ABSTRACT

GILMORE, JEREMY ALLEN. Blessings and Cursings: A Phenomenological Study on the Usage of Profanity in Clinical Pastoral Education. (Under the direction of Dr. Jayne Fleener).

Profanity, derived from the Latin profanus (meaning "outside the temple"), has long been seen as antithetical to spirituality (Bergen, 2016, p. 17; Eliade, 1957). Social norms around organized religion, respectability, and ethics compound this perception. Clinical Pastoral Education (CPE) trains adult faith leaders how to become chaplains/spiritual care providers in clinical settings. Most CPE students begin with clerical backgrounds, and some may even already be credentialed as denominational ministers, preachers, priests, rabbis, and imams. This experience in formal religious roles can inculcate them from secular environments where profanity is more widespread. Significantly, CPE often occurs in non-religious, highly stressful contexts such as hospitals, military, and prisons. These are sites where the proverbial "inside" and "outside" of the temple converge.

In these secular settings in which CPE students offer spiritual care, piety is not the social or lingual norm. Instead, CPE students experience unfiltered pain, suffering, exhaustion, anger, and grief. When people are highly stressed or feeling extreme emotions, they may use profanity (Bergen, 2016; Byrne, 2018). The emotional volatility of the CPE educational environment (both in the classroom and in the clinic with patients) can cause profanity to be experienced by CPE students. This "cross-grained experience" of moving from respectable, agreeable forms of emotional expression to unabridged, extreme forms of emotional expression can make CPE a difficult transition for faith leaders (Klink, 1966). Further, there is a dearth of research on the experience of profanity in CPE.

This hermeneutical phenomenological qualitative study explored the usage of profanity in the experiences of former CPE students. Eight former CPE students were interviewed and asked

about their experiences, including their perceptions of power and ethics related to the phenomenon. Interview data were analyzed for emergent themes to seek the "essences" of the experience. Five themes were found along with subthemes. I was guided in this study by the theoretical frameworks of critical discourse analysis, liberative pedagogy, and queer theory. The aim of the study was to gain understanding on the relationship between profanity, power, and the ethical concerns of former CPE students. With the insights gained from the study, CPE educators and students can offer education and spiritual care informed by the dynamics surrounding this form of communication.

Blessings and Cursings: A Phenomenological Study on the Usage of Profanity in Clinical Pastoral Education

by
Jeremy Allen Gilmore

A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

Educational Leadership, Policy, and Human Development

Raleigh, North Carolina
2023

APPROVED BY:

_____	_____
Dr. Jayne Fleener Committee Chair	Dr. Alyssa Rockenbach
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Dr. DeLeon Gray	Dr. Chad Hoggan

DEDICATION

I dedicate this dissertation to my Mom, Argusta Gilmore-Bennett and my pops, Rev. Michael Brown who both died while I was in my doctoral program. You both cussed, loved God, and loved me. Everything I am is because of you. I love you. I also dedicate this to those who saw this accomplishment in me when I barely could. To my uncle, Deacon Donnell Williams (dec.) and my wife, (soon to be Dr.) Ashley Gilmore. To our daughters, Jocelyn and Jaelle, who prayed and celebrated with me throughout this journey, I love you. We did it!!!

BIOGRAPHY

This dissertation features a positionality statement in chapter three, which serves as a more detailed autobiographical description and connection to the research study.

I was born in Gary, Indiana to Argusta Gilmore. I have a twin brother, Jermaine, and a sister, Jessica, who is one year younger than us. After an arduous and abusive relationship with our biological father, my mom left him and moved us to East Chicago, Indiana (EC). We grew up with little money but lots of love, art, and reading. Our mom could regularly be found drawing, crafting, and creating in our home. In addition, from early in our childhood, our mom would take us to read at the local library summer reading programs. Amidst this maternal nurturing, my mother's boyfriend was abusive and we lived for nearly a decade under the constant threat of violence at home.

Through extended family and later a friend, I was introduced to the Black Baptist Church. My teenage conversion was enveloping, deep, and real. At EC Central High School, I would meet my now wife, Ashley Danielle Andrews in newspaper class where I was a writer and she was an editor. With the foundation of my mother's values, heartfelt spirituality, and a young love, I entered adulthood.

I attended Indiana University, the first person in my family to go to college. At IU, I joined a gospel choir (Voices of Hope), taught Bible studies, and became a licensed minister at Second Baptist Church. After a circuitous road of first-generation academic fumbles, I graduated with a Bachelors of Arts dual major in African-American and African Diaspora Studies/Religious Studies (I am still the only person to ever receive that degree from IU). Upon the encouragement of a faculty advisor, Dr. William Wiggins, I pursued and earned a Master of Arts degree in African-American and African Diaspora Studies. My master's thesis,

"Movements of the Spirit: Sermonic Themes and the Spiritual Legacies of Howard Thurman and Martin Luther King, Jr.", featured interviews with ministers and sermon analyses, methodological foreshadowing for this dissertation.

After graduate school, I worked in higher education at Indiana University, supporting marginalized and underrepresented students. First as the Academic Advisor for the Office of Mentoring Services and Leadership Development and then as Assistant Director of Diversity Initiatives for the Kelley School of Business. Alongside my work at IU, I co-founded the I Want God Conference, an intentionally inter-denominational organization with community service activities and concerts. My deepening involvement in ministry led me to pursue seminary.

Ashley and I, now married with our one-year old daughter, Jocelyn, left our home state and moved to North Carolina where I earned a Master of Divinity from Duke University's Divinity School. While at DDS, I learned of Clinical Pastoral Education and did a CPE internship. I was like a fish to water, experiencing spirituality in the ordinary and sojourning with those who were suffering. While I was a CPE intern, we had our second daughter, Jaelle. Upon graduating DDS, I did a CPE residency and then earned certification as a Certified Educator through the Association of Clinical Pastoral Education (ACPE).

Since then, I have served in numerous capacities throughout my time in church ministry and CPE. I have been a musician, associate minister, and youth pastor at Mt. Level Missionary Baptist Church and Monument of Faith Church, both in Durham, NC. I have been Assistant Director of Spiritual Care and Education at Carolinas NorthEast in Concord, NC and CPE Coordinator at UNC REX Healthcare in Raleigh, NC. I have served as the CPE Educator for the Episcopal Diocese of North Carolina. Since 2020, I have been the Director of Spiritual Care at WakeMed Health and Hospitals in Raleigh, NC.

ACKNOWLEDGMENTS

There are many people to name here who contributed directly and indirectly to making this dissertation and doctoral journey happen. First, I must thank God. You, who I have gotten to resist, debate, and return to over and again. You have been my bottomless muse. You have done as you promised. You have not left me alone and you have not forsaken me (Deuteronomy 31:6&8). Thank you.

Next, I thank my family and framily. Ashley, my darling wife, my best friend, and the next one up to get a PhD – I cannot wait to celebrate with you next year! We have done it! Two kids from East Chicago with God, each other, and a whole village. Wow. I love you more than a dissertation could ever say. Thank you for your encouragement, patience, and support throughout this journey. To our daughters, Jocelyn and Jaelle, thank you for being my constant inspiration. You have helped me complete this process. I pray you remember three things from this dissertation; 1. You never have to be perfect. 2. You can do hard things, and 3. Your dad loves you endlessly.

To my extended family members, [Jessica, Jermaine, Jaden, Isaiah, Elijah, Auntie Eyd, Auntie Cella, Eden (Gee), Freddy IV, Demitria (Coco), Hope and Tristan]. Thank you for nurturing, loving and standing with me through everything. To the Browns (Veronica, Josiah, Joshua), thank you for the ways you have supported me since I was a teenager and could not even imagine what future might be possible. My 634 brothers, elders Duane Ingram (Daarina) and Diamond McClam (Kim), thank you for being faithful to our brotherhood. To my deceased family and friends, my ancestors, I thank you for your presence throughout my life; Mom (Argusta Gilmore-Bennett), Pops (Rev. Michael Brown), Aunt (Debra Gilmore), Uncle (Freddy Gilmore), Uncle (Deacon Donnell Williams a.k.a. Mr. Nobody), and Granny (Nellie B. Thomas).

I love each of you. I called on you throughout this process and you never let me down. Mom, I love you and I am still learning to live with you in this new form. You were the catalyst at many points in this process. I miss you so much and I love you.

To the Carter's (Rev. Dr. J. Kameron and Felicia, Kennedi and Madison) – thank you for being incredible family and mentors to Ashley and I. To the Laney's (Rev. Dr. Clarence and Lisa) – thank you for your ministry example and openness. To my barber and friend, Mario Holman, thank you for making space to talk about these conversations in the shop. To Rev. Dr. Bruce Rose and the Second Baptist Church family, thank you for believing in me when I did not know a thing about ministry. Rev. Dr. William C. Turner and Mt. Level Missionary Baptist Church – thank you for your tutelage and support. To the Duke Divinity School crew – thank y'all for supporting my unorthodox approach to ministry. To the Indiana University Bloomington crew – thank you for riding with me for over twenty years and trusting what God was doing in me.

Thank you to the many ACPE colleagues, mentors, educators, and friends who have made this possible; Dr. Logan Jones, Rev. Gyasi Patterson, Rev. Dr. Natalia Shulgina, Rev. Dr. Danielle Buhuro, Rev. Dr. Marion Thullbery, Rev. Dr. John Oliver, Rev. Carl Clark, Rev. Matthew Incorvaia, Rev. Ryan Parker, Jodi Simmons (dec.), Rev. Blake Strother, Rev. Angel Lee, Rev. Amy Canosa, Rev. (soon to be Dr.) Katherine Higgins, Rev. Dr. Trina Leshay Johnson, Rev. Veronica Martinez-Gallegos and Rev. Dr. Beth Jackson-Jordan. Another thank you to the ACPE Certified Educators who recruited from their former CPE students for this study. To Dr. Valerie Barlow, Rev. Jeanne Hale, Rev. Leslie Nambo, and all my amazing colleagues in the Spiritual Care Department at WakeMed – thank you for allowing me to serve you and learn from/with you. To all of the CPE students who inspired this study through your

practice, questions, and curiosities. This work is a byproduct of my desire to teach you better. I pray it challenges, nourishes and disturbs you as all good learning does.

Next, I want to thank those in the academy who have supported me. My NCSU peers Beth Kornegay and Dr. Elizabeth Locklear, thank you for reviewing my work and all of the hours we spent together completing this process. I will think of you when I think of this doctoral journey. To Dr. LaShica Waters – there is no way this dissertation and degree gets completed without you as my coach. When I was tired or discouraged, I heard your words in my head – "We trying to graduate!!!" Thank you keeping me consistent. We did it! To Antonio Bush, my God-gifted brother, thank you for your encouragement, example, and support. I appreciate you bro! Dr. Stephanie Power-Carter, thank you for your mentorship now for nearly two decades. You showed me what this path looked like long before I would walk it myself. Thank you for inviting Ashley and I into your life. Thank you to my thesis chair at Indiana University Dr. Audrey McCluskey who saw this degree in me years ago. I am grateful for your belief in my intellectual potential. To the participants in the study – thank you for honestly and vulnerably trusting me with your experiences. And thank you for the way you offer spiritual care.

Finally, thank you to my dissertation committee for their support; Dr. DeLeon Gray, Dr. Chad Hoggan, and Dr. Alyssa Rockenbach. And a special thank you to Dr. Jayne Fleener, my dissertation chair. Dr. Fleener, you have embodied your pedagogy. I am forever grateful for the way you held me in this process. Not only academically, but throughout this time, you served as my advocate, my mentor, and my chaplain. I will not reflect on this accomplishment without remembering our relationship and your steady support. I am the emanation of formal scholars and organic intellectuals, Sunday School teachers and spades players. I pray that their place in my life is honored through this study.

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CHAPTER ONE - INTRODUCTION

The tension had been building for weeks. I was an intern in my first unit of Clinical Pastoral Education. My peer group consisted of a Black Christian woman in her fifties, a White woman in her sixties and two White Christian men in their twenties. We were educated by a White Christian man in his thirties. In our group times, the White men, including the educator, used profanity casually and openly. The White woman cussed at times, but less than the men. The Black woman and I never cussed. Each group time, I grew more and more irritated. Why did some in the group talk this way? And, even further, why did they "get" to talk this way? In one of our final meeting times, I spoke up. I looked at the group and named what I had experienced from them. "As a Black man, I could not talk like that and be respected," I told them. My educator smiled in what felt like a combination of discomfort and appreciation, as if I had unlocked some self-awareness passcode.

From there, I began to explore my own relationship with profanity in spiritual care. I examined the social context and my own inner dialogue about what was acceptable/unacceptable for me as a Black man and minister. Later, with the mentoring and support of my initial CPE Certified Educator, I became a Certified Educator in the Association of Clinical Pastoral Education (ACPE). In my educator role, I help CPE (Clinical Pastoral Education) students (most often referred to as chaplains or spiritual care providers) articulate their theology and personal history to better care for patients in clinical settings (commonly hospitals, but also prisons, nursing homes, and other environments). When patients are enduring challenging times, they rely on a "non-anxious presence" to help them navigate the suffering (Friedman, 1985). In distress, patients also depend on chaplains to be non-judgmental (O'Leary, 2012). Utilizing these concepts and others, I teach students how to effectively provide spiritual care. I meet with

seminarians and faith leaders to help them explore their personal histories and theologies and incorporate their new learnings into the clinical setting.

During my time in CPE, as a student and an educator, I increasingly noticed that the use of profanity in spiritual care was never explicitly discussed. Yet my educators, all White clergy, used it regularly. As mentioned, I did not use profanity myself when I began CPE, mostly because I felt it was not respectable as a Black male clergy member. However, over time, I began to cuss sparingly. I noticed how profanity helped me more authentically express myself and connect with students I taught and patients in my care. It also connected me to my childhood and the people who had nurtured me – both clergy and non-clergy. Many of those people cussed and I had linguistically distanced myself from them. I realized I had been judging myself and others while limiting my relationships based on my perceptions of the speech of others.

This dynamic of self-critique echoed the double-consciousness spoken of by W.E.B. Dubois. As a Black man in the United States of America (compounded by other intersectional axes of sexual orientation, gender, religion, class, education, family of origin, among others), I felt this sense of continually comporting myself to be agreeable even when I did not feel this internally. I had been, as Dubois noted, discipled into "always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity… two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder" (Dubois, 1903, p. 2). This was my experience. I also noticed my proclivity to listen to rap music and the catharsis I felt hearing rappers cussing (Gilmore, 2018). The more I offered spiritual care in the clinical setting, I realized that the patients I served may need to use profanity to express themselves.

I experimented with this budding verbal freedom in church ministry and in CPE. With church congregants, I preached a sermon where I told the people I cussed. I asked the congregants if any of them cussed, to which many of them said they did. With CPE students, I began to disclose to them that I used profanity occasionally. This caused some students to cuss at times. Then, at times during the CPE unit, I would conscientiously use profanity. For example, I would empathetically say to a student who was having a challenging moment, "That fucking sucks". To my surprise, nearly everyone who heard of my relationship with profanity (both in the religious and clinical context) responded with a sense of gratitude and appreciation that they could be more authentic.

While this began as a personal exploration and experimentation for me, I noticed there was more of a universal experience that was deserving of examination. This led me to study the ways profanity might be experienced in CPE (Gilmore, 2020). What I felt and found is that lots of people cussed. In private, in public, and in their heads. Musicians curse. Athletes curse. Now, even politicians curse. Profanity can be more commonplace than religious language. Most people are more comfortable with expletives than exegesis, with the vulgate (colloquial speech) than the Vulgate (Latin Bible). This study is a deepening of these explorations. How might CPE students experience this phenomenon? What meaning do they make of it? How does it problematize their perceptions of language, power, and ethics?

Statement of the Problem

Many of the pedagogical frameworks of the Clinical Pastoral Education experience are based around students' engagement with crisis, varying worldviews, and their own embedded theologies. Theological reflection, action-reflection-new action, and "cross-grained"

experiences[1] are a few of the consistent frameworks of CPE (Jones, 2010; Klink, 1966). These encounters in clinical settings are often jarring for CPE students who are given regular occasions to reflect on what they are feeling. Language is an important site of learning and processing these disorienting dilemmas. This is illustrated in the CPE learning process which is built around written and verbal reflection. Profanity, derived from the Latin for "outside the temple," has long been seen as antithetical to spirituality/religion (Bergen, 2016). Social norms around organized religion, respectability, race, gender, and other demographic identifiers compound this perception (Taylor, 2016). In short, the problem is that CPE education asks students to process intense emotional and spiritual experiences in themselves and others using *language*. And yet, a wide category of language used during times of extreme emotion has been unexamined. For cultural, social, and ethical reasons this study explores, we have become tongue-tied. Not because we do not experience profanity, but *because we do not communicate about the experience of profanity*. This may be due to demographics that are socially discouraged from using profanity or due to religious/spiritual roles that are overlaid with assumptions of purity/sanctity. This study aims to understand more about the phenomenon of the usage of profanity within Clinical Pastoral Education.

There is currently a dearth of research on the relationship between profanity and spirituality/religion. In CPE, adult students often face encounters that challenge their preconceived theological frameworks. How do CPE students experience profanity when they are engaged in a learning process that promotes relational authenticity and emotional availability? Further, how do CPE students experience profanity in an educational environment that is within

[1] Defined more thoroughly in chapter two, the cross-grained experience is a moment where the appropriate mode of response for a chaplain goes against their habitual mode of response (Klink, 1966).

a high stress, non-religious context (such as a hospital, prison, military)? These findings have the potential for significant awareness in the ways ACPE Certified Educators and CPE students/chaplains/spiritual care providers understand themselves and strengthen their care.

Purpose of the Study and Research Questions

I conducted a phenomenological study on the experiences of former Clinical Pastoral Education students with profanity in their educational process. The purpose was to better understand the relationship between the usage of profanity, power, and ethical concerns. The study focused on three research questions:

1. How was profanity experienced by students in Clinical Pastoral Education?
2. How, if so, was the use of profanity in CPE related to former students' perceptions of power?
3. How, if so, was the use of profanity in CPE related to former students' perceptions of ethical concerns?

My first question emerged out of a desire to understand the experience of students. My second and third questions were derived from the literature which describes a relationship between perceptions of power in who can use profanity and what they can say (McIlvain, 1977; Watson, 2013). Other literature states that clergy may struggle with profanity because of deeply embedded religious notions of right and wrong (McCray, 2015).

Significance of the Study

This research is important for multiple reasons. Currently, mental health and healthcare are being stressed and expanded in a rapidly changing environment. The COVID pandemic has caused an historic, "unending" amount of grief and death introducing new challenges for the healthcare system, especially impacting healthcare providers and pastoral care professionals

(Yong, 2022). Times like these cause people to ask questions about their mortality and spirituality. However, even prior to the pandemic, there was growing interest in the connection between spirituality/religion and healthcare. In 2000, studies showed that nearly 78% of people felt the need to grow spiritually and "research suggests that many clients want to integrate their spiritual beliefs and values into clinical settings" (Hodges & McGrew, 2006, p. 638).

In healthcare fields such as social work and medicine, there has been a tremendous increase in studying the nature of spirituality/religious experience and its connection to patient care. In 1993, there were only five medical schools that had a course on spirituality. In 2000, there were 65, or half of the medical schools in the USA that had courses on spirituality (Hodges & McGrew, 2006). Connectedly, patients today feel more agency in their healthcare decisions, meaning there is a realistic expectation that they will also appreciate incorporating spiritual care into their healthcare (Wakefield et al., 2018). All that said, chaplaincy/spiritual care has become a growing field in healthcare. In part, this may be related to the decline in formal religious connections and an increased reliance on and demand for pastoral care in healthcare settings.As this shift has occurred, the role of the chaplain in serving as a critical religious intermediary for patients (Sullivan, 2014). As described by Cadge (2020):

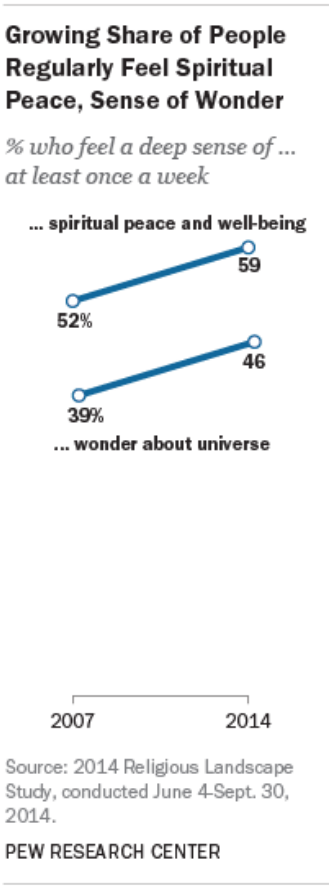
> Religious congregations have been slowly yet steadily declining over the past 20 years as the number of people engaging with chaplains and spiritual-care providers is on the rise. In a national survey conducted last year, 21 percent of Americans reported having contact with a chaplain in the previous two years, mostly through health-care organizations. Close to a quarter of theological schools have started degree programs for chaplains in the past two decades. And

the number of people completing clinical training for chaplaincy positions [Clinical Pastoral Education or similar programs] is increasing (1).

For chaplains/spiritual care providers, verbal communication is the central resource for solidifying support between the patient and clinical culture. Communication is the "lifeblood of clinical interactions" (Hodges & McGrew, 2006, p. 637). Spiritual care providers want patients, their loved ones, and providers to have their voices heard. To "listen and be listened to" (Kotter, 2012, p. 101). They desire to foster open communication, even, and perhaps especially, when it is hard. This is similar to Freire's "culture circles", where sharing occurs - even in difficult circumstances - in attempts to improve care and understanding (Matthews, 2014, p. 606; Rindner, 2004). Communication is also critical in populations that have been historically disenfranchised or abused by the medical system (Washington, 2007). In one telling study, African American (94%), and Hispanic (100%) patients stated that they were comforted by a pastoral/spiritual care visit (Balboni et al., 2007).

Figure 1

Growing Share of People Regularly Feel Spiritual Peace, Sense of Wonder



In addition to the increase in pastoral/spiritual care presence, especially in healthcare settings, the USA's religious and cultural demographics are changing; less people have identified as religious each decade and there is growing religious/cultural diversity (Taylor, 2016). It is notable, however, that some spiritual experiences have increased–

> About six-in-ten adults now say they regularly feel a deep sense of "spiritual peace and well-being," up 7 percentage points since 2007. And 46% of Americans say they experience a deep sense of "wonder about the universe" at least once a week (Pew Research Center, 2016, p. 6).

This suggests there is a spiritual appetite in the country that is not being met by the traditional religious models, implying that chaplains/spiritual care providers will need to have greater spiritual dexterity to meet people who belong to an increasing diversity of organized religious groups and those who do not. This study provides a helpful interlocutor in a cultural landscape that is diversifying, secularizing, and yet continues to value spirituality. Spiritual care providers of today and tomorrow would do well to explore how they will communicate/relate with those in their care considering these emerging trends.

Another significance of the study is the need for authenticity between spiritual care providers and those in their care. When working in clinical settings, inauthenticity can limit CPE students' ability to connect with others who are experiencing unrefined, acute emotions. Having an awareness of their own feelings about the usage of profanity can help CPE students remain present in challenging situations. By understanding more behind the experience of profanity by CPE students, the study has the potential to improve patient care.

And finally, examining this experience with profanity may support CPE students' personal liberation and authenticity. Like me, ACPE Certified Educators, CPE students, and many faith leaders may have been given social scripts to censure ourselves in the service of respectability and/or piety. This study can assist this population in opening up to a wider palette of expression, understanding their own experiences and troubling hegemonic assumptions and binaries of good/bad.

Conceptual and Theoretical Frameworks

There were multidisciplinary conceptual and theoretical frameworks that guided me through this study. The following are some of the concepts and theories that supported, guided, and explicated this study.

Critical Discourse Analysis

Critical Discourse Analysis (CDA) posits that "language as a cultural tool mediates relationships of power and privilege in social interactions, institutions, and bodies of knowledge" (Rogers, 2005, p. 58). This thought has also been echoed by other critical discourse theorists such as Bourdieu (1977), Davies and Harre (1990), Foucault (1969, 1972), Gee (1999) and Luke (1995, 1996). Rogers (2005) writes that all critical discourse analysis (CDA) has three shared characteristics: one, all approaches are informed by critical theory, that is, they are concerned with power and justice particularly for those on the margins. Two, discourse is a social practice. Three, the primary objective of CDA is raising awareness of how "language mediates asymmetrical relations of power" (Rogers, 2005, p. 56). Much of these characteristics are informed by Norman Fairclough, who will be discussed further in chapter two.

In this study of profanity, relegating some words as off limits creates distinctions between what is preferred/despised. There are cultural implications beyond profanity. For example, social access and capital are dispensed and withheld based on one's ability to communicate in the language of the community with power (this is named in chapter 4 under the sub-theme of class). Regarding race/ethnicity/culture, this often means a social disapproval of anything other than Common Standard English. The following example describes how societal views can shift about language.

Recently, rap music has become more widely received than it was in its infancy (Bradley, 2021). During the 2022 NFL Super Bowl, the most watched television program in the country featured Dr. Dre, a member of the group NWA (Niggaz Wit Attitudes). In 1988, NWA famously rapped "Fuck the Police." Rap's ascension from the margins to the mainstream illuminates the ways in which language is malleable and political (Gilmore, 2020). Interestingly, Dr. Dre and the

other performers were told they could not say certain words onstage, including cuss words and anything negative about police. In a sign of his and rap music's resistance to policing, Dr. Dre did say the phrase, "still not loving police" during the halftime show (YouTube, 2022). Rap music's early public criticism and later adoption as an art form by African American and Latinx people, serves as an example of the ways in which language perpetuates and complicates systemic power and has changed what is acceptable to the wider population.

Paulo Freire's overarching philosophy of education is connected to this analysis of language and power. For my study, I employed his concepts of the democratization of language. Freire believed that when disenfranchised people can communicate (read, write, speak) in the language of power, they can gain access in the society. I agree with this notion and yet I also wanted to invert it. Perhaps those who want to communicate with the disenfranchised can renegotiate systems of power by speaking in the language of the disenfranchised. For example, if those who do not have power in the society use profanity to express their hurt, a clinician who desires to empower may use profanity to connect with them. This is also democratization of language. If the goal is equity, "sitting with" is as important as "lifting up" (Freire, 1970). Mind you, that does not mean the conditions in which we sit/stand should not be interrogated. This continual interrogation is necessary for equitable change. This theoretical framework helps uncover the potential personal, social, and physical freedom offered through the use of profanity. Freire's passion and pedagogy served as an essential framework for my study.

Liberative Pedagogy

bell hooks (1994) adopted Freire's passion around education as the practice of freedom in her classroom. She prized seeing students as individuals capable of autonomy and resistance. She also understood that education is not neutral, but education is politics. Other educators have

remarked about the ways in which traditional education hampers students with learning that is counterproductive for their social and moral freedom (Woodson, 1933). Liberative pedagogy was another framework for this study that assisted in asking questions that empower students. Freire goes as far to say that preventing students from inquiry about what it means to participate in an educational process is "violence" (Freire, 1970). What is off limits? And more significantly, the liberative pedagogue would add the question, "Why?"

This study explored the educational experience of CPE students that happens in the classroom and the clinic to notice times where profanity was used. These were liberatory questions that sought to explore the experiences students had with the usage of profanity. Socially, it also asked questions that implicated the current power structures - What was the context of the usage of profanity? Who used it and who did not? These inquiries encouraged former CPE students to examine their educational experience critically (hooks, 1994).

Queer Theory

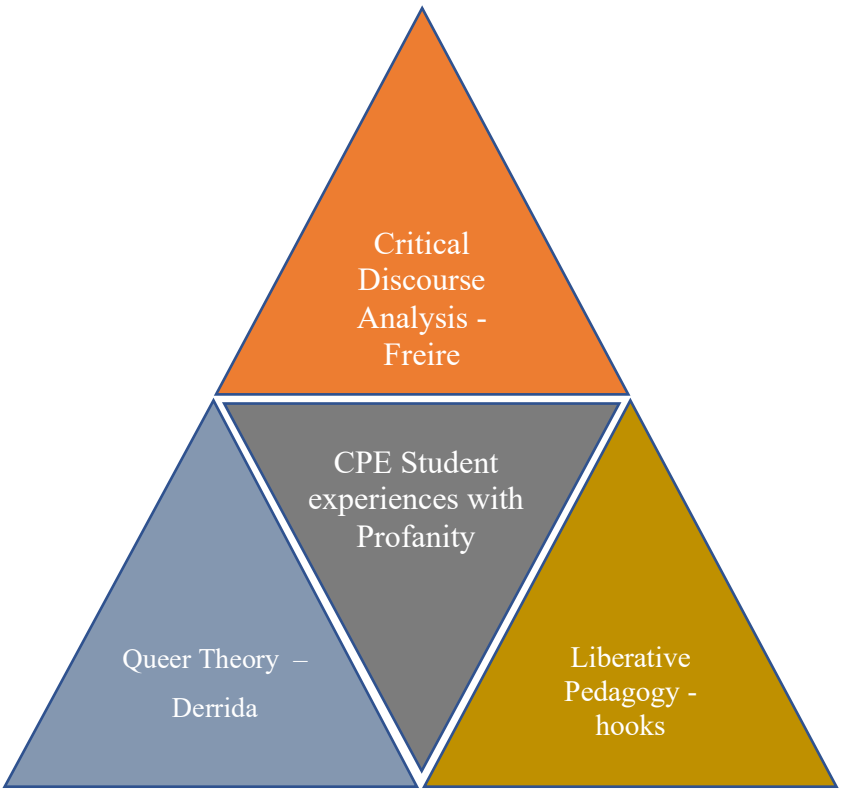
Queer theory was a useful framework for this research study because it aims to dissolve binaries and considers ethical concerns (Fleener & Coble, 2022; Hall, 2013). Profanity, when viewed as "bad words" is a construct that suggests words can be neatly dichotomized. This is particularly amplified when religious ideals of righteousness or sin are overlaid onto language. For example, Christian scriptures like Ephesians 4:29 - "Let no corrupt communication proceed out of your mouth, but that which is good to the use of edifying, that it may minister grace unto the hearers", complicate cussing for clergy (Bible). Judeo-Christian scripture Deuteronomy 30:19-20 most prominently lays bare the either/or decision-making of life or death, good or bad, blessing or cursing by adherents -

[19] I call heaven and earth as witnesses today against you, that I have set before you life and death, blessing and cursing; therefore choose life, that both you and your descendants may live; [20] that you may love the Lord your God, that you may obey His voice, and that you may cling to Him, for He is your life and the length of your days; and that you may dwell in the land which the Lord swore to your fathers, to Abraham, Isaac, and Jacob, to give them." (Bible)

Here, religion (more specifically, Judeo-Christian religious practice in the previous scriptures) insists on a choice of in or out, good or evil (Nietzsche & Kaufmann, 1989). These binaries may not be helpful for clergy providing spiritual care in secular contexts, where boundaries of sacred and profane are not fixed. Queer theory presented a framework for troubling categories of right and wrong. Following is a figure illustrating the theoretical frameworks that guided the study. It visually demonstrates how the theories are interconnected and jointly offered conceptual understanding of the phenomenon of former CPE students' experiences with profanity.

Figure 2

Theoretical and Conceptual Frameworks of Study



Definition of Key Terms

To better understand the study, key terms are defined below.

Clinical Pastoral Education (CPE) students are adult faith leaders/clergy who have some level of higher education. They are educated through the Association of Clinical Pastoral Education Certified Educators at ACPE accredited settings (largely hospitals, but also prisons, military, and other settings) (www.ACPE.edu). These students are sometimes concurrently in graduate school for their faith tradition or not in any formal education. CPE students are referred to as interns, residents, and chaplains when they are in the clinical setting. This is analogous to

doctors who are going through their medical residency and yet are also functioning in their area of expertise.

Chaplain/Spiritual Care Provider is a term that is utilized for various groups, as stated. It is helpful to offer delineations on the various titles. There are other terms that might infer a form of religious leadership (for example pastor, clergy, priest, imam, rabbi, deacon, among others). Although nearly all CPE students/chaplains/spiritual care providers can be considered by those titles as well, for this study, they will be noted by their clinical role. The term chaplain, it should be noted, has derivations from Christianity. The term "pastoral care" is also semantically connected to Christianity. The need for wider religious/spiritual descriptions in the field, has led to broader terms such as "spiritual care" and "spiritual care provider." For the purposes of this study, the use of the term chaplain/spiritual care provider are used interchangeably (unless stated explicitly). The predominant term is spiritual care provider to acknowledge the diversity of beliefs within the field, the patient population, and the academy.

Liberative Pedagogy is a form of education modeled by Paulo Freire, bell hooks and others that prioritizes the liberation of the student. They desired education to be the "practice of freedom" (Freire, 1998) and helped educators "teach to transgress" (hooks, 1994).

The Clinical Method of Learning or *Action-Reflection-New Action* is a common way of teaching in clinical settings. It centers the experience of the student as an equal component (to the formal/traditional methods) in their learning. The model encourages individual and/or group reflection after an event to learn from what happened. Informed with this new information, the student can now perform a new action moving forward.

Cross-grained experiences are when a student has an encounter in which "…the habitual mode of response is felt to be inappropriate, but the appropriate mode of response *transgresses*

deeply ingrained traits of character" (Klink, 1958, p. 109). These cross-grained (often crisis) moments have an ability to unearth strengths and weaknesses in students (Klink, 1966). CPE gives students many opportunities for these experiences through clinical experiences such as on-calls, morgue visits, and tending to those in grief.

Interpersonal Relations (IPR) is an open-ended group time that is facilitated by the ACPE Certified Educator and held regularly (usually once a week) where students can express themselves freely. Students can discuss their feelings openly with one another, including how they are feeling about one another as a cohort.

Religion/Spirituality can often be conflated, yet they have important distinctions (Hodges & McGrew, 2006). Not everything that is religious is spiritual and not everything that is spiritual is religious. Religion, for the purposes of this study, refers to organized religion, a set of doctrines, beliefs, and practices that constitute a person's ethics and values. Cascio refers to this as "acceptance of a particular set of beliefs and ethics" (Cascio, 1998, p. 524). Spirituality can be thought of more broadly. Spirituality finds ethical import in practices and beliefs outside of organized religion (although it can exist within religion as well). Common definitions are "the human search for purpose and meaning of life experiences" (Sheridan & Amato-von Hemert, 1999) and an "individual's capacity to experience a transcendent relationship with someone or some- thing" (Gilbert, 2000, p. 68). This expansive definition assists in chaplaincy/spiritual care, especially in a rapidly diversifying population (Taylor, 2016).

"Queerification" of Language is an experimental formulation that arose during my early stages of research. In 1990, Teresa DeLaurentis coined the phrase "queer theory" when she used it as the title of a conference she held in California. Its origins were not academic, but emerged from the activists, street kids, and members of the art world" (Halperin, 2003, p. 339). From its

inception, it was used to affirm the gay community. DeLaurentis sought to make "theory queer" and to "queer theory." By doing this, she hoped to shift the way theory was viewed and the way lesbian/gay communities were viewed. This research study, which explored the experiences of CPE students with profanity, had the subtle potential to queer language, to disentangle it from the confines of good and bad. Rather than a purification of language, perhaps there was a queerification? (I do not offer this as a definitive way of speaking about this topic – queer theory resists defining – but an amorphous concept to consider in the exploration.)

Organization of Study

This is a five-chapter dissertation: introduction, literature review, methodology, findings, and discussion. Chapter one introduces the problem that the usage of profanity in CPE is underexplored and has potential import for improving transparency, trust, and communication in the healthcare system. The chapter includes a brief background, statement of the problem, purpose, significance of the study, research questions, an overview of conceptual and theoretical frameworks, and definitions of terms used throughout the study.

Chapter two includes a review of the literature and arguments concerning the study. Chapter two begins with a discussion on the history and frameworks of Clinical Pastoral Education that promote authenticity and student empowerment. Additionally, there is an overview of the conceptual and theoretical frameworks that guide the study. Finally, the chapter concludes with an exploration on the use of profanity in multiple forms of American life. A review of the literature in this area will reaffirm the dearth of research on spiritual care and the use of profanity.

Chapter three provides the rationale for the research methodology and design and explains the qualitative research data collection and analysis strategies used in this study. Positionality, ethical considerations, credibility, and trustworthiness are also discussed.

Chapter four analyzes the research findings and results of the study. Analysis is conducted using a phenomenological approach and is organized to address my research questions. A brief description of the participants is given, followed by a description of emergent themes. Tables are used to illustrate participants demographics and thematic responses. The responses from the participants are organized into five themes (with respective subthemes).

Chapter five discusses my responses to the findings, including the connections to my theoretical frameworks and in response to my research questions. Consistent with phenomenological research, I describe "essences" of the experience I have gathered through the study. I offer limitations of the study, recommendations and implications for practice, and recommendations for further research. Finally, I conclude hermeneutically, with my personal reflections on the research process and learnings.

Chapter Summary

Shifting social norms and increasing secularization are leading to changing modes of communication in society, including spiritual care and healthcare. A forty-second TikTok with no words can have as much cultural significance as a forty-minute Sunday sermon, as suggested by the case of Khaby Lame's non-verbal posts to Google which have garnered him over 132 million followers (Karimi & Mezzofiore, 2021). Although profanity is pervasive in the culture, there is a lack of literature on how it is experienced in CPE. Learning more about this phenomenon can be a helpful connector between patients, spiritual care providers and educators. This hermeneutical phenomenological qualitative study seeks to understand the experiences of

Clinical Pastoral Education students with profanity during their CPE process. The results of this study will contribute to healthcare education and potentially improve the connection between educators, students, and patients. Another potential result is the ability of chaplains/spiritual care providers to hear and/or speak with those experiencing pain or who find themselves on the margins of society.

CHAPTER TWO - LITERATURE REVIEW

Introduction

In this chapter, I review the literature on the phenomenon of profanity in Clinical Pastoral Education (CPE). I begin with the history of CPE and how it came to exist in its current form. Following that, I outline a few frameworks that anchor CPE educators. I outline my own educational theory, aware that my story informs my pedagogical lens and priorities. Next, I discuss the literature related to the theoretical frameworks that guide this study: critical discourse analysis, liberative pedagogy, and queer theory. I spend time describing literature related to the use of profanity in culture, clinical, educational settings, and spiritual care/religion. Finally, I offer a brief summary of the literature review.

History of Clinical Pastoral Education

Clinical Pastoral Education starts as a paradox for many students. Well-schooled in both their formal education and their religious traditions, faith leaders, seminarians and clergy often begin the CPE process feeling prepared. They bring their well-rehearsed cliches, pious platitudes, and sanitized scriptures. Usually during orientation, they become aware that there is a chasm between what they have been trained to do and what the clinical context may require (Klink, 1966). They are unaware of the acuity of pain and suffering in the clinical context such as a hospital. Patients are enduring painful treatments, loved ones are encountering immense grief, and all are seeking to find help "coping with the overwhelming emotional reactions" they face (Hoggan, 2011, p. 169).

What CPE students often find is that their embedded theological understanding of how to care for someone can prove inadequate to support those in crisis. In their church, when someone was frustrated, they would never say "Lord, this shit is fucked up!" (Gilmore, 2020). This is the

theological whiplash many CPE students encounter. When combined with the banking model of education dominant in western societies (Freire, 1970), CPE students may become shocked that what they have to offer in ministry may be inadequate in the clinic. Giving advice, a quick answer, or an easy prayer to fix the situation does not provide comfort (Jones, 2010). In the "crucible of life and death" found in a hospital room, a paint-by-number ministry approach may not suffice (Jones, 2010, p. 2).

> the intense setting of the hospital environment challenges the students to make meaning and understanding out of situations, which, on the surface, may seem meaningless, such as … sudden death. The students' theology and understanding of ministry, their frames of reference, are ripe for transformation. Just as patients and families are changed by illness and disease, so too are the students who provide pastoral care to them. (Jones, 2010, p. 51)

The Clinical Pastoral Education movement is well documented (Hall, 1992; Holifield, 1983; Johnson, 1968; King, 2007; Powell, 1975; Sullivan, 2014; Thornton, 1970). The founder of the field is commonly thought of as Anton Boisen, a minister with a unique story of having a doctorate in forestry and a psychotic episode (Boisen, 1960). Boisen began having small groups of theological students under the appointment of Richard Cabot, a Harvard professor and medical doctor credited with formulating clinical conference and case study method of teaching in medical school. Cabot published an article in 1925 entitled "A Plea for a Clinical Year in the Course of Theological Study" (Hammett, 1975). Cabot and Boisen believed seminarians needed more clinical experience to understand how to minister to those in the hospital. Boisen's first CPE groups were in mental health hospitals because he noticed his clergy friends who came to visit him during his psychotic episode were anxious and uncomfortable. He believed their formal

training as clergy did not adequately prepare them to deal with people in the midst of crisis. From there, experiential groups sprang up throughout the country. In 1967, the Association of Clinical Pastoral Education (ACPE) was created through a merger of four groups; Council for Clinical Training, Institute of Pastoral Care, Southern Baptist Association for Clinical Pastoral Education, and Lutheran Advisory Council (Jernigan, 2002). Later movements in the field of chaplaincy would expand to incorporate women, non-white, queer and non-Christian members (Sullivan, 2014).

From four students and an educator in 1925, ACPE has grown exponentially; there are now over 3,300 members of ACPE, with 350 accredited CPE centers, and approximately 600 faculty. ACPE has educated tens of thousands of students around the world. ACPE is the only organization accredited by the US Department of Education to provide Clinical Pastoral Education. They have proclaimed themselves the "Standard for Spiritual Care and Education" (ACPE, 2022).

Clinical Pastoral Education through ACPE may occur in a variety of settings. Consistent in all programs is the following: the practice of ministry with detailed reporting and evaluation of that ministry; supervision by a person authorized by ACPE; a contract for learning between supervisor and supervisee; a milieu for growth in pastoral formation; and a curriculum integrating a process model of education and clinical method of learning. A unit of CPE is 400 hours; at least 100 hours must be in structured education. Structured education consists of reading seminars, didactics, clinical cases (commonly called "verbatim"), and open group processing (commonly called Interpersonal Relationships or "IPR"). Each of these experiences offers opportunity to experiment with relational and ministerial tools with others. Students also are encouraged to provide honest feedback to one another and their educator. Literature points to

the significance of the classroom, particularly in healthcare settings. “The knowledge and beliefs that students acquire from health education classrooms therefore have immediate implications for students’ life trajectories… [and] students’ lives in ‘real time’” (Gray, Anderman, & O’Connell, 2011, p. 4). The education in the classroom learning has immediate import – the students are learning to navigate difficult emotional dynamics in a supervised environment so they may help patients and families process unexpected, challenging emotions.

The remaining hours (approximately 300) are clinical hours, which consist of patient/family visits, interdisciplinary rounding, and charting. Clinical hours can also be on-calls, where a CPE student might be responsible for holding the pager/phone and responding to emergent situations. This experiential, practical learning is the primary site of learning and vital in student formation. The clinic is the curriculum of life and patients, “the living human documents” (Asquith, 1982, p. 244). It is in the clinic that students test new approaches, stretch to apply latent skills, and encounter patient experiences that an educator could not invent. Each of these contexts, educational and clinical, present times of emotional volatility and anxiety. Amidst the multifaceted psychosocial, religious, and practical realities for spiritual care providers, what remains essential are the moments of listening:

> While the story of the reception of various psychological and psychoanalytic ideas of the human into religious ideas and practices in the United States is complex, the existential encounter with the patient, an encounter that emphasizes a listening presence, remains at the heart of clinical pastoral education today (Sullivan, 2014, p. 125).

In any number of these stressful moments where spiritual care providers’ listening presence is vital, profanity may be used; a visit with an exasperated person, a peer during IPR, or

talking in individual supervision with an educator. Each of these instances were described by participants in this study.

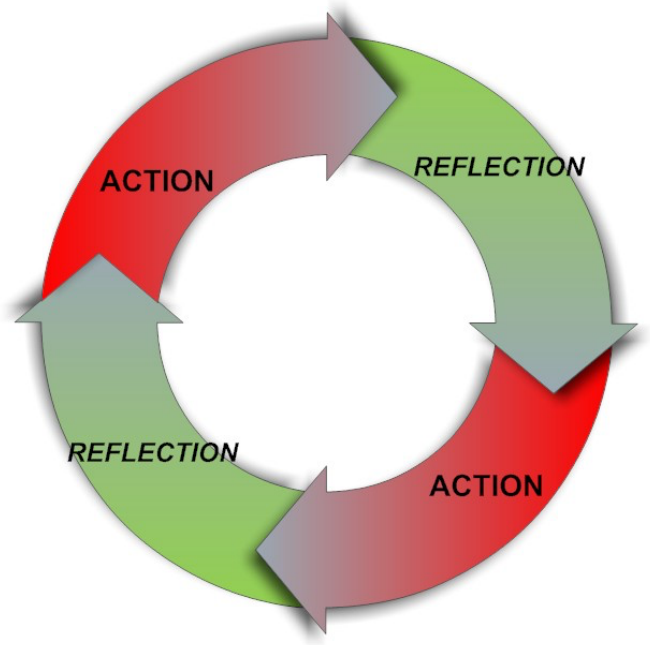
Educational Frameworks of Clinical Pastoral Education

Among the central frameworks in the CPE are *action-reflection-new action*, where a student learns by doing, followed by reflecting on that doing, and then performing a new action. As shown in Figure 3, the framework is cyclical, building compounding competence through learning and reflection. This is a widely utilized framework in education, which aims to allow the student to receive helpful feedback and incorporate it into their future practice (Greiner & Bendiksen, 1994).

Figure 3

Action Reflection Action Framework

Action-Reflection-Action

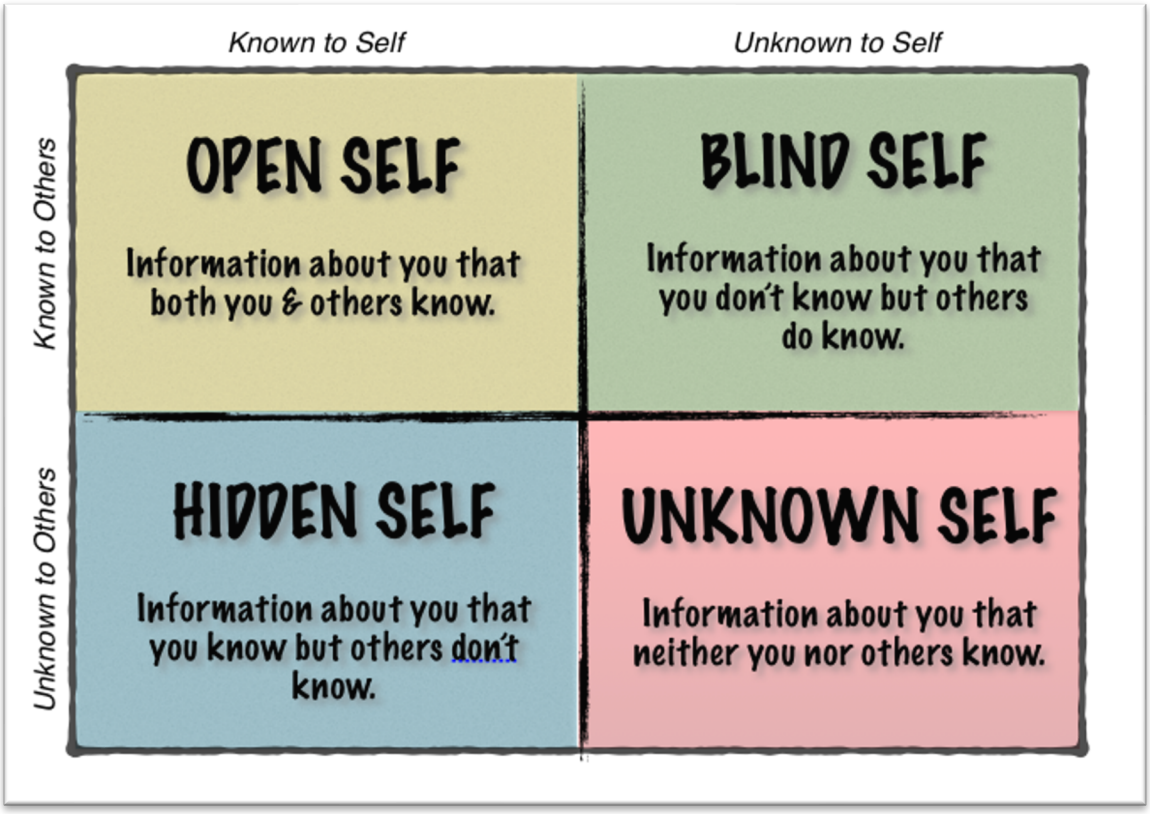
1. Begins with student's clinical experience 2. Reflection of that experience that generates critical feedback, consultation, and hopefully, new insight 3. New clinical experience utilizing insights gained (process is repeated)	

(Gilmore, 2014; image from Wilder, 2012).

Another common framework, especially for the group components of CPE, is the *Johari-Window* (Figure 4). In this framework utilized in psycho-social relations, the group helps the student to become more self-aware (Luft & Ingham, 1955). This requires a mutual process of sharing, reflecting, and critiquing what is seen in one another (Thullbery, 2013). This transparency has been known to create tension in CPE groups when a member of the group does not agree or desire to receive feedback about their spiritual care or pastoral presence.

Figure 4

Johari Window Framework



(Rubio, 2015)

A final framework is the *cross-grained experience*. This is the pedagogical disposition that the CPE student will learn through experiences that challenge their worldview and cause reflection. These critical incidents occur when in helping relationships "…the habitual mode of response is felt to be inappropriate, BUT the *appropriate* mode of response *transgresses* deeply-ingrained traits of character" (Klink, 1958, p. 109). Adult CPE students come to the educational process with patterned ways of responding to anxiety, including by creating defenses. This portion of their experience, the anxious conflict between moving from a learned pattern of behavior to a new mode of care offers great potential for learning and growth.

Each of these frameworks exists to move students toward a more pastoral/spiritual model than a medical model of care. The medical model emphasizes proving, testing, and fixing. The pastoral/spiritual model emphasizes being with, holding, and asking what is revealed in the suffering. In the world of chaplaincy/spiritual care/CPE in a hospital, it is incumbent on the student (and their educator) not to be swept into the medical model. Ironically and importantly, the strength of the chaplain/CPE student is precisely in that they are *not* functioning under the medical model. Being disabused of the need to produce a specific outcome provides the opportunity for connection with and support of the patient.

While these frameworks offer helpful conceptual lenses from which to understand the practice, the qualitative studies that parse the idiosyncrasies of these educational experiences are lacking. Research has primarily focused on "teaching the art of spiritual care, providing spiritual care, and reflecting theologically" (Jones, 2010, p. 52), rather than on asking phenomenological questions about the experience. How have you experienced these frameworks? As a field most often in settings that rely on metrics, there can be an assumption of the need to demonstrate measurable value. Due to this, much research into pastoral care has been quantitative and

positivistic (VandeCreek & Valentino, 1991). Most of the research studies have attempted to calculate attitudes, values, and outcomes quantitatively (Jones, 2010). This can work against the important phenomenological question of experience. The research has often ended stating a need for more research, another rationale for this study (Flannelly et al., 1990; O'Connor, 2002; O'Connor et al., 2002).

Beyond quantitative studies, research on CPE has also revealed an increase in students' self-awareness, development of pastoral skills, and vocational clarity (Trothen, 2000). Notably, Derrickson and Ebersole (1986) produced a five-year review on the lasting effects of CPE and found that students remembered emotionally charged situations longer and more vividly. In addition, these experiences had a strong impact on the students' experience of CPE. That study provides a helpful grounding for this research project in that the participants remembered emotionally charged where they experienced profanity (described later in Chapter 4).

Overall, the literature of CPE highlights the theoretical and reflective practices more than the methodologies, outcomes, and dynamics in the teaching and learning journey. This is unfortunate because it does not highlight the pedagogical motivations behind choices educators make. This is one of the purposes for this study. While it is true that for most ACPE Certified Educators, the primary task has historically been forming students for ministry in clinical settings, and not to become researchers, this focus is shifting toward a more research-literate approach (Fitchett et al., 2012). I hope my study contributes to this growing body of knowledge in the field.

The premier journal in the field of CPE is *The Journal of Pastoral Care and Counseling*, which has been in publication for over 60 years. Notably, it features only one article on profanity - which I authored. This highlights the dearth of research on the topic. In addition, the journal

often features a section on personal reflections. These brief essays focus on the personal experience of a chaplain or on some encounter found in the practice of ministry (Hulet, 2007; Jones, 1990; Jones, 2010). These reflections illumine the emphasis CPE places on the individual experiences of students and educators. This reflective practice is connected to the phenomenological methodology I implemented in my study.

My Educational Theory

During my training to become a Certified Educator in ACPE, I was required to articulate my own theoretical orientation. All educators are required to write their theology, personality theory, and educational theory. I struggled with this during my time in training because I did not want to simply adopt White theorists that had likely not accounted for my experience in their theorizing. Upon reflection, resistance, and a few late-night f-bombs, my educational theory began to crystallize around the concept of freedom. I utilized Carter G. Woodson, bell hooks, and Wilfred Bion for my theoretical orientation. Woodson helped me remember that, as a Black person, most of the educational contexts of the USA were not designed to liberate me (Woodson, 1933). Instead, they were created to uphold the status quo and keep Black people as a perpetual underclass. Woodson suggests that if I abide by the western educational paradigms uncritically, I may be harming myself. This keeps me suspicious of the educational system even as I navigate it toward completion (more is said about this in Chapter 5).

hooks, as I mention throughout this study, was my proverbial Sherpa into critical/liberative pedagogies. She delimited education for me. Instead of seeing myself as an educator who dispenses knowledge to students, I now see myself as someone who learns with students. She also helps me to remain mindful of the moral component of education as a privileged relationship that requires care, challenge, and mutuality (hooks, 1994; hooks, 2003).

Finally, Bion was the theorist I used for group theory. What I found most helpful in his approach was his curiosity. He invited me to notice things in the group and then be curious about them, rather than deciding what they meant. This posture helps the student articulate their own experience (Bion, 1959). This theory was a precursor to my curiosity with queer theory, which also resists defining forms. I have found each of these theories useful in my work with students. They have helped me to remember my pedagogical priorities and curiosities. They have also been empowering because I have crafted a theory within ACPE that can support my education and is integrated/congruent with my hermeneutic and enquiry lenses as a person.

Theoretical Frameworks

In this section, I outline the literature on the three theoretical frameworks I used in this study: critical discourse analysis, liberative pedagogy, and queer theory. I end this section with a brief word about the application of these theories in this study.

Critical Discourse Analysis

> *Language is a primary psychological tool that allows individuals to express needs, intentions, and emotional states. Importantly, the type of language used involves a choice on the part of the speaker that conveys characteristics about them just as many other aspects of self-presentation.* (Defrank & Kahlbaugh, 2019, p. 127).

Language, as a "primary psychological tool," can be a rich resource to understand the human experience. Discourse analysis can be divided into two main foci: language-in-use or sociopolitical (Salkind, 2010). Discourse analysis relies on textual analysis to ascertain meaning. Critical discourse analysis is a form of discourse analysis that brings together textual analysis with social theory. There are numerous texts that highlight Critical Discourse Analysis, connecting it to power, ideology, and control (Fowler et al., 1979; Hodge & Kress, 1979, 1993).

Norman Fairclough's *Language and Power* (1989) offers salient descriptions of the connection between language and power. From the outset of his work, he is clear that this study is about emancipation. It is about increasing the "consciousness of how language contributes to the domination of some people by others, because consciousness is the first step to emancipation" (Fairclough, 1989, p. 233). He notes the ways various English dialects in Britain are treated differently depending on if they are considered "standard" or "non-standard" (Fairclough, 1989, p. 57). Perhaps most significantly, he offers a thick description on critical discourse analysis. The eight common tenets of discourse under a critical lens can be found below.

Table 1

Eight Common Tenets of Critical Discourse Analysis

Eight Common Tenets of Critical Discourse Analysis
1. Discourse does ideological work.
2. Discourse constitutes society and culture.
3. Discourse is situated and historical.
4. Power relations are partially discursive.
5. Mediation of power relations necessitates a socio-cognitive approach.
6. CDA is a socially committed scientific paradigm that addresses social problems.
7. Discourse analysis is interpretive, descriptive, and explanatory and uses a "systematic methodology."
8. The role of the analyst is to study the relationships between texts (written or otherwise) and social practices.

(Rogers et. al., 2005, p. 370; adapted from Fairclough and Wodak,1997)

These tenets "are a useful starting point for researchers interested in conducting CDA" (Rogers, 2004, p. 2). I also appreciate Fairclough's openness to name his own political position in the text. He is doing his research with a hermeneutical approach similar to how I employed my experience in this study. I found Fairclough an important theoretical partner in my research. He gave me both systematic ways to approach my research and an example of how to prioritize my personal aims.

There are theoretical frameworks that support allowing broader vistas of language. In *Pedagogy of Freedom: Ethics, Democracy, and Civic Courage*, Paulo Freire (2000) discusses his overarching philosophy of education. This is a seminal work and has great utility for critical research. For my study, I am employing his concepts of the democratization of language. Freire believed that when disenfranchised people can communicate (read, write, speak) in the language of power, they can gain access in the society. I agree with this notion and yet I also want to invert it. Those who want to communicate with the disenfranchised can renegotiate systems of power by speaking in the language of the disenfranchised. For example, if those who do not have power in the society use profanity to express their hurt, a clinician who desires to empower may use profanity to connect or "sit with" with them (Freire, 1970). Fairclough and, more pointedly, Freire's pedagogy serves as an central framework for my study.

Liberative Pedagogy

A legitimate critique of Freire's framework is that it can become stagnant if not refreshed and reengaged. It is important to reconsider Freire for this study as an important transitional link between language, freedom, and liberative pedagogies. In "Rethinking Education as the Practice of Freedom: Paulo Freire and the Promise of Critical Pedagogy," Henry A. Giroux revisits Freire's classic *Education as the Practice of Freedom* (Giroux, 2010). Critical pedagogy, for

Freire was meant to be an interruption, a "bafflement practice of that is the result of ongoing historical, social, and economic struggles" (Giroux, 2010, p. 719). Giroux had a close relationship with Freire which adds a rich layer to his writing. He noted that for Freire, "Politics was more than a gesture of translation, representation, and dialogue, it was also about creating the conditions for people to govern rather than be merely governed, capable of mobilizing social movements against the oppressive economic, racial, and sexist practices put into place by colonization, global capitalism, and other oppressive structures of power" (Giroux, 2010, p. 720). This means that critical pedagogy creates the conditions to continue to mobilize against oppression. Theory, then, is not an end, but a means to "the project of freedom and justice" (Giroux, 2010, p. 720). This was significant for my work, as it pointed to larger social realities of injustice towards those society considers "bad" or "profane." My engagement with cussing is a catalyst for the ongoing work of liberation. My hope was to invite former CPE students to explore more of themselves and learn more about their care.

Another Frierian contemporary was bell hooks, whose landmark text, *Teaching to Transgress: Education as the Practice of Freedom* (1994) represents an important pedagogical foundation in my study. She led with the concept that liberating students meant teaching them to transgress normative practices. She prioritizes helping students see new possibilities outside of what has been prescribed in traditional education. This is a crucial framework in employing/understanding profanity in Clinical Pastoral Education. How do students and educators understand this transgressive language? Additionally, as an African American woman, she also has been a helpful griot for me; she is able to personalize the experience of marginalization and liberation. In her text, her positionality is clear. She describes the feelings of isolation as a student and how she realized the importance of keeping her own voice and

priorities in the face of persecution. Later, influenced theoretically by Freire, she sought to liberate her students from oppressive pedagogies. This text had much import for my work – crystallizing education as a tool for the liberation of students.

Notably, there were personal connections critical theorists had with religion that grounded their liberative pedagogies. Paulo Freire, bell hooks, and Jacque Derrida each highlighted religion at times in their work. Freire, raised Catholic, worked at the World Council of Churches for ten years while he worked on his pedagogy. He once described how he was compelled by his faith, "In the final analysis, the Word of God is inviting me to re-create the world, not for my brothers' [and sisters'] domination, but for their liberation" (Kriylo & Boyd, 2017, p. 47) hooks, referenced Black liberation theologian James Cone and noted her desire to find liberation of the spirit (hooks, 1994). Derrida seemed to have a conflictual relationship with religion yet wrote on the topic and utilized religious texts with appreciation (Derrida & Anidjar 2002). Additionally, he saw religion as a potential resource for and in the public sphere (Newheiser, 2017).

This is not to say that these figures would consider themselves to be conventional religious "types." Yet, they saw religion as a place for communal grounding and hope. In this way, they mobilized religion for the purposes of emancipation, liberation, and critical engagement. This allowed their theories to be helpful interlocutors for a study on spiritual/religious educative practice such as CPE. The literature suggests that through authentic communication, students/patients/educators can be more of themselves, be more connected, and even find physical relief.

Queer Theory

Here, I discuss queer theory scholars, concepts, applications, and critiques. Queer theory (QT) is filled with helpful connections to my research and formation. It also offers meaningful places of social critique and reflection. In 1990, Teresa DeLaurentis coined the phrase "queer theory" when she used it as the title of a conference she held in California. Its origins were "not academic, but emerged from the activists, street kids, and members of the art world" (Halperin, 2003, p. 339). From its inception, its purpose was to affirm the gay community. As the theory became disseminated throughout the academy, it began to be normalized. It became popular, with critique, and was subsequently adopted by many scholars in the decades following.

However, while DeLaurentis coined the phrase "queer theory," Michel Foucault and Jacques Derrida were influential scholars who pioneered the foundations of queer theory – although their work would not be titled as such. Foucault established that identity was historically and culturally constituted, asserting that identity is socially constructed (Watson, 2005). Derrida highlighted the male/female binary. He defined the term "binary construction", meaning one thing is defined in opposition to another thing, for example, Black/White, light/dark, proper/improper (Watson, 2005, p. 70). Derrida opposed these constructions, informing others not to define something by its opposite. These ideas had significant import for later queer theorists.

There is some overlap between Derrida's early formation and language as well. Derrida discussed his views on language in the text *Of grammatology* written in 1974 (Derrida, trans. Spivak, 1976). Here, he provided a robust exploration on the meaning of writing, words, and signification. Like Fairclough, he describes language as a site of the struggle for power. Notably,

he spent time decoupling the binary of Outside and Inside, instead reframing it as the Outside Is the Inside (Derrida, 1974).

Major concepts in queer theory have been the *dissolution of binaries*, *heteronormativity*, and the *project of transgression* (radical subversion). In QT, binaries represent implicit constitutions of power. The differences create inequality. This reminds me faintly of Topeka V. The Board of Education, where the Supreme Court ruled that separate… "is inherently unequal" (Brown v. Board of Educ., 347 U.S. 483,1954). Where there is distinction in function, objectives, or roles, one group will be favored over another. Many CPE students enter the clinical environment from religious contexts that consider some language "bad words." This formulation of good/bad is often disturbed when students encounter patients/families whose filters of respectability are thinned by suffering. QT aims to dissolve these formulations.

Another QT concept is heteronormativity which purports that heterosexuality is normal and other expressions of sexuality are abnormal. This problematizes notions of original gender. In our society, this identity of heterosexuality is normalized and reified in media, education, and religion. Gender reveal parties put on vibrant display the reality that gender identity construction/socialization is happening even before birth (Watson, 2013). QT aims to disband and complicate the assumption that heterosexuality or gender identity is pre-determined.

Queer theory is an important interlocutor for me in my identity as a minister and my work in Clinical Pastoral Education. Much of gender identity formation happens in a religious context. I have begun to ask these questions around gender identity. What does it mean for a monotheistic religious deity to be a man? There is only one deity and it happens to be a man. If that religious deity is a man, does "he" have a penis? To me, the logic continues to prove flimsy… If "he" does not have a penis and yet still is a man, then "manhood" must not be tied to biology. If "he" does

have a penis but does not use it for urination or pleasure then perhaps "he" is asexual? QT has helped me to begin questioning these assumptions and their consequences. If I reconsider this for myself, then perhaps I can help others (congregants, patients, students) reconsider it too. Connectedly, if assumptions about identity are tenuous, perhaps assumptions about language may also be superficial.

The final QT concept I will discuss is the project of *transgression* or *radical subversion*. QT expects to subvert social norms. This is not a marginal objective, but a primary one. Regarding sexuality, QT subverts the norms of heterosexual behaviors, lifting up continuums to resist either/or formations. QT theorists have to be careful, however, not to conflate the sociology and philosophy of the theory with the actual transgressive goals of the theory. The theory exists to subvert social norms around identity and sexuality. Yet, some in the marginalized groups conform to heteronormative behaviors/actions (Green, 2002). Additionally, some scholars can utilize QT to reproduce institutional norms of power/intellect without the necessary nuance and contention. For me, transgression and subversion *feel* exciting. However, I implicitly ascribe to many of the social markers of power; cis-gendered male, educated, married, Christian, heterosexual, healthy, stable socioeconomic status. The intersection of my identity as a Black person along these other demographic axes means I don't participate in the social spoils to the same degree. However, I do participate. What am I prepared to subvert? Transgress?

Application

The potential answer? Language. Communication is the quintessence of the clinical environment (Touissant & Coiera, 2005). Critical discourse analysis, liberative pedagogies, and queer theory challenge me to question my choices and participation in the social norms. In this way, they served as a useful triumvirate from which to examine the phenomenon of former

Clinical Pastoral Education (CPE) students' experiences of profanity. They complicated assumptions clergy may have about the pure and the profane, including the various experiences and feelings about cussing. As discussed, the usage of profanity, especially at the intersection of religious traditions and crisis, can produce strong opinions. In CPE, students are trained to sit with people in the midst of trauma and offer spiritual/emotional support. Queer theory offered a framework for understanding the use of language beyond the binaries and helped me in conceptualizing other ways of approaching language.

The Use of Profanity

In addition to reviewing theoretical frameworks, I also examined studies on the usage of profanity in the wider culture, clinical environments, and educational settings. I close this section discussing the presence (or absence) of literature on profanity and religion/spirituality/CPE.

In USA Culture

In *What the F: What Swearing Reveals About Our Language, Our Brains, and Ourselves*, professor of cognitive sciences Benjamin Bergen (2016) presents a robust analysis of profanity. Written for a general audience, Bergen presents theories on the causes and consequences of profanity. He notes four types of profanities: religious, sex/sexual acts, bodily functions, and slurs. He also makes explicit the connection between religion and profanity – the word *profanity* in Latin literally means "outside the temple" underlying the tense phenomenon present in this study. Bergen also lists out words that are deemed offensive in American language and their respective offensiveness. One such chart on page 16 of the book shows the Mean Offensive Rating of expletives in American English.

This chart and others like it throughout the text offer ways to measure the social discomfort with profanity, which is helpful. However, a critique I have of Bergen's work here is

connected to my study – he does not name the function of power in his formulations. For example, the n-word is the most offensive word on numerous scales he presents. Yet, he only mildly addresses this important socio-racial-cultural context. He also does not name his own positionality. He did not name the potential offensiveness that might emerge from a white man casually and repeatedly using the n-word throughout the book. Or the many other groups the slurs could have offended. It could have been an attempt to flatten the offensive curve by normalizing the word's use. Even this feels cavalier and out of touch. A reflexive critical discursive analysis may have helped him provide context to the ways power is informing his own use of language in the book. It should be said that I, as a researcher with my own social location, can utilize a reflexive practice in my critique.

In *Swearing is Good for You: The Amazing Science of Bad Language*, scientist Emma Byrne (2018) is clear about her position on profanity – it is a positive function of language. Like Bergen, she frames her argument around the neurological and social benefits of profanity. Profanity, she says, is defined as "1) words people use when they are highly emotional and 2) words that refer to something taboo" (Byrne, 2018, p. 6). In her work, she also discusses the neuroscience behind profanity, pain and profanity, and using profanity at work. In each case, she offers support for her assertion that profanity is a resource for pain-relief and freedom. Stylistically, she balances scientific research with storytelling and humor to convey her message, such as when she discusses the "fuck-shit ratio" present during soccer games (Byrne, 2018, p. 4). She also features a chapter on gender and language, noting how she uses profanity in mixed-gendered spaces to subvert the power dynamic (Byrne, 2018).

There seems to be some scholarly agreement that there is social, psychological import for profanity. However, there were multiple dynamics that emerge from the literature which

necessitated this study. One, who can use profanity? How is it related to ideas of power? And two, how do the ethical notions of taboo, good/bad, complicate profanity for students in Clinical Pastoral Education? These questions, influenced directly from my research questions, propelled me to further examination of the literature.

In Clinical Settings

Jacobi (2014) illustrates how the ethnicity, gender, and type of profanity impact the perception of offense by the listener. This was a valuable addition to my study, as it moved from the personal experience of participants in my study to a larger mixed methods study. In addition, there are clear usage frequencies (top 10 "most frequently used taboo words") and the degree to which they offend. Paired with my phenomenological study, they offered helpful context for the interpretation of cuss words. My study had similarities to this one that I discuss in chapters four and five.

Connected to critical discourse analysis, understanding how social power impacts perception is also helpful. For example, in this study, gender did not impact offensiveness. "However, black speakers were rated more negatively than white speakers." (Jacobi, 2014, p. 8). In addition, the n-word was used the least frequently, followed by the f-word (the n-word, notably was significantly more offensive when used by Whites). This study was conducted on a university campus in the south of the United States. As a healthcare clinician working with adults in the South, some of these sensibilities sound familiar to me. However, my study, where students were from a variety of locations throughout the United States, may not interpret offensiveness in the same way.

Like Jacobi's article, the dissertation "An Investigation of Therapists' use of differential levels of profanity on potential client perceptions" by Helen Roberts McIlvain (1977) offers

practical data on the usage of profanity and the impact based on social demographics. More specifically, it features profanity in the clinical context of therapy. It also offers a helpful example of how to organize my own dissertation work with helpful research questions and naming the problem clearly. Swearing is a "phenomenon of language" that has become more conventional over time (McIlvain, 1977, p. 4). Further, it defines swearing as an adaptive behavior to help societies draw distinctions between acceptable and unacceptable, it is an "acceptable expression for that which is unacceptable" (McIlvain, 1977, p. 6). The section on why it matters is significant, connecting the use of profanity to authenticity and therapeutic effectiveness. This study also reveals the potential ways in which sex/gender can impact how profanity is received. In this study, I also explored the experience of profanity in CPE and how power dynamics related to gender influence the phenomenon.

One critique of this dissertation is when it was produced. The use of language is contextual, changing over time. This was written in 1977, which has allowed for over forty years of cultural shifts in language and society. For example, defining sex by "traditional standards" does not allow for variations that might be appropriate today. There is also no room for language to vacillate (profane language may become sacred or vice versa). It is a critique the writer leveraged to make the case for why it's needed – time requires a reassessment of language.

In Educational Settings

The dearth of research on profanity in CPE required examining the usage of profanity in other educational settings. as shown in "Censoring Freedom: Community Based Professional Development and the Politics of Profanity" by Vajra M. Watson (2015). In this article, Watson discusses a community program, Sacramento Area Youth Speaks (SAYS), that utilizes poetry to connect with students in an urban environment. Notably, the students in the program use

profanity in their writings which become the site of critique and discomfort. The methodology and research questions were easy to understand and refer to throughout the article. She used poems from the children almost as journals or artifacts to support her research. The article seemed to turn on the fulcrum "… the issue is not profanity but who is using it." (Watson, 2005, p. 390) This statement aptly highlights elements of critical discourse analysis and how identity impacts how profanity is received.

In Spiritual Care/Religious Publications

Finally, I searched for resources that examined profanity in a spiritual/religious setting. I could not locate any texts discussing profanity in Clinical Pastoral Education. Similarly, there was an absence of literature on the topic of profanity in religion or spirituality. That said, some texts were helpful in understanding this phenomenon.

A key noticing is that in the *Journal of Pastoral Care and Counseling*, publications on profanity have been woefully absent. A cursory search shows that since 1974, there have been eight (8) pieces published that have the word profanity in them. One of those is an article by me and the other references my article, which means outside of my work, there have only been six. Other searches for the words shit (16) and fuck (4) produced similar results. Yes, ACPE Certified Educators curse regularly and casually, however, there is little mention of this phenomenon in the literature (Gilmore, 2020). This study, while inherently inexhaustive, addressed the lack of qualitative research around profanity in CPE, by gathering experiences of this phenomenon and offering findings that can prove useful in the field.

Onomastics between Sacred and Profane by Oliviu Felecan (2019) offered an historical and diverse perspective on the distinctions between sacred and profane. In this work, Felecan historicizes onomastics (the study of the origin of proper names) of religious names. This text

was useful because it located the profane/sacred binary in a historical trajectory from Plato's *Cratylos* (his dialogue on language) in the late fifth century BC to contemporary writers (Felecan, 2019, p. vii). There has been much energy spent on demarcating the lines between what is religiously profane and pure. This text stood out for its cultural diversity, featuring 29 researchers from 16 countries with a variety of religious traditions. It named the ways language and names have been delineated and pointed to the frailty of these clear lines. This was exemplified in the chapter on Hungarian spiritual practices - "The borders of the categories are in themselves blurred, and change in each period, area, and community. What was once profane may become sacred over time…" (Felecan, 2019, p. 279).

Red Lip Theology: For Church Girls Who've Considered Tithing to the Beauty Supply Store When Sunday Morning Isn't Enough by theologian Candice Benbow (2022) presents a contemporary, intersectional alternative to strict binaries. In her book, Benbow writes about the strictness and hypocrisy of the Black church context. She curses and praises God on the same page (namely when she derides God for being on the side of men). Her example of "blurring the lines between righteous and irreverent," can help readers imagine language as a vehicle of honestly relating to the divine rather than restricting access to the divine based on behavior (Benbow, 2022, rear cover). Numerous other texts bend and blend these bifurcated boundaries, albeit without centering profane language. These include Evelyn Higginbotham's *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920* (1993), Nadia Bolz-Weber's *Accidental Saints: Finding God in All the Wrong People* (2014), Brittany Cooper's *Beyond Respectability: The Intellectual Thought of Race Women* (2017), and the phenomenological study "Hijab No More" by Jhanghiz Syahrivar (2021). Each of these texts incorporate autobiography and theological exploration. Similarly, in this study, I contributed to

these hermeneutical approaches by starting with my experience to explore the phenomenon of profanity with former CPE students.

Donyelle McCray's (2015) "Sweating, Spitting, and Cursing: Intimations of the Sacred" was also a helpful interlocutor in this research. In this article, McCray problematizes the idea of what is sacred by lifting the trinity of sweat, spit, and swearing. She notes that in preaching, each are used (directly or indirectly) to great effect. McCrary encourages the use of pure language. But not pure as chaste, but pure as undiluted. This text was an essential partner in the theological conversation surrounding purity and language. In my context as a minister and chaplain, this represents a central understanding and reframing of profanity. While profanity is normally seen as non-sacred, McCray helped me find another way; opening new possibilities for how the sacred can be expressed.

Chapter Summary

This review of the literature revealed both the ancillary references and the dearth of resources that are specific to the religious educational context. Clinical Pastoral Education, nearing a century of existence, has a rich tradition of supporting and inviting critique. There are materials that address profanity in the wider culture, the clinical setting, and the educational setting. There are also theoretical frameworks that support liberatory pedagogy and freedom from social conventions. Yet, these have not been brought to bear on the unique context of Clinical Pastoral Education. The literature demonstrates that people in pain often cuss. In hospital, prison, military or other settings where chaplains are present, people are often in pain and may use profanity. How did former CPE students experience this phenomenon? As this review illustrated, this void creates a need for research that investigates the phenomenon of profanity as experienced in CPE.

CHAPTER THREE - METHODOLOGY

In this chapter, I discuss the methodology of this study. I begin by discussing the qualitative research paradigm that guided the study, phenomenology. I provide support for why this qualitative paradigm was utilized. Next, I outline my research questions and participants. Following this, I provide an overview of the ethics around the study including my positionality as the researcher. Then, I discuss the data collection and analysis methods. Finally, I establish rigor and trustworthiness, name assumptions, limitations, and delimitations of the study. This chapter gives descriptions of the standards used to ensure quality of the study and the ethical considerations for North Carolina State University Institutional Review Board's (IRB).

Qualitative Research Paradigm

My methodology was qualitative and phenomenological using a hermeneutic lens. Qualitative methods are primarily concerned with "understanding human beings' experiences in a humanistic, interpretive approach" (Jackson et al., 2007, p. 21). Phenomenology, a tradition in German philosophy developed by Edmond Husserl, centers on finding in-depth meaning of an aspect (or phenomenon) of lived experience as perceived by those having the experience (Husserl, 1931). Phenomenology defies "simple characterization"; it can be seen as both a method (how) and a methodology (why) (Jackson et al., 2007, p. 23). Critical elements of phenomenology include subjective descriptions of common experiences by those living them (Richards, et a., 2007). For these reasons, phenomenology lends itself to this type of study - it "[is] focused on richly describing the experiential essence of human experience and capturing the present living moment" (Tracy, 2013, p. 64).

Table 2
Phenomenological Approach

Procedures in Phenomenology

Organizational Practices	Research Study Processes
Determining Approach	Select phenomenology as the approach for describing the lived experience of former CPE students with phenomenon of profanity in CPE. Use hermeneutic lens which includes awareness of researcher
Determining Phenomenon	Experience of former CPE students with the usage of profanity in CPE
Recognizing philosophical assumptions	Guided by liberative pedagogies including Paulo Freire and bell hooks who focus on the participants' views, voices and lived realities. Much effort will be made to bracket my own experiences while remaining present and engaged with the participants' experiences.
Determine individuals who have experienced the phenomenon	Seven (7) to nine (9) participants will be identified to participate in sharing their experiences of profanity during CPE
Data Collection	Rubin recommends in-depth, semi-structured interviews to describe experiences and learn about a specific experience
Data Analysis	Data collected from participants analyzed using open-coding
Write description of participants' experiences	A description of themes or "meanings" that emerge are provided
Write composite or 'essence' of the phenomenon	The preceding descriptions are synthesized

Note: Adapted from Creswell (2007) and Anderson (2017).

The phenomenological hermeneutic approach also kept me mindful of my own positionality to the work (Creswell, 2007). Hermeneutic phenomenology, with its orientation to the "lived experiences" and the interpretation of the "texts" of life, mirrors the Boisian concept in CPE of learning from people as "living human documents" (Gulo, 2022, p. 141). It also resembles theological hermeneutics, which refers to the interpretation of scriptural texts (Tabb, 2017). This methodology helped me to approach profanity as a learner rather than coming to conclusions (grounded theory), tracking patterns (case study), or relying only on stories

(narrative) (Creswell, 2007). As in other phenomenological studies, I began by describing my own experiences with the phenomenon of profanity in Clinical Pastoral Education, bracketing them out, and then proceeding with the experiences of others (Creswell, 2007). The study utilized textual and structural descriptions of their experiences to convey overall "essences" or themes of the experience (Creswell, 2007). According to Saldana, in phenomenological studies, themes might be more important than coding (Saldana, 2018).

Research Questions

As demonstrated in the literature review, this study explored how former Clinical Pastoral Education students experienced the usage of profanity during CPE. This understanding can help chaplains/spiritual care providers, CPE educators, faith leaders and ultimately those in their care. As an attempt to learn more about their experience, the following research questions guided this study (theoretical frameworks in parenthesis):

1. How is profanity experienced by students in Clinical Pastoral Education (CPE)? (*Critical Discourse Analysis*)
2. How, if so, is the usage of profanity in CPE related to students' perceptions of power? (*Liberative Pedagogy* and *CDA*)
3. How, if so, is the usage of profanity in CPE related to students' perceptions of ethical use of language?
   (*Queer Theory* and *CDA*)

Research Participants

The participants in this study were former Clinical Pastoral Education (CPE) students who have had at least one unit of CPE (see chapter two for descriptions of the CPE process). I interviewed eight (8) participants to learn about their experiences of profanity in CPE. Boyd and

Creswell recommend between two (2) to ten (10) research participants as an adequate amount for phenomenological research (Boyd, 2009; Creswell, 2010; Sandelowski, 1995). I recruited former CPE students through professional networks in ACPE. Purposeful and convenient sampling yielded a participant pool which was diverse in some areas (such as racial identity and gender) and not in others (religion). The nature of participant recruitment (having ACPE Certified Educators reach out to their former CPE students and those former CPE students contacting me directly), meant the pool of participants was only as diverse as those who agreed to participate. Some of the reasons for this are included in limitations found at the end of this chapter.

As demonstrated, having diversity of participants can be complex, but it was a research priority (Winkler, Mayhew, & Rockenbach, 2020). Based on my theoretical frameworks (liberatory education, queer theory, democratization of language), it was important to hear the voices of many individuals (hooks, Derrida, Freire). I collected rich data for textural and structural descriptions and it helped to have a limited amount of participants with whom I could explore the topic.

I used email communication to contact the ACPE Certified Educators in order to recruit participants (Appendix B). The email provided a written description of the study to explain the study's purpose, the participant's role, inclusion/exclusion criteria, and the risks and benefits of participating in the study.

Hycner states, "the phenomenon dictates the method (not vice-versa) including even the types of participants" (Hycner, 1999, p. 156). Due to the phenomenon and methodology of understanding language, power, and ethical concerns, I aimed for purposeful sampling for maximum variation by utilizing ACPE committees where ACPE educators had similar theoretical frameworks. I emailed the request for participation to specific committee members on

deliberately chosen committees within the ACPE network across the U.S. (I will not name the committees here to prevent re-identifiability). These committees were selected because the educators' presence on those committees likely meant they were educated from theoretical frameworks that aligned with my research study (critical, liberative theoretical frameworks). Often, qualitative researchers employ purposeful sampling to have valid representation with participants that will best help the researcher understand the experience and answer the research questions without providing broad, generalizable descriptions (Creswell, 2013; Morse & Richards, 2002).

Furthermore, due to the need to prevent re-identifiability of participants or others, invitations were not targeted to any specific former students, but were generalized so students would be anonymous, even to their former educators. This meant that ultimately, I utilized a combination of purposeful and convenient sampling to recruit participants. Convenience sampling is choosing participants who are available to the researcher (Morse & Richards, 2002). Gratefully, this approach led to a diverse participant pool (particularly in terms of race, gender, and sexual orientation).

Ethics

Before this study began, I sought approval from the North Carolina State University Institutional Review Board's (IRB). I provided participants with a consent form that included the purpose of the study, a detailed description of what their involvement would consist of, and the risks involved in the study (Appendix C). Participants were asked to provide verbal consent before the data collection process began. The study procedures were considered risky by the IRB because they could impact reputation or employment status. The interview questions asked about personal opinions and experiences and were done with limited identifiers to prevent re-

identifiability. It was communicated that if participants felt at risk or uncomfortable, they could stop the interview process at any time. An interview protocol that consisted of structured questions guided the time; insuring interview remained on the topic (Rubin & Rubin, 2012). Following the interview, I used pseudonyms, generalized data, and removed all direct identifiers of the participants.

I anticipated potential ethical concerns pertaining to the interviews might center around my work with former students. For example, I serve as the director of the spiritual care department of a major hospital in the area. I hire chaplains and CPE students to work in our department. Could that shape if they would participate and how? For example, I have written recommendation letters for students in the past and also served in various ministerial capacities that may overlap with a participant. This feels normal, collegial, and difficult to avoid, but could also have impacted the study without intentionality.

Another concern beforehand was how participants can be seen in their religious communities if their identity is revealed. Many religious groups are not comfortable with profanity being espoused publicly (or privately), which can create ethical, professional, and personal challenges for participants and for this researcher. Participants had the right to not answer questions or end the interview at any time they are uncomfortable, which protected the participant, but the concern may remain for some. The IRB also anticipated both of these concerns and sought elevated levels of protection for the participants and non-participants who may become implicated. Namely, not using any former student from a hospital I have been connected to, sending the entire transcript and examples of how their data would be used, and having participants recruited from other ACPE Certified Educators rather than me. Along with these measures, another salve for these ethical concerns was communicating transparently about

potential risks and proactively disclosing my research objectives with all participants involved. Discussing myself and my relation to the study helped participants understand the study and learn about how I will protect them in the research. Finally, I obfuscated some data and created composite responses to further protect participant identity and context.

Positionality

In qualitative research, the researcher is the primary instrument of data collection and interpretation (Flick, 2019). That said, in this section I offer a thick description of my positionality as the researcher. The research implications of positionality seem most illuminated by reflective autobiography on how the researcher's approaches developed. This reflection in qualitative research is "well suited to examine, expose, and trouble the relationship between practitioner and practice" (Latta et.al, 2018, p. 33). In hermeneutical phenomenological research, the positionality of the researcher is a critical component in the study (Creswell, 2008). In order to bracket oneself out, called epoché by Husserl (1931), it is important to clearly name where my experience intersects with the phenomenon (Bernet, Karn, & Marbach, 1993). By exploring my experiences and my emotional/social/political engagement with them, I move from a distant researcher or outsider to the subject. Phenomenological description requires a delicate balance between the "researcher's focus on capturing the participant's subjective accounts, without imposing his or her own personal interpretations on those accounts" (Anderson, 2017, p. 56). Before exploring the experiences of another individual in depth, I must first explore my own. Out of these depths, understanding can emerge (Boisen, 1960). The following section discusses my demographic and vocational positionality and a reflection on them.

Demographic Positionality

I am an African American, cis-gendered heterosexual male who is a Baptist Christian, was raised in poverty and is currently middle class. I was born in Gary, Indiana and raised in East Chicago, Indiana. Gary was the "murder capital" of the country for many years of my childhood. East Chicago, sandwiched between Gary and the Southside of Chicago (another locus of crime), was an amalgamation of these realities. East Chicago was the saucer of violence, getting all the runoff from the major metropoles. This desolation carried over into many of our local institutions; education, healthcare, transportation, and other areas which were subpar (compared to other cities in the state/country). Our city was predominantly Latino/a/x (specifically Mexican, Puerto Rican, Cuban) and African American/Black. Although the city had a history as a hub for former Polish immigrants, most had moved away by the time we moved there. Growing up, there were few White people in our community – outside of teachers.

Homelife was challenging with occasions of hope. I have a twin brother and a sister who is one year younger than us. My mother was in horrific relationships with our biological father and later a long-term boyfriend. Our biological father was a substance abuser and abusive (in multiple ways) to my mom. The long-term boyfriend was abusive (in multiple ways) to us all. After years of terror, the relationship ended when we were in middle school. Much of that time was traumatic. Conversely, my mother prized reading and took us to the library religiously.

In my home, there was consistent violence and disfunction. My homelife vacillated between abuse and love, a maddening pendulum of pain and relief. As a teenager, I began going to church on the recommendation of a good friend, BJ. Church was transformative for me. It gave me a place to belong and feel implicit worth as a poor Black boy (Thurman, 1979). BJ, my good friend, welcomed me into his family who pseudo-adopted me as another son. Their family

was a window into another life I had never seen. Notably, the father in the home, whom I now consider my father, was a minister, mentor and vibrant cusser. He often used profanity, as author/actress/director/multi-hyphenate Issa Rae says, to "punctuate [his] speech." My twin brother was a rapper when we were in high school. He went on to record two albums (both with their share of cussing) and enlisted in the Navy (where, as the adage goes, they cuss like sailors).

Buttressed by the love of reading I gained from my mom and coached by my new, additional family, I attended college - the first in my family to do so. I went on to graduate once with a Bachelor's degree, twice with a Master of Arts degree, and then a third time with a Master of Divinity degree, far outpacing the expectations of my childhood. After finishing undergrad, I became a Baptist minister. I married my girlfriend from high school, who herself excelled beyond the social trajectory of her upbringing. We had a rocky start, two young adults from dysfunctional families trying to start a life together. We attended counseling and it was another inflection point in my/our development. We were able to process the trauma of our childhoods and chart a new way forward together. My wife was so inspired she became a therapist herself and now counsels couples and families through her own practice. Along with the successes, there have been many twists and detours in our path. These include welcoming two children, experiencing the deaths of numerous family members (including my adopted father and my mother during this doctoral process), and my wife being diagnosed with an incurable neuromuscular disorder. These matters have brought joy, challenge, and informed my understanding of the world.

As stated, my saints ain't all been saints. I have been formed in settings that were not pious, where cussing was normative and could even be a sign of care. Some of the most important and caring people in my life cussed. Yet, when I became a churchgoer, and later a

minister, profanity was shunned by the church and by me. Later, when I became a student in CPE and an ACPE Certified Educator, I began reflecting on my personal history and noticed the judgment I had placed on cussing. And yet, cussing was a part of who I was – I was judging an important part of myself. This began the journey for me into freeing my mind and tongue to use profanity with discretion and especially in the interest of liberation. For me, it has become another tool for self-expression and student/patient care.

Vocational Positionality

Adjunct to the demographic, exists the vocational. I have been a Baptist minister since I was twenty-two years old. This has been a central part of my adulthood. My faith led me to teaching Bible Studies, studying Howard Thurman and Martin Luther King, Jr., and preaching in jail ministry. While in Indiana, I worked in higher education, serving as an Assistant Director of Diversity and Inclusion for my alma mater's business school. During this time, I provided academic advising and support to first generation and underrepresented undergraduates. While working at Indiana University, I was also deeply involved in ministry. Inspired by Howard Thurman and Martin Luther King's vision of unity, I co-created a city-wide youth and young adult conference. My passion for ministry spurred our move to North Carolina for seminary.

During a seminary-mandated internship at a youth detention center, the chaplain there encouraged me to take Clinical Pastoral Education (CPE). I was unaware of such training (not a first for me as I was used to learning about things I had never heard about growing up). I took a unit of CPE at the Durham VA Hospital. My faith and worldview were disrupted, deepened, and expanded by this experience. I decided to pursue a path as an ACPE Certified Educator, someone who trains seminarians/faith leaders how to provide spiritual care in clinical settings.

This decision to remain in clinical spiritual care proved consequential. I was a minister from a conservative denomination that cursed non-heterosexuality and did not ordain women. My religious enthusiasm coupled with lack of exposure led to a sincere desire to be a "good" Christian without much reflection on these ethical binaries (Winkler et al., 2020). CPE, which allowed me to witness patient suffering and uncensored emotions, peeled away my pretense of piety. Through its reflective exercises, it helped me excavate my story to find theological grounding for my care that does not rely on bifurcating behaviors into good or bad and right or wrong. I reflected on the care demonstrated to me by many people who were complicated figures. Plenty of them cussed. Shit, I did too. As I looked back, there were far more people who used profanity in my life than did not. I found resonance in their voices and examples of truth-telling, humanity, and care. In this process of reclaiming, similar to *currere*, I was transformed and rebaptized by my own story (Goss, 2017). Since this awakening, I have written and presented on rap music, profanity, and the intersections of race and spirituality.

I am currently the Director of Spiritual Care for WakeMed Hospitals, the only Level I Trauma Center in Wake County. WakeMed also has the distinction of serving any patient regardless of their ability to pay. I have also previously served as the chair of the Advocacy Committee for ACPE, supporting members who feel their voices are being marginalized. In these roles, I live and work with many people who face acute suffering and may not be socialized in pious norms. Others are critiquing the unjust social impacts of the world around them. In many of these difficult times, profanity abounds (Bergen, 2016).

Reflections on my Positionality

Race exists as a predominant factor in my positionality. I believe, as W.E.B. DuBois said of the 20th century, that the central problem of the 21st century is also the "problem of the color line" (DuBois, 1900, p. 18). Race is a marked social determinant when regressed alongside almost any other sociological feature (Bangs & Davis, 2015). As scholars, theologians, and educators attest, race matters (Buhuro, 2018; Carter, 2008; Cone, 1969; Givens, 2021; West, 1994; Woodson, 1933). For me, this means it is difficult to have conversations about social diversity, educational liberty, power, or ethics without accounting for race. I am aware that this perspective germinates from (and is amplified by) my embodied experience of race in the United States of America. My positionality as a Black person in this society has had a significant impact on my perspective. I have been undervalued, physically accosted by police, and ignored in professional spaces. I choose not to deny this in my formation as a scholar or researcher.

Similarly, class also impacts my positionality. Growing up in the precarity of poverty and then learning to navigate the middle class has biased me. I do not believe my bias is against the rich. Growing up poor, I did not vilify those with substantial means - I wanted the same financial security. (As I write this, I want to do more interrogation around this feeling). I am suspicious of people who are judgmental against the cultures of impoverished communities. The way those in poverty speak, tell stories, dance, joke and more. I learned so much in these communities, this is where I was loved, held, and nourished. This is what it truly means to be rich. Those who despise the poor, are themselves impoverished to me.

Lastly, but not finally, I have grown more aware that I have experienced all these realities as a cisgendered man. This part of my identity has implications for how I am received, what opportunities are permitted, and what is given without critique. I have recently begun to do a

more mindful parsing of the effect of the intersection of my gender, sexual orientation, and race (along with education and religious identity). How has my identity (ascribed or self-identified) "greased the skids" of my experience? What questions go unasked of me? What defaults go assumed? And what defaults *do I assume?* As I undergo this research, I want to be sensitive to my ambitions and assumptions regarding gender identity and sexual orientation.

Data Collection

This section describes how data were collected for this phenomenological research study. This study used in-depth, semi-structured open-ended interviews where I interviewed former CPE students to gain an understanding of their experience with the usage of profanity in CPE. Interviews were conducted over approximately a one-month timeframe and the average length of an interview was a little more than one hour. In-depth interviewing helped to explore the detailed experiences, perspectives, and opinions of participants from their vantage point (Rubin & Rubin, 2012). Because interviews can elicit direct quotations alongside feelings, (Patton, 2002) they are common in many academic fields such as education, business, communications, nursing, and medicine and health (Rubin & Rubin, 2012). In some academic work, interviews have become extensively used as a data collection method by social researchers (Roulston, 2010).

When the researcher has a specific topic to learn about, semi-structured interviews can be appropriate (Morse & Richards, 2002; Rubin & Rubin, 2012). In this study, I am an experienced ACPE Certified Educator, having trained CPE students for seven years. In addition, I have been a minister/faith leader for approximately eighteen (18) years, developing a sense of possible ministerial predispositions. While I have experience, participants presented perspectives I had not previously considered. Semi-structured interviews allowed for this possibility (Anderson, 2017). The goal was to ask the same questions to each participant; however, they were not

always asked in the same order (Morse & Richards, 2002). This difference largely depended on the interview. Semi-structured interview questions allowed participants the freedom to express their views in their own terms. The objective was to organically hear about their expectations and experiences of the usage of profanity in CPE.

Semi-structured questions were also a guide to ask relevant adjacent questions that related to the study and research questions. Supplemental questions were asked that were not planned (Morse & Richards, 2002; Rubin & Rubin, 2012). Because of this, I designed an interview protocol guide (see Appendix A) that included semi-structured, open-ended primary questions. The primary questions spoke to the overall research questions and formed the structure of the interview. Follow-up questions were asked to seek further depth and detail. Throughout, and when necessary, probes nudged the conversation forward while helping to provide clarifications (Rubin & Rubin, 2012).

According to Castillo-Montoya (2016), an interview protocol is an instrument of inquiry that can be used to ask questions to retrieve specific information related to the study and also as a resource for a less-formal conversation about the research topic. I planned interview questions in advance and organized them to provide a comprehensive view of the participants' experience (Rubin & Rubin, 2010). There were portions of the interview protocols that were scripted and read verbatim; the beginning and the end of the interview, discussing the informed consent, and reminding the participant they can receive the data. In this research, the interview protocols were not only a set of questions but also served as a procedural guide to direct the interview (Jacob & Ferguson, 2012). I created an interview protocol that included the human subject disclosure statement and a matrix that illustrated how the interview questions aligned with my research questions (Appendix A). Questions related to RQ1 inquired about their experience of profanity

during CPE and general feelings they have had since CPE. Questions related to RQ2 wondered if there were power dynamics that impacted the usage of profanity. Questions related to RQ3 asked if ethics impacted the usage of profanity and if participants noticed any ethical tensions around the usage of profanity. It was critical to have alignment between the interview questions and research questions, as they can confirm the utility of the questions (Castillo-Montoya, 2016).

I contacted ACPE Certified Educators by email for them to send a recruitment email to their former CPE students. Their former CPE students who were interested, contacted me directly by email to protect their identity from their former educator. This was an IRB suggestion incorporated to prevent re-identifiability. After this, I scheduled an interview on a day and time that was mutually agreeable for the participant and I. I was respective of the time zones participants may be in when designating times to meet. It was important for participants to be comfortable and have sufficient uninterrupted privacy to record interviews (Roulston, 2010).

Before the interview, I emailed the participants the consent form and Zoom link to the scheduled conference call. Because some participants needed technological preparation, I also sent a reminder email confirming the time (including time zone). The requested length of time to schedule the interview was 60-90 minutes. I conducted audio recording of the interviews using Zoom, with the participant's permission. Zoom is an audio/video communications company that offers remote conferencing services using cloud computing and software. It is provided for graduate students and compatible with most computer operating systems and mobile devices. This approach helped to ensure the researcher could analyze tone and verbal communication. At times, the tone of a participant prompted a follow-up question or clarification.

At the end of the interview, I thanked the participants and described the member checking process to them. Immediately following the interview, I verified everything was

recorded then saved and added any memos that were pertinent. Also, following each interview, I wrote down important observations during and after the interview. I created a set of questions to ask myself to prompt reflection (see Table 3 below).

Table 3

Prompts for Reflection Immediately after Interview

Prompts for Reflection
– I feel…... – I think…... – I noticed…... – I wonder…...

Data Analysis

The objective of this study was to understand the experience of former CPE students who have undergone the phenomena of experiencing profanity during CPE. Data analysis aligned with this objective. Notably, data collection did not stop or start when the researcher and participant began/ended the interview. Instead, data collection (and therefore analysis) began at the point of initial interaction and concluded long after the recording was complete. Qualitative research is emergent in nature, making it important for the collection and analytical process to be recursive, reflexive, and sometimes dynamic (Merriam & Tisdell, 2015). I conducted data collection and analysis using phenomenological analytical approach. Focused and semi-structured interview questions, memos of interactions, notes taken during interviews, and reflections after interviews also supported my analysis (Miles et al., 2014).

Coding

Following the completion of all interviews, I transcribed them and sent the participants the full transcription along with examples of how they might be represented. All participants

received the full transcript and examples of how they are represented in the data for member checking. As themes emerged, a code table was developed to organize the process, including the use of discourse analysis to generate themes (Hycner, 1985; Wertz et al., 2011). Phenomenology guided my analysis of the data in multiple ways. First, phenomenological analysis relies on the researcher to bracket themselves. "…suspending (bracketing) as much as possible the researcher's meanings and interpretations and entering into the world of the unique individual who was interviewed" (Hycner, 1985, 281). I did this by providing a robust positionality statement and remaining mindful of how my interpretations might shape the interview data. I asked participants to name their own worldview, ensured that their words/meanings were as they intended (during the interview and afterward), and limited infusing my own meaning-making into the data as much as possible.

Second, the phenomenological approach helped me to code the data and notice themes. Phenomenological analysis calls for a continued returning to the data with different priorities. I imagine this metaphorically as a continuous folding of the data over onto itself to understand aspects of the phenomenon that are thematic in the data. It required giving attention to the data, reflecting on the meanings and reviewing it to notice themes. First, I listened to the interview to get a sense of its meaning. Next, I isolated relevant meanings that were connected to my research questions. This helped me to contain my findings and focus them on the purpose of the study. I also eliminated redundancies, instead noting the "actual number of times" something was mentioned in the data set in my analysis (Hycner, 1985, 287). (Examples of this include the number of times the phrase Hippocratic Oath or the word "fuck" were used.) Next, I determined themes that emerged from the relevant meanings and found representative parts of the transcripts that highlighted each theme. Finally, I noted individual variations and how this represented

important “counterpoints” in my data (Hycner, 1985, 293). The phenomenological approach guided my analysis of the study.

Establishing Rigor and Trustworthiness

There are standards for validation in qualitative research that are comparable to quantitative approaches to validation (Creswell & Poth, 2018; Merriam & Tisdell, 2015). Rigor in qualitative research is often related to validity and reliability (Kirk & Miller, 1986). In addition to credibility, alternative terms of qualitative approaches to rigor and trustworthiness, include “internal validity, external validity, reliability and objectivity.” (Lincoln & Guba 1985, p. 11). I will use these terms (credibility, reliability, confirmability) to establish trustworthiness and rigor. This will be done through member checking, providing clarity of procedures, and relevant descriptions of the participants.

Credibility

Credibility aims to see whether findings are consistent with reality – am I understanding what I think I am (Lincoln & Guba, 1985)? Additionally, I used triangulation and member checks to account for credibility. I used methodological and theory triangulation in this study. Methodological triangulation occurred through interviews, notes, and member checks, confirming any emergent findings. As discussed in chapter two, critical discourse analysis, liberative pedagogy, and queer theory are theoretical frameworks used in this study. Theory triangulation was achieved by utilizing these frameworks in concert with the interviews to extend knowledge (Flick, 2019).

Peer scrutiny or peer review occurred with my dissertation chair and committee to receive feedback or strengthen my approaches (Shenton, 2004). Following each interview, I asked participants to engage in member checks. Using a secure NCSU Google Drive folder, I

emailed descriptions of how they might be represented from the interview to each participant to gather feedback on whether my interpretation is an adequate description of their experiences (Roulston, 2010). No participants asked for any revisions to the interview or how they were represented. After an allotted time, I removed their ability to view the shared folder in order to retain credibility in the findings.

Reliability

According to Lincoln and Guba's and other researchers, reliability is concerned with whether the same findings can be reproduced in the same context, with the same methods and same participants (Merriam & Grenier, 2019; Shenton, 2004). However, the nature of qualitative research will not result in the same results each time a study is carried out. Lincoln and Guba's stance on reliability was to conceptualize it as dependability or consistency, which focuses on whether the results make sense and are dependable and consistent (Merriam & Grenier, 2019). I relied on methodological and theory triangulation provided by interview responses and notes to establish dependability.

Validity

Reliability and validity, while similar, are not the same. "Reliability is the degree to which the finding is independent of accidental circumstances of the research, and validity is the degree to which the finding is interpreted in a correct way" (Kirk & Miller, 1986, p. 20). The forms of data analysis (triangulation and member-checking) were used in concert to enhance validity. Asking former CPE students about their experience while considering the theoretical frameworks helped to triangulate the research, strengthening my claims and findings.

Confirmability

Formerly, there were objections to objectivity in qualitative research (Kirk & Miller, 1986). However, although objectivity was disputed in qualitative research, it has become essential – "without it, the only reason the reader of the research might have for accepting the conclusions of the investigator would be an authoritarian respect for the person of the author" (Kirk & Miller, 1986, p. 20). In response to the argument of the absence of objectivity in qualitative research, Lincoln and Guba's (1985) construct of confirmability is used to address researcher biases and maintain integrity throughout the research (Shenton, 2004). In this study, I distanced myself from the potential findings by recruiting former CPE students through other ACPE Certified Educators from across the country. In this way, there was a broad population who received the request and potential participants could decline without relational or professional risk. In addition to this, I provided a thick description of my positionality as the researcher to address my relationship to the topic of study and provide integrity. This, along with my research questions and theoretical frameworks, helped to explain how I could come to the findings I did. Additionally, I discussed assumptions, limitations, and delimitations to address the potential context and blind-spots impacting the study's findings. Raw data were managed and stored securely and only I had access to the data. After each interview, participants' identities in the research were altered for anonymity. All of these actions were taken to create confirmability in the research.

Assumptions, Limitations, and Delimitations of Study

Qualitative research inherently has assumptions, limitations, and delimitations. As Price and Murnan (2004) discuss, a notable limitation is a bias that the researcher cannot or does not control, which affects the results of a study. This was heightened in a hermeneutic

phenomenological qualitative study which drew on the experience of me as the researcher. Conversely, there were delimitations, or biases that the I did not have control over. These delimitations indelibly impacted the research. Assumptions are believed to be accurate by the majority but not necessarily true. Below are assumptions, limitations, and delimitations within this study.

Assumptions

I assumed that the participants would be willing to be honest with me about their feelings. Dishonesty by participants can pose a threat to the internal validity of the study (Price & Murnan, 2004). I assumed, as a CPE educator, that CPE students would be able to draw on their educational and clinical experiences. I also assumed basic forms of knowledge, comprehension, and agreeability.

Limitations

Potential logistical and practical limitations impacted the study. An initial limitation of the study was relying on former CPE students who may not have a vivid recollection of their experience of profanity. At times, participants struggled to recall an experience. Another inherent limitation was the social uncertainty around scheduling. Due to the nature of the recruiting process and the rigorous IRB process, time zones and constraints created challenges at times. Participants and I worked together to alleviate these limitations. All throughout, we were continuing to experience waves of the COVID-19 pandemic (along with the flu and RSV) which impacted all. For example, one of the participants was ill for the scheduled meeting and needed to take breaks during the interview. Another limitation was the diversity of participants, particularly around religious identity. ACPE, is more diverse now than in its history, but its members come from Christian-rooted groups and denominations. This may have limited

potential non-Christian participants who saw the recruitment email but may be leery of participating if they felt a greater likelihood of being reidentified. As mentioned, the recruitment method and need to prevent re-identifiability meant I was limited in how I could diversify the participant pool.

Finally, another limitation was the intersection of the participants story (or non-intersection) with my personal story. My own challenges positioned me to be receptive to stories that are triumphant in nature. I could also be skeptical of "clean" stories – those that do not have the markings of struggle. This could create a bias against people who have not encountered social injustice. That said, I needed to monitor any instinct to harbor judgement against people who have not endured hardships. During the interview process, I noticed these tendencies in myself eased. In the moment, I was most interested in hearing their stories, not comparing them to my own. Upon reflection and writing the discussion chapter, I began to compare and contrast my experience with participants.

Delimitations

The focus and purpose of this study was a delimitation. By focusing on CPE students' understanding and experiences with profanity, other factors in language and power can be explored with more nuance. Participants were able to describe their experience through the prism of language. The phenomenon being discussed, the usage of profanity in CPE, was also a delimitation - it seemed to signal to some participants that they could be authentic in their engagement with me as a researcher.

Chapter Summary

This chapter provided a brief overview of the qualitative method that guided my phenomenological study. It also addressed my hermeneutic and began bracketing/epoché by

describing my positionality as the researcher. Later, the chapter included a discussion of research participant selection and research ethics. Next, I discussed the data collection method - semi-structured interviews using responsive interview techniques and researcher notes in the data collection process. I focused coding on categorizing and interpreting the data in order to reach themes or 'essences' as is common in phenomenological studies (Creswell, 2008). The chapter ended with my approach to establishing methodological rigor and trustworthiness. I also noted assumptions, limitations, and delimitations. Chapter 4 will present my findings from the interview data and address the research questions of this study.

CHAPTER FOUR – FINDINGS

Introduction

Profanity, as a form of language that is "outside of the temple," has been underexplored in research on spiritual care in clinical practice. The purpose of this phenomenological study and analysis was to understand former Clinical Pastoral Education students' experiences with and uses of profanity during CPE. This study was guided by the following three research questions (with corresponding theoretical frameworks):

1. How is profanity experienced by students in Clinical Pastoral Education (CPE)? (*Critical Discourse Analysis*)
2. How, if so, is the usage of profanity in CPE related to former CPE students' perceptions of power? (*Liberative Pedagogy* and *CDA*)
3. How, if so, is the usage of profanity in CPE related to former CPE students' perceptions of ethical use of language? (*Queer Theory* and *CDA*)

Following the qualitative, phenomenological design outlined in chapter three, semi-structured interviews were the primary data sources. This chapter begins with a summary of the participant profiles. As described in the methodology, the participants were recruited by their former ACPE Certified Educators using purposeful sampling (including sending the recruitment email to ACPE Certified Educators). I sent the request for participation to specific committee members on deliberately chosen committees within the ACPE network across the U.S. (I will not name the committees to prevent re-identifiability) because these educators' presence on those committees likely meant they educated from theoretical frameworks that aligned with my research study. Being purposeful in this way, would lead me to a study participation pool more likely to help me address my research questions. This chapter reveals the responses of the

participants and organizes them into themes and subthemes related to the research questions. Lastly, the chapter explores how themes emerged and the participant quotes that informed the themes.

Participants

Participants varied in age, gender identity, sexual identity, racial identity, when they completed their initial unit of CPE, and the specific denomination of their faith tradition,. As mentioned in the methodology, this was intentional and important, as it allowed for a diverse set of responses (Winkler et al., 2020). The participants were from throughout the United States and, per the exclusion criteria in my methodology, none had a former relationship with me. The table below displays their responses to the demographic questions.

Table 4
Participants Responses to Demographic Questions

Name (Pseudonym)	Current Age (Generalized)	Year Initial Unit of CPE Completed (Generalized)	Gender Identity	Sexual Identity	Racial Identity	Specific Faith Tradition
Unicorn	Early 40s	Late 2000s	Gender Queer	Queer, Pansexual	Non-Hispanic White	Episco-pagan, Episcopalian
Summer	Early 50s	Late 2010s	Woman	Heterosexual	Black, African	Non-denominational
June	Early 50s	Early 2020s	Woman	Heterosexual	African-American	Baptist
Cancer	Mid 40s	Mid 2010s	Woman	Heterosexual	African-American	Baptist
Joe	Mid 40s	Late 2000s	Man	Heterosexual	White	Presbyterian Church USA
Lee	Early 50s	Early 2020s	Woman	Heterosexual	Caucasian	Christian Universalist
Facundo	Mid 40s	Late 2010s	Man	Heterosexual	Hispanic White	Episcopalian
Patricia	Mid 30s	Late 2010s	Woman	Heterosexual, Queer at heart	Asian-American Pacific Islander	Small group with Christian roots, more spiritual than religious

Pseudonyms were used to protect each participant's privacy. Generalized ages and years were used for another layer of protection. All participants had taken at least one unit of CPE, ranging from the early 2000s to the early 2020s. They ranged in age from mid-30s to early 50s. Gender identities were five women, two men, and one gender queer. Of the participants, six were heterosexual, while two identified as queer, with one of the queer participants also identifying as pansexual. Participants represented a geographic diversity throughout the United States from six different states, including the West Coast, Midwest, South, and Northeast. Racial identities were three White or Caucasian, two African-American, one Hispanic White, one Black African, and one Asian American Pacific Islander. The religious traditions were each rooted in Christianity,

although there was a diverse range of denominations; two Baptist, one Presbyterian (USA), one Episcopalian, one non-denominational, one from a small Christian group, and the other considers themselves “Episco-pagan”. The emphasis on Christianity was not intended and can shape the findings, as there may be theological threads that are consistent across Christianity that are not contested/compared to other religions (or the non-religious). Each participant was interviewed according to the interview protocol and provided responses. Those responses were arranged into themes according to their prevalence and connection to the research questions.

Themes

From the participant responses, I identified five (5) emergent themes (and subthemes within them). I will list the themes in relation to my research questions, give a brief description and then provide textual examples from the interviews (Moustakas, 1994). The participants’ own words are included to illustrate their distinctive experiences of the phenomenon. This process was done for the eight (8) respondents. The overall themes are: Profanity Expresses Emotions, Language is Communal and Cultural, Demographics Impact how Profanity is Perceived (subthemes of educator/student, gender, age, class, and physical ability), Ethical Tensions Exist for Patients and CPE Students (subthemes of Patients Apologizing and Intent Matters/Do no harm), and CPE Changed Perception of Profanity (subthemes of Transformation and Freedom).

Table 3 below refers to which themes were evident from which participants’ responses. The participants demographics listed in the table were selected because these were the demographic categories that were most identified by participants Demographics Impact how Profanity is Perceived dynamics (RQ2). A phenomenological approach of reviewing interviewees comments was used in order to identify themes or meanings that emerge (Creswell, 2007; Anderson, 2017). This entailed bracketing my own interpretations, noticing themes

connected to my research questions, eliminating redundancies, and returning repeatedly to the data for emergent themes (I process I compared to a repeated "folding" of the data in chapter three). The following sections discuss each respective theme and present examples in the participants responses. The themes coalesced following review of the research questions and participant responses to particular prompts. As these were semi-structured interviews, themes were derived from specific prompts, other prepared questions, and follow-up probes. The questions were helpful in gathering data and anchoring the interviews. The semi-structured format also helped because it allowed me to veer away from the questions when a participant had a tangential thought that seemed prescient. This is consistent with semi-structured interviewing in phenomenological research that helps the interviewer remain guided by the questions.

> In the semi structured interview, the interviewer has a set of questions on an interview schedule, but the interview will be guided by the schedule rather dictated by it; the interviewer is free to probe interesting areas that arise from participants' interests or concerns. (Chan, Fung, & Chien, 2013, p. 4).

I learned many things from the interview process that I would incorporate in future research. First, was the value of silence. In the first couple of interviews, I noticed that the participants would pause to think of how to answer. I would sometimes rush to clarify the question. Then one time, I did not do this and it produced a powerfully reflective thought. This epiphany guided me in later interviews. When I noticed silence, I let it rest, even uncomfortably so, to make space for the participants' thoughts. Second, in the future, I might return to the interviewees after an allotted timeframe for a second interview (perhaps six months to a year in a longitudinal study). A few participants said they had not thought about this before and were

intrigued by the topic. They were highly reflective and I believe their participation in the study may have informed their spiritual care after the interview. A follow-up interview after some time would have allowed me to notice ways in which they have shifted or reinforced their previous feelings about the phenomenon.

Table 5

Themes According to Participant Reponses (with correlated research questions)

Participants	Theme 1 Expresses Emotions RQ1	Theme 2 Language is Communal & Cultural RQ1	Theme 3 Demographics Impact how Profanity is Perceived RQ2					Theme 4 Ethical Tensions Exist for Patents and CPE Students RQ3		Theme 5 CPE Transformed and Liberated Perceptions RQ1	
			Educator	Race	Gender	Age	Class	Patients Apologizing	Intent Matters	Trans-formation	Freedom
Unicorn Early 40s, Queer, White											
Summer Early 50s, Woman, African American											
June Early 50s, Woman, Black African											
Cancer Mid-40s, Woman, African-American											
Joe Mid-40s, Man, White											
Lee Early 50s, Woman, Caucasian											
Facundo Mid-40s, Man, Hispanic White											
Patricia Mid-30s, Woman, Asian Amer. Pacific Islander											

Theme 1: Profanity Expresses Emotions

"Keeps it Real"

The strongest theme in this study of former CPE students' experiences of the usage of profanity was the connection between profanity and emotions. Every participant said that profanity helped to express emotions. Along every demographic (including whether or not they personally used profanity), participants associated profanity with the expression of feelings. For many, it was clear and a given. The primary prompts that elicited these responses were the following (from Appendix A):

- When you think of profanity what comes readily to mind? (for example, your definition of profanity, your experiences of it in CPE, or other examples)
- Please share your experience of profanity during CPE.
- How did you feel about the use of profanity in CPE if/when it occurred?

As stated, the following responses were not only from these, but also from other portions of the interview. In response to a prompt, June mentioned the connection between emotions and cursing. As June described, profanity is a natural part of your emotions and provides opportunities to understand how your patients may be feeling.

> …your language shows emotion, right? And so, when you use a certain type of language it kinda helps you understand where that person is emotionally… depending on how it's used it will give you an understanding where a person is emotionally. – **June**, African-American woman in her early 50s

Cancer understood profanity more clinically as a part of speech. She emphasized the colloquial nature of profanity and its use to punctuate a point or describe an emotion. She tied the

use of profanity to social mores. In her view, patients may consider it inappropriate to use profanity when talking to a chaplain.

> They are utterances of words that usually are used to punctuate descriptions of emotions or used as adjectives, sometimes. But usually, when I think of the ways that the words are used, at least the way that I use them -- they're colloquial language that are used to, kind of, punctuate a point or to describe an emotion -- it's bad manners to use them, in most polite conversation. – **Cancer**, African-American woman in her mid-40s

Joe described levels of profanity to describe emotions. For him, there are times when different levels of emotion required different levels of profanity.

> I think ours was informal, we didn't have like "oh you said that bad word". It was more about intensity and descriptive language… like, a good example would be "jerk', "oh my God that guy was a jerk" you know, in my definition that person is someone who is mean and you know not very kind but ratchet it up - "that guy was an asshole - that guy was a fucking asshole" - That was a very unpleasant, mean-spirited encounter. That intensity. – **Joe**, White man in his mid-40s

Summer did not initially connect profanity to intense emotions, but as the interview continued, she noted that it was used to express emotions.

> I am developing a different understanding of how other people would choose to express their emotions. And I'm coming to the realization that you know this is how other people choose to express their emotions. – **Summer**, Black African woman in her early 50s

Connected to this, multiple participants said that profanity helped them communicate their feelings more authentically. Profanity helped to demonstrate comfort and identify honest emotions. Further, profanity "keeps it real" and creates emotional accountability.

For example, Cancer compared her use of profanity with others with whom she trained and tied her use to being more authentic to both her and the situation.

> I felt like I probably cursed more than anybody, in the group… But I felt like, sometimes, it made the conversations feel more authentic. Because I know I felt truer to myself because, a lot of times, if I am comfortable, especially if I'm talking about a difficult, frustrating, or emotionally taxing situation, swear words, sometimes, are really peppered in my description of how I'm feeling. And so, it felt authentic because I didn't feel like I had to edit myself and it felt authentic when my peers would do the same. – **Cancer**

Patricia described how profanity "keeps it real." She described how using profanity demonstrates authenticity and then connected authenticity with feelings. Using profanity, for her, typically occurred as feelings were stronger and represented an honesty and "accountability" when she used it.

> …for me, profanity keeps it real …and there are some moments where I just say something and that's the realest and rawest it gets and I'm like okay, how do you actually feel about this? Then I can work my way back into more "articulate" ways to express how I feel…for me profanity is a little bit of accountability for myself at least because if I do find myself using it then I'm feeling something strong … Maybe what I'm feeling is different from the way I'm behaving and telling people I'm feeling. Yeah, maybe it's an honest place. – **Patricia**, Asian-American Pacific Islander woman in her mid-30s

Patricia made further connections to emotional authenticity, stating that profanity also brings her physical relief because it allows her to express emotions that are held in her body.

> …in times that I have used profanity it has been a really necessary release almost for my own health and wellbeing and not just emotionally, I also feel physically relieved. If I am really able to say a word, my feelings are released with it. …I also tend to hold anger in my abdominal area, and so when I am able to release my frustration, that area feels the most, physical clearing of tension. Physically speaking there is also a certain word that has a certain hand gesture. So, if I ever get to the point of using that, it's also interesting, because when I'm frustrated, I don't think I always do it visibly, you know the automatic physical gesture to frustration is clenching your fist right, so when I like to flip the bird, that's releasing that clinch a little bit but, a form of remembering that it's still not ok in a way. – **Patricia**

In a society that may have challenges around expressing emotions, profanity may parallel emotions in terms of the society's comfort. Facundo expressed how the disruptive use of profanity represents the social discomfort in expressing emotions.

> There's a discomfort, people have a discomfort with profanity that actually may run parallel to a discomfort with emotions. – **Facundo**, Hispanic White man in his mid-40s

Theme 2: Language is Communal and Cultural

"Wang ba dan or Ori è ko dà"

Another consistent finding from participants was profane language is communal and cultural. The majority of participants (six out of eight) named their community (parents and friends) or cultural background as central to how they view profanity. In addition, multiple participants spoke other primary languages, which impacted how they experienced English

profanity in the USA and what, if anything, they found offensive. The primary prompt that elicited these responses was:

- What was your experience of profanity before CPE, for example, as a child/teenager?

As previously stated, secondary prompts and probes also elicited responses that produced the theme. Joe described class and geographic locality as related to use of profanity. He also described his own experiences as a child with his father's use of profanity. This can be consequential in CPE contexts where students work with peers, educators, and patients from a variety of backgrounds.

> I am from … and I think culturally, I think it was very working class and … I'll say we are a little more you know apt to use profanity than definitely people from … other parts of the country. So, it was very normal growing up at a young age and using profanity. My father was a pastor, and he cursed a lot, and it was just very commonplace and kind of family and then also in my upbringing, like in schools and everything. – **Joe**

Summer also described her upbringing in an African country where swearing and the use of profanity was not encouraged or modeled. Her cultural upbringing enforced for her not to swear. This cultural sensibility may be prevalent among others in CPE.

> I grew up in an African country... Even as a child, profanity was not encouraged in my household…so it wasn't anything that I grew up with in the house. It doesn't mean it didn't take place you know outside of the house, in my community it did, but it wasn't something I bought into just simply because you know it was not acceptable at home. And so, that kind of like stayed with me and so, I don't swear or use profanity in that way…– **Summer**

Another participant, Patricia, first used swear words in a different country, in a language other than English. While her parents explained the meaning of the words, she says it was almost like they were providing a language lesson. However, their cultural expectations shifted when they came to the U.S. Then, they did not want her to swear in English.

> …my first exposure to cursing was probably at the age of 13, which is pretty typical and it's really funny because I actually lived abroad with my family that year in my parent's home country [in Asia]…, so I picked it up at middle school there. So, when I kind of brought it home, my parent's kind of like explained the words to me as it was a language lesson, kind of like you are from America so you wouldn't know this curse word because it's not like we taught it to you growing up, so here is what it means. So there was like no judgment on me like repeating those certain words at home. But like on the opposite end of the spectrum, because my parents had converted to Christianity, when they came to the United States, when like let's say in high school when I brought home words like "shit" you know, my mom would be like "don't say that " but I had like said those profane words in [Asian country]… - **Patricia**

Joe also described the cultural differences of the use of swear words in another country. For him, he just didn't hear it happen.

> I lived quite a bit in [Africa] and you'd never hear… To hear majority of Africans to ever, curse is never gonna happen, and they would never take the Lord's name in vain… - **Joe**

From childhood, messages about profanity were pervasive. For June, profanity was seen, unequivocally, as an abusive form of language. This perception developed clearly from her time

as a child. This continues to strengthen the possibility that people have deeply ingrained beliefs about profanity that have existed since childhood.

> …as a kid when we're growing up, we only know what comes out of the household right, what we're taught, what we call our learned behaviors, and so that was a part of my learned behavior is that the aggressive language you know, being verbally abusive, being attacked in a way. When you do something wrong you get this type of language… If I want to hurt someone let me use this language. If I want to attack them let me use this. If I want someone to feel bad this is how I do it and so, that's how I view profanity. - **June**

Cancer noticed that one of her group members from an Asian country, practiced Islam, and objected to profanity. Cancer, who used profanity herself, would adjust her language so she did not offend her Muslim peer.

> There was one point, during my last unit of residency… one [student] of whom was -I believe she was [from an Asian country] - she practiced Islam and she had a very strong objection to people using swear words or foul language… So, I do remember, when we were having interpersonal discussions; we met together, as a group to do the exercises, editing my comments and … I would edit those so as not to offend her. Or, if we had written things that we were sharing about encounters with patients or staff or others that contains swear words, I would rid that part of those. Sometimes, it would end up that I, or one of the other people in the group, may actually use a swear word, during conversation, and then we would end up apologizing to her and kind of monitoring ourselves and one another, as we went forward with the conversation. – **Cancer**

There was another intra-phenomenon that emerged in this theme which highlighted the cultural particularity of profanity. Participants who had lived in other countries noticed that there

were profane words they used in those languages. In both instances, their parents did not agree with the use of profanity. However, when non-English profane words were used, the adults did not shun it. In one case, because of the unawareness of the user, the adult even laughed. This highlighted the way profane language relies on communal and cultural understanding. Patricia stated that her mother used the terms "wang bah dan" or "jian" in her native language although her mother discouraged Patricia from using English profanity. This scenario illustrates how profanity helps express emotions but also how there are various cultural views about profanity (that may even be complicated within the same person.)

> So, me and my parents and a couple others of us were pretty angry at … this one pastor, and this was a bilingual church so at one point I asked my mom in [an Asian language] …"so basically elder so-and-so is an asshole", I think that word is actually stronger than what "asshole" is I just can't think of what it would be. Then she kind of said "yeah." But then for her it was kind of like see I trained my daughter to be bilingual she knows this word, she knows the situation at church. She can understand well enough to interpret [or] intuit what the adults are saying and, that elder so and so is an "asshole". So, it was like a totally different response of "yeah, she knows her vocabulary very well." Yeah, and because I… may have also said the things she was feeling and again because she doesn't curse, I may have said it for her. – **Patricia**

Summer conveyed another experience where out-of-culture use of swearing was humorous rather than insulting. The use of a derogatory expression in another language by a child made the swearing across cultures something to laugh at rather than be offended by. Again, there was an understanding that the profanity's resonance was from a shared cultural and

communal understanding. When the child did not understand this, the usage was laughable rather than offensive.

> I can give you like the perfect example of something. So, my mother was visiting, my mother visits and my daughter whose learning … my native language had learned something new, right, which was … I guess it's what you would call profanity, and it's insulting the person, right. So, I can't remember where my daughter who was then, I don't know, 10 learns this language, so she said it to my mom. So, she said to my mom "Ori è ko dà" and my mom busted out laughing, busted out laughing and shared it with me, and of course I laughed too… This was in the [African cultural] context and this is very insulting, right this is very insulting. It's kinda like to say a person is off their rockers or something like that, right, that's what it means, you know, so and a child saying this to her grandmother, oh God is even unspeakable. – **Summer**

Connectedly, Summer stated that there is a communal "buy in" that is necessary for a profane word to have meaning. By this, she means that without an agreed upon meaning (such as offensiveness), there is little meaning. For her, the potency of the word comes from the communal understanding, the "unsaid translation".

> …there is an unsaid understanding of what that "F" word means by everybody there, you know, there is a community of understanding… Because it doesn't mean anything to the people, right. So that's why I said there is a buy-in from everybody, everybody understands what it means, there's an unsaid translation at that moment of that word. - **Summer**

The participants who connected to their childhood described their earlier experience as something that was an amplifier or obstacle during their time in CPE. For some, they were used

to using profanity widely and found their usage of profanity with peers and patients consistent with their upbringing.

Another significant finding was that the previous experience with profanity in their culture or community shaped how they responded to it as an adult in CPE. For example, June, who saw profanity as abusive as a child, could only see it that way in CPE. In another instance, Summer, who did not grow up with English as her first language, did not take offense to profanity used in CPE. Her African culture gave her an attitude "like Teflon" (her words) when it came to English profanity. This theme is a helpful perspective at understanding how students may feel about the usage of profanity in CPE. How and where they are raised has important implications for how they will view profanity in CPE.

Theme 3: Demographics Impact how Profanity is Perceived

"Crazy power dynamics"

This theme identifies what power dynamics impacted the usage of profanity within CPE. The categories named are those that were presented by at least three participants. I have included the section of the coded table to highlight participant responses across the demographic subthemes that were named. The primary questions that elicited these responses were (from my interview protocol):

- How, if applicable, did power dynamics impact the usage of profanity in CPE? For clarity, this usage of profanity can be used by the you or others in your CPE process.
- Were these power dynamics related to race, gender, age, or something else? Please describe what you noticed.

Like the other emergent themes, the subsequent responses also rose from questions other than these. For example, some of the themes were derived from responses on participants'

general experience of profanity in CPE. Others were reached through follow-up questions that are inherent in semi-structured interviews. These themes were culled from the entire interview rather than only these questions.

Table 6

Demographics Impact How Profanity is Perceived - Subthemes According to Participant Responses

Participants	Demographics Impact how Profanity is Perceived RQ2				
	Educator	Race	Gender	Age	Class
Unicorn Early 40s, Queer, White					
Summer Early 50s, Woman, African American					
June Early 50s, Woman, Black African					
Cancer Mid-40s, Woman, African-American					
Joe Mid-40s, Man, White					
Lee Early 50s, Woman, Caucasian					
Facundo Mid-40s, Man, Hispanic White					
Patricia Mid-30s, Woman,Asian Amer. Pacific Islander					

Educator

A majority of participants (six of eight) commented on the power the educator has to impact the language spoken in the group. For some, the educator determines, explicitly or implicitly, what is acceptable language for the context. Some participants felt the ACPE educators acceptance of profanity in the educational space made the conversations between student and educator more open, others felt stifled by their educator's prohibitive response to profanity. Of note, the descriptions of the educators are omitted and the participant's names are omitted in this section to further prevent re-identifiability.

One participant described how the use of profanity in CPE training set the verbal parameters for the experience. For this participant, the tone invited having authentic and intimate conversations.

> I remember the CPE person, the CPE instructor, I remember [them] cursing a couple of times and I think that you know I was probably aware of that because you are looking at the tone that is set for these really intimate conversations… – participant's name omitted

Another person described their own use of profanity while in CPE. The use of profanity in this educational setting was not the norm but was used by this participant to convey more authentic responses and feelings.

> I used profanity more than anybody, in my group, just about. -- other than one of my supervisors, one of our group supervisors swore… But I felt like, sometimes, it made the conversations feel more authentic. – participant's name omitted

A third participant commented on their use of profanity as being against the norm in their educational training context. This person felt they were being forced to compromise their intense feelings by being asked to check their use of profanity in this setting.

> …my supervisor … did not particularly appreciate the amount of profanity that I used…in one of our supervision sessions [they] actually talked to me about that… I felt like that person really like blocked the flow of, I mean attempting to speak with me, attempting to process, speak with integrity and negotiate you know my role and God and what I'm supposed to be learning here… I felt like that was a major block between us… - participant's name omitted.

While each of these participants had a different experience with the use of profanity in their CPE training, all connected the use of profanity with authenticity, passion, and emotions that were important in the educational context. This is a consistent finding, related to theme one and also noteworthy for the CPE context. Educators have a critical influence on the language that is accepted in the CPE experience. How they wield or yield this power can determine the educational outcomes for CPE students.

Race

Four of the participants recognized race as a factor in their analysis of power dynamics. At times, the demographic of race was combined with others (such as gender), to name the power analysis at categorial intersections.

Joe, for example, expressed the cultural impact of working in a Black church. Here, race was a factor in deciding not to swear as it would, he felt, go against cultural norms and expectations.

> Like in a Black church setting, I worked in you know diverse church settings. I'm not going to swear in a Black church setting or with church attendees. There's sort of, yeah you kind of knowing the culture, that you're with the predominate culture and what's expected and what isn't. – **Joe**

Another participant felt her usage of profanity was interpreted more harshly because of her tone and that she was a Black woman. In this case, her race and gender were factors in how she was perceived when communicating.

> I know I swear a lot, but a lot of the conflict between us arose out of, not necessarily, my use of the language, but the tone. If I'm speaking passionately and emphatically, he would often interpret that as me yelling at him; I think sometimes the use of swear words, as I was doing that, -- caused him to shut down; It intimidated him, he later told me that was intimidating for him. One of my group mates said to me, 'Yeah because you're acting like an angry Black woman, in group' and it was jokingly… - **Cancer**

Gender

For some participants, men were the predominant users of profanity. Joe, for example, noted the distinction between males and females in their use of profanity and the kinds of activities they grew up doing. Facundo saw gender as a factor in how his profane language was perceived and noted, among her clients, that women rarely used profanity.

> Yes, I think there's a gender component… Every kid on the block was male and we just, it was dominated by playing guns and playing with G.I. Joe and "HeMan". So, all of these sorts of informal ways of learning about a masculine culture. I think we would have behaved differently around girls had we had peers with us... Usually, a lot of boys

hanging out every day after school and kind of that culture of boys. So, I think definitely there was a gender component. – **Joe**

… there are the occasional patients who will use bad language and absolutely not apologize. They're just being themselves; those people are men. I have yet to have a female patient that will just sort of indiscriminately use bad language. The rare cases with someone who will persist, it's always men. - **Facundo**

Joe goes on to say more about the gendered dynamic of using profanity in his upbringing.

…my neighborhood was entirely boys, like a hierarchy of brothers. There were three immediate families on the block with two brothers, older and younger. So, I was one of the younger brothers, and all the older brothers cursed. You would just hear and sort of adopt that cultural piece, there was just knowing or even learn oh, "shit" or "dammit" those were a little less, they were bad, but they were less. But there were bad ones like "motherfucker", you know just worse levels, so I think it was even taught at a young age like by the older brothers. - **Joe**

Another participant monitored her use of some profanity because her relative noticed how much misogyny is inside of the language.

But my brother said why are so many curse words demeaning towards women the p-u-s-s-y , c-u-n-t, b-i-t-c-h, do we have that equivalent towards men, my brother was like, look at the misogyny that runs rampant through everything. – **Patricia**

These participants agree that there is a gendered dynamic to who can use profanity and how profanity is used. From, as Facundo remarked, who can use profanity "indiscriminately" to the way it joined a community of boys in Joe's case. Finally, when examining profanity, there

are words that denigrate women and not men, continuing to amplify the way gender informs the usage of profanity.

Age

Participants remarked that the age of users and hearers impacted who used profanity. Lee, for example, felt age was more of a distinguishing factor in the use of profanity than any other demographic category.

> Age, age. … [this was the] only educator I've had that identifies as a man but I don't think that sits so much more than the age and the religion component as well... – **Lee**

Cancer expressed the intersectionality of age and race as a Black, generation X individual. Age and race, she felt, were tied to respectability. She felt, to gain respect with older patients, she had to temper her use of swearing.

> I think that as a Black, gen x'er, -I can only speak from the experience of being Black- but respectability plays a lot into deference and respect for your elders, plays a lot into the way we are taught to socialize with them. So, in some ways, those encounters were difficult for me anyway -to go and see yourself as a spiritual authority to someone who is 30 or 40 years, my senior. – **Cancer**

In both cases, participants remarked that they noticed age was a factor in how profanity was used. Lee noticed that the educator's status as an older person impacted how he heard profanity (in this case, he was not in favor of her usage). Cancer noticed that she could not use profanity with "elders" who were 30-40 years older than her. This underscores the way the usage of profanity is impacted by age. Former CPE students felt limited in their usage of profanity by those who were older.

Class

For some, profanity was a signifier of someone's social status or class. The usage of profanity could also say something about where you're from or how you are to be treated. This theme rose from comments of participants throughout the interview.

Lee described the intersectionality of poverty and education as related to profanity. Her focus was on how individuals with less education from poverty situations felt constrained in their use of swearing. This became, for her, an issue of social justice, that those who were already lacking power were further disempowered by feeling they couldn't express themselves authentically. This disempowerment (and resulting need for empowerment) is a hallmark of liberatory education, which exists to help students activate their agency and speak authentically in their educational experience.

> In social justice terms, poverty is often linked to, not always, but often linked to lesser educational opportunities or advantages. I think when you got those two possible double issues that a person is dealing with, where they don't have a home or really struggling with that or maybe they don't have a lot of or have not had a lot of educational opportunities that's not something they would say is a strength in their life, that they are coming into a hospital where there's already crazy power dynamics…They are careful about what words they say and there's less of a freedom to fully express themselves… because of educational background socioeconomic issues, feels themselves to be up here with a chaplain. – **Lee**

Joe emphasized the class differences in his own family, recognizing different expectations by different classes for the use of swearing. Those who were "working class" would swear. He did not swear around his mom's side, who were from a "WASP" culture (White,

Anglo-Saxon, Protestants). His remarks also connect to the intersectionality of the power dynamics inherent in the usage of profanity, including gender, race and religiosity.

> Yeah, my mom never. So that was just kind of interesting, you know my dad was pretty, you know, very comfortable with profanity. My mom, it's like I heard her curse one time growing up. My mom's side of the family, like, her brothers, my uncles. It's just was not something on her side that you would hear. There come out of a more rural Presbyterian background, Pennsylvania. So, it's not that working class, I would say more a traditional WASP culture. - **Joe**

Later, Joe noted that those who were working class would curse. While he did not make the class distinction explicitly ("they are just a little more"), he inferred that their "WASPY" culture was a factor in not swearing around them.

> But I do think that there's times where it would be more appropriate than others and so, I'm aware like with my elders and even knowing my dad's side of the family was more working class, there with my cousins you can curse. But with my mom's side, they're more WASPY, and they are just a little more, you wouldn't swear with them. – **Joe**

June distinguished between profane language used to authentically express emotions and the casual use of profanity as an indication of lifestyle, implying a distinction between those of upper- and lower-class backgrounds.

> But when you hear someone using that language just on a leisurely basis, for me, I would instantly wonder about their lifestyle, right? How do you live? … how would I view this person, right? Would I view you as an upscale top notch up righteous person or am I

viewing you as someone who parties and drink and smoke and hang out with a certain type of crowd, right, is how I would view them with the type of language they use. – **June** (participant has notable introspection about these thoughts discussed later in theme five).

Each of these demographic categories in this theme *Demographics Impact how Profanity is Perceived* (educator, race, age, gender, class) illumine the power implications present when using profanity. Each participant named at least one demographic factor that impacts how profanity is used or experienced. This is highly correlative to the CPE experience. For CPE students who are entering spaces where power is being negotiated and, as Lee noted, any number of "crazy power dynamics" exist, awareness of these social realities is critical.

Firstly, and significantly, an ACPE Certified Educator has a critical role in creating, subverting, and reinforcing norms around the usage of profanity. The educator's comfort/discomfort level with profanity may impact student's ability to feel able to share openly (a student may feel more/less open to share, depending on the student's perspective). Second, these demographic categories of power unearth a truth mentioned by Vajra Watson, "…the issue is not profanity but who is using it" (Watson, 2005, p. 390). A person of a lower socioeconomic class may feel more comfortable using profanity but disempowered in a healthcare setting. A woman may feel unable to exhibit profanity, while a man may feel able to cuss "indiscriminately". When intersected across multiple demographics (from the perspective of the speaker and listener), the results can be more difficult to predict – for example, a Black woman in her 40s talking to a Black person in their 70s or 80s. In this case, the former CPE student was not comfortable using profanity around them.

Third and finally, none of these responses regarding power are unilateral, but they are entry points into understanding and curiosity in how cussing may be deployed in CPE. Each of these demographic categories require sensitivity to understand how profanity may be utilized in the care of the patient and/or student. How might a patient feel most comfortable? How might a student? These responses concerning various power dynamics reveal that these are categories worth considering based on the demographic differences in the clinical and educational space.

Theme 4: Ethical Tensions Exist for Patients and CPE Students

"First, do no harm"

Participants were asked if ethics impacted the use of profanity or if there was ethical tension around the use of profanity:

- How, if applicable, did ethics impact the usage of profanity in CPE?
- Please describe, if applicable, an experience during CPE where you felt ethical tension around the use of profanity.

Similar to previous themes, the following thematic descriptions of the phenomenon were derived from these primary questions along with other prepared questions throughout the interview and follow-up questions.

The most prominent subtheme in participants' responses was that patients apologized for cussing in front of the chaplain. The other subtheme that emerged was that the intent of the speaker matters and the predominant goal should be to do no harm. By intent matters, they asserted that what the speaker intended to convey is essential to the usage of profanity. Did the speaker mean to hurt, convey, or release? By "do no harm", participants meant that no matter how they felt themselves about cussing (especially those who utilized profanity), they would not

override the preferences of their patients or peers. If someone in their presence was uncomfortable with profanity, the participant would not use it.

Patients apologizing

Nearly every participant (seven of eight) remarked that patients would cuss in front of them and then apologize. This, they felt, was perhaps ingrained in the patient from their own cultural upbringing. When this occurred, it presented an opportunity for the CPE student to reinforce or reframe the patients perspective on using profanity with clergy/chaplains. In no case did a participant condemn the language of a patient. Facundo and Lee both described how they would respond to their clients' apologies by affirming that it was okay for them to use profanity. Lee recognized a dynamic connected to power as well, that the chaplain permitting cussing enforces a position of power.

> What jumps out to me the most are the patients who cursed and apologized… I would even see low-grade curses like "this damn tube" "oh I'm sorry pastor". And I would say "that's ok". You can use whatever language you want, I'm ok. – **Facundo**

> …there would definitely be someone would use profanity and then go, "Oh I'm so sorry chaplain" and I'm like no its perfectly alright with me. So definitely, that sense of like you're a chaplain and I shouldn't use this language. Then we would kind of not unpack that, because it wasn't the point of it. But I wanted people to feel really free to speak and so I'd kind of go its fine with me if you're ok with that. But there was definitely a power dynamic there. Even for me to go, "its ok" … enforces a power dynamic. – **Lee**

Cancer noted how the cussing was often used as a descriptor of how patients were feeling. When they apologized, she provided positive reinforcement and interpreted their use of swearing to be, in part, due to lack of other ways to express their pain or discomfort.

So, as I was at the bedside with patients, what I would notice was that a lot of times -- it would be part of their normal description of how they were feeling or what they were thinking or how they would speak. In knowing that I was a chaplain, a lot of times, they would stop and apologize or they knew they couldn't find another word to describe what they were saying so they would say things like, 'excuse my language', and then go ahead and utter what they were going to say. – **Cancer**

Patricia described how some of her patients would respond after receiving permission to use profane language. With one patient, once Patricia granted the permission and that she was ok to hear it, the patient swore openly.

So with this patient she was not super religious she was kind of telling me health crisis after health crisis after personal crisis and kind of commenting like "damn , I'm forty years old", and then she stops right, and says "sorry you're a chaplain", and I'm like "you say whatever you want I'm here for it," and she goes, you know, "what the fuck is happening to my life?" – **Patricia**

When a patient cussed, the chaplains regularly reassured the patient that their language was ok. Participants did not want to condemn or shame the patient's use of profanity. In some instances, these chaplains used profanity alongside the patient.

I would say something to the effect of: 'you know, I understand, I can relate to what you're feeling' and I would say: 'Now, this is the part where you get to hear the chaplain curse' and I would use the curse word and say: 'This is really fucking unfair' or 'This shit sucks', so it would normalize it for them and allow for them to, kind of, be more completely and authentically who they were. – **Cancer**

Unicorn described how family members sometimes used profanity, as well. Parents, in some situations, cursed as they expressed strong feelings or emotions about their children's circumstances. In these instances, she felt it was important for them to be able to express their fears, frustrations and feelings authentically and she would let them know it was okay to use profanity in front of her by then using profanity herself. This helped to build their relationship.

> The mom [of a patient],… she was just wrapped with anxiety and she was just talking about how she just needed to chain smoke to just get through a day. She couldn't and so when she was talking to me she said, "I can't fucking handle it" … then she stopped herself and she was like, "oh this is the chaplain," you know, like, "I can't freaking handle it, I'm so sorry" and she got really down on herself for feeling like "oh nah, I cursed in front of a person of God." And for me it was, so what I said in response to her was "Yeah, that really fucking sucks." And I feel like that moment connected us in a way that was really helpful for our relationship, cause they were in the hospital for almost three months up until the time of his death and so it was a helpful way in building a chaplain relationship with her just by providing just that. – **Unicorn**

Patricia used this same strategy to convey to her patients that it was okay to use profanity. By using profanity herself to acknowledge their feelings, she felt she was giving them permission to use profanity and making connections with them.

> [in response to patient cussing] …it felt appropriate for me to say "yeah what the fuck ". She was like yeah you're cool Ms. Chaplain. And I'm like … you say what you need to say. …[After the patient processed her grief and frustration] she kind of looked at me and said you know Chaplain you made my day by cussing- **Patricia**

Facundo made a poignant connection between patients' apologies and the sacred/profane dichotomy. He was aware of the long-held binary of good/bad and how a patient might feel that using profane language in front of a "sacred individual" was inappropriate.

> …like so even the fact that you used, I mean, not just used but you know one way to talk about language about a certain kind of language, is to call it profanity and you know a long-standing dichotomy is between the sacred and the profane so that there's something about, oh I shouldn't use profanity in front of someone who is some kind of sacred individual. I mean I think that was a part of that. – **Facundo**

Facundo's intuition about the ethical binary of sacred and profane language illuminated the reasons for this study. He felt the very framing of language as profane labels it as something that cannot be spoken around a chaplain.

Intent matters

Another prevalent theme (six of eight participants) was profanity should not be used to hurt others. Regardless of their own beliefs about profanity, they did not want to offend their patients or peers. While they previously expressed how profanity could help the connect with patients, as Summer emphasized, it was important to know when to use profanity and when not to use it. The intent of the use of profanity was important.

> …what really means anything in this language or word is the intent. Right? … that's how I look at profanity… because that's really what carries weight. When a person says a profanity what did they intend for it to do to the person its being said to? And I think for me that is what is more important than the word or the language that is used. Because in that sense that kind of, the intent there's a universality to that, right? So, regardless of the language, I guess connects all kind of profanity is the intent behind it, right? – **Summer**

June emphasized the theme of "do no harm" by describing one of her CPE classes. Reflecting what Summer said about the intent behind using profanity, June described how her instructor emphasized the importance of knowing intent in order to do no harm.

> In one of my classes, it was brought up in one of my verbatims, I expressed the story and I got more in depth about my childhood and what I experienced through profanity [the abuse she experienced]. After I did that verbatim, the leader [educator] did say "Oh my God, I didn't recognize that, I apologize" and so with that acknowledgment, it was said we would try to scale back on that because we don't want to offend you in any kind of way, you know, or cause you any harm… I appreciated the acknowledgment and the respect behind that. To be heard was valuable of course and the fact that it was important to the leader to say that we aren't here to cause harm, right. So that was great, it was great. – **June**

Nearly all of the participants had done their CPE in a clinical/hospital setting. That said, it was notable that some of them referenced the Hippocratic Oath of "Do no harm" used in medical care as central to their practice of using profanity. For Cancer, Patricia, and Joe, "Do no harm" was valued over "being my authentic self".

> In my clinical practice, I, always, kept the phrase, "First, do no harm," at the front of my mind, even though I know I'm not a physician and that's part of the Hippocratic Oath; That's what I kept in the front of my mind. So, if it would be more harmful or offensive, and would separate or be injurious to their faith or well-being, then you refrain from doing whatever that is, including using cuss words or foul language. – **Cancer**

Patricia reflected the "do no harm" intent while describing an interaction with ICU staff. They were concerned with their use of profanity in front of her. Her response was it was fine and that she also used profanity, but not usually in front of patients. She reflected on the reason for this being to do no harm to patients.

> I know with some staff I usually don't cuss with patients but if, in the ICU I have been asked "Chaplain, are you cool with all of us cussing" and I would be like "Yeah, I'm totally okay with it. Just so you know I cuss too, but not usually in front of patients, usually."… it goes back to do no harm right and respect. - **Patricia**

Joe described the balance between authenticity and culture. He was deliberate in his use of profanity to respect the culture of his patients, opting to temper his own authentic expression in favor of respecting their expectations and cultural upbringing.

> I don't want to offend people and so, I think you can be free with people, but you just very much want to honor what the larger culture is…Like I'm not, I'm never gonna force it. I'm definitely not that kind of person that's like well "screw em, I am who I am, I'm just gonna say and speak my mind all of the time." I am not that person. I very much feel that I am always trying to be appropriate within the larger culture, and so I am regularly monitoring what I will say and share and what I won't. – **Joe**

Cancer echoed this sentiment and described how she balanced her authenticity with the underlying ethics of her patients. She articulated this compromise as motivated by a "do no harm" approach with the intent of respecting their point of view. This, in turn, she felt, empowered her patients.

> If, I really hold that idea of, "First, do no harm," at the front of my mind, in my clinical encounters, or in my interactions with people, in general and using that language is harmful- whether or not that's how I, authentically, want to express myself, in that moment- if I do that, it's going to take me out of alignment with another ethical operating idea for me, which is, that I'm not supposed to do anything to harm or disrespect my fellow man; If I do, you make amends, as quickly as possible. I think I've found it to be liberating and it does not, necessarily, diminish your authority, with people that you care for, to use swear language, all of the time, when you are in encounters with, both, your peers and with patients, family, clients, whatever the case may be. Sometimes, it can actually be a tool to empower them to be authentically who they are. - **Cancer**

This theme captures the ethical tensions evident in CPE. Nearly all participants noticed that patients would apologize to them if they used profanity. This seemed to be motivated by the patients' desire to respect the presumed sanctity or purity of the chaplain. Yet, the chaplain/CPE student consistently disabused the patient of this need and invited the patient to speak freely. This is a notable phenomenon. Patients, out of respect for chaplains, limit their cussing. And chaplains, out of their desire for emotional authenticity, welcome cussing. Such incongruence in the clinical setting around communication continues to elucidate the need for this study.

In addition, these participants cared about the intent behind the language. Whether it was socially offensive was less important than what the patient/person intended to do with the language. Did they mean it to express their emotions? Well, that was ok. Did they mean it to hurt someone? That may be shunned. Connected to this intent, many chaplains interviewed held the Hippocratic Oath in high regard. No matter if they cussed themselves or not, they do not want to harm anyone in their care, patient or peer. If not harming their patient/peer meant censoring their

language, they were agreeable. These ethical dynamics complicate and queer notions of good/bad or sacred/profane. For these participants, spiritual care providers and patients communicate in a fluid nature that resists binaries of language.

Theme 5: CPE Transformed and Liberated Perceptions of Profanity

"Fearless self-reflection"

This final finding illumines the ways CPE shifted the perception of participants. The prompts that were used here were:

- If applicable, how did your view of profanity change after CPE?
- In retrospect, how would you evaluate the usage of profanity during your time in CPE?

As in the previous themes, the following subthemes emerged from these direct questions, other prepared questions, and follow-up questions during the interview. Participants expressed a range of responses about their CPE experience, including gratitude and curiosity. They also noted that CPE changed how they felt about the usage of profanity. From these responses, the subthemes of transformation and freedom further explicate their experiences.

Transformation

Most participants (six of eight) named CPE as a factor in transforming their perspective on profanity. Some participants now use profanity more, while others became more permissive/understanding of the usage of profanity.

For example, Patricia said that before CPE she could only hear cussing as venting. It was often used to complain about something frustrating. However, after CPE, she saw that there were choices in how to utilize language. Language could be used to join someone honestly or it could be used as a weapon, but it was not limited to only one usage. This, again, widens the usage of

profanity to a form of language that, with respect for others, may have potential import in spiritual care.

> [Before CPE] I experienced it complaining and venting as a part of the culture… Everyone is stressed out in school complaining about "the fucking professor ", the fucking "new testament midterm" or "the fucking this , "or fucking that" … after CPE, because I had choices to make myself about my own use of power as a chaplain and when to join someone or not join someone, or whatever, with my language I would say my view now after CPE is a place of honesty. If used consciously can be a type of truth or truth telling and also with everything else if used unconsciously, used without that conscious awareness of power and use of power, can also cause harm and can be a weapon of disrespect towards someone, could perceive it as harmful especially in a power down situation. - **Patricia**

Unicorn felt that CPE sent them into a place of fearless self-reflection where they would confront power dynamics and in particular, their own privilege. For them, this expanded the definition of profanity from words like "fuck" to being hateful to others. This transformation occurs in the action-reflection-action framework of CPE that invites a continual, enfolding sense of self-awareness. Unicorn developed a new formation of profanity through this process, where they now view hateful language (regardless of whether or not it uses socially taboo words) as profane.

> I think, there was an ethical shift both in seminary partly and primarily in CPE cause CPE really launched me into more of a journey of self-discovery, also like into a way of fearless self-reflection, where I had to confront my own power dynamics, like you know

my own privilege. And I think that's really a start of where I started to see the difference between saying "fuck" and being hateful. – **Unicorn**

Similarly, Cancer deepened her self-understanding. After CPE, she felt she could show up as more of herself in the world. This may mean using language that others detest. But it is authentic, which has now become a priority for her.

I think the gift of CPE, for me, in general, was this deeper understanding and realization of the importance of being authentically you and how you show up in the world; Be that in relationships with peers and colleagues or in clinical encounters with patients and families. I think to that end, that realizing that sometimes that means allowing yourself to use the language that you feel best expresses what you need express, at any given moment; Be it, swear words, crass language or not. It's ok, because it's part of you being, authentically, who you are, in that moment. - **Cancer**

Two participants, who did not use profanity themselves, developed a deeper understanding of its use following CPE. Summer, a participant who previously thought profanity spoke negatively about where someone comes from, stated that her perception changed post-CPE. She also remarked on a "deeper understanding" and how she now sees that profanity may simply be another way of expressing emotions and that is the goal of the chaplain.

I tried to think of my life experiences as pre-chaplaincy or pre-CPE and post-CPE and I guess - I hope - I have developed, or I am developing, a deeper understanding of how other people would choose to express their emotions. And I'm coming to the realization that you know this is how other people choose to express their emotions. You know we all do it in different ways. We might decide to put a label on it and say its profanity or

whatever. But there is an emotion behind it, right? And it's that emotion … we are trying to get to or get at. – **Summer**

For June, this transformation seemed to occur during the interview itself. As she spoke with me, June noted her judgment of those who cuss. She reflected in the moment on how she has come to know many clergy who cuss but who she would describe as decent people. She viewed their cussing as situational exasperation. By the end of her remark, she was seeing things differently than she had earlier in the interview (referenced earlier under the "Class" subtheme in theme 3).

I can become judgmental in that way… I want to say that that's something I would have done before, but it's interesting cause it's just coming to my thinking, but since being in ministry and being in the space of clergy more often than not I hear a lot of clergy that use the profanity and so pretty decent people, right? Great jobs, families, carry themselves well, they just leisurely use the profanity in their language and at this point I can't view these people as you know judging them to have a certain lifestyle, I look at it now as the more so the language coming from a space of frustration, weariness, tired, overwhelmed, more so than … a street-life type of thing. I'm giving a different view on it in that way. – **June**

The participants who felt transformed in their perception of profanity through CPE, responded that they were now able to see profanity as anything that is hateful (Unicorn) or as helpful to be their authentic selves (Cancer). In an instance of in-the-moment transformation, June recognized her rigidity around cussing and adjusted her ethical position. This real-time shift in June, from judgmental to understanding is illustrative of what might transformation may be

possible in CPE circles regarding the usage of profanity when there is communication about the phenomenon. June was able to divorce profanity from labels of sacred and profane and instead view cussing as a useful resource for emotional expression.

Freedom

In addition to transformation, another common response (six of eight participants) was that profanity was a way to freedom. Students felt liberated to be themselves. In addition, for some, it connected to their Christian theology of being unequivocally accepted by their God. Lee felt CPE allowed her to express her emotions more freely. She cusses more now than before CPE and credits CPE with setting her free to express herself this way.

> … [CPE] made me go, I'm angry and its ok that I'm angry, and I can be angry. If I need to say something to express that anger, I can do that. I probably do use profanity; well, I know I do use profanity more prior to CPE. CPE was a big part in setting me free to be able to express emotion sometimes using profanity. – **Lee**

Cancer also noted that using profanity with patients and families was liberating for her. In her view, patients and families witness a clergy person being permissive of their unfiltered language, it suggested to them that God would also accept them unabridged. She quoted a Christian scripture about nothing being able to separate people from the love of God. For Cancer, this means not even cussing.

> … I think it was liberating for my patients and families sometimes that I as a clergy person, as a representative of God, as a faith leader in their presence -To stand in their presence without correcting or condemning them and allow them to express it… It liberated them … but also maybe shifted their concept of what it means to be offensive

> towards or respectful of, you know, God. That God is not going to reprimand, or smite, or exclude you or not hear your prayer, not hear your lament in this moment because of the words you're choosing to use. It's not going to separate its that real kind of enfleshmnent of that Apostle Paul saying that "Nothing can separate us from the love of God, which is in Christ Jesus" in Romans. – **Cancer**

This section highlighted how CPE students changed in their views about the usage of profanity after CPE. Two subthemes emerged: transformation and freedom. Participants described a pre- and post- CPE understanding of profanity. For some, it broadened their perspectives of profanity (Unicorn). For one participant (June), being interviewed for the study caused her to reflect and alter her perceptions during the discussion. Participants also mentioned a freedom they felt in themselves and also that patients/families may feel. After CPE, they did not judge themselves harshly based on their language. They also may have expanded the theologies of those in their care. If this chaplain will traverse any vernacular landscape with me, maybe my spiritual source. will too. These participants and those in their care have found potential blessings in the cursings.

Chapter Summary

In this chapter, I explored the findings from the participant interviews. After analyzing the participants responses according to a phenomenological hermeneutic approach, five themes emerged, along with subsequent subthemes; Profanity Expresses Emotions, Language is Communal and Cultural, Demographics Impact how Profanity is Perceived (Educator, Race, Gender, Age, Class), Ethical Tensions Exist for Patients and CPE Students (Patients Apologizing, Intent Matters), and CPE Changed Perception (Transformation, Freedom). Responses from the participants were presented to demonstrate these themes.

The findings were consistent with the common tenets of critical discourse analysis, such as “discourse does ideological work”, “discourse constitutes society and culture”, and “power relations are partially discursive” (Table 1, Fairclough & Wodak, 1997). The following chapter refines these findings and makes interpretations of the essences of the experience, an important and final step in the phenomenological approach. This concluding Discussion chapter also considers implications for practice and divulges my own perceptions, transitions, and learnings. I give a brief summary and discussion on each of the five themes (along with subthemes) of the study. I also discuss the findings in light of the theoretical frameworks that guided the work. I conclude by offering limitations, recommendations and implications for the practice, recommendations for future research, and final reflections.

CHAPTER FIVE – DISCUSSION

Chapter Introduction

Clinical Pastoral Education students often provide spiritual care at the intersection of suffering and spirituality (Jones, 2010). Literature has demonstrated that communication is the "lifeblood of clinical interactions," and that profanity can be used for numerous reasons, including to articulate emotions (Byrne, 2016; Hodges & McGrew, 2006, p. 637). The purpose of this study was to better understand the relationship among the usage of profanity, power, and ethical concerns. How is language that is "outside of the temple" (or profane) experienced by those who often represent "the temple" in clinical settings (spiritual care providers/chaplains) (Bergen, 2018, 17)? The significance of the study emerges from changing religious, cultural, and educational contexts. In the United States of America, there has been growing integration of spiritual care in healthcare, while simultaneously, there has been the decline of participation in organized religion. In addition, there has also been the continued diversification of society, impacting how people communicate with one another and revealing varying ethical value systems (Taylor, 2016). Finally, as ACPE Certified Educators and CPE students attempt to invite others into greater authenticity, there is import in understanding this phenomenon. As the field of spiritual care/chaplaincy expands in a diversifying and secularizing society, there is the need for understanding these critical communication experiences.

Evidence has revealed that social norms around respectability and ethics may influence how people experience profanity (Bergen, 2018; Byrne, 2018; Sobre-Denton, & Simonis, 2012; Watson, 2013). This hermeneutic phenomenological qualitative study was conducted to explore the research questions surrounding the usage of profanity in Clinical Pastoral Education. Importantly, this study invited former CPE students to consider how they experienced the

phenomenon of profanity during their CPE experiences, not whether they used profanity themselves. Although many participants discussed their own usage or non-usage of profanity, the study focused on the larger phenomenon of their experiences with profanity during CPE. What were their experiences and how did they feel about them during both clinical and educational components of their CPE training? Did they notice any influence of power or ethical tension connected to the usage of profanity during CPE?

This final chapter will offer a summary and discussion of the findings. The chapter is organized according to the emergent themes (including subthemes) from chapter four. Following this, I will offer interpretations of the themes and "essences" of the phenomenon of CPE students' experiences with profanity. Next, I will discuss the findings in connection to my theoretical frameworks. Then, I offer limitations, recommendations/implications for practice and recommendations for future research. Finally, I conclude with my own reflections on the experience and the study.

Summary and Discussion of Findings

Theme 1: Profanity Expresses Emotions

When describing their experience of the phenomenon, the theme – *Profanity Expresses Emotions* was the most pervasive. Every participant named this as a part of their experience. Profanity did everything from express humor (Joe) to anger (Summer) to grief (Patricia). Regardless of the former CPE students' feelings about cussing – be it from them, a peer, a patient, or an educator – profanity presented another level of emotional awareness, suggesting the use of cussing must mean something to the person (Cancer). Profanity removes the veneer of having it together or playing nicely and allows for the speaker to "keep it real" (Patricia).

As a spiritual care provider, this is a critical finding. “Too seldom do we see people in their true humanness” (King, 1963, p. 24). As another writer said, the essence of religion “is the search for a lost intimacy” (Bataille, 1989, 57). As seen in the study, profanity can help elucidate our shared humanity and offer personal, intimate connection (Cancer, Patricia). One of the central objectives of spiritual care providers is to provide spiritual and emotional support to the patients, loved ones, and staff in their care (ACPE Outcomes, 2023). CPE exists to educate clergy on how to establish, cultivate, and employ emotional availability along with spiritual resources (History of ACPE, www.acpe.edu). Literature on profanity corroborates this experience, noting that profanity is “1) words people use when they are highly emotional and 2) words that refer to something taboo” (Byrne, 2018, p. 6). Clinical settings where lives can be upturned in a moment are emotional (and potentially taboo) environments. The implications of this finding seemed to be evident in the moment to the participants too. Summer, who does not utilize profanity herself, noticed this important revelation – “And it’s that emotion … we are trying to get to or get at.”

Theme 2: Language is Communal and Cultural

Participants’ perceptions of profanity were *connected to their community and culture*. This can seem like an expected finding, but it has important ramifications for the educational context. CPE outcomes are clear about the expectation that students will “provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, justice and applied clinical ethics issues without imposing one’s own perspectives” (ACPE Outcome L2.2). Learning about students’ and patients’ backgrounds will inform educators and CPE students on how to engage them and what their social and ethical values might be. More experienced CPE educators and students may also

notice when someone transgresses against one of their formerly held cultural/ethical norms. These disturbances in deeply held beliefs and practice are part of the "cross-grained experience" that remains common in CPE (Klink, 1958, p. 109).

For some participants, they were aware that these perceptions had been ingrained as a child and then continued today (Summer, June, Joe). Others noticed that they were discipled into particular ethics around cussing and then they shifted them over time (Unicorn, Patricia). In each case, participants' understanding of the phenomenon was informed by their culture and community. The Johari Window (REF) is an oft-used framework in CPE and invites students to gain deeper awareness of themselves and others known and unknown selves (Luft & Ingham, 1955). Ignoring conversations around language may be missed opportunities to learn about patients, peers, and educators. That individual's cussing can tell the ACPE educator or spiritual care provider something about where the individual comes from, what they are experiencing, what they are trying to leave behind, or what they are trying to become.

Theme 3: Demographics Impact how Profanity is Perceived

Power associated with social demographics was a significant factor in the usage of profanity during CPE. Interestingly, some participants initially named that they did not notice any power dynamics impacting the usage of profanity. However, I would follow up and remind them of dynamics they named in preceding questions. I would also ask about things they noticed in the clinic. When I asked a follow up question that asked them to consider the educational and clinical environment of CPE, each person recalled various power dynamics they witnessed.

According to the responses, the educator was the most important power broker in the educational experience. This is consistent with tenets of liberatory education where the educator is the key arbiter in the learning environment (Freire, 1970; hooks, 1994). This is also consistent

with CPE, where "relationship to [educator]" has been shown to be the most consequential factor for some CPE students (Greene & VandeCreek, 2013). The age of educators, who are on average over 59 years old, may impact their comfort or discomfort with profanity (Greene & VandeCreek, 2013). Former CPE students in the study noted the influence of the educators (Unicorn, Joe, June). In addition to educator and age, race, gender, and class were also named as demographic categories that impact the power dynamics of the usage of profanity during CPE. Some participants connected these demographics and the related feelings of empowerment or disempowerment to patients' use of profanity (Lee, Cancer, Summer). Others noticed that for themselves, their social location impacted how they were experienced when using profanity (Cancer). Of note, gender was a strong power determinant for some participants (Facundo, Joe). For them, men were able to use profanity indiscriminately.

Participants named that profanity was used by staff members, educators, patients, family members, clergy in church, and CPE students in various social contexts including clinical, ministerial, and educational settings. Yet, depending on their social locations (and the social locations of the listener), the person who cussed was experienced approvingly or disapprovingly. There did not seem to be clear conditions on who and how profanity could be used. Instead, there were subtle cues, non-verbal or verbal, that intimated cussing was permissible or not. Each of these realities underscore that "… the issue is not profanity but who is using it" (Watson, 2005, p. 390). For social groups in a disempowered status in society (for example, non-White people, women, queer, young, or the poor), not having clear lines of when profanity is permitted can be confusing. Conversely, when someone from these groups uses profanity to express themselves, it can be liberating, as it is linguistic resistance to the power structures that attempt to inhibit their speech. According to Soberis-Denton & Simonis,

> …men perceive greater ‘‘rights’’ to obscenity than women. Therefore, since the use of swearwords makes a ‘‘bad’’ impression, swearing becomes a marker for masculinity and when swearing is used by women, it can indicate trying to rebel from traditional gender roles (Stapleton, 2003, p. 23). As such, young women may engage in swearing to disrupt the social order, rebelling against conformity to the norm in which little girls are socialized… (Soberis-Denton & Simonis, 2012, p. 182).

Similarly, participants from disempowered groups in society noted how using profanity helped them regain power and resist disempowerment (Lee, Unicorn, Cancer, Patricia).

Theme 4: Ethical Tensions Exist for Patients and CPE Students

Participants described *ethical tensions* around the use of profanity. This was mostly in the form of patients apologizing and focusing on the intent of the language being used. Regarding patients apologizing, multiple participants named that when a patient cussed, the patient would rescind their words and sometimes feel bad (Cancer, Unicorn, Facundo, Patricia). Some participants would validate the language of the individual by using an expletive themselves (Cancer, Patricia).

These subthemes illustrate the complicated ethics that surround the usage of profanity. People feel badly (or claim to feel badly as Facundo named) for using the language with the chaplain, but also feel grateful when they can use the language with the chaplain (Patricia). In this way, the chaplain has an opportunity to offer relief to the patient or person in their care.

The other subtheme, focusing on the intent, was connected to the Hippocratic Oath used in medical care. More than simply speaking profane words, the intended effect behind the words was essential. The intent chaplains bring into the room with them is to do no harm. Therefore, no matter what language the chaplain wanted to use, they would not use it if it was offensive or

brought harm to another person. This unearthed another complex ethical reality. For these participants, it was not enough to be "authentic" in one's speech. Even if profanity would help them "keep it real," they would not privilege cussing over hurting someone's feelings or offending someone's beliefs. In this way, there becomes an inherent responsibility when using profanity to be mindful of how it will be received by the listeners. This might require caution or curiosity of what is acceptable to the listener, which I discuss further in recommendations and implications of the study.

Theme 5: CPE Transformed and Liberated Perceptions of Profanity

A fifth and final theme was that participants experienced a *shift in their perception of profanity* after CPE. For some participants, they were more open to using profanity without judging themselves (Patricia). For others, it caused them to reflect on their pre-judgments (Unicorn and Summer). Unicorn specified that for her, she has transformed the very definition of profanity. Instead of simply words that are taboo, she considered any language that is "hateful" or "hatred against the self" as profanity. This was impacted by her time during CPE. Others shared that they felt a newfound freedom after CPE (Lee and Cancer). For them, CPE "blurr[ed] the lines between righteous and irreverent" and liberated them to express their emotions freely, without judgment (Benbow, 2022). These examples suggest a reinterpretation of what it means to use "pure language." Pure does not have to mean chaste, but pure can mean undiluted, unhurtful or unabridged (McCray, 2015).

Interestingly, this theme emerged from reflections about how participants have grown and changed. This change even surprised one participant, who now was less judgmental about the usage of profanity (Summer). After noticing long, thoughtful pauses by some participants, I remarked that they seemed to be going more in depth during their responses (June, Lee, Joe).

They were taking inventory of their feelings about the experience. This is indicative of the action-reflection-new action framework utilized in CPE. These former students observed their behaviors/feelings and formed new, expansive ways of engaging because of their reflections. Such shifts are reminders that, rather than giving rules around the usage of profanity, there is insight gained by spending time reflecting on the phenomenon.

Interpretations and "Essences" of Findings

In hermeneutical phenomenological research, themes or essences form the basis of helpful findings and analysis may reveal an overarching constitutive pattern (Benner, 1994). Here, I will discuss the interpretations of findings or constitutive patterns considering my research questions.

My first research question was, "How was profanity experienced by students in Clinical Pastoral Education?" The essence of their experiences was that profanity was experienced widely and *helped the user to express their emotions*. When it was used simply to express emotions, profanity was experienced as a helpful data point for chaplains to understand the emotions of someone else (or of themselves). This was true for the various demographic categories and independent of whether the participant cussed or not themselves.

My second research question was, "How, if so, was the use of profanity in CPE related to former students' perceptions of power?" The essence of their experiences is that *the relative social power someone holds has implications for how they utilize profanity or how the cusser is perceived*. Race, gender, age, and class were demographic categories that were named. Even more consequential is the CPE educator and their permissiveness or prohibition of profanity.

My third research question was, "How, if so, was the use of profanity in CPE related to former students' perceptions of ethical concerns?" The essence of their experiences is that the

usage of profanity *is related to perceptions of ethical concerns, either by the former students or those in their care*. Complex ethical concerns were raised such as patients and staff desiring to cuss, but apologizing to the chaplain when they did. Another complicated, maybe even contradictory, ethical quandary was that chaplains did not want to cause harm to patients and so would bridle their own cussing if it offended a patient. This can seem contradictory because the chaplain may be denying themselves of the same emotional authenticity they desire for those in their care. Overall, the ethics of using profanity were challenging to fit neatly into good and bad categories. This pattern suggests that another, potentially queer, way of interpreting swearing, may be useful.

Discussion of Findings and Theoretical Frameworks

The tripod of critical discourse analysis, liberative pedagogy, and queer theory supported my research methods and analysis. Each framework has elements that connect with one another and with my initial personal experience that prompted the study, making them ideal for this hermeneutical phenomenological study. In this section, I will briefly describe how these theoretical frameworks informed my findings.

Critical Discourse Analysis

Critical discourse analysis (CDA), as a form of methodology and analysis, was a helpful tool throughout. Understanding the discursive nature of discourse, helped me visit and revisit words that were spoken and their social context. Here, it is important to remember the three shared characteristics of CDA: 1. All approaches are informed by critical theory, that is, they are concerned with power and justice particularly for those on the margins. 2. Discourse is a social practice. 3. The primary objective of CDA is raising awareness of how "language mediates asymmetrical relations of power" (Rogers, 2005, p. 56).

These tenets were important interlocutors in constructing boundaries, organization, and analysis for the study. For example, remembering that language is a social practice assisted in centralizing the role of communities and cultures in interpreting language. And throughout, CDA's concerns with power and justice for those on the margins offered direction and clarity. When there were interesting caveats that tempted to lure me away from the central purpose of the analysis, CDA was a diligent guide. In the study, it became evident that profanity had emotional/social import for users but may have been more empowering for those who are on the margins of society (queer, Black, women, poor). This is consistent with literature that says disempowered groups may cuss to authentically express their lives (Watson, 2013). These groups may utilize cussing to balance their disempowerment in the society. The use of profanity may be a self-activating democratizing of language in order to gain equity (Freire, 1970).

Liberative Pedagogy

Liberative pedagogy, other times referred to as critical pedagogy or engaged pedagogy, calls for "a re-conceptualization of the knowledge base, linking theory to practice, student empowerment, multiculturalism, and incorporation of passion, to make learning more engaging and meaningful" (Florence, 1997). It was a notable theoretical partner during the study. Adherents to liberatory pedagogy subscribe to the philosophy that education and freedom are intricately linked (hooks, 1994). In addition, there is a requirement by educators to cultivate an environment of engagement and critique of the systems that they inhabit. This level of examination promotes rigor and judgment along with "freedom, autonomy and justice" (Purpel & McLaurin, 2004). Conversely, "one can remain uncritical by maintaining a primitive language and by refusing to learn how to analyze language and to analyze with language" (Purpel & McLaurin, 2004, p. 135), maintaining a passive relationship between teaching and learning.

Consequently, liberative pedagogy was helpful in preventing assumptions about how clinical pastoral education should function. Educators can help students engage the world around them and invite them to a greater freedom. This occurs often in CPE and the goal of the study was to uncover elements of this liberation related to the usage of profanity. The transformation and freedom CPE students experienced around their perceptions of profanity are consistent with the liberative pedagogical philosophy (Unicorn, Summer, Joe, Lee, Patricia). CPE educators may invite students to greater empowerment by incorporating an understanding of profanity into their educational experiences. This may be particularly empowering for marginalized students.

Queer Theory

Connectedly, the two participants who identified as "queer" or "queer at heart" both felt profanity was liberating for them (Unicorn and Patricia). Before turning to queer theory as a helpful way of dismantling binaries, it is important to remain mindful of the initial (and primary) aim of queer theory – the liberation and support of the queer community. When considering this primary objective, it is not unusual for queer people to feel liberated by profanity (Halperin, 2003). Interestingly, the gay, lesbian, and gender non-conforming "ball culture" historically queers language in support of establishing diverse identities and narratives (Braithwaite, 2018) both "othering" and connecting marginalized individuals.

Verbal speech formulations from "ball culture" have found their way into more broad social contexts through performances of Madonna's "Vogue" song in the mid-1980's and RuPaul's *Drag Race* in the 2010's. These introductions into another form of communicating showed the importance of "queering" for extending conversations across traditional boundaries. In this culture, the queer Black and Latinx community has created many phrases that have surfaced in mainstream American culture, including "yaaas queen," "That's tea," or "It's

giving." The Black/Latinx queer community has long resisted "linguistic gentrification" (Madison, 2021). So, while queering language can be freeing for individuals across categories, the focus still remains on those who have been marginalized. It was, therefore, congruent for Unicorn and Patricia to feel "physical relief" and "freedom" when they use profanity from a queering perspective. Their gender identification may not be accepted by many in the religious community. They may feel that profanity, which is also "outside the temple," is comforting and in a society that may at times view them as profane.

More philosophically, queer theory has major concepts that informed this study including the dissolution of binaries, heteronormativity, and the project of transgression (Derrida, 1976). Making distinctions between whether profanity is right/wrong may prove impossible (and limiting) for CPE educators and students. How does one know what will be offensive? This theoretical framework suggests that perhaps there needs to be a "queerification" of language. A re-imagining of communication. As discussed in Chapter two, queer theory has implications for ethics. In this study, profanity was seen as disrupting the ethical language binary and helping students, patients, and educators transgress against social norms. This triumvirate of concepts were supportive in guiding and analyzing this study.

Theoretical Contributions

I believe I offer many theoretical contributions through this study. Here I will name two. First, I offer a phenomenological and thematic reading of the usage of language in education that can help educators (in and out of CPE) widen their perceptions and usage of profanity. Often, ACPE educators can function in theoretical silos and be slow to adopt more prescient approaches. This theory interrogates the "lifeblood" of the clinical context, language (Hodges & McGrew, 2006, p. 637). This study invites ACPE educators to examine their own utilization of

profanity, the values they project around language, and their curricular choices that subvert or reinforce social hegemonies.

Second, this study helps those who research discourse analysis (and critical discourse analysis specifically) to highlight the religious/spiritual implications of language. Studies have been conducted on profanity from educational, therapeutic, and neuroscientific fields. These perspectives – importantly – recognize the ways in which whiteness, patriarchy, and heteronormativity dispense power according to consequential power dynamics in society. This study, similarly, underscores the reality that those who are disempowered in the society may need to utilize profane language for empowerment. However, these other kinds of studies do not always highlight the germaneness of religion to the values around language. Profanity, meaning outside of the temple, is constructed over and against what it means to be pure, holy, and spiritual. CDA can strengthen its work around profanity by noticing this important factor in the construction and usage of language.

Limitations

There are multiple limitations in a study of this nature. By its design, hermeneutical phenomenological studies veer in a particular direction – that of the researcher. This vantage point can offer helpful insight but can also limit the study by what the researcher, I, have not experienced. Other limitations include time and participants. With more time and a larger set of participants, there may be the ability to notice trends that shift over time or that present along various demographics (those mentioned in this study along with geography, religion/religiosity, physical ability, and others). In addition, there were design limitations to the study. Because I could not use my own former students due to professional risks the participants were taking, I could not assess if or how specific curricular choices I made impacted their experience of the

usage of profanity. With more agency over the selection of participants, I may have been able to explore the impact of pedagogical interventions in their experience of the phenomenon.

Recommendations and Implications for Practice

Here, I discuss recommendations and implications for the practice of CPE that have emerged from this study. I offer three recommendations and implications. My first recommendation/implication for practice is that this study *expands and potentially energizes research in the field.* Due to the dearth of research on this topic, there needed to be additional research addressing these ideas within ACPE. Serving the ACPE community through increased engagement with research (and most importantly, increased engagement with one another) was a mission driving the research. This study expands (or in some cases creates) conversations on language, power, and ethics. This expansion includes providing an example and conversation partner for CPE educators and CPE students who want to engage their spiritual care through the lenses of critical theory, liberative pedagogy, and/or queer theory. Based on this study, others can engage and propel the research in these respective topics further.

My second recommendation/implication is that CPE continues to *expand our perceptions and practices of communication*. If language is communal and communication is the "lifeblood of clinical interactions", CPE educators and students can do well to focus on communication practices (Hodges & McGrew, 2006, p. 637). Due to the overwhelming impact educators have on the experience of profanity in CPE (each participant referenced the educator as a significant factor in the phenomenon), I recommend CPE Educators spend time communicating with their students about profanity. This will help students develop a perspective and approach to experiencing profanity in the clinical context. ACPE Educators can be empowered to educate their students for the actual, imperfect, and discursive world of the clinic. "Just as the best

teaching empowers students, the best professional development empowers teachers" (Farmer, Hauk, and Neumann, 2005, p. 70). CPE educators can begin by asking, what is the proverbial "mother tongue" of ACPE and the clinical setting (Hodges & McGrew, 2006, p. 637)? How or who does it serve? Once students are on the floors, CPE educators can invite them to consider questions of their experience too. Is profanity a normal way of communicating for the person in my care? Does this person use profanity casually or in times of extreme emotion?

In the clinic, a social veil is lifted where the existential and the empirical are bedfellows. The metaphysical and physical are conjoined in a way that cannot be avoided. Notions of purity or piety can feel incongruent to the raw truth of the hospital setting. CPE students, chaplains, spiritual care providers enter this liminal space as guests (here I speak of liminality in the Christian theological sense of being "between where the old world has been left behind but we have not yet arrived at what is to come") (Franks & Meteyard, 2007, p. 215). We visit the space in between professional and personal, clean and unclean, healthy and unhealthy. And sometimes, we are invited to stay. When we are there, we are now in a foreign land. When we are there, we can do well to learn the preferred forms of communication.

Language is weighty. Derrida indicated that *language was a site of the struggle for power* (Derrida, 1974). Buoyed by the awareness of this study, CPE educators and students can begin sensitively exploring how they engage language, including profane language. Letting their peers and students know their preferences and limits. Talking with their interdisciplinary staff members about what language may be useful. One of the truths that rose to the surface during the study was that there were many assumptions made about profanity without communicating about these together. Research shows that "Demystifying this taboo will allow for better control over language in general: 'the more knowledgeable and therefore best educated on the subjects of

'bad' words and language generally will likely make the best decisions about their use'" (Adams, 2002, p. 357).

A sober truth is that in most "professional" contexts, people do not die like they do in hospitals. In most "professional" contexts, people do not dodge bullets like they do in the military. In most professional contexts, people do not sleep in nine-by-eight foot cells like they do in prisons. These volatile and emotional "work environments" cause for unusual (and perhaps "inappropriate" and "unprofessional") ways of communicating. I submit that profanity might be a useful form of speech for such emotionally intense contexts. Curricular interventions around this recommendation are explored in the future research section.

My third and final recommendation/implication for practice is that this study *creates greater empathy for those in our care*. This study highlights the need for more understanding around the social differences and experiences of patients, clinical staff, CPE students and CPE educators. Participants explained that, whether or not they cussed themselves, they saw value in hearing the unfiltered feelings of the patient. These were critical encounters where the CPE students repeatedly chose to engage in a potentially tense dynamic for the care of the patient. The study illuminated that perceived power and ethics of language can be magnified or diminished by the social intersection where the user/listener stands. It is also evident through this study that profanity informs the CPE experience. That said, this study invites a depth of relating that can bring understanding and greater empathy. When a person's identity is considered (and understood intersectionally), there can be more latitude for how they may be perceived (and how they may speak). ACPE has begun this work of cultivating cultural humility in students, but the work is not over (ACPE Outcomes, www.acpe.edu). It is not enough to learn about others if those ways continue to conform to heteronormative norms of being or communicating. The

implication here is that those who speak Ebonics, "broken English", slang or profanity will be viewed as worthy contributors to the CPE learning experience. Ultimately, how do CPE educators create meaningful connections and opportunities for caring relationships? These questions offer suggestions for future studies as well. Studies where CPE educators intentionally come alongside many more CPE students (and subsequently, CPE students alongside many more patients) to create radical empathy. CPE educators' and students' sensitivity to the intersectional dynamics of others, can produce more than an understanding of language, but an understanding of the spiritual caregiver's and the spiritual care receiver's mutual humanity.

Recommendations for Future Research

The dearth of research on this topic means there are a variety of potential areas for future research. Based on this study, the following next steps could be considered: using an ACPE Certified Educator's specific students. analyzing deliberate curricular changes that experiment with and explore profanity, and considering other national cultures' relationship with profanity. Interviewing the students of one ACPE Educator with their unique group of students might help further nuance the experiences. In addition, it can illuminate the specific parts of the CPE process that normalize and reinforce binaries and hegemonic implications in language and culture. Chaplaincy – the profession for which CPE students are being formed – was founded at a time when only White men could serve. This means that the field is embedded with hierarchies and power dynamics based on social demographics. Exploring one ACPE Educator's work with their own group (rather than a large "net" of students who have had varying educational formation), would be a strong ancillary to this study.

Connectedly, another place for future research might be the development of a robust liberatory pedagogy that impacts more than cussing, but intentionally creates an environment

that is critical, liberatory, and queer. Such a study could focus on crafting a curriculum that centers profanity as a way to understand the power dynamics in Clinical Pastoral Education and then examining the experiences students have with that curriculum. ACPE Educators (one or many) can develop educational strategies that ask critical questions of the practice of spiritual care –

- Who does our society consider profane?
- What, if any, is the social, or even spiritual, utility of profane actions?
- Why do people who feel disempowered in society utilize profanity?
- How might we, as CPE educators and students, provide spiritual care that is liberatory and queer rather than reinforcing binaries of good/bad?

The educators could also create didactics and/or activities that reify these learning objectives. A study that mobilizes this phenomenological study of profanity to more explicitly expand it to wider social implications could be revealing and liberating. CPE students would be encouraged to sit with complex ethical tensions. They would be invited to consider how language, as "a site of the struggle for power", may be a weak signal of a society's oppressive power differentials (Derrida, 1976). As I consider this potential future study, I curiously question what learning might come from a "profane unit" or "profane semester"?

Finally, this study is rooted in the American English language and the culture of the Unites States of America. As named by participants Summer, Patricia, and Joe, national cultures have significant implications for how profanity is expressed and experienced. Further study of CPE across national contexts could deepen the understanding of this phenomenon. For example, how do profane interactions impact Clinical Pastoral Education in other countries? There may be non-verbal cues, tones, or other communicative devices employed that show up in education. I

am curious what such a study would learn from CPE students' experiences. Also, as an organization with members from all over the world, ACPE stands to benefit from gaining awareness of how these linguistic norms are interpreted, transgressed, and/or catalyzed in the learning process.

Dissertation Summary

This dissertation was divided into five chapters; introduction, literature review, methodology, findings and discussion. The first chapter introduced the phenomenon of the usage of profanity in CPE. The chapter included the statement of the research problem, the purpose of the study, the specific research questions, as well as an overview of the theoretical and conceptual frameworks used to guide the study. The definition of terms essential to the study and the chapter summary concluded the chapter followed by a description of the organization of the study.

The second chapter provided a thorough review of the literature on critical theory, the historical growth of Clinical Pastoral Education, and the frameworks of CPE. It continued by exploring the impact/import of profanity in society. The review concluded with a discussion of the theoretical frameworks critical discourse analysis, liberative pedagogy, and queer theory and how they served as useful grounding for this study.

The third chapter described the methodology for the study, including the explanation on the phenomenological method using the hermeneutic lens. It later described the researcher's positionality in detail, followed by the research questions, research design, data collection and a detailed description of the data analysis process based on the methodological approach. It ended with ways the study will ensure the reliability and validity and outlined the ethical considerations to include in the IRB process.

The fourth chapter presented the findings. It described the participants and the process for arriving at the themes. After this, it detailed the themes that emerged along with responses from participants that supported each theme. The themes were: Profanity Expresses Emotions, Language is Communal and Cultural, Demographics Impact how Profanity is Perceived (Educator, Race, Gender, Age, Class), Ethical Tensions Exist for Patients and CPE Students (Patients Apologizing, Intent Matters), and CPE Changed Perception (Transformation, Freedom).

The fifth and final chapter offered the discussion and conclusion to the study. It summarized and discussed each theme from the findings. Then, it offered an interpretation and "essences" (a synonym for themes in phenomenological research) of the study based on the research questions. Next, it discussed the findings in relation to the theoretical frameworks that guided the study. It named limitations, recommendations and implications for the practice, and recommendations for future research. It concluded with this summary and my reflections which follow.

Researcher Reflections

As a study borne out of my own experience, it is congruent with hermeneutic phenomenology to conclude with my personal reflections. This study was motivated by my educational experience of discomfort and unfairness surrounding the use of swear words in my Clinical Pastoral Education training. My words from those many years ago return like a boomerang, "As a Black man, I could not talk like that and be respected." This led me to wonder if other CPE students experienced this phenomenon during their CPE training. And if so, did they perceive it as connected to power and/or ethics? During this study, I found out my

experience was not isolated, but there were numerous participants who had complex experiences of profanity when they were in Clinical Pastoral Education.

I was surprised by the finding that profanity is not a list of taboo words but can be many words that are used to harm myself (Unicorn). I did not expect to find that CPE students who use profanity for emotional authenticity regularly constrict their own speech for others. I wonder if another frontier of this work might be supporting CPE students and educators in having the conversation about the usage of language. What are the parameters and why do they exist? Below are further reflections on my experience of conducting and authoring the study.

Cussing Mad

During the study, I felt marginalized and frustrated by some components of the process. The approval process was particularly challenging. Ultimately, my study was approved and while I have not completely embraced that process, I did find usefulness in what initially felt like arbitrary restrictions and misunderstandings of the research. First, the approval process added an undeniable layer of rigor and reliability to the study. My resulting methods were vetted and airtight. Second, as I conducted the study, I noticed places where the stated cautions were warranted. I realized that due to the sensitive nature of the topic – and the complicated way it can be perceived or interpreted – participants may be placing themselves at risk simply by participating. This may not be the participants concern, but they may have job reviews, ministry opportunities, students, laity, or community members who view them in a different light due to their participation.

Fucking Helpful

This study employed critical discourse analysis from a philosophical perspective, as a theoretical guide. However, CDA can also be used to microscopically give attention to particular

words. In this study, I noticed that the word "fuck" seemed to have a pronounced impact on its users and listeners. It was the expletive that appeared most in interviews (six of eight) and was found to be cathartic, intensifying, and attention-grabbing (Patricia, Facundo, Cancer). It has been referred to as "one of the most powerful words in the English language" (Sobre-Denton & Simonis, 2012, pp. 178-179). I also noticed that for myself, this word is enchanting and liberating. I almost bite my bottom lip when I say it, exerting a miniscule, but effective, rejection of my current circumstances. Or a sensate, primal exasperation. Or a surprising, enveloping approval. For me, and many, fuck is the Swiss army knife of swear words, as it can refer to something "good or bad" (Byrne, 2018, 4). As noted by some scholars, there may be matrices where some profane words offer more relief depending on the situation or user (Bergen, 2018; Byrne, 2018) Like the participants and those they named in their responses, as I traversed this process of writing my dissertation, I found fuck to be an emotional lozenge.

My Hope

As a phenomenological study, the goal of this work is exploratory and not prescriptive (Moustakas, 1994). I ultimately desired to gain more understanding and not to advise clergy to cuss or not to cuss. However, it was meant to explore the experiences of profanity. To remove it from the manicured domains of good and bad into the blurrier world of the clinic. Perhaps there is emotional and spiritual work it does for patients, for educators, and for students? How do we understand cussing and relate to it as people "inside of the temple?" Since others learned about this study, I have received overwhelming positive affirmation that this was a topic of significance. An email from a clergy member who said he was expanding his perceptions of profanity and becoming less judgmental. A mental health colleague in the hospital who shared

my work with her peers. My barber, who appreciated the opportunity to "keep it real" around a minister (like what participant Patricia stated in Chapter four).

However, the most significant person I heard from was my mother. During the writing of my dissertation, my mother's health began failing. In her last months – I have to pause here as I write – we talked about my dissertation. She did not graduate from college, understand much about pursuing a doctoral degree, and rarely asked about the details of my academic endeavors. She cussed when we were growing up but when I became a minister, she stopped cussing around me (and apologized for cussing when she did). One day, while she was between hospitalizations, she asked what I was studying. I told her my topic and her voice lifted. "For real?", she said. "Yes, mom." She replied, "So when I'm feeling something and I want to cuss, that might be ok?" "Yes Mom, I think it might be.", I said, affirming her. After that, I noticed my mom becoming less pious with me and cussing openly – especially when she was at the hospital and unhappy, in pain or afraid. On July 12, 2022, she died. My hope is that today she is free, beyond the confines of vocabulary, to express herself in any way she desires. My hope is that she reads this dissertation on the microfiche of eternity and hears my holy refrain… I love you so fucking much, Mom. I love you so fucking much.

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APPENDICES

Appendix A - Interview Protocol

Participant ID: _____ Date of Interview: _____/_____/_____

Time Started: _____ Time Ended: _____

Introduction:

Introduction before the recording starts: Thank you for participating in this research study. Before we start, I need to go over the Participant Consent form with you, answer any of your questions, and receive your verbal consent. Some of the things I want to emphasize:

1. Your participation in this interview is entirely voluntary and is not an expectation nor requirement of your job, CPE supervisor, CPE program, or ACPE.
2. You can skip or not answer any question that I ask. If you'd like to stop, just tell me.
3. This conversation will be audio recorded to ensure that I capture everything you share with me accurately.
    a. All of your responses will be kept confidential.
    b. I can turn off the recording at any time – should you not want something audio recorded.
    c. In order for information about other people to be treated confidentially, please speak from your own experience and refrain from using the names of other people in your responses. If you want to refer to someone other than yourself in your answers, please refer to them by their role in your life, for example, "peer," "patient," "partner."
    d. When referring to others and/or shared experiences, please limit your disclosure to only the information that answers the question asked. Be mindful not to share information about other people or experiences that are not relevant to the posed question. This is important to protect others' privacy, particularly because they didn't consent to participate in this research study.
4. The published data that will be shared about you from this interview will be re-identifiable. That means that although I will not publish your name and take lengths to obscure your identity, because of how we need to report the data, the unique stories that you share with me might re-identify you to someone else who knows you or is involved within the CPE, professional spiritual care, and/or ministry community. Do you have any questions about that?
5. Before we begin recording, I want to change your name to a pseudonym to protect your identity. Is there a pseudonym you would like to use? If no, I will choose one for you.

Do you have any (further) questions for me or about this interview before we begin?

Do I have your verbal consent to participate?

I will now turn off the video, turn on the recording and ask you to repeat your consent for the record.

TURN ON RECORDING AND BEGIN INTERVIEW HERE:

I would like to ask you again, for the record, whether I have your verbal consent to participate?

Thank you for agreeing to participate in this interview for this part of my research study for my dissertation.

The purpose of this interview is to talk about your experience of the usage of profanity in Clinical Pastoral Education.

I expect this to last about 60-90 minutes. Do you have any questions before we get started?

I have about 10 general questions for all of my interviewees; however, some of your responses may prompt additional follow-up questions. As I mentioned before, this is a phenomenological study, with the goal of learning about your experience. A phenomenological study is concerned with a phenomenon and the feelings, thoughts in order to understand the essence of the experience. Please feel free to talk about your experiences with profanity in CPE. It would be helpful for you to be as detailed in your responses and include as much information as you remember and care to share.

Questions For How I Should Refer to You

1. What pseudonym would you like to use? (If you do not select one, I will choose one for you)
2. What is your age?
3. What year you did you complete your initial CPE unit? _____
4. How do you identify with regard to gender?
   a. Woman
   b. Man
   c. Gender Queer
   d. Other _____
   e. Prefer Not to Answer
5. How do you identify with regard to your sexual identity? (I.e. Heterosexual, Homosexual, Bisexual, Pansexual, other)
   a. Free Response _____
   b. Prefer Not to Answer
6. How do you identify with regard to race?
   a. _____
   b. Prefer not to Answer
7. How do you identify with regard to your specific faith tradition?
   a. Free Response _____
   b. Prefer Not to Answer

Semi-structured Interview Questions:

1. When you think of profanity what comes readily to mind? (I.e. your definition of profanity, your experiences of it in CPE, or other examples)
2. What was your experience of profanity before CPE, for example, as a child/teenager?
3. Please share your experience of profanity during CPE.
4. How did you feel about the use of profanity in CPE if/when it occurred?
5. How, if applicable, did power dynamics impact the usage of profanity in CPE? For clarity, this usage of profanity can be used by the you or others in your CPE process.
6. Were these power dynamics related to race, gender, age, or something else? Please describe what you noticed.
7. How, if applicable, did ethics impact the usage of profanity in CPE?
8. Please describe, if applicable, an experience during CPE where you felt ethical tension around the use of profanity.
9. If applicable, how did your view of profanity change after CPE?
10. In retrospect, how would you evaluate the usage of profanity during your time in CPE?
11. How do you see conversations about profanity influencing CPE in the future?
12. Do you have anything else you'd like to share?

Those were all the questions I had. I will turn the recording off now.

Time: _____

Closing:

Thank you so much for your time today. I greatly appreciate it. The next step is for me to transcribe this interview and begin the analysis process, which, of course, will not include your name or any identifying information of you or any other parties.

After I complete the transcription, I will give you the opportunity to review the entire transcript to ensure you are okay with your responses. I will also provide examples to you as to how data about you will be reported so that you will know what others will be able to read about you in the published dissertation or articles.

If you have any questions or think of anything else you'd like to add to your interview responses, please feel free to contact me at any time. Thank you again!!

Appendix B - Recruitment Email

Hello,

Jeremy Gilmore is a doctoral student at North Carolina State University in the Educational Leadership Policy and Human Development program currently working on his dissertation "Blessings and Cursings: A Phenomenological Study on the Usage of Profanity in Clinical Pastoral Education" under the direction of his committee chair, Dr. Jayne Fleener.

He is recruiting up to 10 interviewees for the research study. The purpose of the research is to gain a better understanding of how CPE students experience profanity during CPE. If you are interested and available to participate, he would love to schedule a recorded 60 – 90-minute interview with you over Zoom during a day and time that works best for you.

There is some risk of being re-identified, however, he will protect your identity by not reporting your direct identifiers, member checking (asking you to review the entire transcript before using your interview), and securely protecting all data involved. The benefits include increasing understanding of CPE students' experiences and being able to contribute to the body of research of CPE.

If you are interested in participating, please contact Jeremy Gilmore directly at jagilmo2@ncsu.edu by December 8, 2023. If you would like to participate, he will then contact you, send you the informed consent form and suggest times for the interview.

In order to be a participant in this study, you must:

- Be 18 years old or older
- Live in the USA
- Not have completed any unit of CPE with the researcher (preferably have completed your unit of CPE outside of North Carolina)
- Agree to be audio recorded for research purposes
- Consent to be in the study

You cannot participate in this study if you do not meet the inclusion criteria. Participating is voluntary. Participation is neither an expectation nor requirement by me, an employer, or ACPE.

If you have any questions about the study before deciding to commit, please feel free to email or call Jeremy at jagilmo2@ncsu.edu or 219.902.3807. You may also contact his faculty advisor, Jayne Fleener, at mjfleene@ncsu.edu.

Thank you for your consideration! He looks forward to hearing from you soon.

Thank you.

Appendix C - Consent Form

Title of Study: Blessings and Cursings: A Phenomenological Study on the Usage of Profanity in Clinical Pastoral Education (eIRB # 25077)
Principal Investigator(s): Jeremy Gilmore, jagilmo2@ncsu.edu, (219) 902-3807
Funding Source: None
NC State Faculty Point of Contact: Dr. Jayne Fleener, mjfleene@ncsu.edu, (919) 515-1202

What are some general things you should know about research studies?
You are invited to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate, and to stop participating at any time without penalty. The purpose of this research study is to gain a better understanding of the usage of profanity in Clinical Pastoral Education. We will do this through interviewing former students about their experiences.

You are not guaranteed any personal benefits from being in this study. Research studies also may pose risks to those who participate. You may want to participate in this research because you would like to add to the body of research on adult education, CPE, or spirituality and profanity. You may not want to participate in this research because it will take time or because of lack of interest in the topic or the possible risks related to re-identifiability noted in the below sections.

Specific details about the research in which you are invited to participate are contained below. If you do not understand something in this form, please ask the researcher for clarification or more information. A copy of this consent form will be provided to you.

If, at any time, you have questions about your participation in this research, do not hesitate to contact the researchers named above or the NC State IRB office. The IRB office's contact information is listed in the *What if you have questions about your rights as a research participant?* section of this form.

What is the purpose of this study?
The purpose of this study is to explore former CPE students' experiences with profanity during their CPE training.

How many people will be in the study?
Seven to ten participants will be in the study.

Am I eligible to be a participant in this study?
In order to be a participant in this study, you must be 18 years old or older, live in the US, agree to be recorded for research purposes, and not have been supervised/educated by the researcher during CPE.

You cannot participate in this study if you do not meet the inclusion criteria or completed CPE or at one of the hospitals where researcher was/is a CPE educator - Durham VA Medical Center, Atrium Cabarrus, UNC REX, or WakeMed Hospital.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to do all of the following:

1. Read and discuss with the researcher this consent form and provide verbal consent before the interview begins.
2. Complete a one on one, audio recorded interview via Zoom with the researcher. This will take 60-90 minutes. You will be asked questions about yourself and your CPE experience.
3. After the interview, you will be provided the opportunity to provide feedback to the researcher by reviewing the transcript from your interview and reviewing the way in which I intend to publish information about you. You can remove or add information at this time. I expect that this will take about 30 minutes.
4. Some participants may be invited to do a second interview if there is a need for clarification or additional reflection. This interview will be, like the one before, a semi-structured, audio recorded, personal meeting with the researcher on Zoom and will only discuss topics related to the first interview.

The total amount of time that you will be participating in this study is about two hours.

Recording and images
If you want to participate in this research, you must agree to be audio recorded. If you do not agree to be audio recorded, you cannot participate in this research. At your request, the audio recorder can be turned off during certain questions.

Risks and benefits
There are minimal risks to your participation in this research because of the way data about you will be securely handled and how the data about you are reported. However, a potential risk to is being re-identified from the information that I report about you. I will not publish information with your name or other directly identifying information. However, through pairing information that is published in the dissertation, someone may be able to re-identify you.

The likelihood of re-identification is low based on how I will report your data. For example, the report may have statements like “Of the participants in this study who identified as over 40, they demonstrated ____. This is exemplified by their statements “_____.” Another risk is re-identification due to the stories you tell and the use of direct quotes. This may include re-identifying other people in those stories. I ask you to not share the names of others with me and will take care in how I report this data by redacting specifics where possible.

As a result of participation in this study, your relationships or employment may be negatively impacted. However, due to the protections in place for publishing data, the likelihood of this occurring is minimal. Demographics will be reported in a way that an

individual cannot be identified from the information and there will be no way to connect you to the published data. Additionally, before the study is published, you will have an opportunity to review and change what information is used from your interview so you have control over how the information about you is shared.

There are no direct benefits to your participation in research. The indirect benefits include a contribution to the literature and research that will inform the future of CPE and prepare future CPE educators.

Right to withdraw your participation

You can stop participating in this study at any time for any reason. To do so, just stop any research activity you are doing or contact the researcher, Jeremy Gilmore, at jagilmo2@ncsu.edu and (219) 902-3807. You can also contact the faculty advisor for this research, Dr. Jayne Fleener, at mjfleene@ncsu.edu and (919) 515-1202. If you choose to withdraw your consent and stop participating in this research, you can expect that I will remove your data from the data set, securely destroy your data (recording and transcript), and prevent future uses of your data for research purposes. This is possible in some but not all cases such as if all transcripts and links to you have been destroyed.

Confidentiality, personal privacy, and data management

Trust is the foundation of the participant/researcher relationship. Much of that principle of trust is tied to keeping your information private and, in the manner I have described to you in this form. The information that you share with me will be held in confidence to the fullest extent allowed by law.

Protecting your privacy as related to this research is of utmost importance to me. There are very rare circumstances related to confidentiality where I may have to share information about you. Your information collected in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. In other cases, I must report instances in which imminent harm could come to you or others.

How I manage, protect, and share your data are the principal ways that I protect your personal privacy. Data that will be shared with others about you will be re-identifiable.

> Re-identifiable. Re-identifiable data is information that can identify you indirectly because of access to information, role, skills, combination of information, and/or use of technology. This may also mean that in published reports others could identify you from what is reported, for example, if a story you tell is very specific. If your data is re-identifiable, I will report it in such a way that you are not directly identified in reports and it will be difficult to re-identify you from the published data. Based on how I need to share the data, I cannot remove all details from the report that would protect your identity from ever being figured out. This means

that others may be able to re-identify from the information reported from this research.

Future use of your research data
Your information, with direct and indirect identifiers removed, will be stored or distributed for future research studies. The data may be used for future research in addition to the published dissertation.

Compensation
There is no compensation for participating in this study.

What if you are a student?
Your participation in this study is not a requirement and your participation is not expected by the researcher, your CPE supervisor, your CPE program, or ACPE.

What if you have questions about this study?
If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the student researcher, Jeremy Gilmore, at jagilmo2@ncsu.edu and (219) 902-3807. You can also contact the faculty advisor for this research, Dr. Jayne Fleener, at mjfleene@ncsu.edu and 919-515-1202.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB (Institutional Review Board) office. An IRB office helps participants if they have any issues regarding research activities. You can contact the NC State University IRB office at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/participant-concern-and-complaint-form

Consent to participate
You will be asked to provide verbal consent before the interview begins.

Thank you for your consideration.