HALUAN SASTRA BUDAYA Vol 10 (1), 2026 • ISSN Print: 0852-0933 • ISSN Online: 2549-1733

Analysis of Euphemisms and Dysphemisms Expressions in the Podcast "Pertemuan Bersejarah dr. Tirta dan dr. Gia"

Najmi Ali Mumtaz
Universitas Negeri Semarang, Semarang, Indonesia
email: najmialimumtaz@students.unnes.ac.id

Imam Baehaqie
Universitas Negeri Semarang, Semarang, Indonesia
email: imambaehaqie@mail.unnes.ac.id

Rustono
Universitas Negeri Semarang, Semarang, Indonesia
email: rustono@mail.unnes.ac.id

Article history:
Submitted May 6, 2026
Revised May 30, 2026
Accepted June 17, 2026
Published June 30, 2026

ABSTRACT

This study investigates the linguistic dichotomy in medical communication in the digital era, focusing on euphemism and dysphemism. The interaction between dr. Tirta Mandira Hudhi and dr. Gia Pratama's appearance on Raditya Dika's podcast serves as a unique sociolinguistic case study in which professional medical authority is negotiated through contrasting verbal styles. Drawing on Keith Allan and Kate Burridge's Theory of Taboo, the research employs a descriptive qualitative method with note-taking to analyze the transcript. The problem identified is the traditional taboo nature of medical discourse, encompassing disease, death, and professional failure, which must be reformulated for a diverse digital audience. Findings reveal that dr. Gia predominantly employs euphemistic strategies to "shield" and maintain professional "face" and interpersonal harmony, aligning with his "backstage energy." Conversely, dr. Tirta utilizes dysphemistic language as a "weapon", including profanity and harsh dialects, as a pedagogical instrument to shock and engage specific demographics. The analysis shows that these styles function as a "Yin and Yang" dialectic, where euphemism preserves institutional dignity while dysphemism achieves educational penetration through blunt realism. This synthesis suggests a paradigm shift in how medical expertise is presented to the public, blending clinical decorum with digital-native authenticity.

Keywords: *Allan and Burridge theory; dysphemism; euphemism; medical communication; sociolinguistics*

INTRODUCTION

In contemporary discourse on health communication in Indonesia, there has been a significant shift from private clinical consultation models to public digital platforms. This transformation has not only altered the medium of information delivery but also destabilized the linguistic norms traditionally associated with the medical profession. Doctors, who are traditionally viewed as authoritative figures speaking in technical and highly polite language, are now required to perform impression management before a highly heterogeneous digital audience (Goffman, 1986). This phenomenon reached its peak in the interaction between dr. Tirta Mandira Hudhi and dr. Gia Pratama on Raditya Dika's podcast, an encounter labeled by netizens as a "historic meeting" due to the extreme contrast in linguistic styles between the two.

Sociolinguistically, medical communication constantly deals with various forms of taboo, ranging from discussions about reproductive organs and excretion to failures in saving a patient's life (Vincent-Arnaud, 2018). In a society that culturally tends to avoid direct confrontation with painful or disgusting matters, euphemisms have long been a primary instrument for doctors to maintain a patient's emotional stability. However, the presence of social media and podcast platforms has introduced a need for authenticity and a sense of shock to capture public attention in the attention economy. This is where the Taboo Theory developed by Keith Allan and Kate Burridge (1991, 2006) becomes relevant. Allan and Burridge view language as a dual entity, a shield and a weapon. Euphemisms are used as a shield for face-saving to avoid offense, while dysphemisms are deliberately used as a weapon to attack, disparage, or provide very strong emphasis on realities that are often ignored (Laili, 2021).

This research focuses its analysis on how the dissonance in linguistic styles between dr. Gia and dr. Tirta creates a unique health education ecosystem. Doctor Gia represents the euphemistic pole, formal, empathetic, and measured, what he refers to as "backstage energy". On the other hand, dr. Tirta

manifests the explosive, coarse dysphemistic pole filled with local dialects, a representation of "main character energy". The use of words such as "cangkeman" (nonsense/talkative), "matamu" (are you blind?), or "kontet" (short/small) by dr. Tirta challenges conventional medical professional ethical boundaries, yet pragmatically, it is considered effective in reaching specific audiences who are resistant to refined language. Conversely, dr. Gia employs softening strategies, such as the term "titipan" (entrustment/warning), to describe severe sanctions in order to preserve the dignity of medical institutions.

The primary objective of this research is to identify in depth the mechanisms of euphemism usage by dr. Gia as a professional image protection strategy, as well as to dissect the functionality of dr. Tirta's dysphemisms as pedagogical instruments that pierce the boundaries of politeness. This analysis is critical as it views language not merely as a communication tool, but as a manifestation of the negotiation of power and identity in the public sphere. This study also aims to explore how these two doctors coordinate meaning in a conversation they describe as a "Yin and Yang" relationship, a metaphor for the balance between verbal softness and harshness in achieving national health literacy goals. By understanding this dialectic, we can see a broader picture of how medical authority in Indonesia is transforming in the post-truth era, where credibility is often measured by the courage of straight talking, even at the expense of traditional politeness (Allan & Burridge, 2006).

THEORY AND METHOD

The theoretical framework underlying this research is the Taboo Theory by Keith Allan and Kate Burridge (1991, 2006), which integrates sociolinguistic, semantic, and social psychological aspects. The core of this theory is the concept of X-phemism, which encompasses three broad categories of word choice based on the speaker's attitude toward the denotatum and the interlocutor. The first is euphemism, which is the replacement of a less preferred expression with a

more refined term to avoid loss of face (Allan & Burridge, 2012). The second is dysphemism, which is the use of expressions with offensive or coarse connotations to express anger, frustration, or as a weapon to attack the interlocutor 8. The third is orthophemism, which is the use of direct, neutral language that lacks excessive emotional charge (Allan & Burridge, 2006).

In the context of medical communication, Allan and Burridge (2006) specifically note that illness, body parts related to sex and excretion, and death are the primary areas that trigger the use of euphemisms and dysphemisms. Doctors are often caught in the tension between the obligation to provide accurate information, which often requires orthophemism or dysphemism, and the desire to be empathetic, requiring euphemism. Additionally, this research adopts Erving Goffman's (1959) Dramaturgy theory to analyze the self-presentation of both subjects. Goffman divides the interaction stage into the Front Stage, where individuals display an ideal social role, and the Back Stage, where individuals release the burden of their roles and act more spontaneously. The contrast between dr. Gia's "Backstage Energy" and dr. Tirta's "Main Character Energy" mentioned in the transcript will be dissected through this lens to see how linguistic choices reflect the psychological spaces they inhabit during the interaction.

The method used is descriptive qualitative. The primary data for this research consists of the full conversation transcript from Raditya Dika's YouTube channel titled "Pertemuan Bersejarah dr. Tirta dan dr. Gia" (The Historic Meeting of dr. Tirta and dr. Gia), uploaded on April 6, 2026. The data is analyzed using the non-participatory observation technique (simak bebas libat cakap). The researcher listened to the recording repeatedly to capture paralinguistic nuances such as intonation, laughter, and pauses, which often alter the pragmatic value of an utterance (Santinuk, 2022). Each lingual unit containing potential euphemisms or dysphemisms is identified, classified based on Allan and Burridge's type categories (e.g., circumlocution, metaphor,

hyperbole, jargon, epithet), and then critically interpreted within its context (Laila, 2025).

The participants in this study have vastly different sociolinguistic profiles, which serve as important variables in the data analysis. Doctor Gia Pratama is known as the head of the Emergency Department (IGD) who tends toward a structured, gentle, and diplomatic speaking style, a pattern he claims as a form of respect toward the "gods" representing fellow doctors and humans (patients). In contrast, dr. Tirta Mandira Hudhi is a doctor, influencer, and entrepreneur who consciously adopts an egalitarian and aggressive Suroboyoan dialect. The use of this dialect reflects not only geographical identity but also a convergence strategy to break down the hierarchy between doctors and the lower-class society, who often feel intimidated by formal medical language. This analysis also involves a comparison of how both subjects influence each other communication accommodation in an effort to build cohesion during the dialogue (Dwikarismandiar et al., 2023).

FINDING AND DISCUSSION

Analysis of the transcript reveals a very clear division of linguistic roles between the two doctors. This creates continuous face negotiation dynamics throughout the podcast. The following are the in-depth findings regarding the euphemism and dysphemism strategies used by each subject.

Dr. Gia's Euphemism: Professionalism as a Shield

Dr. Gia Pratama consistently positions himself within a linguistic spectrum that prioritizes harmony. In Allan and Burridge's perspective, dr. Gia's use of euphemisms functions as a protective euphemism, an effort to preserve the psychological tranquility of the listeners and maintain the dignity of the medical profession from appearing coarse or frightening. One of the most prominent euphemistic strategies is the use of circumlocution and metaphors to describe firm administrative actions.

Table 1. Typology of dr. Gia Pratama's Euphemisms

Lingual Data	Type of Euphemism	Referential Meaning	Sociolinguistic Function
"Ada titipan [surat]."	Circumlocution	Warning Letter (SP)/ Disciplinary Sanction	To avoid direct confrontation and the impression of being mean as the head of the ER.
"Energi panggung belakang."	Figurative Expression	Introverted character/supporter	To build a humble image that does not threaten the interlocutor's face.
"Sefalgia"	Technical Jargon	Headache	To neutralize physical pain into an objective scientific concept.
"Keajaiban/ Mukjizat"	Positive Hyperbole	Fertilization / IVF	To provide spiritual value and hope to biological phenomena.
"Meninggalkan dunia"	Politeness Euphemism	Death	To respect the subject being discussed and reduce emotional impact.

Table 1 demonstrates that dr. Gia's linguistic choices consistently function as face-saving strategies, confirming Allan and Burridge's (2006) argument that euphemisms are primarily employed to mitigate social discomfort and preserve interpersonal harmony. Expressions such as *titipan*, *energi panggung belakang*, and *meninggalkan dunia* illustrate lexical substitution intended to soften potentially threatening realities without eliminating their semantic content. This finding also supports Allan and Burridge (2012), who argue that euphemism operates through semantic reframing rather than lexical replacement alone. From Goffman's (1959) dramaturgical perspective, these expressions represent front-stage performances in which speakers maintain professional credibility while minimizing face-threatening acts. Similar

tendencies have also been identified by Laila (2025), who found that euphemistic expressions in Indonesian digital discourse serve to preserve public politeness while simultaneously maintaining institutional authority.

An example of the use of the word "titipan" (entrustment) by dr. Gia in the sentence "Iya, ini ada titipan [tertawa]" (Yes, there is an entrustment [laughs]) shows how power authority, as the head of the ER, is wrapped in language that seems innocent. Instead of saying "I am reporting my junior for neglecting duties," he chooses a diction that implies the action is part of an impersonal administrative system. This is a subtle form of deceitful euphemism, where the reality of power is disguised to maintain the public perception that he remains a smiling figure even as he punishes.

Furthermore, dr. Gia uses euphemisms to describe his own identity. The term "energi panggung belakang" (backstage energy) is used as a contrast to dr. Tirta's dominant style. Sociolinguistically, this is a face-saving strategy to legitimize his more passive position in the conversation without appearing inferior. He transforms passivity into a behind-the-scenes preparation strategy. The use of medical jargon like "Sefalgia" to explain his own name is also a form of euphemism that functions to distance himself from the negative association with pain by framing it in prestigious academic terminology.

In the context of failure, dr. Gia shows euphemistic tendencies through positive thinking. When he failed to enter the Specialist Doctor Education Program (PPDS) because the one accepted was a consultant's child, he did not use the words "ketidakadilan" (injustice) or "nepotisme" (nepotism). He chose to say, "Ya beberapa tahun lalu habis itu ya udah, akhirnya udah aku terusin aja…" (Well, a few years ago after that, yeah, well, finally I just continued it...). The use of the phrase "ya udah" (yeah, well/so be it) here functions as an emotional omission, where he deliberately avoids exploring his disappointment in public to maintain the image of emotional stability of a head doctor.

Dr. Tirta's Dysphemism: Brutal Honesty as an Educational Weapon

In contrast to dr. Gia, dr. Tirta Mandira Hudhi consciously uses dysphemism as a primary tool to build credibility and break communication deadlocks. Within Allan and Burridge's framework, dr. Tirta's dysphemisms are categorized as provocative dysphemisms, language intentionally made coarse to shock the audience into paying attention to the urgency of health messages. Unlike dr. Gia, dr. Tirta intentionally employs dysphemistic expressions to generate cognitive disruption and emotional engagement. Allan and Burridge (2006) explain that dysphemism is frequently used not merely to insult but also to intensify attention toward socially significant issues. Expressions such as *cangkeman*, *mampus*, and *zombie* therefore function as persuasive linguistic devices rather than simple verbal aggression. This finding is consistent with Laili (2021), who demonstrates that dysphemistic expressions frequently increase rhetorical force and ideological positioning in public discourse. Furthermore, Santinuk (2022) notes that informal and regional linguistic styles are particularly effective in Indonesian YouTube communication because they reduce social distance between speakers and audiences.

Table 2. Typology of dr. Tirta Mandira Hudhi's Dysphemisms

Lingual Data	Type of Euphemism	Referential Meaning	Sociolinguistic Function
"Cangkem-an"	Profanity (Javanese)	Nonsense/Talkative	To criticize patient non-compliance with an egalitarian yet sharp tone.
"Matamu"	Obscene Swearing (Javanese)	Exclamation of disagreement	To express frustration toward behavior considered illogical.
"Kontet"	Dysphemistic Epithet	Physically short/ small	To destroy formal hierarchy and build intimacy through mockery.
"Zombie"	Animal/Monster Comparison	Anti-vaccine victims	To dramatically describe the ill effects of health policies.

"Mampus"	Invective	Death due to negligence	To create a shocking effect on the audience so they fear the disease.

Table 2 shows Dr. Tirta's dysphemisms are often manifested in the use of the coarse Javanese *ngoko* dialect. The word "cangkeman" (big mouth/talkative) is used to refer to patients or parties who provide many baseless medical excuses. Critically, the use of this language is an effort at linguistic convergence toward certain social classes, namely older men and lower-class society, who might feel that a doctor's refined language is a mere pretense. By speaking coarsely, dr. Tirta positions himself as one of them who has the authority to scold for their own good.

A crucial point is the use of dysphemism as a logical tool. When arguing with a smoking patient, he said: "Bapak berani ngerokok tapi gak berani minum obat. Ya beda. Beda apa? Biasa gitu debatnya" (You dare to smoke but don't dare to take medicine. Well, it's different. Different how? That's how the debate usually goes). He does not use euphemisms to comfort the patient but uses situational dysphemism to show the absurdity of the patient's behavior. The diction "nggak mungkin diresepkan gratis, Bos" (It's impossible to be prescribed for free, Boss) shows the use of the title "Bos" (Boss) in a sarcastic manner, a form of dysphemistic euphemism where a normally polite word is used to disparage the interlocutor's argument.

Even toward dr. Gia, dr. Tirta continues to use dysphemisms, such as "kontet" (short/small) and "om-om bapak tua" (old man/uncle). In sociolinguistics, this is known as social solidarity dysphemism. Among close friends or colleagues of equal status, the use of coarse words actually functions as a bond of solidarity and a sign that the relationship has moved beyond rigid formal boundaries. However, dr. Tirta still inserts euphemisms when talking about seniority, such as the use of the word "nggih, Dok" (yes, Doc [polite Javanese]) to show that, although he is verbally coarse, he still respects the professional hierarchy on the backstage.

The Yin and Yang Dialectic: The Balance Between Shield and Weapon

The interaction between dr. Gia and dr. Tirta creates a phenomenon they call "Yin dan Yang-nya Indonesia" (Indonesia's Yin and Yang). Linguistically, this is a form of collaboration between euphemism as a shield and dysphemism as a weapon. The conversation shows that effective health communication in the digital era cannot rely on only one pole.

Table 3. Comparison of Communication Patterns between dr. Gia and dr. Tirta

Dimension of Analysis	**dr. Gia Pratama (Euphemistic)**	**dr. Tirta Mandira Hudhi (Dysphemistic)**
Goffman's Energy	Backstage (Manage Impression)	Main Character (Spontaneous Expression)
Target Audience	Mothers/Formal Groups	Fathers/Gen Z/Marginalized Groups
Linguistic Goal	Harmony-keeping	Truth-seeking
Disease Metaphor	Trial/Miracle/Loss	Zombie/Sweep/Gone/Crushed
Response to Conflict	"Titipan" (Diplomacy Letter)	"Gas" (Direct Confrontation)

The comparison presented in Table 3 indicates that euphemism and dysphemism should not be interpreted as mutually exclusive linguistic strategies. Instead, both constitute complementary communicative resources adapted to different audiences and communicative objectives. Goffman's (1959) dramaturgical framework explains this contrast through the distinction between front-stage and backstage performances, in which each speaker manages professional identity according to audience expectations. Allan and Burridge (2006) likewise emphasize that speakers continuously move along the X-phemism continuum depending on contextual demands. Consequently, the interaction between dr. Gia and dr. Tirta illustrates strategic code selection rather than conflicting communicative ideologies.

Dr. Gia admits that dr. Tirta's coarseness is a necessary component: "Karena walaupun kita berbeda kita punya satu kecintaan, yaitu edukasi

masyarakat Indonesia, Bang" (Because even though we are different, we have one love, which is educating the Indonesian people, Brother). This statement itself is a euphemism to justify the violation of politeness norms committed by dr. Tirta. By framing the coarseness as a "kecintaan pada edukasi," (the love for education) dr. Gia helps dr. Tirta maintains his professional face before the public.

Conversely, dr. Tirta uses dr. Gia's presence as a safety net. He mentions that if he makes a linguistic error or offends a patient excessively, he will push forward dr. Gia to provide a more refined clarification. This indicates a division of labor in impression management, dr. Tirta serves as the destroyer of apathy with dysphemism, and dr. Gia serves as the restorer of offense with euphemism.

The analysis of both doctors regarding the phenomenon of "berak bulet" (round poop) or "berak di Gramedia" (pooping in Gramedia) illustrates how the taboo of excretion is handled differently. Doctor Gia uses a gentle physiological explanation to describe the immature intestines of a child, while dr. Tirta explosively recounts his experience of kicking a friend who was defecating in kindergarten. Here, dr. Tirta's dysphemism is not just about word choice, but about the courage to talk about disgusting things without a filter, which sociolinguistically is viewed as a form of radical honesty highly valued by digital audiences.

Sociocultural Impact of Dialect and Identity

Dr. Tirta's use of dysphemism cannot be detached from his sociocultural identity as a speaker of the Suroboyoan and Soloan dialects. The words "cok" and "cuk" (profanities) that appear in the conversation are explained by dr. Tirta not as insults, but as calls of intimacy, "Keren itu artinya, Lur. Saudara, jadi kalau dokter Gia ketemu saudara, Hei Cok!" (Cool, it means 'Lur' [brother], so if dr. Gia meets a brother, say 'Hey Cok!'). Dr. Tirta's effort to redefine the meaning of this taboo word is a form of resistance against the hegemony of

formal Indonesian, which is considered sterile and distances doctors from the reality of the people.

Doctor Gia, despite attempting accommodation, fails to mimic dr. Tirta's speaking style. When asked to shout "Paham kau!" (Do you understand?!), dr. Gia's voice remains soft and unthreatening. This proves Allan and Burridge's theory that dysphemism is not just about words, but about the speaker's attitude. For dr. Gia, politeness has become an internalized identity, whereas for dr. Tirta, dysphemism is a deliberately chosen form of performativity to pierce the rigid boundaries of medical bureaucracy.

The use of the "Zombie" metaphor by dr. Tirta is to describe the anti-vaccine movement is an example of how figurative dysphemism is used to create functional fear. By equating the decline of herd immunity with a zombie outbreak (in the game Resident Evil), dr. Tirta uses popular culture references to communicate complex medical risks. This is a sociolinguistic strategy that is far more effective than using dry technical medical terms for a young audience.

Implications for National Health Literacy

This dichotomy in linguistic styles has major implications for health literacy levels in Indonesia. The presence of dr. Gia provides an assurance that the medical profession still possesses empathy and politeness, which are essential for building long-term public trust. Meanwhile, dr. Tirta's style provides rapid information delivery and wide reach through viral and provocative content.

Table 4. Effectiveness of X-Phemism in Digital Health Communication

Linguistic Style	Strengths	Weaknesses	Literary Impact
Euphemism (dr. Gia)	Increases trust, calms patients, maintains ethics.	Risk of being seen as fake or less firm in emergencies.	Deep and ethical understanding of medical concepts.
Dysphemism (dr. Tirta)	Captures instant attention, easy to remember, egalitarian.	Risk of giving offense and being seen as damaging professional dignity.	Rapid health behavior change through shock effects.

Table 4 further demonstrates that neither euphemism nor dysphemism is inherently superior in digital health communication. Instead, each possesses distinct communicative strengths and limitations. Euphemism contributes to institutional trust and emotional reassurance, whereas dysphemism increases memorability and audience engagement through linguistic intensity. This observation supports Allan and Burridge's (2006) proposition that speakers strategically alternate between euphemistic and dysphemistic expressions according to communicative goals. Moreover, Goffman's (1959) concept of impression management suggests that both linguistic styles constitute different performances designed to achieve legitimacy before different segments of the public.

This research concludes that euphemism and dysphemism should not be viewed as opposing forces, but rather as complementary instruments. In a world filled with misinformation, sharp honesty is sometimes more necessary than politeness that obscures facts. However, dr. Gia's refinement of character remains necessary to ensure that such honesty does not turn into aggression that disrupts the social order.

Overall, this study extends previous research on euphemism and dysphemism by demonstrating that these linguistic phenomena should not merely be examined as lexical categories but also as strategic resources for professional identity construction within digital health communication. While previous studies have primarily focused on political discourse (Laili, 2021), online interaction (Laila, 2025), or general taboo language (Allan & Burridge, 2006), this study reveals how medical professionals negotiate authority, empathy, and public engagement simultaneously through contrasting X-phemism strategies. Consequently, the findings contribute to sociolinguistic studies by integrating taboo theory with impression management in the context of Indonesian digital health communication.

CONCLUSION

This research demonstrates that the use of euphemism and dysphemism in the interaction between dr. Gia Pratama and dr. Tirta Mandira Hudhi is not merely a reflection of personal character but a planned sociolinguistic strategy in navigating medical taboos within the digital public sphere. Doctor Gia uses euphemism as a shield to maintain a professional demeanor and offer emotional comfort to audiences seeking tranquility. Conversely, dr. Tirta uses dysphemism as a pedagogical weapon to shake the audience and tear down the walls of medical elitism through egalitarian language and blunt local dialects.

The primary conclusion of this analysis is that the effectiveness of health communication in the social media era depends on medical professionals' ability to adaptively use the X-phemism spectrum. The "Yin and Yang" relationship displayed by these two doctors demonstrates that modern medical authority must be capable of transforming from a figure who merely treats clinically into one who engages in sociocultural dialogue. Dr. Tirta's dysphemism reaches those who are apathetic, while dr. Gia's euphemism embraces those who are vulnerable. Through the convergence of these two linguistic styles, health literacy in Indonesia can be democratized without sacrificing the integrity of medical science. This linguistic strategy reflects a shift from paternalistic monologues toward more authentic public dialogues, in which doctors are recognized not only for their academic titles but also for their ability to speak humanely with other humans.

REFERENCES

Allan, K., & Burridge, K. (2006). *Forbidden words: Taboo and the censoring of language*. Cambridge, England: Cambridge University Press. https://doi.org/10.1017/CBO9780511617881

Allan, K., & Burridge, K. (2012). Euphemism and dysphemism. In C. A. Chapelle (Ed.), *The encyclopedia of applied linguistics*. Oxford, England: Wiley-Blackwell. https://doi.org/10.1002/9781405198431.wbeal0394

Brown, P., & Levinson, S. C. (1987). *Politeness: Some universals in language usage*. Cambridge, England: Cambridge University Press.

Dwikarismandiar, G. R., Susanto, A., & Nur, T. (2023). Analisis ragam bahasa: Konten YouTube Podcast Deddy Corbuzier. *Perspektif Ilmu Pendidikan*. https://doi.org/10.53947/perspekt.v1i5.246

Dynel, M. (2012). Swearing methodically: The (im)politeness of expletives in anonymous commentaries on YouTube. *Journal of English Studies, 10*, 25–50.

Fairclough, N. (1995). *Media discourse*. London, England: Edward Arnold.

Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday Anchor Books.

Hyland, K. (2005). *Metadiscourse: Exploring interaction in writing*. London, England: Continuum.

Laila, N. R. (2025). Eufemisme netizen dalam menanggapi konten parenting di YouTube Nikita Willy: Tinjauan sosiolinguistik. *Kajian Linguistik dan Sastra, 10*(2), 259–277. https://doi.org/10.23917/kls.v10i2.12218

Laili, E. N. (2021). The use of euphemism and dysphemism in political discourse: A case study of Donald Trump's speeches. *International Journal of Social Science & Interdisciplinary Research, 12*(2), 38–46.

Santinuk, S. (2022). Alih kode dan campur kode dalam konten YouTube Deddy Corbuzier dengan Dr. Tirta. *Sasindo, 9*(2), 253–272. https://doi.org/10.26877/sasindo.v9i2.11015

Vincent-Arnaud, N. (2018). Review of *Forbidden words: Taboo and the censoring of language*, by K. Allan & K. Burridge. *Lexis: Journal in English Lexicology, 12*, 1–3. https://doi.org/10.4000/lexis.1633