

**PSYCHOTHERAPY AND PROSTITUTION**

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**THE VALUE OF INTEGRATIVE PSYCHOTHERAPY FOR WOMEN IN PROSTITUTION**

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**Table of Contents**

CHAPTER 1 INTRODUCTION .....	1
1.1 Overview .....	1
1.2 Aims and Objectives .....	2
CHAPTER 2 THE ROLE OF PSYCHOTHERAPY .....	4
2.1 Psychotherapy as a support for women affected by prostitution .....	4
2.2 The Integrative Approach .....	6
2. 3 The Therapeutic Alliance.....	8
CHAPTER 3 DISSOCIATION .....	10
3.1 The intersection of active prostitution and dissociation .....	10
3.2 The dismantling of dissociation in psychotherapy.....	12
CHAPTER 4 CRITICAL ANALYSIS .....	15
4.1 Critical Analysis.....	15
CHAPTER 5 CONCLUSION.....	19
5.1 Conclusion .....	19
REFERENCES .....	21 - 28

## PSYCHOTHERAPY AND PROSTITUTION

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## PSYCHOTHERAPY AND PROSTITUTION

### Abstract

The purpose of this research is to explore whether psychotherapy can help women who are currently affected by prostitution, bearing in mind that women, who are still working in the sex industry, may leave their psychotherapy session to return to prostitution. Firstly, this study aims to explore the potential for support offered by one psychotherapeutic approach, namely the integrative approach, psychodynamic and humanistic, with its emphasis on the therapeutic alliance. This research found that psychotherapy can offer women support and that a psychodynamic and humanistic approach, which emphasises the therapeutic alliance is well placed to offer this support. Secondly, it considers the concept of dissociation, which is normally dismantled in the psychotherapy process. It explores whether dissociation in prostitution is a job requirement for working in the sex industry and should be maintained, or if it is a dangerous defence mechanism, which should be challenged in the therapy process. This research found evidence of both. In the final analysis, this research does not recommend a general psychotherapeutic approach to working with dissociation in therapy. The therapist may work with the client to dismantle dissociation if it has become clear that dissociation is no longer serving its purpose (namely to offer the woman a form of protection) but instead, is placing her in danger, both mentally and physically. Alternatively, the therapist may come to understand that dissociation is necessary to allow the woman have a mental separation between herself and her work. There is no 'one size fits all' and the therapist's response will depend on the strength of the individual therapeutic relationship.

## PSYCHOTHERAPY AND PROSTITUTION

CHAPTER 1

INTRODUCTION

**1.1 Overview**

Women who have experienced prostitution and want to speak publicly about their experiences tend to place themselves within one of two schools of thought. They may identify as abolitionist, describing their experience of prostitution as a form of sexual exploitation, rejecting it as a human violation and something which is inherently gendered. Alternatively, they may see themselves as sex workers, and seek to have their work recognised like any other profession. Research on prostitution follows similar lines: Some researchers contextualising it as an inequality which causes dissociation and trauma and others suggesting that prostitution, is about control over patriarchy, offering autonomy and liberation to women. Psychotherapy literature shows that where counselling is offered to women affected by prostitution, it does so on the basis that women have left the sex industry (Cooper, Kennedy, and Yuille, 2001; Farley, 2003; Ross, Anderson, Heber and Norton, 1990). Therapeutic interventions are made around post-traumatic stress, which assumes that the traumatic experience is in the past and indeed that the act of prostitution is in itself traumatic.

There is little research into therapy with those who are currently engaged in prostitution or identify as 'sex workers' but there is some, for example Anklesaria and Gentile (2012), Coy (2009), Roxburgh, Degenhardt, and Copeland (2006), and Van der Hart, Nijenhuis, and Steele (2005). This research examines traumatic symptomatology particularly with prostituted women<sup>1</sup> who describe feeling detached from their bodies while performing sexual services.

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<sup>1</sup> Research into prostitution highlights a deeply divided debate around language. Some state that the use of the term 'sex worker' is problematic because it leads to a sanitisation of the sex industry (Bindel, 2017; Moran, 2013), others reject the word 'prostitute' because they feel it is disrespectful and discriminatory (O'Neill, 2001).

## PSYCHOTHERAPY AND PROSTITUTION

Dissociation is a common symptom of trauma described by therapists such as Herman (1992), Levine (2010), Levine and Frederick (1997), Ogden *et al.*, (1997) Rothschild, (2000) Schore (1996) and Van der Kolk *et al.* (1996).

Dissociation is also an unconscious strategy utilised by women in prostitution. Some describe the sensation of leaving their own body every time they have to perform sex with an unknown sex buyer (Coy, 2009; Moran, 2015; Roxburgh *et al.* 2006). Levine suggests that for those who have faced multiple traumas, dissociation can become their “mode of being in the world” (1997, p.138). Women in prostitution tend to dissociate habitually, essentially living in a world where they are not really whole. It is a split between the mind and the body; a necessary response to protect one-self when facing a sudden traumatic event, keeping the reality of the trauma disconnected from the fullness of the experience (Levine, 1997, p.138). Therefore, a common aim of psychotherapy can be to facilitate a reunification of this splitting resulting in the person becoming whole again.

### **1.2 Aims and Objectives**

The overall aim of this thesis is to explore whether psychotherapy can help women who are currently affected by prostitution, bearing in mind that some women may leave their psychotherapy session to return to prostitution.

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This research has attempted to avoid both terms because of these implied judgements. The term ‘women in prostitution’ has been used instead.

## PSYCHOTHERAPY AND PROSTITUTION

First, it will examine the role of psychotherapy as a support to women currently affected by prostitution. Secondly, it will explore the potential for support offered by one psychotherapeutic approach, namely the integrative approach, psychodynamic and humanistic, with its emphasis on the therapeutic alliance. Finally, it will consider how best to deal with dissociation, which is normally dismantled in the psychotherapy process. For those women who are still active in prostitution, should dissociation be encouraged as it acts as a protective defence in the case of prostitution or be undone because it is a repressive defence that keeps feelings at bay?

CHAPTER 2

THE ROLE OF PSYCHOTHERAPY AS A SUPPORT TO WOMEN AFFECTED BY  
PROSTITUTION

**2.1 Psychotherapy as a support for women affected by prostitution**

Despite high rates of depression, addiction and violence in prostitution, only a very small number seek intervention (Anklesaria *et al.*, 2012; King and Maman, 2013; Roxburgh *et al.*, 2006). This should be a cause of concern to psychotherapists because psychotherapy can support women in prostitution in many ways. It can provide the client with a safe space, something which might have eluded them for some time. It can also provide a greater understanding and sharing of their individual experience of being in the world. It can provide an insight into the social construction of stigma and how its' negative effects impact on the experience of women in prostitution.

For women in prostitution, stigma can be self-imposed, coming from an inner voice of guilt and shame. It can also come from the external world, where the 'Madonna - Whore' complex is used repeatedly in popular culture. Women in prostitution "accommodate the whore stigma mainly through closeting, and manoeuvre between a stigmatised working persona (the whore) and a public self of good woman/wife/mother" (Kong, 2006, p.423). This pendulation between the two personae can lead to a type of cognitive dissonance which becomes a way of being in the world. Therapy can provide a stable respectful relationship where this way of being can be explored safely without judgement using the dynamics in the therapeutic relationship so the dissonance can be minimised.

## PSYCHOTHERAPY AND PROSTITUTION

The development of the therapeutic relationship also allows for exploration of the client's dissociated dichotomy of the true and false self (Winnicott, 1965). For a woman in prostitution, this is a double bind. She has to convey an external identity of the always pleasing, seductive woman, while at the same time, she must be identified externally in society as a 'good woman'. This conflict between the personal and work self creates an inner tension that can be explored within the therapeutic relationship.

By using the therapeutic relationship to self-reflect and evaluate, the therapy can locate coping strategies which can be adopted by the client. Anklesaria *et al.* (2012) found that clients who have experienced trauma and boundary violations in relationships, especially those actively working in the sex industry, may find the therapeutic relationship to be their only source of stability. Anklesaria *et al.* (2012) conclude:

A strong and reliable therapeutic alliance is indispensable in re-establishing trust and security. Through the work of psychotherapy, including a solid rapport and timely interventions, these women can begin to enjoy more fulfilling lives (p.33).

A strong therapeutic alliance can resemble a partnership based on mutual trust and respect - to some extent the therapist becomes the client's significant other, for the duration of the therapy. Ślęzak (2015) presents some motivators to leaving and staying in prostitution for women, including the influence of 'significant others' in women's lives. Ślęzak suggests that significant others may block the transformation in the concept of self, depending on their lens. Ślęzak finds that those within prostitution tend to become isolated from friends and family and so they develop new 'significant others' who may be other women in prostitution, regular sex

buyers or even pimps. The woman adopts a new identity, which is reinforced by those people around her. This makes it hard for women in prostitution to ever reimagine an alternative self-construct. Psychotherapy offers the opportunity to develop a therapeutic alliance, where the therapist might take the place of a more neutral 'significant other' and will have the capacity to assist in the co-creation of a new self-identity. Of course, this identity can include prostitution but without the prejudice of external influences.

### **2.2 The Integrative Approach**

The integrative approach recognises the social and cultural context of life and all aspects of the person, mind, body, spirit and emotions. Gomez (2004) suggests that integrative therapy works because the therapist is not constrained by one strict approach and can use a combination of theories and techniques, recognising the uniqueness of each person. The integrative approach is embedded within a psychodynamic framework and informed by the humanistic approach, particularly the importance of the therapeutic alliance.

The body was originally a focal point in psychotherapy (Janet, 1889). However, as time went on the focus moved away from the body and was firmly placed on the psyche. More recently, with the support of neuroscience there has been a renewed emphasis on the body with research supporting a body-oriented approach within psychotherapy (Levine, 2015; Ogden, Minton and Pain, 2006; Rothschild, 2000 and Van der Kolk, 2015).

Psychodynamic psychotherapy developed from the psychoanalytic movement of Sigmund Freud. According to Dworkin (2015, p.232), one of the main goals of Freudian analysis is the

## PSYCHOTHERAPY AND PROSTITUTION

renunciation of phantasy and the acceptance of reality. For those in prostitution, phantasy lies at its very essence. The increasingly popular ‘Girlfriend Experience’ (GFE) encapsulates this very notion. Research with women in prostitution notes it as ‘counterfeit intimacy’ (Frank, 2002; Rich & Guidroz, 2000). One sex buyer is quoted as saying, a woman in prostitution should be “...*sort of like a girlfriend, very friendly. The sex would be really good, really great. I would get off. If she did, great; if she didn’t, OK. Then I would pay and say goodbye*” (Farley, 2011, p.29). This girlfriend experience is a phantasy and women in prostitution may enact this phantasy several times in a day. Weitzer (2009, p.226) describes the downside of GFE as having to feign intimacy with unlikeable clients and “*The GFE can be quite draining for the provider, who must work hard to ensure that customers are comfortable, relaxed and happy, and to remain pleasant, witty, and attentive*”. This particular service can be challenging for women in prostitution, because it requires a level of engagement from which they cannot actually dissociate or switch off.

According to McLeod (2013), psychodynamic counselling uses what is happening in the counselling space, in the relationship between the therapist and client to explore relationships and feelings experienced by the client in their everyday life. In order to explore sometimes shameful and painful phantasies, impulses and memories, McLeod (2013) suggests that a therapeutic alliance is vital. An integrative approach includes two major components; an emphasis on the therapeutic relationship which emerged from the humanistic tradition and the importance of the person-in-environment perspective, being psychodynamic.

### 2.3 The Therapeutic Alliance

Many therapists have situated the therapeutic alliance as a product of transference with the therapist maintaining a relatively neutral role in the process (Klein, 1952; Klein & Money-Kyrle, 1955). In a contemporary psychodynamic approach, the client does unconsciously respond to the therapist, replicating early developmental experiences. In addition, the therapist uses real dynamics from the present therapist – client encounter to cultivate a nurturing relationship with the client (Bordin, 1994). Integrative therapy can assist the client to develop a greater understanding of their thoughts, beliefs and feelings and how they relate to past experiences. Childhood sexual abuse, for example, which may have been a catalyst for entry into the sex industry (Farley & Barkan, 1998; Roxburgh *et al.*, 2006; Van Brunschot & Brannigan, 2002) can be safely explored in this way, because the therapeutic alliance has been built, and trust has been established.

When working with women who are currently active in prostitution and may be leaving psychotherapy to go to work, exploring the present therapist – client encounter can be very useful. The therapist should not avoid trauma, whether it is childhood or current trauma, but can use the here-and-now to ground the client and connect them with the present moment, so that they can connect with their resources. It gives the therapist the opportunity to bring the client back to the safety and respect of the therapeutic relationship before the client leaves to go back to the volatility of prostitution (Coy, 2016; Jeffreys, 2009; Moran, 2013).

It is clear from the research that the establishment of trust is crucial when working therapeutically with women in prostitution. In addition to violations of trust in family and prostitution relationships, Gangoli (2002), Meaghan (2008), and Preble (2015) suggest that

## PSYCHOTHERAPY AND PROSTITUTION

women in prostitution mistrust. They do not trust those in authority, such as the police, the judiciary, social workers or medical professionals because of the historical oppression of prostitution. This sense of mistrust is compounded by the fact that women in prostitution have experienced some of these same people as sex buyers, while at the very same time being publicly admonished by them and condemned for engaging in prostitution. Preble (2015) describes how women can develop feelings of trust over time, and by experiencing a trusting relationship in therapy, women are able to develop trusting relationships in their lives outside therapy.

Velez' research into counselling with women in the sex industry emphasises the significance of safety and rapport (2017). She describes the development of a positive therapeutic relationship as essential, particularly because some of these women were preoccupied with conditions of trust, security, and acceptance. Velez suggests that women connected safety in the counselling space to their own experience of prostitution. Velez (2017) proposes that building a foundation of safety within the therapeutic relationship is a prerequisite to women disclosing their involvement in the sex industry. She highlights the fact that some women go to counselling but never disclose their involvement, because trust is never established. Velez refers to counsellor attunement and collaboration in the therapeutic process (2017, p.77). Collaboration includes the idea of 'co-creation' in psychotherapy and a psychodynamic approach can be interactive, which Velez recommends when working with women in prostitution. Her study shows that for women in prostitution, claiming ownership over their situation is vital.

CHAPTER 3

DISSOCIATION

**3.1 The intersection of active prostitution and dissociation**

Women in prostitution who present for counselling describe general mental health concerns, such as, anxiety, depression, relationship issues and sometimes sexual assault and violence. The majority tend to correlate their concerns with their work in prostitution (Argento *et al.*, 2014; Benoit, Oullet & Jansson 2016; Rössler, Koch, Lauber, Hass, Altwegg, Ajdacic-Gross & Landolt, 2010). Women in prostitution create an alter ego or a separate identity for their work. They will often use a different name and age and advertise under a different nationality. Some authors suggest that this is a business strategy, while others suggest it is a coping strategy, a form of dissociation which allows the prostituted woman separate her real and false self (Sanders, 2005). Moran says “*this is dissociation at its most practical level*” (2013, p. 138). From the outset then, women in prostitution adopt a façade – a disconnect between the real and the phantasy.

According to Ross, Farley and Schwartz (2003), dissociative disorders are common among those in escort, street, massage, strip-club and brothel prostitution. They link dissociation to high rates of childhood physical and sexual abuse, and to violence in prostitution. Ross *et al.* (2003, p.200) say that existing data suggests that almost all who are in prostitution suffer from at least one of the following disorders: dissociative, mood posttraumatic, or substance abuse. Some women in prostitution describe the sensation of leaving their own bodies every time they have to perform sex with an unknown sex buyer thus dissociation becomes the norm (Coy, 2009; Moran, 2013; Roxburgh *et al.*, 2006). Giobbe (1991, p. 144) quotes one woman as saying; “*I would numb my feelings. I wouldn’t even feel like I was in my body. I would actually*

## PSYCHOTHERAPY AND PROSTITUTION

*leave my body and go somewhere else with my thoughts and my feelings until he got off.*” Others postulate that dissociation might be damaging in the long term but in the short term, they describe it as a skill or job requirement for surviving prostitution (Farley, 2004; Jeffreys, 1997).

From a psychotherapeutic perspective, dissociation is a type of splitting. Spurling (2009) says that splitting is based on the principle that one stays safe by separating the endangered from the endangering, managing the principal psychological dilemma in the paranoid-schizoid position. Splitting occurs when it is psychologically too threatening to hold two things together at the same time; human beings have a tendency to split things into two, to see themselves as all good or all bad (Howard, 2006). Women in prostitution who present in therapy may present with a conflict of believing they are ‘no good’ but at the same time, having to defend against a stigmatised external identity as being ‘all bad’.

Those who have experienced trauma can be re-traumatised during prostitution, hence their dissociation becomes a cycle (Hutto & Faulk, 2000). Many studies show that people who work in prostitution situate rape, assault and robbery as an occupational hazard (Farley *et al.*, 2003; Hunter, 1994; Miller, 1995; Silbert & Pines, 1982). Thus, when working with women in prostitution, it is important that the therapist is aware of trauma-informed practice. Trauma-informed practice includes building a secure therapeutic alliance where the client *begins* to trust and accept that this relationship is stable and safe. All trauma-based practice begins with resourcing the client.

Within the therapeutic relationship, the client’s experiences can be validated and they can begin to regain a sense of control over their own lives. Regaining control is paramount for women

in prostitution, as within their work they may have limited autonomy. Some are controlled by a third party; others, although independent, report having to offer sexual services that they would prefer not to offer (Weitzer, 2009). Therefore, women adopt the repressive defence of dissociation that keeps their feelings at bay. Frederickson (2013) suggests integrative psychotherapy can help clients who are very defensive to co-create change, because it acts as a safe platform for clients to examine their feelings, challenging their resistance and holding them in the therapeutic task.

### **3.2 The dismantling of dissociation in psychotherapy**

Moran (2013), who experienced prostitution, describes dissociation as the need to imagine oneself out of the situation. She describes how this unconscious distancing results in an inevitable fracturing and a separation of the self. Moran says that it is the process of dissociation that makes prostitution possible for a woman in the first place. Addressing dissociation in psychotherapy may well have the unintended consequence of dismantling it as a protector. As a result, this may leave the client in a much more vulnerable state. Rothschild (2000) suggests that dissociation is a strong indicator of future Post Traumatic Stress Disorder and while she recommends a body-oriented approach, she also cautions “first do no harm” (2000, p.77). Moran (2013, p.147) says that during her time in prostitution, in an endeavour to stay connected to herself, and minimize the harm, she would ask ‘Who are you when nobody’s looking?’ Psychotherapy can help answer this question by offering a safe space, where the ‘true self’ can evolve. Winnicott (1965 & 1971) describes the true self as the creative, spontaneous and playful self; while the ‘false self’ is the caretaker self, which can limit experience and aliveness.

## PSYCHOTHERAPY AND PROSTITUTION

However, dissociation is also a reduced awareness of one's self and/or environment (Vermilyea, 2000), which means that it can put women in danger. Through continued dissociation, women can constrict or numb their feelings so much that all their responses are detached. For women whose safety depends on the arousal of their instincts, when deciding whether they will accept a client at the door, it is essential that they maintain a level of active engagement and do not completely detach. Schore (2009) says that this type of dissociation shows the inability of the right side of the brain, the emotional side, to recognize and process external stimuli, suggesting 'repairing' as opposed to dismantling. Schore proposes that the therapeutic relationship can be used to do this repair. He describes the therapeutic relationship as the interaction between the "client's emotional vulnerability and the therapist's emotional availability" (2009, p.139). Schore suggests that the more the client processes the relational experience in the here and now, the less the need will be to dissociate. Schore (2009) suggests that traumatic feelings that are not integrated into the client's emotional life can, in the long-term, result in pathological dissociation. However, effective therapy can facilitate integration and repair, providing more adaptive resources of resilience and mindful understanding.

Frederickson (2013) also recommends that within therapy, dissociation should be challenged, saying that clients deploy this defense to keep their inner and outer reality at bay, but in doing so, they lose their ability to make sense of the world and act adaptively and freely (2013, Ch.3). Frederickson suggests that it is an aim of therapy to encourage the client to turn against their defenses, because only then, can they truly act freely. For women in prostitution, whose world is so curtailed, restoring some sense of freedom and autonomy must be a therapeutic goal.

It may not be an aim of psychotherapy to dismantle dissociation. However, it is the focus of any therapeutic work to try to reach the split-off part which will be expressed through

## PSYCHOTHERAPY AND PROSTITUTION

dissociation because the full experience can only be reached by examining all the fragments of it (Howard, 2006). Psychotherapy can offer a stable therapeutic alliance where dissociation can be safely explored within the therapeutic relationship and the client can access their emotions, whether leaving or remaining in the sex industry.

CHAPTER 4

CRITICAL ANALYSIS

**4.1 – Critical Analysis**

Many women in prostitution want to exit the industry but face a myriad of barriers, including a reduction in income; problematic drug use; housing problems and physical and mental health problems (Bindel, Brown, Easton, Matthews & Reynolds, 2012). Others do not want to exit or at least do not want to leave right now. According to Mossman (2007), for some women, prostitution is the best occupational option, giving them a good source of income. Women in prostitution who avail of psychotherapy are entitled to the unconditional positive regard and total acceptance from the therapist. Rogers (1965) suggests that for optimal therapy “the therapist feels this client to be a person of unconditional self-worth: of value no matter what his condition, his behaviour, or his feelings” (p.22). Therefore, it should never be a goal of therapy to influence whether a woman stays or leaves a life that includes prostitution.

There is a real dearth of knowledge within psychotherapy literature about the best approach to take with women in active prostitution. Most of the literature refers to those who have already exited. Much of the literature examining dissociation among women in prostitution (Cooper, Kennedy, and Yuille, 2001; Farley, 2003; Ross, Anderson, Heber and Norton, 1990) stress the need for women to exit the trade before they can begin to recover from the trauma of it, firmly identifying prostitution as traumatic. These studies suggest that emotional pain becomes accessible to women only when they have found their way out of prostitution or stopped dissociating.

## PSYCHOTHERAPY AND PROSTITUTION

Yet, this does not correlate with other research into prostitution, which situates prostitution as work. Bellhouse, Crebbin, Fairley, Bilardi and Dalal (2015) suggest that women in prostitution can present with issues that cause them emotional distress such as trust, abuse, stigma, addiction and relationship problems, showing they do access emotional pain while remaining within the sex industry. Indeed, Bellhouse *et al.* (2015) use the term ‘mental separation’ rather than dissociation and utilize Clark’s work/family border theory (2000) which posits that borders are positive and necessary lines of segregation between physical and psychological domains. Bellhouse *et al.* (2015) suggest that women in prostitution use borders to keep their work and personal lives separate. When looked at in this way, it would seem that perhaps the concept of borders can be more safely explored within therapy, as opposed to dissociation. This means the client can maintain a separation between themselves and their work, maintaining emotional wellbeing at the same time as engaging in therapeutic work on themselves.

The body can be considered a type of border or boundary. Janet (1889) suggested that the body must be included as a focus point in psychotherapy as the mind and body cannot be separated. Merleau-Ponty (1945) suggested that the body shapes our way of being in the world and is shaped by the world. He said that in order to return to experience one must “return to the ‘characteristics’ of one’s own body” (1945, p. 111), remaking contact with the body and the self. It would seem logical therefore to include the body in the therapeutic understanding of clients. Those who specialise in trauma therapy such as Levine, Rothschild and Ogden suggest that the body holds the key in trauma and propose a sensorimotor approach to treating trauma, including dissociation. In order to complete healing, various body techniques are used. Ogden, for example, refers to ‘body-reading’ (2006, p.189). These therapists suggest that it is vital to include the body in treating trauma and facilitate the client’s awareness and experience of her

## PSYCHOTHERAPY AND PROSTITUTION

bodily sensations and perceptions. Sensorimotor psychotherapy includes guided exercises designed to increase the clients' self-awareness of body language and body sensation. However, for women in active prostitution, their work is inseparably connected to their body, and the body is, in turn, inseparably connected to the sense of self. For the prostituted woman, it is her body that is used and bought in prostitution. Therefore, there is a substantial risk of re-traumatisation if the client's bodily experience is emphasised within psychotherapy. For those in prostitution, it is important not to dismiss verbal defences because for some, the only way of mediating their experience of dissociation and trauma is through language. Body work should not be privileged over verbal work within therapy because women in prostitution are already being silenced by the shame associated with the stigmatisation of the work. Talk-therapy, rather than body therapy, may be better placed to encourage them to speak.

Women in prostitution use several bodily rituals of separation to locate their 'real' selves outside their work (O'Neill, 2001). These include the use of condoms, which not only act as a barrier to sexually transmitted disease but also act as a physical barrier between the two bodies. Certain practices, such as kissing, particularly deep kissing, up until recently were excluded from services offered by women in prostitution. They perceived kissing to be a boundary violation in a commercial transaction, preferring to keep kissing for personal relationships (Edwards, 1993). In recent years, with the emergence of the 'Girlfriend Experience', some women offer kissing as part of the service, where the mouth is identified as a site of equality between lovers (Harvey, 2005). Therefore, the mouth and tongue are parts of the body which can be safely accessed within therapy, supporting the notion that the safest way to work with women in prostitution is through the verbal.

## PSYCHOTHERAPY AND PROSTITUTION

Chapter One noted that there tends to be two schools of thought in the literature about women involved in prostitution: some who have left the industry identifying as abolitionist, describing their experience of prostitution as a form of sexual exploitation and others seeing themselves as sex workers, and seek to have their work recognised as work. This polarisation fails to recognise the diversity of interests and experiences among women in prostitution, ultimately failing to grasp the complexities of sex-trade workers lived experiences. Just as each individual seeking therapy has their own unique history, background, and experience so does every woman affected by prostitution. Women in prostitution are not a homogenous group.

CHAPTER 5

CONCLUSION

**5.1 Conclusion**

The premise of this dissertation was to explore whether psychotherapy can help women who are currently affected by prostitution, bearing in mind women may leave their psychotherapy session to return to prostitution. One clear outcome is that psychotherapy can offer women support and that a psychodynamic and humanistic approach which emphasises the therapeutic alliance is well placed to offer this support.

In the final analysis, it is not clear whether dissociation should be dismantled or encouraged within therapy. This research paper found evidence that dissociation is a protective defence in the case of prostitution and describes it as a skill or job requirement for prostitution (Jeffreys, 1997, p. 168 and Farley, 2004, p.1106). On the other hand, research shows that dissociation can be harmful, particularly when used as a defense mechanism over a lengthy period of time. Vermilyea, (2000) states that its over-use becomes dangerous, resulting in reduced awareness of one's self and one's environment, potentially placing a woman in prostitution in danger because her alertness to danger is numbed.

A dichotomy in the research around prostitution emerged from this research. Themes of Madonna/whore, harmful/liberating or abolish/promote prostitution surfaced and while this separation may not be helpful when it comes to the experience of prostitution, it may be useful to explore within psychotherapy. It cannot be denied that some women will experience prostitution as damaging, some will experience it as liberating, while others will regard it as neither damaging nor liberating but simply as a vehicle to earn a living. The therapist may work

## PSYCHOTHERAPY AND PROSTITUTION

with the client to dismantle dissociation if it has become clear that dissociation is no longer serving its purpose (namely to offer the woman a form of protection) but instead, is placing her in danger, both mentally and physically. Alternatively, the therapist may come to understand that dissociation is necessary to allow the woman have a mental separation between herself and her work, which can still allow for personal growth and development. There is no 'one size fits all' and the therapist's response will depend on the strength of the individual therapeutic relationship.

The description of how the prostitution experience can intersect with psychotherapy explored in this study can provide only a glimpse into the area; there is a requirement for further study. There is a lack of research into this area, particularly research that includes the voices of those in prostitution. There is also a growing gender diversity in prostitution (Minichiello and Scott, 2014; Rev and Geist, 2017), which this study has not considered, particularly around the provision of sexual services by transgender people and men.

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