

Toward the Therapeutic Use of Obscene Language: A Legal and Clinical Review

Gary J. Maier, MD; and Robert D. Miller, MD, PhD

Obscenity has been the subject of a series of court cases centered around the First Amendment, and its interpersonal effects have been studied by psychotherapists and communications theorists. But little has been written about the impact of the use of obscenity by patients in group settings to discharge their feelings and to dominate and harass staff and other patients. The authors argue that if staff are to be able to work effectively with patient populations who utilize obscenity routinely for these purposes, they must become more comfortable with its use, and to treat it as another symptom of the patients' interpersonal difficulties. Guidelines for the therapeutic use/management of obscenity on the ward are offered.

Communication skills are vital in mental health. Communication adaptation is a common skill vital to mental health professionals when communicating with the mentally ill. The necessity of speaking and understanding the language of the mentally ill can arise in a variety of situations, from using the patient's native tongue, to understanding personal or family jargon. In its most creatively adaptive form it can mean learning the metaphoric language of a psychotic person.¹

Obscene, indecent, or profane language is often an integral part of the

subcultural language of inmates and other selected patient groups such as forensic patients and adolescents. But such language has traditionally not been accepted as part of professional communication. While obscenities carry a powerful emotional impact for all levels of our society, as a culture we tend to deny their legitimacy as vehicles for personal or public communication, as was demonstrated by the public reaction to the deleted expletives in the Nixon Watergate tapes.

Many scholars have carefully distinguished among profanity or cursing (derived from religious terms, e.g., "God-damn"), excretory terms (e.g., "shit"), and sexual terms (e.g., "fuck"). Both scientific and legal professionals have also distinguished the various words along a continuum from indecent to taboo to

Dr. Maier is affiliated with the Forensic Center, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704; and is clinical assistant professor of psychiatry at the University of Wisconsin-Madison. Dr. Miller is professor of psychiatry and director, Program for Forensic Psychiatry, Colorado Health Sciences Center, Denver, Colorado; and chief psychiatrist, Colorado Department of Corrections.

obscene. For the purpose of this paper, we will utilize the single word "obscene" to refer to all these words and contexts, as the distinctions are relatively less important for the points we wish to make.

Obscenities are, and are meant to be, offensive. They may be intimidating and threatening. A number of attempts have been made to demystify or normalize some of this language. Lenny Bruce and George Carlin have pioneered in the desensitization of their audiences to obscenities and racial slurs. Although cable television and the growing use of home videocassettes have begun to destigmatize the "seven dirty words" still not broadcast by the three major networks, obscenity continues to be the subject of considerable administrative and judicial attention. The issue of the use of obscenities *per se* has not been positively addressed in the psychiatric literature. There are no guidelines for the use of obscenities except for global prohibitions in many work places.

We will begin by reviewing legal decisions and clinical research concerning the use of obscenity. We will then describe the impact of obscenity on clinical practice with specific focus on policy issues that govern use in institutional settings. Finally, we will recommend policies and procedures that may govern the appropriate but limited use of obscenity with special populations.

Legal Decisions on Obscenity

Pornography flourished in the Greek and Roman era; even the early Christians placed a low priority on eliminating it.² In England, the Crown required

as early as 1538 that publishers obtain permits from both the church and the government in order to publish anything; but pornography was freely licensed, while political writings were heavily censored. During the Victorian era, prosecution for obscenity became more common, often initiated by private anti-vice societies. Legislation regulating pornography was passed in 1857, and court decisions based on it emphasized pornography's potential to corrupt youth. Although Massachusetts passed legislation in restricting pornography in 1712, it was apparently not applied frequently.

The onset of significant anti-pornography litigation in the United States came after the adoption of the Bill of Rights. In the 20th century, most litigation has dealt with written or film material, rather than spoken material. The emphasis has been on sexual material rather than on violence or scatology. By contrast, British laws have concentrated on the potential of pornography (more broadly defined) to corrupt minors. In British courts, the burden has been on the defendant to establish that the material is *not* pornographic, and defendants are not permitted to introduce expert testimony to bolster their cases. Efforts in the United States to liberalize pornography laws, based for example on the 1970 Report of the President's Commission on Pornography, which found little evidence to support the claims that pornography caused violence, were rejected by politicians and the courts alike, in both the United States and Britain. After 1970, anti-pornography efforts

have led to an increase in the intermixture of erotic material with violence as well as an increase in nonsexual violence. The rise of feminist protests against the perpetuation of sexual stereotypes (e.g., that women enjoy being raped) has also grown as a second legal front campaigning for tighter restrictions against erotic material.

The battles have usually been fought over definitions about what is or is not obscene, and whether or not the First Amendment protection of freedom of speech covers obscenity. In 1942, the U.S. Supreme Court in *Chaplinsky v. New Hampshire*³ held that lewdness, obscenity, and profanity, along with libel and insulting or fighting words, were not protected forms of speech because their very utterance can inflict injury or incite an immediate breach of the peace, and because they are not an essential part of an exposition of ideas. The Court reaffirmed this principle in 1957 in *Roth v. United States*⁴ and held that the test for obscenity was whether or not the work in question was "totally without redeeming social value."

In its 1973 decision in *Miller v. California*,⁵ the Court again denied First Amendment protection to obscenity, but changed the test for obscenity to require that the material must be found by contemporary community standards to appeal as a whole to prurient interests; that the work depicts, in a patently offensive way, sexual conduct specifically defined by applicable state law; and that the work lacks serious literary, artistic, political, or scientific value. While in *Stanley v. Georgia*⁶ the Court had held

that adults could not be prevented (under the right to privacy) from possessing obscene materials in their own homes, the Court did hold in *Miller* that protection did not extend to the mailing of obscene materials; and in its 1973 decision in *Paris Adult Theater v. Slaton*,⁷ the Court held that *Stanley* did not protect those who displayed obscene films in public theaters.

Richards⁸ has criticized the Court majority's reasoning in its obscenity cases, which he characterizes as holding that obscenity should not fall under the category of protected speech because it is not necessary to convey the content of speech, which *is* protected. He argued that to remove obscenity would be to completely transform the communication in question. Just because the majority of the population publicly subscribes to the moral view that free access to obscenity should be prevented, justice does not lie in a simple codification of the wishes of the majority. Richards also presented research data to refute the belief that the banning of obscenity on public safety considerations is justified.

The Federal Communications Commission (FCC) has struggled with the definitions of obscenity and indecency for years, in applying the federal statutes that prohibit the utterance of "any obscene, indecent or profane language by means of radio communication."⁹ In 1975, the FCC found that George Carlin's infamous "seven dirty words" were indecent under the definition, "language or material that depicts or describes, in terms patently offensive as measured by contemporary community standards for

the broadcast medium, sexual or excretory activities or organs.”¹⁰ The Supreme Court upheld that decision, holding that First Amendment protection did not apply to broadcasts that could easily be heard by children. More recently, the FCC has relaxed its total prohibition on the broadcast of indecent (but not obscene) material, as long as it is not broadcast at a time of day when there is a “reasonable risk that children may be in the audience,” defined as before midnight.¹¹

More recently, the Reagan Justice Department under the vigorous leadership of Attorney General Meese, reinstituted a crusade against pornography with the establishment of a second Presidential Commission on Pornography (the previous Commission under President Eisenhower having refused to support the conclusions held by the administration that appointed it.) The second Commission did not make the same mistake, and was careful to avoid including as members, or seriously considering the views of, those who have provided the bulk of methodologically sound research in the field.¹²

Without attempting to deal with the substantive issues in these decisions and reports, suffice it to say that all who have been involved with the issue consider obscene/indecent/profane language to have considerable power and influence over those who read or hear it.

Review of the Clinical Literature

There have been a number of studies of the use of obscenity in prison cultures. Clemmer¹³ described the existence of

“prisonization” by which inmates are socialized to the predominant anti-establishment inmate culture. Wheeler¹⁴ described the natural history of the “prisonization” process and subdivided inmates according to the degree of their conformity to the prison culture and of their involvement with other inmates. A number of other sociologists have also investigated prison cultures¹⁵⁻¹⁹ and have emphasized the role of verbal and nonverbal communication in the establishment and maintenance of the inmate culture.

Garabedian¹⁸ specifically mentioned that placement of an inmate in the inmate culture is accomplished chiefly through the inmates’ language system. Sykes and Messinger¹⁷ discussed a variety of roles that have been suggested for prison argot, including secrecy, as a symbol of group membership, and as underworld language. He said that obscenity is often used as joking insults in prisons. Hargan²⁰ argued that the meanings of prison argot are so well known to both inmates and guards, it has little secrecy value; its utility lies in the emotional rewards attendant on verbally challenging the authority of the staff, and on the establishment of a sense of belonging to a group for persons who are otherwise ostracized from society. The latter point is also emphasized by Boroff.²¹ Ayoub and Barnett²² studied the related phenomenon of “sounding” by which adolescent boys engage in ritualized obscene insults to enemies and to their mothers. Hayner and Ash²³ have described a parallel process by which prison guards are socialized to their environment as

well as distinguished from the inmates; they specifically mentioned the use of "lurid folk language," including obscenities, as a part of that process.

Psychologists have looked at several facets of the use of obscenity including the demographic spectrum of utilization of obscenity. Foote and Woodward²⁴ developed a standardized list of obscene words and used it to investigate the use of obscenities as a function of mode (verbal vs. written), sex of user, and attitudes toward use of obscenity as a function of the sex and life experience of the user. Fine and Johnson²⁵ found that women begin using obscenities later in life than males, who tended to use obscenity chiefly to express strong emotions. Selnow's studies²⁶ showed that women reported less personal use of obscenities, and disagreed with the hypothesis that use of obscenity contributed to interpersonal dominance of the user. Cameron²⁷ used students to record surreptitiously obscenities used by other students and found that obscenities accounted for 8.1% of words used with other students, 3.5% of words used at work, and 12.7% of words used at social occasions. Nerbonne and Hipskind²⁸ also found an overall use by college students of 7.4% obscenities, as compared with 0.14% incidence for adults.

Other authors have investigated the interpersonal effects of the use of obscenities. Mulac²⁹ had listeners rate speeches on axes of socio-intellectual status, aesthetic quality, and dynamism. Speeches containing obscenities were rated lower on status and aesthetics than identical speeches without the obscenities.

Obscene speeches were rated as more dynamic, but because the speakers were found to speak more forcefully in general when they used obscenities than when they did not. Lashbrook³⁰ also found that obscenities decreased ratings of speakers' character but increased ratings of dynamism. Rieber *et al.*³¹ asked males, nonfeminist females, and feminist females to rate obscene words (fuck, shit, and bastard). Nonfeminists saw all three words as more active, potent, and evaluative than did the other groups, although men rated them slightly higher than feminists. Heubusch and Horan³² studied the effects of mock counseling sessions and found that clients rated counselors who used four profane words as less effective than those whose behavior was identical except for the obscenities.

Bostrom *et al.*³³ compared the effects of prepared speeches supporting legalization of marijuana that differed only by whether they included obscenity. Speeches containing obscenity were rated as less persuasive; female speakers' use of obscenity was rated as more persuasive than males'. Speakers using obscenity were rated as less credible than those who did not, but those using religious obscenity were rated as more credible than those who used excretory or sexual obscenity. In a similar study, Cohen and Saine³⁴ showed that the use of obscenity resulted in more negative attitudes toward speakers, and that both men and women rated the use of obscenity by speakers of their own sex more negatively than when used by speakers of the opposite sex.

Jay^{35, 36} discussed the differences between the denotative and connotative uses of obscenities, and also examined the effects on listeners of the order of adjectives when one was obscene. He concluded that obscenities are most often used connotatively, or symbolically, rather than denotatively, and his research confirmed that hypothesis, as well as the hypothesis that whichever adjective was placed closest to the noun it modified was perceived as the more powerful. When the speaker was identified as an enemy of the listener, obscenities were interpreted less negatively by the listener than when the speaker was identified as a friend or as neutral. Males were less negatively influenced by obscenities than were females.

Psychological and Cultural Analyses of Obscenity

Obscenity has been the object of considerable scrutiny from anthropologists³⁷⁻⁴² as well as mental health professionals. Rothwell⁴³ pointed out that not only has the *use* of obscenity been rejected since antiquity as effective rhetoric, but that even the *study* of obscenity has been considered inappropriate. He observed that the use of obscenity is usually relegated to political minorities, by whom it is used in order to gain attention, and to discredit the authorities against whom it is directed. To protestors, the "real" obscenities are conditions such as racism, poverty, and war; and the verbal obscenities are thus appropriate methods for attacking them. Obscenities are also used to reinforce identification among

the group's members, and to provide catharsis for their strong feelings.

Freud postulated that wit, the comic, and humor provide enjoyment for both the humorist and the recipient because of the saving in expenditure of affect; in addition, humor has a noble quality derived from the triumph of the ego's narcissism and feeling of invulnerability.⁴⁴ He also argued⁴⁵ that the pleasure involved in wit (for both the speaker and the listener) represents gratification of sexual aggression. He said that "broad obscenity," which serves the same function for the "non-cultured" men is not effective for "cultured" men because of shame, while the subtlety of wit permits the discharge of sexual aggression without shame. Wit is also valuable as a method to exercise rebellion against authority. In these writings, Freud did not specifically address the issue of obscenity as distinguished from wit or humor in general.

Others have addressed obscenity explicitly. Both Grotjahn⁴⁶ and Legman⁴⁷ argued that sexual humor can be seen as a psychological mechanism for dealing with the sexual repressions of the user. Bergler⁴⁸ quoted Ferenczi as saying that the phenomenon of obscenity should be analyzed from the perspective of the mind of the listener, not the speaker; but he himself wrote that sexual obscenity is used by the speaker as a method of channeling sexual aggression, both to seduce women who hear it and to develop sexual excitement and delay gratification if no women are listening. Obscenities were conceptualized as deriving from the Oedipal conflict, as oral mani-

festations of love for the mother, which are translated into negative feelings because of the inhibition of the normal expression of that repressed love. Bergler also argued that the sexual content of obscenities are often masks for more primitive oral or anal desires or fantasies.

Fenichel argued that "Because the omnipotence of words is especially preserved in obscene words, which have kept their magical power, causing the speaker and hearer to experience the things mentioned as if actually perceived, they are often the subject of compulsive symptoms. . . [the use of obscene words] has the goal of magically compelling the hearer to have a sexual experience."⁴⁹, p. 296

In his scholarly work on swearing, Montagu would "... assign to it [swearing] the function of acting as a relief mechanism whereby excess energy is allowed to escape without doing anyone any serious injury, while doing the swearer some good. Those who have understood this function of swearing, even when they have thoroughly disapproved of swearing, have recognized its deep-seated nature and have wisely allowed that some forms of strong expression must be permitted in any properly organized society."⁵⁰, p. 68

In another lengthy work on the origin and cultural effects of obscenities, Sagarin⁵¹ followed Jay in distinguishing between the connotative and denotative meanings of obscenities and agreeing that when such words are used for their impact as obscenities it is usually in their connotative senses. He pointed out that

the growing acceptance of at least some obscenities has been used by both those who believe that it indicates growing social enlightenment and those who believe that it represents social disintegration and degeneracy. He concluded that although some favor liberalization of social attitudes toward the functions from which obscenities are derived, in reality the increased use of those concepts as obscenities actually reinforces the cultural repression that caused the words to be viewed as obscene in the first place.

Patrick⁵² stated that obscenity developed early in human history and pointed out that in clinical aphasia, obscenities are often the last types of words to be lost. He presented the commonly accepted concepts that obscenity is typically used in situations combining emotional arousal (usually aggressive) and feelings of helplessness; and that obscenity is used to relieve emotional tension when other methods (such as physical aggression) are not permitted. He then argued from Darwinian theory, however, that obscenity developed from the same roots as animal displays such as growls, in order to intimidate an adversary when flight was unavailable and fight doomed to failure.

Hartogs⁵³ postulated that since language is the major technique of socialization, obscenity is a powerful way in which to rebel against the prevailing culture. It also serves to relieve competitive pressure and is an agent of social equalization. He argued that the use of obscenity is more pathological in the middle or upper classes, who have more realistic opportunities for advancement

than do lower classes. Obscenity is also used in various ways to help people overcome their fears, such as children swearing at their parents or at other adults toward whom they are powerless.

Rosenfeld⁵⁴ pointed out that "pornography" is Greek for "harlot-writing," and that, while it is usually interpreted as meaning writing *about* harlots, it can also mean writing *by* harlots, i.e., speech by and about the disenfranchised. The usual solitary setting in which pornography is consumed reflects the social and political isolation of those who create and consume pornography. Rosenfeld argued that the repeated efforts to suppress pornography stem more from the desire to protect the political and religious power structure of a society than to protect the moral fiber of that society.

The Impact of Obscenity on Clinician-Patient Relationships

In his seminal work on the significance of communication in psychotherapy, Watzlawick¹ argued that although traditional insight-oriented therapy requires that the patient learn a new language, many of the newer brief/therapies require that the therapist understand and utilize the language of the patient, both as communication and as a way to understand the patient's worldview. Several authors have looked at the effects of obscenities within the relationship of individual therapy. Bloom⁵⁵ argued that adults who are intimidated by adolescents' use of obscenity will not only be unable to help them, but may in fact exacerbate the problems. To be effective, it is crucial that therapists stop reacting

only to the obscenities themselves and attend to the underlying meanings of the communication, which often represents frustration with the situation. If the therapist responds stereotypically with anger or criticism, the patient is permitted to assume control over the situation.

Ferenczi⁵⁶ observed that some patients were able to divorce the affect from relating past experiences, but that if the therapist used obscene, rather than euphemistic or scientific, words for the experience, the patient would experience the appropriate affect. A full understanding of the patient's conflicts can only be obtained by working through the emotional loading of certain obscene words.

Feldman⁵⁷ argued that transference is more than a projection of infantile attitudes toward parents onto the therapist, but also involves the personality of the therapist. "Therapy itself presents a unique situation which bears upon the very process of therapy."^{57, p. 45} He cited Ferenczi's insights into the power of obscene words in therapy, but believed that Ferenczi did not go far enough because he failed to recognize the social context of therapy itself and the impact of obscene words in that context. Feldman pointed out that during childhood, obscene words (and the objects or acts they represent) become associated with shame and embarrassment through parental prohibitions, but often *only* in the presence of the parents or other authority figures. He argued that this association carries over into therapy. He also argued, citing Sullivan, that for therapy (i.e., psychoanalysis) to be effective, the

patient must react to the therapist as a "significant other," so that the therapist's responses will have the power to undo earlier parental responses. Also, the patient must discover for himself that the therapist, although powerful (like the patient's parents) is not punitive. If the therapist is *too* open and permissive early in therapy, it may prevent the patient from reacting toward him as he did to his parents. Under these circumstances, the use of obscene words will exist in a peer relationship, and will not evoke in the patient the powerful emotions associated with use in the presence of parents or other authority figures.

Ross⁵⁸ set out in 1962 to survey practicing psychiatrists to see how they used obscene words. He rejected the "scholarly" approach of reviewing literature because much of it was out of date, and also because he wanted a cross section of actual practice. He pointed out that the use of obscenity in society at large (i.e., literature, theater, etc.) had undergone significant changes recently, and it was therefore important to see how those changes had affected the use of obscenity in therapy. He sent questionnaires to 100 therapists in the Los Angeles area, with 65 returns; most respondents were analysts or analytically oriented. The results revealed that therapists who used obscene words in their private lives heard more obscenity from their patients. Some therapists reported that their own use of obscenity in therapy encouraged patients to express their feelings about emotionally charged subjects through their own use of such terms,

and in general to be more open and accessible in therapy.

Ross concluded that "Both therapist and patient should use the language with which they are most comfortable, since then they will best be able to communicate to each other that what they intend. If either uses language with which he is not comfortable, what is conveyed is the speaker's own discomfort." He continued, "Then, in the interests of fostering the communication between them, the therapist should gear his language to that of the patient." (p. 127) He argued that obscene words (according to the survey) were usually short, and thus well suited for brief emotions, such as intense anger. "Thus, obscene words said in anger can be useful to the speaker but distressing to the hearer [because they tend to induce shame and embarrassment]. The words are unwanted because they make the hearer feel unwanted" (p. 128).

The preceding authors were psychoanalysts, and it is natural that they should approach the issue of obscenity in the context of individual insight-oriented psychotherapy. Other authors have examined the use of emotional speech in general, and obscenity in particular, in the staffs of psychiatric wards. In 1960, Coser⁵⁹ discussed the value of humor as a tension reliever. He pointed out that to be successful, humor must be reciprocal. He also argued, citing Freud and Grotjahn, that humor is also a way to displace aggression. Data from observation of staff meetings, however, revealed that humor was used more frequently by those in authority, and al-

most always directed at those lower in the social structure. He also pointed out that women made fewer jokes because they were not supposed to be challenging the social order (there were no women senior psychiatrists in the study).

Gallahorn⁶⁰ studied the number of taboo (religious, excretory, and sexual) words used in daily team meetings on a psychiatric inpatient service for six months. There was no correlation between incidence of obscenities and incidence of talking in general, but there was a positive correlation between frequency of obscenity use and the presence of significant interpersonal issues on the ward at the time of the meeting. Religious obscenities were used most frequently, and seemed to be related to patient/staff tension. Excretory words (almost all of which were anal) seemed to be related to control issues, whereas sexual obscenities seemed to be related to issues of rumored loss of ward chief, impending discharge of a valued patient, or admission of a homosexual patient. Gallahorn found that neurotics were much less likely, and personality disordered patients much more likely, to be referred to by staff when they used obscene words. As a whole, psychotic patients were neither more nor less likely to be referred to using obscene words; but the ones who were generally were either homosexual or treatment resistant. In contrast to Coser's study of humor,⁵⁹ no formal hierarchy existed in terms of correlation between status and use of obscene words. Gallahorn suggested that the informality of the team meetings accounted for the lack of cor-

relation. In times of severe stress (such as the assassinations of Kennedy and King) no obscene words were used for several days. And after the departure of the ward chief, no taboo words were used for three weeks until patients began to use them in meetings with staff. The new ward chief said nothing about the use of obscene words, implying acceptance of such words. The staff then returned to their previous pattern of usage, and patient usage dropped significantly. Patients were by far the most frequent target of obscene words. When directed at staff, they were usually either quotes from what a patient said *about* a staff member, or referred to groups rather than to individual staff members.

Managing Obscenity in Institutional Settings

In general the use of obscenity in any therapeutic context is forbidden. Most facilities have specific rules that state that swearing, and other such euphemisms for obscenities, are not permitted. These policies usually go further and describe penalties for the use and repeated use of such language. Because it is also generally recognized that this language is used by some people frequently and that it is more understandably used during intense emotional situations, the penalties that result from the use often take the emotional context into account. It seems to be accepted that obscenities express powerful emotions and that even though their use is offensive, it is the "sticks and stones that will break our bones, names, obscenities, will never hurt us."

To our knowledge, the assumptions that underlie the rules or policies governing the use of obscenity in institutions have not been codified. The assumptions appear to be: 1) that all feelings are acceptable; 2) that it is desirable to share feelings, but they must be shared in an appropriate manner; 3) that although obscenities are words that express powerful affect, they are not an acceptable way of sharing such feelings in most social and occupational settings; 4) that to encourage their use in the therapeutic setting would give the user an inappropriate social and occupational message; and therefore 5) that penalties are an appropriate way to help discourage their use. This logic results in a strict prohibition against the use of obscenities.

The problem of obscenities in these environments breaks out into separate areas of communication: patient-patient, patient-staff, and staff-staff.⁶¹ In most institutional settings it is almost impossible to control the way the patients or inmates talk to each other. Patient-patient communication is often private and when patients use obscenities with each other they rarely report that they are offended by such language. The reports that they do bring to staff focus on threats rather than the obscenity itself. Patient-staff communication, however, is an area that requires strict enforcement of the rule. Patients must respect the staff. Consequently, it is never permissible for patients to swear at staff. Neither can staff swear at patients, nor in the presence of patients. The penalties must be clear on both of these points. The issue of the use of

obscenity in staff-staff communication is addressed in example five below.

Because these issues are not codified, staff run into a number of problems when faced for the first time with the frequent use of obscenities. The examples below describe the kinds of problems with which staff must contend when confronted with this type of language. The examples also illustrate the problems that can result from spontaneous attempts to respond to obscenities in the field.

Example 1: The Power of the Word "Fuck"

For a period of several months, the staff at a community mental health center were unable to maintain effective control over a unit that included several high-functioning and powerful sociopathic patients who had been transferred to them for administrative reasons. The patients had used the word "fuck" publicly at the previous facility and continued to use it in the presence of staff at the new facility. At first, the staff were surprised by this disrespectful verbal behavior. They then became angry and "grossed out." They could not say the word to each other while on the job, but after work, they were able to discuss freely the insult they felt from the "fucking asshole" patients they had been forced to accept. Supervisors were aware of the problem but seemed unable to deal effectively with it.

As time went on staff became more and more frustrated and angry; they had lost control over the ward milieu. Finally, at a ward meeting between staff

and patients, during which the patients flaunted the abusive language, one of the staff spontaneously said “fuck, fuck, fuck, what’s all this shit about fuck?” This exclamation broke the verbal ice; the word “fuck” lost its power. By taking control of the word, the staff not only broke its spell, but were able to start a process with the subcultural group that led to the formulation of guidelines governing the use of obscenities. A respectful atmosphere returned; staff had regained control and their therapeutic potency.

Example 2:
Assholes and Motherfuckers: Use
of Obscenities by Authority
Viewed as a Put-Down

The first author (G.M.), discovered that a group of sex offenders used the words “asshole” and “fucking asshole” frequently when describing each other, as though the words were part of a classification system. As a strategy, he participated in clarifying their “asshole theory” of personality. They differentiated assholes into acute and chronic types. It appeared that everyone had the right to an occasional off day and to act like an asshole momentarily, but nobody had the right to remain in that mode and become a chronic asshole. The discussion was lively and interesting. The next day a number of patients circulated a petition resulting in a grievance alleging that their right to be treated with dignity had been violated by being called “assholes” which tends to support the research of Bostrom *et al.*³³ and Jay,³⁵ described above. As a result of this un-

expected response, the first author was directed by the patients’ rights facilitator to clarify his intent in using these words. He apologized for any misunderstandings and the public use of these words stopped for both staff and patients.

Example 3:
Shithead, Hard to Define

During a ward meeting, a number of patients had used the word “shithead” when referring to patients or staff who were perceived as not living up to some poorly defined standard of conduct. As the meeting became more heated, the first author said “Well, if you think I’m in my office trying to make life harder for these shitheads. . . .” Both patients and staff were surprised by the author’s use of the word, and one patient grieved the issue. During the grievance process, a debate ensued about whether the patients had been called “shitheads,” the metaphoric interpretation, or whether the statement meant that some of the patients had acted like shitheads, the simile interpretation. In the end, the issue remained unresolved because the patient was discharged and his grievance became moot. However, two years later the same issue was incorporated into a lawsuit alleging that the hospital and its staff used cruel and unusual treatment techniques in their approach to patients. The law suit too was then withdrawn; so to this day the true meaning of the term shithead is still unclear.

Example 4: Racial Slurs Are
Never Therapeutic

Two white therapists had four black patients and four white patients volun-

teer for a three-month provocative therapy group. The rules of the group included the use of swearing, but the specific words covered by the rule were not defined. As the process gained intensity, the blacks began to call each other "nigger." In time, the white patients began using the word with some of the blacks, in the same way that the blacks used the word with each other. This continued for the length of the group, without comment or complaint. More than two years later, some of the black patients used this occurrence as evidence that the predominantly white hospital was racist. An official investigation of this and other remarks resulted in the development of a policy and training program about the need for the races to become sensitive to the needs of each other. There need be no discussion about this issue; the use of racial slurs is never therapeutic, nor are sexist comments and epithets like "fag" or "dyke."

Example 5: Staff-Staff Communication

There is general agreement that professional language fails to communicate the powerful emotion that one feels in regard to a person who tries to kill you.⁶² Staff who work with patients/inmates who threaten and attack can grow progressively insensitive as they try to meet the needs of these patients. Burnout is the common term to describe the process that can result from the neglect of the powerful feelings that such staff endure. Since obscenities release tension, it is our opinion that there might be "therapeutic value" in permit-

ting staff to express themselves in "language that is satisfying to them," including the use of obscenities if that would help relieve stress. In fact, we have developed a specialized process meeting, called Me-Time, which has as one of its functions team building and processing.⁶³ Because some of us have been convinced that the use of obscenities can be an effective way to discharge the intense feelings that result from death threats and physical aggression, at times we have permitted staff to use these words if they wish. Racial slurs and sexist comments were at one time allowed, but found to be powerfully disruptive. Words like "fuck," "asshole," "mother-fucker," "jerk," and "bitch" have been condoned on occasion in the locker room of this special team meeting. The use of these words to describe patient behavior (or staff behavior for that matter) has disappeared from concern. New staff are surprised by the frank communication. Staff are aware that they cannot swear in front of patients and that using obscenities is only designed to clarify their feelings and discharge negative affect about patients so that they can make more effective interventions with them.

Discussion of the Examples

The power of obscene words is clear from the first example. In this case, the staff had apparently been successful with other patient subgroups in changing their obscene language habits through example and moral suasion. The staff were obviously unprepared for the patients to persist in their language pattern

and not to be affected by the staff's usual countermeasures. The cultural double standard of communication became apparent when the staff used the same words freely to describe this patient group outside of work. Finally, the spontaneous effort of one staff member appeared to save the day. She, however, risked being condemned by both staff and patients. She had broken a work rule, and could have been reprimanded by her supervisor, who had been a witness to her actions.

The second example illustrates yet another aspect of the problem. Although most of the staff and patients in this group felt comfortable with the limited use of obscenities as part of their in-group dialogue, the objections of some patients to the use of obscenities by the psychiatrist created a significant problem. The patients' rights facilitator supported the patient position that obscenities can degrade the person(s) with whom they are used, and that such use is the usual intent of using them.

The third and fourth examples deal with the sensitivities that surround these words. Patients are permitted to use them with each other (although this use is also ultimately undesirable); but professional staff are at risk if they use them, even if they do so in order to enter into the communications structure of the patients. There is no doubt that staff must not swear at patients. In the second and third cases, obscene language was used reactively by staff, and not through a well-thought-out strategy. In the heat of discussion, it is often difficult for listeners to judge the intent of subtle in-

flections and for speakers to estimate the impact on those listeners.

The fifth example could be considered a pilot project in which staff on a specific unit were allowed to explore the value of this language in their private team communication at work. It did not take long before racial and sexist slurs were found to be beyond the team's tolerance. The other words, however, were tolerated and faded from view. Change in leadership on that unit has resulted in a return to a more conventional attitude toward the use of these words.

Toward the Therapeutic Use of Obscenities: A Policy/Procedure

Finally, the paper moves into the realm of the real world of inpatient, inmate, and residential psychiatry, and asks the difficult question "Is there any therapeutic value in professionals entering into subcultural language systems which include the approved use of obscenity?" As noted in Example 5 above, it is the contention of the authors that, under the right circumstances, obscene language can be used by mental health professionals for therapeutic ends. Perhaps the time has come to liberate ourselves from the prejudice against these words, not to condone their use, but to understand their role in the communication of certain subsets of patients, and to defuse their power when used by patients to intimidate or harass staff, particularly in group settings, where the use of obscenity can disrupt therapy for an entire patient population. Over the past seven years, the first author has introduced the subject of the use of obscenity

Managing Obscene Language

in the American Psychiatric Association course on Managing the Aggressive Patient by noting that during parts of the course his language will appear to deteriorate to some in the audience. He makes the point that professional language often fails to convey the intensity of feeling one has towards patients who try to kill us. The periodic use of obscenities during the course is used in the locker room sense of team communication. The strategic limited use of obscenities has added a dimension of realism to the discussion of management of aggression.

If therapists are to employ the selective, conscious, goal-directed use of obscenities as part of a therapeutic communications program whose goals would be to improve communication between a patient or patient group and staff by demystifying powerful words that can create miscommunication if they are misunderstood or negatively judged so that powerful emotion can be safely integrated into the therapeutic field, the following guidelines may be useful:

1. An explicit policy describing the goals and procedures of the plan should be developed and approved by the facility chain of command, including the patients' rights facilitators.

2. The intended use of subcultural language should be "piloted" in role plays with the therapists (and staff) before it is piloted with the patient(s). This will ensure that the therapists are themselves comfortable with the words and policy before it is implemented.

3. The policy should then be presented

to the patients/inmates with whom it will be used, for their review and suggestions. This will allow the therapist(s) to deal proactively with potential resistance. Significant objections that do not appear amenable to resolution through such discussion should be allowed to modify the policy.

4. Once accepted by both the therapist, staff, and patient(s), the policy should be field-tested in a clearly defined, time-limited trial in order to assess the effects of its implementation. The patients' rights facilitators could review the effectiveness of the policy in an ongoing fashion.

Such a policy could at least permit professional exploration of this difficult area of interpersonal communication. It would provide enough safeguards so that should it appear to be abused it could be clarified, corrected, and/or stopped before it had gone too far. The authors believe that such a policy would be well received in some facilities. Staff and patients could begin to look beyond the hurtful words to the person in pain, who is delivering them. Nevertheless, as our review of the legal and clinical literature shows, this is an area in which one must walk cautiously.

Conclusion

George Tarjan, in his Presidential Address to the American Psychiatric Association, stated that it was his view that foreign-born psychiatrists should know that English is the language of success in America.⁶⁴ By analogy, respectful language is the language of the mentally healthy. We do not want to encourage

the use of obscenity, but rather to support realistic discussion about the potential value of participating in a meaningful way in the communication system used by some subcultural groups who use obscenities as a way to make themselves clear or as a means to exert power over their environments.

References

1. Watzlawick P: *The Language of Change: Elements of Therapeutic Communication*. New York, Basic Books, 1978, pp 138-57
2. Penrod S, Linz D: Using psycholegal research on violent pornography to inform legal change, in *Pornography and Sexual Aggression*. Edited by Malamuth NM, Donnerstein E. Orlando, FL, Academic Press, 1984
3. *Chaplinsky v. New Hampshire*, 315 U.S. 568 (1942)
4. *Roth v. United States*, 354 U.S. 476 (1957)
5. *Miller v. California*, 413 U.S. 15 (1973)
6. *Stanley v. Georgia*, 394 U.S. 557 (1969)
7. *Paris Adult Theater v. Slaton*, 413 U.S. 49 (1973)
8. Richards DAJ: Free speech and obscenity law: toward a moral theory of the First Amendment. *U Pa L Rev* 123:45-91, 1974-5
9. 18 U.S.C. § 1464 (1988)
10. *Citizen's Complaint v. Pacifica Foundation Station WBAI (FM)*, 56 F.C.C.2d 94 (1975)
11. Federal Communications Commission Report No. DC-1077, MM Dockets 83-575-76, January 13, 1988
12. Linz D, Donnerstein E, Penrod S: The findings and recommendations of the Attorney General's Commission on Pornography: do the psychological "facts" fit the political fury? *Am Psychol* 42:946-53, 1987
13. Clemmer D: *The Prison Community*. New York, Reinhart, 1958
14. Wheeler S: Socialization in correctional communities. *Am Sociol Rev* 26:697-713, 1961
15. Sykes GM: *The Society of Captives*. Princeton, NJ, Princeton University Press, 1958
16. McCleery R: Communication patterns as bases of systems of authority, in *Theoretical Studies in Social Organization of the Prison*. Edited by Cloward RA, Cressey DR, Grosse GH, *et al.* New York, Social Science Research Council, 1960
17. Sykes GM, Messinger SL: The inmate social system, in *Theoretical Studies in Social Organization of the Prison*. Edited by Cloward RA, Cressey DR, Grosse GH, *et al.* New York, Social Science Research Council, 1960
18. Garabedian PG: Social roles in a correctional community. *J Crim Law, Criminology, Police Sci* 55:338-47, 1964
19. Street D: The inmate group in custodial and treatment settings. *Am Sociol Rev* 30:40-55, 1965
20. Hargan J: The psychology of prison language. *J Abnorm Soc Psychol* 30:359-65, 1935
21. Boroff D: A study of reformatory argot. *Am Speech* 26:190-5, 1951
22. Ayoub MR, Barnett SA: Ritualized verbal insult in white high school culture. *J Am Folklore* 78:337-44, 1965
23. Hayner NS, Ash E: The prison as a community. *Am Sociol Rev* 5:577-83, 1940
24. Foote R, Woodward J: A preliminary investigation of obscene language. *J Psychol* 83:263-75, 1973
25. Fine MG, Johnson FL: Female and male motives for using obscenity. *J Language Soc Psychol* 3(1):59-74, 1984
26. Selnow GW: Sex differences in uses and perceptions of profanity. *Sex Roles* 12(3-4):303-12, February 1985
27. Cameron P: Frequency and kinds of words in various social settings, or what the hell's going on here? *Pac Sociol Rev* 20:101-4, 1969
28. Nerbonne GP, Hipskind NM: The use of profanity in conversational speech. *J Commun Disord* 5:47-50, 1972
29. Mulac A: Effects of obscene language upon three dimensions of listener attitude. *Commun Monogr* 43:300-7, November 1976
30. Lashbrook VJ: Source credibility: a summary of experimental research. Paper presented at the SCA Convention, San Francisco, December 1971; cited in Mulac A: Effects of obscene language upon three dimensions of listener attitude. *Commun Monogr* 43:300-7, November 1976
31. Rieber RW, Wiedermann C, D'Amato J: Obscenity: its frequency and context of usage as compared in males, nonfeminist females, and feminist females. *J Psycholinguist Res* 8:201-23, 1979
32. Heubusch NJ, Horan JJ: Some effects of counselor profanity in counseling. *J Counseling Psychol* 24:456-8, 1977
33. Bostrom RN, Baseheart JR, Rossiter CM, Jr: The effects of three types of profane language in persuasive messages. *J Commun* 23:461-75, 1973
34. Cohen MM, Saine TJ: The role of profanity

Managing Obscene Language

- and sex variables in interpersonal impression formation. *J Appl Commun Res* 5:45-51, 1977
35. Jay TB, Danks JH: Ordering of taboo adjectives. *Bull Psychon Soc* 9:405-8, 1977
36. Jay TB: Comprehending dirty-word descriptions. *Lang Speech* 24:29-38, 1981
37. La Barre: Obscenity: an anthropological appraisal. *Law Contemp Prob* 20:533ff, 1955
38. Fine GA: Obscene joking across cultures. *J Commun* 26:134-140, 1976
39. Gregersen EA: Sexual linguistics. *Ann NY Acad Sci* 327:3-19, 1979
40. Honigsmann J: A cultural theory of obscenity. *J Crim Psychopathol* 5:715-33, 1944
41. Flynn CP: Sexuality and insult behavior. *J Sex Res* 12:1-13, 1976
42. Coyne JC, Sherman RC, O'Brien K: Expletives and women's place. *Sex Roles* 4:827-35, 1978
43. Rothwell D: Verbal obscenity: time for second thoughts. *Western Speech* 35:231-42, 1971
44. Freud S: Humour, in *Collected Papers*, vol. 5. London, Hogarth Press, 1950, pp 215-21.
45. Freud S: Wit and its relation to the unconscious, in *Collected Works*, vol 8. New York: Basic Books, 1938, pp 633-803
46. Grotjahn M: *Beyond Laughter*. New York, McGraw-Hill, 1957
47. Legman C: *Rationale of the Dirty Joke*. New York, Grove Press, 1968
48. Bergler E: Obscene words. *Psychoanal Q* 5:226-48, 1936
49. Fenichel O: *The Psychoanalytic Theory of Neurosis*. New York, Norton, 1945
50. Montagu A: *The Anatomy of Swearing*. New York, Macmillan, 1967
51. Sagarin E: *The Anatomy of Dirty Words*. New York, Stuart, 1962
52. Patrick GTW: The psychology of profanity. *Psychol Rev* 8:113-27, 1901
53. Hartogs R: *Four-Letter Word Games*. New York, Evans, 1967
54. Rosenfeld LW: Politics and pornography. *Q J Speech* 59:413-22, 1972
55. Bloom RB: Therapeutic management of children's profanity. *Behav Disord* 2:205-11, 1977
56. Ferenczi S: *Sex in Psychoanalysis*. New York, Brunner, 1950
57. Feldman MJ: The use of obscene words in the therapeutic relationship. *Am J Psychoanal* 15:45-9, 1955
58. Ross HD: The use of obscene words in psychotherapy. *Arch Gen Psychiatry* 6:123-31, 1962
59. Coser RL: Laughter among colleagues: a study of the social functions of humor among staff of a mental hospital. *Psychiatry* 23:81-95, 1960
60. Gallahorn GE: The use of taboo words by psychiatric ward personnel. *Psychiatry* 34:309-21, 1971
61. Maier GJ: Managing conflict in institutional settings, in *Directions in Psychiatry*, vol. 20, Lesson 20, 1992
62. Maier GJ: Management approaches for the repetitively aggressive patient, in *Clinical Challenges in Psychiatry*. Edited by Sledge WH and Tasman A. Washington DC, American Psychiatric Press, 1993, pp 181-213
63. Maier GJ, Van Rybroek GJ: Managing countertransference reactions to aggressive patients, in *Clinician Safety*. Edited by Eichelman BS, Hartwig A. Washington, DC, American Psychiatric Press (in press)
64. Tarjan G: Presidential address to the American Psychiatric Association, Los Angeles, CA, May 1984