Silverman, 2013b; Gupta et al., 2014; Bell, S. A. et al., 2015).

Refugees key message: Oppressed – Silenced – Forgotten, but I am DETERMINED. Today, I choose life.

Four: *LGBTQ+* –The Centers of Disease Control and Prevention reported that LGBTQ+ youth are at particular risk of being ostracized and experiencing violence. This includes harassment, physical assault, teasing, and bullying. “Nearly one-third (29%) of

LGB youth had attempted suicide at least once in the prior year compared to 6% of heterosexual youth” (Kann, L. et al., 2016).

The 2015 national Youth Risk Behavior Survey (YRBS) of surveyed LGB students revealed the following data regarding trauma inducing violence directed at LGB youth:

- 10% were threatened or injured with a weapon on school property
- 34% were bullied on school property
- 28% were bullied electronically
- 23% of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year
- 18% of LGB students had experienced physical dating violence
- 18% of LGB students had been forced to have sexual intercourse at some point in their lives” (Kann, L. et al., 2016).

Schools that implement activities involving LGB students that promote a healthy environment for all youth, in conjunction with evidence-based policies and procedures, are helping to reduce suicide among this population.

For example, research has shown that in schools with LGB support groups (such as gay-straight alliances), LGB students were less likely to experience threats of violence, miss school because they felt unsafe, or attempt suicide than those students in schools without LGB support groups. (Goodenow C., et. al, 2006)

“A recent study found that LGB students had fewer suicidal thoughts and attempts when schools had gay-straight alliances and policies prohibiting expression of homophobia in place for 3 or more years” (Saewyc EM, et al., 2014). According to the US National Institutes of Health (NIH) transgender people are at much higher risk of suicide without these types of support systems:

The suicide attempt rate among transgender persons ranges from 32% to 50% across the countries. Gender-based victimization, discrimination, bullying, violence, being rejected by the family, friends, and community; harassment by

intimate partner, family members, police and public; discrimination and ill treatment at health-care system are the major risk factors that influence the suicidal behavior among transgender persons” (Virupaksha, H. G., et al. 2016).

LGBTQ+ key message: Judged – Mocked – Bullied, but I am AUTHENTIC. Today, I choose life.

Five: *Disabled* – People that are disabled sometimes feel perceived burdensomeness and experience significant physical and emotional pain that contribute to a heightened risk of suicide. Empirical research explores these interpersonal factors and the relationship between suicide and physical disability (Khazem, L.R., 2018).

Suicide rates are significantly higher among persons with multiple sclerosis and spinal cord injury than in the general population. A more nuanced picture of suicide rates and risk factors exists for the intellectual disability population, in which it appears that rates of suicide risk factors are higher than among the general population while suicide rates may be lower. (Giannini M.J. et al., 2010)

Resilience among disabled persons is addressed differently than in the general population. Recent social constructionist theories steer toward “a network of resources including material resources, relationships, identity, bodies and minds, power and control, community participation, community cohesion and social justice” (Runswick- Cole, K & Goodley, D., 2013). Resilience as a tool for this population is beneficial as a community intervention. The politics of disabled people and vital disability studies, “contest and challenge normative ideas of what it means to live with a resilient network of resources. In this sense disability offers new and exciting ways of addressing resilience” (Runswick-Cole, K & Goodley, D., 2013).

Disabled key message: Underestimated – Invisible – Misunderstood, but I am RESILIENT. Today, I choose life.

Six: *Cultural Minorities* – The 2016 American documentary “13th” by director Ava

DuVernay illustrates the ongoing civil rights struggle for African Americans.

According to a 2014 study conducted by the U.S. Department of Education Office for Civil Rights (DuVernay A., 2016, 13th) the preschool to prison pipeline is very much alive and being propagated through cunning Jim Crow tactics creating an “education gap” by suspending black students for minor infractions for which their White peers are not accountable. These students are being denied the rights of formative socialization and education. Law enforcement agencies are imprisoning a disproportionate percentage of young, Black Americans to fund corporations that govern the penal system:

We now have more African American’s under criminal supervision than all the slaves back in the 1850s” (13th)....The United States is home to 5% of the world’s population, but 25% of the world’s prisoners. One in four prisoners are locked up here in the land of the free. The United States has the highest rate of incarceration on the world. (13th)

Research shows that suicide rates for black children aged five to eleven in the United States have doubled, while rates are declining for white children (Bridge, J. A., et al., 2015). This is the first time in history that black suicide rates have exceeded those of other races. This is thought to be due to gross marginalization and lack of resources to cope with the blaring burdens of heightened exposure to trauma, violence (Paxton, K. C., et al., 2004; Zimmerman, G. M., & Messner, S. F., et. al., 2013), and disproportionate aggressive school discipline (Wallace, J. M., 2008), which engender depression and impulsive aggression contributing to low academic performance (Dervic, K., et al., 2008). Having a negative cultural identity with the internalization of unfair treatment promotes suicidal behavior and thoughts of suicide (Bridge, J. A., et al., 2006).

Damon Tweedy, a black psychiatrist and contributing writer for The New York Times

reported that there is a poor relationship between the mental health care system and black community:

Black patients, compared with those of other races, tend to be far less trusting of physicians and their medical advice. Much of this is rooted in a dark history of experimentation on black people without their consent (the four-decade-long Tuskegee syphilis study is the most notorious modern-day example). Too often, however, this mistrust is to the patients' detriment. I've met countless black people who have either delayed or refused needed treatments because they were skeptical about their physician's motives and honesty. Some wound up far sicker than they should have been; others died. (New York Times, 2015)

Approximately 5 percent of practicing physicians are black which provides very few options for people who desire to a black doctor. Black people lack trust for physicians of other races because of past oppression and inadequate care, especially in the mental health field.

Black people have often fared poorly in their interactions with the mental health care system. For example, they are nearly half as likely as whites to receive treatment for diagnosed mental health disorders of comparable severity. When black patients do receive treatment, it is far more likely to occur in an emergency room or psychiatric hospital than it is for whites, and less likely to be in the calmer office-based setting, where longer-term treatment can take place. (New York Times, 2015)

Minorities key message: Degraded – Belittled – Abandoned, but I am STRONG. Today, I choose life.

PHASE THREE: TACTICS

STEP 7 – Selecting Communication Tactics

The “I Choose Life Project” website will have a specific area for each key public. The website is a tactical piece for all publics below. The strategies and tactics will be the same across all of the six campaigns to drive the core message, “Today, I choose life.” Messaging and event content will be customized for each public and adjusted for differing

international cultures.

The tactics are intended to motivate publics to get involved with new and already existing events with which the I Choose Life Project chooses to affiliate, such as the Women's March, Pride Parade, cycling competitions, Ragnar running competitions, concerts, and Out of the Darkness suicide walk. Groups are generally looking for new themes each year. The intention is to persuade event organizers to choose this project for their theme.

Various organizations will be enrolled so the events roll out in the same calendar year with a rolling thunder approach where one event builds interest and momentum for the next, all promoting the key public's message and core message. Tactics being incorporated are driven back to the I Choose Life website with links to affiliate websites and vice versa. Communication tactics are videos and news going out on YouTube, Facebook, Twitter, Instagram, and Snapchat, all tailored for a particular country or region. By defining the ultimate goal and connecting the publics, the objectives will gradually fulfill the strategies to meet the goal. These all, in turn, will drive digital diplomacy. To fulfill the activism action strategy and the newsworthy information communication strategy, the following tactics will be disseminated to the six key publics that are at the highest risk for trauma and suicide.

The first communication tactic or "visible element of the strategic plan" (Smith, 2009 p. 157) will be the I Choose Life Project website (Smith, 2009 p. 207). The website will have a tab for each of the six campaigns. Message attributes will be influenced through controlled media where the targeted organization is allowed to contribute to "content, timing, presentation, packaging, tone, and distribution" to best suit cultural differences (Smith, 2009 p. 157). However, with news conferences and interviews these attributes will be determined

via uncontrolled media by a person outside of the organization and representing the medium. Communication will be done through external media such as newspapers, television news broadcasts, and billboards for general project concepts. Targeted media will be used for the specified six publics through special interest publications. Each audience type will be reached through popular media publications, that focus on self-help and radio broadcasts. Public media, which is accessible to everybody through public radio and television stations, advertising and promotional, and electronic media (podcasts and streaming videos) will be used for training and generate interest. This intrapersonal communication for face-to-face opportunities to encourage “personal involvement and interaction” is made possible for effective audience reach and persuasive impact (Smith, 2009 p. 185).

Because the objective is to ignite eDiplomacy (digital diplomacy) for this cause, information-seeking publics, who are people that intentionally seek out the project, will be targeted through organizational media tactics such as a publications, fact sheets, and brochures. While these interpersonal tactics only reach a small number of people, the intention is to recruit a passionate following to carry the message by word of mouth and social media networks and blogs (Smith, 2009 p. 199-200). A 2007 study stated that 27 percent of public relations and marketing communications professionals said “social media are at the core of their communication strategy” (Smith, 2009 p. 207, Gillin, 2007, p. 3). This will inspire personal involvement, which is the most powerful element to be harnessed for building positive momentum. Additional opportunities will be created for information exchange through educational gatherings, meetings, rallies, and special events (Smith, 2009 p. 189-196).

STEP 8 – Implementing the Strategic Plan

A campaign plan book will be written for each of the six campaign objectives and adjusted for cultural differences. It will include a campaign schedule outlining message frequency and reach with a timeline of tasks on a Gantt or PERT chart to track flow (Smith 2009, p. 258-260). Campaign budgets will also be determined involving personnel, material, media costs, equipment, facilities, and administrative items to ensure reaching a break-even point and per-capita cost (Smith, 2009 p. 260-268).

The public relations campaigns will drive digital diplomacy and will be executed primarily through videos, activism, news, and social media strategies and tactics to lower costs and have more reach for international fundraising and awareness. To obtain statistical data, evaluation criteria will measure success to determine the success of each objective on a small scale (see evaluation section below). Then necessary adjustments will be made to scale up to larger populations. Only campaigns that are appropriate for each community will be rolled out. For example, the “Rainbow Revival Campaign”, directed to LGBTQ+ would not be well accepted in strictly religious cultures like the Middle East. Campaigns will initially be piloted in a small, multicultural city with under 10,000 residents, such as Park City, Utah, whose local leaders have expressed an interest. Once measurement and evaluation of success has been confirmed through criterion set by the Public Relations Society of America and Coalition for Public Relations Research Standards, the campaigns will be directed at a state in the United States with a population of around 1 to 3 million like Utah. Then a small, developed country with a similar language and culture that has a history of chronic conflict will be measured, such as Northern Ireland. If

successful, the campaigns will then become international. Evaluative research measurements of success will continue to be determined in each targeted area and plan adjustments will be made as the project grows.

The campaigns will reach six key publics that are at the highest risk for trauma and suicide. These publics have also been shown to have citizen and governmental support and can be utilized as a resource for international grassroots fundraising and awareness. Tactical videos, news, and other content will be individually crafted to meet the messaging of each of the campaigns for their designated publics, using the same strategies and tactics, but utilizing different tactical approaches to specifically target chosen demographics. The videos and news pieces enact the strategies to fulfill the objectives and the goal, which is to inspire individuals to take action by becoming a Life Champions to save a life, even one's own, thus awakening the social network by spreading the word through social media to influence digital diplomacy. The purpose of these tactics is to enact a united cause to choose life and reduce SOS through education, sponsorship, and fundraising (Smith, 2009, p. 183-248). The elements of these videos for each campaign can be repurposed to create shorter versions for advertising, activism, digital diplomacy, and newsworthy information, which is the same for all of the campaign tactics listed below.

1. *Military* - "Mission to Zero Campaign" is focused on military personnel and veterans. A Mission to Zero video has been produced to illustrate a veteran's flashback to combat, subsequent trauma, and suicidal ideation. Successful treatment protocols and findings based on current research are outlined.

This includes the message specific to military: Exhausted – Scarred – Numb, but I am

COURAGEOUS. Today, I choose life. With soldiers of various eras echoing the message by saying, “I have a life worth living.” The objective of the video is to create awareness and then it closes with a call to action fulfilling the objective to get involved with the project. The video will be posted on the website and passed on to all social media resources.

Video elements can be used to promote a series of “to Zero” events surrounding this effort such as “Ride to Zero”, an annual motorcycle ride sponsored by the Combat Veterans Motorcycle Association. “Run to Zero” is another event that will be sponsored by running organizations such as Ragnar. “Rock to Zero” is a concert sponsored by various musical artists to raise funds and awareness. These organizations are enabler publics for this key public.

2. *Women* - “Widows Mite Campaign” is directed to women and is based on the Biblical precept of giving all that one can even if only a mite; many women sacrifice all they have and yet they are considered inconsequential in the eyes of the world. The purpose of this campaign is for privileged women to uplift those who are less fortunate and to understand that all women are affected by SOS, regardless of their socioeconomic status.

Many religious leaders such as Archbishop Desmond Tutu and Lhamo Dondrub, the fourteenth Dalai Lama, are confident that women are the key to change. Lhamo Dondrub said at the Vancouver Peace Summit in September 2009, “Western women will change the world.” He believes that “if wars are a fact of life, then it would be better if women were in charge” because “they are more likely to empathize with those who suffer during conflicts.” Current examples of these great women are Nobel peace laureates such as Mairead Maguire, Jody Williams, and Betty Williams, as well as filmmakers and activists highlighting the Liberian struggle like Abigail Disney and Swanee Hunt, and government

officials such as beloved Irish President Mary Robinson.

Fazle Hasan Abed has dedicated his life to alleviate suffering among the impoverished through his organization BRAC providing healthcare, education, and microfinance to millions of people in Africa and Asia. This was primarily directed toward women because they tend to reinvest their earnings in community and family while proving to be a low credit risk. With a \$1 billion annual budget, BRAC has given \$6 billion in small loans to women (BRAC, 2018). Abed believes that women and girls are a vital resource and play a crucial role in solving the world's greatest challenges.

The key message: Bruised – Dishonored – Ignored, but I am LOVE. Today, I Choose Life was developed to communicate that women are often, physically abused, sexually assaulted, and deprived of educational opportunities. When women in many communities attempt to speak out, they are silenced or ignored, and stripped of their basic human rights. The tactical video and newsworthy information pieces previously mentioned, will create compassion and a sense of urgency; fulfilling the objective to stand by them, because women are the world's most powerful untapped resource.

3. *Refugees* - “Beyond Blood and Tears Campaign” is designed through video to fulfill the strategies of newsworthy information and activism through social media networking to take action by becoming a part of the I Choose Life Project. The video will communicate with music and images the travails of refugees who are forced to live in war-torn areas and their emergence to a new life through the key message: Oppressed – Silenced – Forgotten, but I am DETERMINED. Today, I choose life.

The campaign was inspired by an interview by the author with Tezzeta Mbuya, whose

father was the director of mining in Democratic Republic of Congo and wielded much influence. Her family experienced the overthrow of the government by the military dictator, Mobutu Sese Seko, but her father insisted on responding with the Gandian approach of non-violence. When she asked her father, a staunch Christian, why he didn't fight, he responded, "Because I want to be remembered for peace, not for blood and tears."

4. *LGBTQ+* - "Rainbow Revival Campaign" video is created to further the courageous work of people in the *LGBTQ+* community to fight for suicide prevention and support for trauma. The video also invites people outside or opposed to this community to show compassion for those who struggle in this population. This tactic is also designed to influence three other publics: cultural minorities, military, and their circle of influence who can be very intolerant of the homosexual community (Padva, G., 2007; Worthen, M. et al., 2017; Ciocca, G., et al., 2017). Through humor this video will revive the original concept of the rainbow as a symbol for life where no more will die in the flood. There has been much debate about the use of the rainbow flag as a symbol of gay rights for religious communities who follow the Abrahamic tradition and believe in the story of the flood and Noah's ark (New World Encyclopedia, 2018). The rainbow was God's sign that earth would not be destroyed again by the flood (Bible KJV, Genesis 9:8-17). Today humanity is facing mass annihilation by a flood of trauma and suicide.

This video campaign will build on the idea that when this population is marginalized all are affected. Through this process the opposing publics will understand the ripple effect: "To save a life is to save all of humanity." The purpose is to urge these other populations to reach outside of themselves with compassion to better understand the authenticity and strength that the *LGBTQ+* community possesses through a common thread, the rainbow. The *LGBTQ+*

community will connect to the key message:

Judged – Mocked – Bullied, but I am AUTHENTIC. Today, I choose life also through a common rainbow.

A rainbow can be seen at vast distances and connects one side to the other.

Through love the most unlikely of companions can reach out to a buddy at the other end of the rainbow and all are saved by building on a shared conviction, the sanctity of life, regardless of differing beliefs. Through humor, this video will animate climbing up and sliding down the rainbow together. It will subtly challenge the prejudice that some have toward the LGBTQ+ community and vice versa. The purpose is to show that they are more alike than different and can connect through being authentic.

Societal and familial ostracism is a primary cause of trauma and suicide within this population (Virupaksha, H. G., et al. 2016). The tactic will cause everyone to question if they truly have compassion for other human beings. Tolerance and unconditional love are only proven as virtues within the character of a person when they are challenged. This is true for people on both sides of the debate. Development of this video and campaign will require substantial research with focus groups to ensure sensitivity and careful execution of these concepts to fulfill proactive strategies of activism (Smith, 2009, p. 103), third party endorsement (Smith, 2009, p. 107), and

transparent communication, where an organization “helps publics understand an organization and support its actions” through “open and observable activity” (Smith, 2009, p. 111). This fulfills the objective of becoming a part of the I Choose Life Project as a sponsor and fulfills the goal of supporting those that are different, to curb SOS because everyone matters.

5. *Disabled* - “Yes I Can Campaign” will use a tactical video to build upon momentum of the “We’re The Superhumans” video campaign that was created to advertise for the Rio Paralympics 2016 campaign. The campaign drew much attention through a trailer with Sammy Davis Jr. singing “Yes I Can” and highlighting the amazing abilities of athletes and musicians with disabilities (“We’re the Superhumans”/Rio Paralympics 2016 Trailer/YouTube). It was aired by Channel Four Television Corporation, a British public-service television broadcaster in London, United Kingdom for the Department for Culture, Media, and Sport. The campaign will expand on the strengths of people with disabilities from all walks of life and throughout the world. An example is in the 2014 documentary, “On the Way to School” where a disabled boy travels many miles through rough terrain to and from school with the aid of his six and eight year old brothers pushing him in a makeshift wheelchair.

The tactical video is to be used for social media and disseminates the key message: Underestimated – Invisible – Misunderstood, but I am RESILIENT. Today, I choose life. The video disseminates the key message by illustrating the hardships people with disabilities face to accomplish simple tasks; that most of the world, take for granted. It shows how incredibly innovative they are through their mastered resilience. It fulfills the objective of inspiring those close to this population to better understand them. It also encourages those that are disabled who are struggling with SOS. It fulfills the goal through the strategy of activism within the community to support the I Choose Life Project objective of sponsorship.

6. *Cultural Minorities* – “I Am A Man Campaign” will espouse Thomas Jefferson’s words from the Declaration of Independence:

The time has come to reaffirm our enduring spirit; to choose our better history; to carry forward that precious gift, that noble idea, passed on from generation to generation: the God-given promise that all are equal, all are free, and all deserve a chance to pursue their full measure of happiness.

A video, inspired by the documentaries “For Love of Liberty” and “13th,” will be created and promoted as a tribute to those heroes who have been prepared to sacrifice everything for liberty and their country even though freedom’s fullness was denied to them. The video will validate the key message: Degraded – Belittled – Abandoned, but I am STRONG. Today, I choose life. The video will highlight the struggle of cultural minorities, past and present, such as Native Americans, Jews, Armenians, Tutsis, and Irish. Throughout the world colonization and slavery has been forced upon minorities and genocide has been used as a means of “ethnic cleansing.” This video will encourage the strategies of activism. This population will fulfill the objective to join the I Choose Life project and meet the goal to arrest the rising tide of SOS. African American soldiers and their families throughout American history are a prime example of the highest caliber of faith, courage, and strength. Edward A. Johnston, a Spanish-American War historian said, “Let it be said that the Negro soldier did his duty under the flag, whether that flag protected him or not” (Johnson, E. A., 2006). Time Magazine said of black soldiers in the Vietnam War, “Merit is the only measure of a man” (TIME Long, C. D., 1967). Black American’s were always willing to serve their country in spite of the racial prejudice that was perpetrated on them and their loved ones at home. Martin Luther King Jr. said, “We have been faced with the cruel irony of watching Negro and white boys on tv screens as they kill and die together for a nation that has been unable to seat them together in the same school” (Beyond Vietnam Speech, 1967). Black soldiers were often asked

why they would fight so valiantly for a country that mistreated them (Martin, F., 2010, For Love of Liberty; Myrdal, et. al., 1944). The Viet Cong, in an appeal to Negro soldiers to join the Northern Vietnamese fight for civil rights described them as “second class citizens in the US and first line fodder in Vietnam” (Martin, F., 2010, For Love of Liberty; Buckley, G. L., et. al., 2001). Black soldiers responded that they were fighting for their country, their people, and for their love of liberty (Martin, F., 2010, For Love of Liberty, Myrdal, et. al., 1944). Through bravery, hard work, and stalwart dedication to their cause African American’s are moving beyond their four-hundred-year struggle for equal rights. Lt. Col. Herbert Carter, a World War II Tuskegee Airman said, “We proved that the antidote to racism is excellence in performance” (Myrdal, et. al., 1944). Unfortunately, they still fight insidious Jim Crow policies and unconstitutional mass incarceration (Alexander, M., 2016).

PHASE FOUR: EVALUATIVE RESEARCH

STEP 9: *Evaluating the Strategic Plan*

To create an effective program for evaluation research the following questions were answered: “On what criteria should the program be judged? What information is needed to make the assessment? What standards of accuracy and reliability are needed for this assessment?” (Smith, 2009 p. 273) The source of the information needed was evaluated on the following questions: “Who has the information needed? How can this information be obtained from them? Who will receive the final evaluation and what will be done with the information? How willing and able are decision makers to receive less than fully positive evaluations? Besides decision makers, who else would have an interest in the evaluation?” (Smith, 2009 p. 273-274). The evaluation criteria are “(1) useful to the organization

and clearly linked with the established objectives; (2) realistic, feasible, and appropriate as to cost, time or other resources; (3) ethical and socially responsible; (4) credible because it is supported by accurate data; and (5) presented in a timely manner” (Smith, 2009 p. 274). The evaluation criteria will be drafted from awareness, acceptance, action, and objectives stated in the campaigns (Smith, 2009 p. 274).

The timing of program evaluations for the campaigns will be done in three stages involving quantitative and qualitative research. First, the execution of each tactic will be listed in an implementation report with a schedule of progress and details of any problems encountered with delays, gaps, or defects. Second, strategic modifications will be made on the implementation of tactics with course corrections through preliminary evaluations outlined in progress reports. Third, final reports will be written as a review of implementation for each campaign and the whole project before moving to another geographical area (Smith, 2009 p. 276-278). All of the reports will be drawn on feedback including judgmental assessments where evaluations are based on prior experiences, hunches, and observations (Smith, 2009 p. 280). Awareness evaluations including message exposure, determining “the number of people in key publics that were exposed to the message,” outputs or work done on the campaigns, and more importantly outcomes that show “specific and measurable action objectives” will be implemented in the evaluation program design (Smith, 2009 p. 284-285). Advertisements will be carefully crafted to measure reading ease or difficulty by using a Fog Index or other reliable tool. Website hits on each page will be recorded to analyze “voluntary reactions of the audience” or audience feedback (Smith, 2009 p. 288). Determining the impact of social media will be of prime importance to

these campaigns, because of its cost effectiveness, by “measuring the behavior generated” through this particular medium in comparison to other means (Smith, 2009 p. 291).

To obtain the most data pretest/posttest studies will be performed so an initial benchmark can be established for comparison to latter studies. To address outside variables that are unrelated to the project a more sophisticated controlled before-and-after study may be employed with two groups within the public, one group receiving the messaging and the other a control group. When subjects of the research can be unobtrusively observed the information gained will be more accurate taking into account any exceptions due to the placebo effect (Smith, 2009 p. 278-279). Additional multi- disciplinary tools will further enhance the potential global impact of the project, conclusions, and future study.

CONCLUSIONS AND FUTURE STUDY

This thesis study posed seven research questions with the goal to develop a strategic communication plan called the “I Choose Life Project.”

(1) What are the origins of societal discord?

The origins of societal discord are self-sabotage, traumatic ordeal, and suicide (SOS) because of the subtle, psychological interplay of this toxic triad on identity, ideology, and action. These three affect intrapersonal communication and family systems, which influence communities, society, and future generations.

(2) Why is it important to address self-sabotage, traumatic ordeal, and suicide (SOS)?

a. Self-sabotage is embedded in identity and shrouded by ignorance about core

beliefs that drive behavior. There is a tendency to rely on the certainty of known patterns of behavior; rather than to struggle through degrees of change, because of fear of the unknown.

b. Traumatic ordeal magnifies harmful ideologies and core beliefs, which affect biology and physiology perpetuating actions and consequences that causes more trauma.

c. Suicide of body or soul creates significant loss for loved ones, whether imminent death is abrupt or gradual, passing the sabotage and trauma cycles of conflict on to subsequent generations.

- (3) Why are current political interventions not effective in resolving and preventing these problems?

While current political and human rights interventions are well meaning, they primarily focus on basic life sustaining needs such as food, shelter, and education without considering the deeper psychological issues that can undermine these efforts. Many interventions containing mental health agendas do not help communities become trauma informed, but instead direct resources to secondary issues such as substance abuse and depression as a means of curbing suicide.

- (4) What simple, evidence-based treatments can be made available to address these issues?

There are many evidence-based treatments that have been proven to be highly effective crossing cultural and language barriers. Additionally, methods can be learned and applied empowering average people to support those who struggle within their community. Examples of

treatments include: Eye Movement Desensitization and Reprocessing (EMDR), Internal Family Systems (IFS), Somatic Experiencing (SE), Psycho Motor Therapy, Nutrition, Hatha Yoga, Neurofeedback, and Mindfulness Meditation. These treatments will be organized in an online course curriculum developed by expert SOS researchers and clinicians, with continual oversight as the SOS program develops.

(5) How can individuals and communities be enrolled to solve these problems?

Key messages have been developed for the “I Choose Life Project” focused on six key publics and disseminated through a series of strategies and tactics. The core message is something all can agree on: HOPE. The overarching message is: “A simple choice between life or death.” This choice is illustrated in three parts: TRUTH, PEACE, and LIFE. To seek truth is to find peace, to find peace is to choose life.

Humanity is symbolized as a ship in distress. An SOS message is sent out to the six publics personifying qualities that are essential to choosing life and saving self and others: Veterans = *Courage*; Women = *Love*; Refugees = *Determination*; Disabled = *Resilience*; Minorities = *Strength*; and LGBTQ+ = *Authenticity*. Culminating in the future, with Seniors = *Wisdom*. The messages will communicate through simple adjectives the hardships each of these publics have experienced and their victory over them; all resonating with the core message: “I don’t know what tomorrow will bring.

Today, I choose life.” The messages direct publics to join the “I Choose Life Project” to learn the truths that create peace and sustain life through six objectives. Publics learn how to support people in their family and community that are struggling with SOS.

(6) Is there a strategic communication plan that can be implemented locally then scaled up

internationally to ensure sustainability?

Yes, the very plan developed by this thesis research.

(7) Are there sufficient resources to operationalize a plan of this size?

There are sufficient resources available to bring this project to life by enrolling humanity to work in unity toward this common goal. While not everyone will join the “I Choose Life Project,” the SOS program provides an opportunity for people who want peace, but are caught in conflict, how to find harmony with the necessary support.

Many organizations are passionate about change, but need a clear plan to see how their contribution, can make a difference. Through a practical, strategic approach these entities can be organized to utilize their strengths efficiently. Messages can be disseminated through existing organizations via digital diplomacy, which harnesses the power of social media and other technologies at no cost and can change public policy.

The greatest commodity is every day people who are willing to invest their time to save lives, one person at a time.

Future Research

The problems and solutions explored in this project as illustrated through strategic communication, digital diplomacy, business process management, and psychological research allows for positive change in our world and in our lives. Future research can use the Six Sigma steps of IMPROVE and CONTROL to refine this proposed plan from the perspectives of those who have been deprived of human rights. This approach can further reveal defects, which are defined as producing sub-optimal results, and repeat the Six Sigma process

until the best outcomes are achieved within the resources that are made available.

Research on the dark or bright communication we experience in our families that create various forms of attachment, intrapersonal communication, and subsequent family systems are more significant and comprehensive than previously understood. Thus, there are insightful, multidisciplinary social implications that can be applied to further this thesis. Neuroscientists are discovering that the brain can change itself without operations or medications (Doidge, 2007). Electrical impulses and chemical messages pass from one cell to the next through neurotransmitters. These “molecules of emotion” are influenced through dark or bright communication in conjunction with environmental stimulus (Pert, 1997). These developed traits can be passed on biologically from one generation to the next (Lipton, 2003).

Research on human rights and diplomatic interventions in relation to generational trauma, family, and cultural communication is powerful and extensive. Future directions on these topics and how they connect may include research regarding efficiency and effectiveness of various treatment models for conflict-ridden societies using positive psychology to treat trauma, suicidal ideation, depression, anxiety, and addiction based on self-sabotage. It may also include research on how core beliefs affect cultural barriers, political and human rights processes affecting ideology and digital diplomacy; alternatives to psychotropic medications through the manipulation of neurotransmitters, and exploration in the field of psychoneuroimmunology demonstrating how communication and perception affect health and well-being.

This future research can be applied to the strategic communication plan by refining the strategies and tactics used to enroll all adopter categories, which is “the classification of

individuals based on their willingness to try a new product or innovation”(Rogers, E., 1962, 2003; Investopedia, 2018). This diffusion of innovators can be compared to members of a family. The plan is expecting to attract innovators and early adopters who have a sense of wonder and are excited to embrace new ideas. It is like when there is a question about technology, teenagers and dads come to the rescue. They share similar traits because of their sense of adventure. They are a great resource because of their excitement and fascination. They Skype, stay connected with their network on social media, and are mad geniuses with video games, computer hacking, and gadgets. Early adopters are like moms who are more neutral and need to wait a little while to acclimate to a new idea. Many mothers personify this category. They quietly watch in the background while video games are played, until they finally succumb to the fun of Mario Kart, Minecraft, Zelda or if they feel particularly daring, Halo and play with fierce competitiveness.

People who may be skeptical about SOS treatment options or believe there is not a problem, in spite of the research including late majority and laggards. However, these people are an asset to the project and can make valuable contributions. Late majority are like the grandma who wants to be connected, is interested in learning more, but feels more comfortable with her basic flip phone, so she can stay in touch with the grandkids. She is intimidated by the idea of using a smartphone, so she will wait as long as possible.

Laggards are like grandpa who still uses a static screened box shaped television set and VCR; he is too stingy to buy something new. No one can reach him on his landline when he is out walking the dog. He does not have email and he checks his mailbox religiously for snail mail.

The strategic communication plan can be further developed to incorporate objectives to

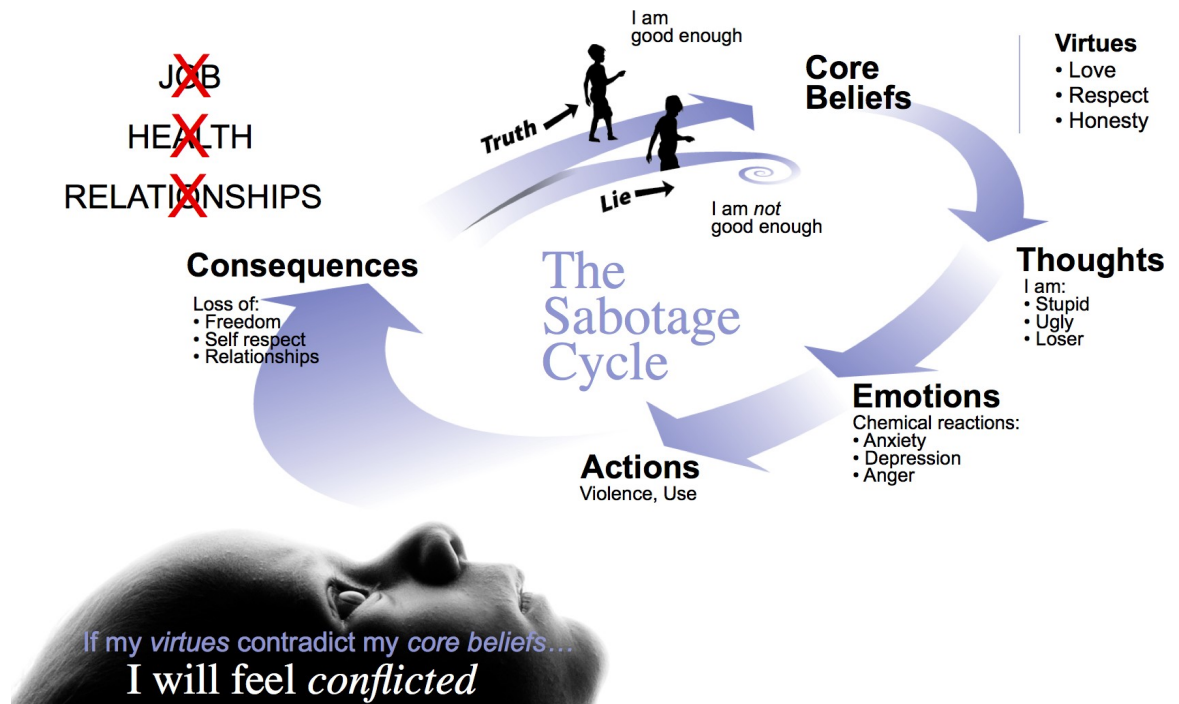
meet the needs of those that are not technologically savvy and expand to a seventh public: retirees. Strategies and tactics will be adjusted to connect with older people who do not use social media. By reaching out to these late adopters the goal of curbing SOS can be fine tuned within families and communities by people who have a long, rich life experience, and the flexibility to spend time with those who struggle. They can dedicate their retirement years to helping others with their mature perspective and hard earned, timeless wisdom from years of overcoming challenges.

These seniors are a hidden treasure and can effectively tackle the situation this thesis has analyzed, the worldwide SOS crisis. This will fulfill the goal of social dynamics, when enough adopters in a social system embrace this innovative strategic communication plan the rate of adoption becomes self-sustaining, otherwise known as critical mass (Merriam-Webster, 2018). These senior champions personify a seventh concluding element of choosing life: wisdom. With their encouragement in families and communities, the I Choose Life Project will hit critical mass and change the world, as we know it. Those who are willing to explore and further develop these practical applications through future research may perpetuate self-evident principles of efficacy that have been unrealized by the masses, yet grasped ever so tenuously by poets, artists, and dreamers.

APPENDIX I

Bruce Perry is an Adjunct Professor of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine in Chicago, Illinois and Senior Fellow of the Child Trauma AcademySM in Houston, Texas. He has been a critical voice in determining how childhood trauma alters the biology of the brain and on the long-term effects of trauma for people of all ages. Perry has served as an expert witness and consulted many high-profile incidents including the Oklahoma City Bombing, Columbine High School, Sandy Hook Elementary School massacres, and the Waco Siege. Peter Levine is focused on medical biophysics and psychology. He has worked as a stress consultant for NASA, has studied the effects of oppression and trauma on indigenous people, and is a member of World Psychologists for Social Responsibility addressing disasters and effective responses to political and ethnic warfare. Nadine Burke Harris is a pediatrician known for linking toxic stress and adverse childhood experiences to life-long harmful health effects. She is founder and chief executive officer of the Center for Youth and Wellness in San Francisco, California, an advisory council member for Clinton Foundation's Too Small to Fall campaign, founding physician and medical director of the Bayview Child Health Center, and was appointed by the American Academy of Pediatrics to the Project Advisory Committee for the Resilience Project.

EXHIBIT I



The Sabotage Cycle by Anastasia S. Najarian © 2006

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