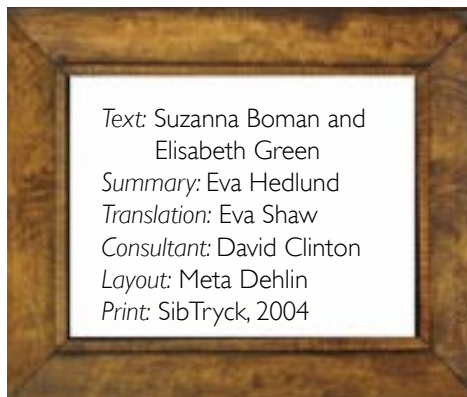


What's love gotta do with it?



Reflections on psychotherapeutic work with the buyers and sellers of sex

RFSU, The Swedish Association for Sexuality Education, is an organization with no political or religious affiliations. It has the task of promoting a non-prejudicial, affirmative perspective on matters related to sexuality and personal relationships. We are working for an equal society where people are not exploited or discriminated against sexually. Rather, sexuality is to be regarded as a source of pleasure and joy, and a positive force in people's lives.



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PREFACE

Prostitution, and the people it involves, has always been a widely debated subject. Throughout the centuries it has been the women who sell sex that have been the focus for society's legislative actions. A positive aspect of the Swedish Prostitution Act is that role of the men involved in prostitution have been brought into focus. A thorough and scientific evaluation of the actual effects of the law is required. Is prostitution practised as extensively as in the past? We simply don't know yet. It is also important to know if legislation has had positive effects for women involved in prostitution, and if the law has discouraged men from buying sex. Such knowledge can help us design and implement better supportive and preventive strategies. Prostitution has been analysed and defined from theoretical, political, feminist, and social perspectives. These are not mutually exclusive, but rather perspectives that can complement each other. One's choice of measures to combat prostitution is largely dependent on one's initial point of view. It is important to conduct an ideological debate in relation to different aspects of society. Prostitution deals with both gender and powerlessness.

Questions about sexuality are, or should be, an important part of the sexual education. It is important to provide young people with educational programmes that do not condemn, but instead invite them to discuss ethical standards and values in relation to gender roles. This can also be seen as a way of combating prostitution in the long-term. The struggle against trafficking, both nationally and internationally, is equally important.

We must not forget that prostitution involves individual people and their lives. That the men and women who buy or sell sex should be helped to find alternative

ways of living is obvious. This can happen through psychotherapeutic treatment and psychological social support. However, the possibilities of receiving such help are minimal. Reaching the children and adolescents who are at risk for developing destructive behaviour patterns is another important aspect of prevention that requires allocation of resources. Over many decades RFSU has worked clinically with questions relating to sexuality. An important starting point has been that the work with both women and men has provided a dual perspective, and thereby a greater understanding, of the process as a whole. This report suggests that the psychological driving forces behind prostitution can be comprised of complicated patterns.

The report is based on our experiences of clinical work and by no means excludes other ways of approaching or understanding prostitution. As such, the report attempts to provide a foundation for generating hypotheses about prostitution that can be used in research, as well as providing a means of stimulating the development of better methods of helping these men and women.

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What's love got do with it?

Reflections on psychotherapeutic work
with the buyers and sellers of sex

Two strangers meet, a man and a woman. He chooses her and she chooses him. She sets a price, and he pays. They do things with each other's bodies, sexual things, things we normally see as expressions of closeness and intimacy, even love. Then they turn their backs on each other and walk away, never to see each other again. Later they meet new strangers and repeat the process, over and over again.

Introduction

This report describes psychotherapeutic work with a particular group of clients, namely men who buy and women who sell sex. It has been going on for a total of six years at the RFSU-clinic in Stockholm, and includes thirty men and twenty-five women. Besides offering appropriate psychotherapeutic treatment, the project has aimed at trying to understand more about the underlying psychological driving forces behind prostitution.

There are a plethora of aspects and perspectives relevant to understanding such a complex phenomenon as prostitution. Much has been written about prostitution from a social economic viewpoint, yet significantly less from a purely psychological perspective. What goes on

within these men and women who meet and trade money for sex? What do they do with each other psychologically? This has been our primary focus. Although we have limited our work to focusing on the driving psychological forces behind prostitution, it does not mean that we consider social, economic, cultural or gender perspectives to be unimportant. On the contrary such perspectives are also essential for understanding the circumstances surrounding prostitution. However, it is our conviction that better knowledge of psychological factors is essential for better understanding of prostitution in general, as well as its deeper meaning for the individual.

Background

The RFSU-clinic has, over many years, had a tradition of developing knowledge and treatment techniques within problematic areas that, in one way or another, are related to human sexuality. Different sorts of sexual problems have been observed throughout the years, and there has been a piercing together of clinical experiences through meetings with clients who have come to the clinic for specific reasons. (e.g. Göthberg, Rogala & Sandin, 2003; Göthberg & Hedlund, 2002 and Hedlund, 1999). The goal of these projects has been to better understand the different sorts of suffering and symptoms involved, and to help individuals to come to terms with, or at least ease their suffering. These projects and reports have grown out of a clear clinical need. In a similar way, the patients who came to the clinic at the end of the 1990's highlighted the lack of knowledge of the psychological dynamic behind prostitution.

A fundamental principle for clinical work at the RFSU-clinic over the past thirty years has been to attempt to examine problems from different perspectives. In planning work with prostitution this meant meeting both the seller and the buyer, or the victim and the perpetrator. Our assumption has been that by meeting both groups we can provide a better picture of a complex problem.

The growth of a psychotherapeutic project on prostitution

During 1998 and 1999 more and more men who suffered from obsessive sexual behaviour and women with experience of prostitution sought help at the RFSU-clinic. Some of the men lived in relationships with women, were

married and had children. Even though they lived in close relationships they could not stop watching pornographic films, making sex calls or buying sex. They were tormented by their sexuality always being present, and described the sexuality as steering them and not the other way around. Thus, the sexual compulsion was a threat to their permanent relationships.

The women, on the other hand, often sought help because they could not get close relationships to work, or questioned why they continued to do things that they knew were self-destructive. Some sought help because they were depressed. The initiative for contact often came from others who were concerned about the women, such as relatives, friends, social workers or others within the health care sector.

The majority of patients who sought help for prostitution related problems from RFSU-clinic during these years were women who had worked as prostitutes. They all had a personal history of having been self-destructive in different ways. Many had a background of different kinds of psychiatric symptoms, for example, eating disorders or different psychosomatic illnesses. Most of them also had one or more suicide attempts behind them. A large group had been victims of psychological, physical or sexual abuse during childhood. Less than half of these women were offered individual psychotherapy at the RFSU-clinic; the others were offered counselling or assessment interviews, sometimes with a referral to another institution. Surprisingly few of the individual psychotherapies that were offered were, however, completed. This raised questions, and stimulated a desire to better understand the psychological forces behind prostitution. From this grew the idea of starting a specific project on psychotherapeutic work on prostitution that also involved both systematic

gathering of information and reflections on the treatment method.

The clinic decided to pay attention to this group of patients' special difficulties and offer the possibility of psychotherapy within the clinic's framework. The aim was to improve knowledge of the psychological forces driving men and women to buy or sell sex, and to find suitable methods for meeting, caring for and treating these individuals. The project commenced in January 2000. The Gender Equality Board of the Ministry of Industry, Employment and Communications and as well as the City of Stockholm's Social Welfare Services has financed it.

Some of the questions that we asked were:

- What makes a woman, who could earn a living from normal work, become a prostitute?
- What makes a man, who already has a sexual partner, become prepared to pay for sex with another woman?
- What are the psychological driving forces that make it possible to turn intimacy into an economic transaction?
- Why do people commit acts over and over again that they, at least partly, comprehend as being destructive?
- Why is it so very difficult to create a solid and creative psychotherapeutic relationship with these people who seem to be in a real psychological emergency?
- How can we develop our psychotherapeutic methods to meet and take care of this client group?

This report is an attempt to answer these questions. It is based on clinical contacts with a total of 55 people during the years 1998-2003.

Different perspectives on prostitution

In Sweden, attempts have been made in recent decades to try to combat the sex trade with help from legislation and various social programmes. Two governmental analyses (SOU 1981:71 and SOU 1995:15) have been made since the late 1970's. These analyses were aimed at providing support for political measures, as a result of this, prostitution was made a criminal offence in 1999. The question of criminalisation of prostitution has often been debated. The investigation of prostitution in 1977 (SOU 1977:01) has, with its analysis of heterosexual prostitution, illuminated the relationship of prostitution to the buyer. This political activity has contributed to the increased knowledge, especially concerning the role of the social and cultural mechanisms, and has helped to better map the phenomenon.

Prostitution from a sociological perspective

According to the Swedish National Institute of Public Health's latest completed survey on sexual habits "*Sex in Sweden*" (1998:11), about one in every eight men will, at some point in his life, buy sex. The majority of the men who buy sex are middle-aged, married or cohabiting, and have children. According to an RFSU-clinic survey (e.g.

Rogala, 2000), 10% of young men aged between 16-24 had previously paid for sexual services.

The Malmö Project (conducted 1977-81), which attempted to help prostitutes limit their activities by providing social support, also aimed at delineating and analysing the social conditions of prostitution. Sven-Axel Månsson, who was one of the initiators of the Malmö Project, has continued his research and in 1998 published *“The Way Out – About Women’s Way Out of Prostitution”* together with Ulla-Carin Hedin. This book has the same overall aim and questions as the original Malmö survey, i.e. to illuminate potential ways out of prostitution by examining the reasons, course and consequences of such activities. The study is a qualitative investigation based on interviews, and describes among other things, the different phases of prostitution: ways in, life as a prostitute and the ways out. In the chapter concerning psychological treatment, the authors emphasise that, “proper treatment of the problems surrounding prostitution seldom or never exists in the Swedish addiction-care or correctional systems”.

Prostitution from a social-psychological perspective

In their book *“The Sex Buyers – Why Do Men Really Visit Prostitutes?”* Sandell, Pettersson, Larsson and Kuosmanen (1996) focus their analysis on a social psychological perspective. Their book is based on systematic interviews of 40 men. Most of them were interviewed personally, some by telephone. These interviews were difficult to conduct because the men were resistant. They often did not attend as arranged, failed to come at all or changed their minds about being interviewed.

As in other Nordic studies Sandell and colleagues sug-

gest that the sex buyer does not differ socially or economically from other adult men. They categorise the men into five different groups based on their sexual network:

General Consumers are men who have a wife or a partner. They have sexual relationships on the side of their permanent relationship, both with prostitutes and with other women. Many are regular consumers of pornography. Their childhood was described as good with warm relationships with the parents, but the men told of various boundary violations during childhood and adolescence. More than half had been seduced or abused by older women at their first instance of sexual intercourse.

Relationship Avoiders are men without a steady relationship. They have several relationships with lovers, while simultaneously buying sex.

Supplementary Buyers are married men, or men living with a partner, who buy sex. They don’t consider buying sex as being unfaithful.

Relation Seekers comprise a group who buy sex during periods when they do not have a relationship with what they term as a “civilian woman” (i.e. a woman who does not prostitute herself).

The Rejected comprise a group that only have had sex with prostitutes. This group was comprised of relatively young men.

Emotionally, these men appeared to either fear closeness or experience an exaggerated longing for togetherness. According to the authors this paradoxically led to an obstacle for closeness. From the interviews they noted “that many men seem to see prostitution as a possibility to escape reality”. Some of them have, for different reasons, had needs for simplified and emotionless sexual encounters, and feel like they get just that from prostitution. By enabling men to “rewrite reality” through fantasy,

prostitution can take on another meaning and character than it may appear to have on the surface. The impression which Sandell and colleagues get, is that men seek prostitutes out of a sense of despair. The purchase of sex is seen as expressing a need to obtain something one has missed while growing up. Looking back on their early years, the majority of the men described their relationship with their mother as very strong, yet they also felt tied to her or dominated by her from an early age. The relationship to their fathers was described as complicated; fathers have either been missing or contact with them was described as negative.

The need for psycho-therapeutic knowledge

Sociological and social-psychological studies provide important knowledge about prostitution, but such studies do not illuminate the inner psychological forces that urge men and women to buy and sell sex over and over again. The need for a psychological perspective becomes even more pronounced when one realises that women selling sex in Sweden, unlike women from poor countries, are not being forced to prostitute themselves to make a living. There are social safety nets that could help them cope in other ways. At the same time, many of the men who purchase the services of prostitutes have sex available within the frame of steady relationships.

Without understanding the inner psychological forces of prostitution it becomes more problematic to detect the difficulties, which lead men and women to become buyers or sellers of sex. Such psychological understanding is indispensable for attempts to offer adequate support and treatment to the individuals who buy or sell sex and want

to leave such activities behind them.

The literature within this purely psychological area is limited and involves for the most part single case studies. These studies can help us to understand obsessive sexuality, and in some cases also prostitution, as an expression of deeper psychological problems. However, after searching relevant databases, there appears to be little systematic knowledge about the psychological driving forces behind prostitution. The lack of such knowledge coupled with the need to develop psychotherapeutic programmes, were factors that stimulated RFSU-clinic's work with the buyers and sellers of sex.

Approaching questions about prostitution

In order to get answers to our questions we started to gather information systematically and reflected on our treatment programme. Men who purchased and women who sold sex were given the opportunity of taking part in group or individual psychotherapy. None of the women who contacted us were drug addicts or were involved in trafficking. We defined the buying or selling of sex as "when two bodies meet physically and an obvious payment procedure exists for this physical meeting".

Our ambition has been to sum up our clinical experiences, our understanding and our interpretation of the subjective reality that the men and women have described for us. It is important to underline that our experiences and reflections are based on clinical meetings. We have therefore used the tools one has as a psychotherapist when one meets another person, i.e. clinical experience and theoretical knowledge. We have also used our ability

to think and feel, in relation to the client, in relation to our own inner processes, and as regards the relationship between clients and ourselves.

This is an essential part of the work as a psychotherapist, to try to understand how the other person's inner world might be constructed. This way of approaching the problem requires strict anonymity. Therefore no information relating to specific individuals is given in this report.

Getting in contact with the buyers and sellers of sex

Based on earlier experiences, we knew that it was difficult to get both sex buyers and sex sellers take the step from diffuse consciousness about their problems to start actively looking for help. The road is long from information about RFSU's programme to actual contact, and this meant that an important part of the work consisted of continuously spreading information about our programme. Information was sent to obstetricians and gynaecological clinics, STI-clinics, youth clinics, and other relevant private and public institutions, that sex buyers and sellers might approach.

Another way of reaching the group was through media exposure. The daily and weekly press were informed that the RFSU-clinic was working both with problems and questions concerning prostitution. This resulted in some newspaper articles being written and advisory columns discussing the problem. Advertisements were run in newspapers and on the internet in order to reach sellers and buyers. A spin-off of the latter was an investigation into what prostitution looks like on the web and who is involved; the results are published in *"Prostitution on the internet"* by Peder Söderlind, RFSU 2003.

We have also used other ways to reach possible clients. Above all we have had regular meetings with departments of social services, and other relevant organisations such as The Centre for Prostitution, Buyers of Sexual Services (KAST), The Network of African Women and The Men's Hotline (Mansjouren). These contacts have allowed for a fruitful exchange of experience, and created a possibility for mutual co-operation of the interests of clients. RFSU-clinic started a special telephone advisory hotline two hours each week for questions and problems relating to prostitution, as well as an e-mail address for such questions. The resultant clinical contacts have included everything from advisory and introductory counselling to long- or short-term individual psychotherapy and group therapy.

The psychotherapeutic work has been conducted by six licensed psychotherapists. Some have worked with men and some with women. The idea behind dividing the patients into two groups according to gender (i.e. female sex sellers and male sex buyers) was to enable the possibility of going deeper into the special difficulties of each group. All of the psychotherapists participating in the project have had long experience of work with problems surrounding sexuality.

Understanding through psychotherapeutic work

The psychotherapeutic exchange provides unique possibility of understanding another person's inner world. By offering the people turning to RFSU-clinic with initial psychotherapeutic contacts, we hoped to learn more about the underlying psychological forces behind their encounters with prostitution.

Psychotherapeutic work is voluntary, and based on trust and a desire to understand oneself better. Having such contacts regularly over an extended period of time can lead to a deeper understanding one's own life and motives, along with the workings of conscious and most especially unconscious factors. This is a strength of the psychotherapeutic approach something that makes it distinct from other ways of gathering information.

The forms of psychotherapy that were offered in our work were group psychotherapy and individual psychodynamic psychotherapy. Some of the clinic's psychotherapists have extensive experience in working with men in groups. These experiences have proven very positive and initial treatment results have been good. Therefore, it seemed natural to offer the men primarily group therapy. Similar experiences of working with women in a group did not exist at the clinic; they were therefore offered individual psychotherapeutic contacts. Since the overall goal was to gather relevant clinical experience and knowledge, we did not consider it a problem that the form of treatment differed for women and men.

In order to better reflect on the material gathered from these contacts, we used several tools and instruments of investigation.

Systematic reflections of the psychotherapeutic contacts

Supervision: The psychotherapists have had continuous supervision with psychoanalytical orientation in two different supervision groups, one for those working with men and one for those working with women. Supervision has been process oriented, but has also attempted to stimulate understanding of the nature of client's difficulties in

a more general sense.

Conferences and interviews: A whole day conference was held each term. The clinical experiences in working with each group of clients was compared and discussed, and relevant literature has also been read to aid reflective work. However, these conferences proved inadequate for discussing all relevant questions that surfaced in the clinical contacts. We therefore supplemented our work with interviews in which both groups of psychotherapists interviewed each other, in order to engender a better understanding for the other's work and findings. From these interviews an attempt was made to systemise clinical experiences and a number of hypothesis were formulated.

International exchange: In order to guide and stimulate our work visits to The Portman Clinic in London were organised. The Portman has a long tradition of working with sexual problems from a psychoanalytical view, and the visits helped us to reflect on our work.

Investigational instrument

Journal Template: A journal template was created in order to collect important facts about clients' background in reference to circumstances of childhood, traumatic experiences and so on. It was also used to summarise the course of each contact, for example the number of cancelled visits, failure to attend, etc. Templates were completed at the end of each contact by the therapist. Templates were used to help describe general clinical experiences and formulate new questions.

Follow up with CHAP: All psychotherapists were trained in using "Change After Psychotherapy (CHAP), developed by Sandell (1993). CHAP is a method for measuring the effect and the experienced qualitative change of psychotherapy. It is built on the patient's subjective

experiences of treatment, what it has meant, what it has provided and what has changed. CHAP was used for the follow-up interviews that were made.

Who sought help?

Surprisingly few clients contacted us in relation to how actively we circulated information about the project. We had the impression that there seems to be a group of patients who, for different reasons, do not seek help. Overall the flow of clients was sporadic, which in itself was a problem, since it is difficult to start a psychotherapy group when there are not enough interested participants at the same time.

The men

Initial contact

A large number of the men found the clinic through advertisements and newspaper articles. The first contact with the clinic was most often through e-mail, which usually led to a telephone contact. Most of them called or wrote out of a need to tell someone about their behaviour, seek advice or express a desire to seek help and make changes to their lives. Some returned several times by telephone or by e-mail. The most dominating problem expressed by men in these initial contacts was sexual obsession. However, of a total of 170 instances of initial contact by e-mail or phone, relatively few led to a visit at the clinic.

Of the 30 men who actually visited the clinic, 25 of them had recurring contacts via e-mail or our special advisory line prior to their visit. Our impression was that the possibility of first formulating a problem via e-mail

or over the phone can help to engender the courage to continue further along the road to help.

A few of the men were referred to us by other agencies (i.e. departments of psychiatry and family therapy or from The Men's Hotline). Others came via relatives or because they knew about the clinic previously. The reasons these men often expressed for contacting the clinic were either an anxiety about a sexual obsession or concern that a steady relationship was in crisis.

Background

The men visiting us were with few exceptions socially well functioning. More than half (i.e. 16) had university education. Many had qualified jobs. Nineteen were married, cohabiting or in steady relationships, and a little less than half had children. Most were young: 15 of the men were under 35 years old, and 20 have been under 40 years old, the remainder were between 41 and 60 years old.

Many of the men had sought help previously. Two thirds (i.e. 20) had earlier treatment contacts, either with psychiatric services or other institutional or private forms of service. These contacts were often been short, or had been terminated prematurely. Eleven men had parallel contacts with other services during their RFSU-contact, for example contact with SLAA (Sex and Love Addicts Anonymous), individual- or family therapy.

Half of the men (i.e. 15) described what could be termed traumatic experiences from their childhood. These included different types of abuse, as well as difficult losses and separations. A third (i.e. 10) reported previous problems with addiction mostly in relation to alcohol.

Sexuality

Two thirds of the men (i.e. 20) had an ongoing sexual relationship with a steady partner. Almost all (i.e. 27) reported problems such as pornographic consumption, making sex-calls, obsessive masturbation or troublesome sexual fantasies since their early teens. Some (i.e. 7) described abnormal sexual desires. Their debut for purchasing the services of a prostitute was on average 24 years of age. Sex purchases were of different kinds, with a dominance of street prostitution

The overall picture

Most of the men had a troublesome past, but had been brought up with both their biological parents. Many of them described their father as being emotionally distant, though physically present. Relationships with the mothers were often described as complicated, demanding and lacking in freedom. Many of the men felt inferior to their partners, who were often described in positive terms. Often the men spoke of a feeling of powerlessness in relation to their sexual obsession. The reason for their contact with the clinic was usually that their partner has exposed them, or that they felt that they were destroying their lives. They tended to express a desire for fast and concrete solutions to their problems, and a need to find out how they should behave in order to stop their behaviour. At the same time, many expressed a fear that abstinence from the very behaviour they sought help for would lead to loss of control or insanity.

In general, the picture that emerged of the men seeking help at RFSU seemed to compare well with the picture that has described in other research and reports (e.g. Sandell)

The women

Initial contact

Many of the women contacted us after being pressured into it, or after being referred by others. The initiative to contact with the clinic did not often come from the women themselves. A worrying environment, eager for some sort of therapeutic contact, put pressure on them. Often it was social workers, relatives or friends who alarmed by the self-destructiveness of the women's behaviour, hoped that a contact with the clinic would change the situation. The women themselves were not always as concerned. Many of them had previous contacts within the health care system (sometimes for several years), but had often not communicated their experiences with prostitution.

Contrary to the men, women did not focus on expressed difficulties with their own sexuality. Instead they tended to wonder why they always exposed themselves to dangers or why they could not have intimate relationships.

Background

Of the twenty-five women taking part in the project, eleven had university education, fourteen were employed, and five were students. Only a few of the women (i.e. 3) were receiving regular benefits from the social services. At the time of initial contact with the clinic fourteen were single, and eleven were married or in a steady partner relationship. A little less than a third (i.e. 8) of the women had children and almost all had custody of them. Age varied from 18 to 50 years, the majority were under 30 years old.

In terms of their psychiatric status, ten of the women had eating disorders, and nine had previously tried to commit suicide. Eleven reported psychosomatic disorders,

such as sleep disorders, stomach pains, etc. Many of the women (i.e. 20) had been in contact with various health care institutions, school psychiatrists, child psychiatrists or the social services during childhood. Most of them (i.e. 20) described traumatic experiences which for different reasons made them feel abandoned.

All women reported some form of abuse during childhood. Six of the women reported physical abuse, seven told of sexual abuse during childhood, while ten reported sexual abuse in their late teens or as adults, and ten described psychological abuse. None of the women were addicted to drugs at the time of their initial contact with the clinic, although two had a previous history of addiction.

Sexuality

A large number of the women (i.e. 18) reported sexual problems, such as lack of desire, difficulty in attaining orgasm, or feeling that they didn't get anything out of sex. Five maintained that they suffer from disturbing sexual fantasies. All kinds of prostitution had been practised, everything from street prostitution to call-girl work. None of the women had, however, been involved in trafficking. The age for their debut in prostitution was on average 19 years old. Almost half (i.e. 12) of the women stated that they started prostituting themselves on their own, while the other half had been introduced to prostitution by a friend or a relative (8) or by a boyfriend (5). Two had a pimp.

The overall picture

The women came from various social backgrounds. They had usually been brought up by two parents, but similar to the men, contact with their father seems to have been

poor. Many of the women were working a job that they could live on at the time of their contact with the clinic. The questions the women often formulated were why they repeatedly choose "wrong men", i.e. men they always have to take care of or who treat them badly. They often wondered why they exposed themselves to danger over and over again, sometimes life-threatening situations. Many of them expressed a feeling or fear of being "insane", yet no one in their social circle has viewed them in such a way. Similar to the men, the women also expressed a desire to swiftly change their behaviour.

The most common picture of a woman in prostitution in the literature is that she is either an addict or prostitutes herself for economic reasons. Our group differed from this conventional image. The women who contacted us have all had the means to support themselves in other ways, and none of them were addicts.

Relatives

Even relatives have called, written or sought help from the clinic owing to their own concern for their loved ones. They have either been referred to us by other institutions or knew about us through their partners. They have contacted us with a strong need to understand why their partners, sons or girlfriends have had contacts with prostitution. Clinical contacts with relatives, which we considered to be very important, generally took the form of counselling or crisis management.

Accepting the possibility of treatment

The women

A major difficulty in the psychotherapeutic work was the establishment of a stable working relationship; this is illustrated in the large number missed sessions at different stages. Nineteen of the women who commenced long-term psychotherapeutic work, terminated their contact within a year, while the others continued. The women who stayed in longer contacts were the ones, who on their own initiative, sought contact with the clinic.

Barely one fourth (i.e. 6) of the women had treatment contacts at the clinic that lasted more than a year. Eleven women had contacts comprising less than ten sessions.

The men

Two thirds (i.e. 20) of the men who came to the clinic had treatment contacts comprising less than ten sessions. The difficulty here also related to establishing a stable working relationship. About a third of the men had, as already mentioned, ongoing contacts outside the clinic with, for example, private therapists or psychiatrists. Some of these were referred to us, while others contacted us on their own initiative. In many cases it appeared that the problems surrounding sexuality, for some reason, were not being addressed within the frame of the ongoing contact.

A few men (i.e. 4) had treatment contacts that lasted between 11 and 20 times. In these cases, just as with the women, it seems as if contacts were prematurely terminated just when the relationship with the psychotherapist started to become meaningful. Six of the men remained in psychotherapeutic contacts which have lasted more

than a year. A little more than half of these contacts were in the form of group therapy and the rest in individual psychotherapy.

Follow up with Chap (Change After Psychotherapy)

Some of the clients who completed treatment at the clinic later received a letter asking them to participate in a follow-up interview. Exceptions were made if we judged that taking part in follow-up interviews might create problems. Such cases have concerned patients with psychiatric problems, contacts that only involve one or two meetings, or when the contacts have been too far back in time.

A total of twenty-seven people who took part in short- or long-term psychotherapeutic contacts were asked to participate in CHAP interviews. Nine agreed, four declined, and twelve did not answer at all. Two of the letters asking about participation in follow-up interviews were returned. Interviews were made six to nine months after contact with the clinic was terminated.

Similarities in the treatment contacts

Motivation is decisive for successful treatment, and is generally one of the requirements for productive psychotherapy. Both the men and women had concerned social networks that wanted to help them with their compulsive or destructive actions. What's more, the relationship to others was often an important motivator for coming to terms with their difficulties. Yet sometimes it appeared that the men and women taking part in the project were doing so more for the sake of others' anxieties than their own

worries about their problems. For the most part however, men expressed more vividly than women that they felt tormented by their sexual symptoms.

Many of the men and women expressed a strong desire for change, along with a fear of what change might lead to if it involves uncovering unknown aspects of oneself. The assessment interviews conducted prior to the commencement of treatment were used to diminish such fears and to increase motivation.

A constant theme in the clinic's work with the buyers and sellers of sex has been the difficulty in establishing a viable psychotherapeutic contact. This has been reflected in both the extensive initial contacts as well as in the follow-up interviews, and can be interpreted as a cautious way of approaching a contact that appears difficult and threatening. We have interpreted this as reflecting important underlying problems, such as a difficulty with intimacy and a deep ambivalence to relationships with others.

The treatment contacts

What happens in psychotherapy?

Psychotherapy involves an exchange between client and psychotherapist at different levels. The most obvious level is, of course, the verbal level. Experiences, thoughts and feelings are expressed in words. A client can describe aspects of himself and others, express worries, fantasies, apprehensions and expectations. The psychotherapist listens to what is said, asks questions that clarify the picture, and might suggest alternative ways of putting together the story's puzzle pieces in a new way. Might this have something to do with that? Does your way of

copied with this situation connect with what you have told me before? When it works optimally, both the client and the psychotherapist are engaged in a joint project, to understand the client's story of himself.

But the psychotherapist also has other tasks that involve other levels of the psychotherapeutic exchange. The psychotherapist may observe what is not said in words, what is "missing" in the story, but what might be conveyed other ways. The client also communicates non-verbally. He conveys information about himself and his relationships with others through his way of keeping times, entering the room, through facial expressions, posture, through his manner of speech, silences and interruptions in the verbal flow. Most importantly, he can convey important information through his, mainly unconscious, ability to employ these various verbal and non-verbal techniques to make the therapist feel and think in different ways.

The supervisor and the supervisory group become a third party that can help the therapist to understand more about the ongoing process with the client by adding an alternative and more external perspective. The psychotherapist describes sessions, and adds his own reflections on what is happening. The supervisor, who is not involved in the immediate contact with the client, can from his vantage point stimulate both a wider and deeper awareness of what is happening between therapist and client.

A basic tenet of all psychotherapeutic and psychoanalytic work is that the way a client establishes a relationship with the therapist is an indication of how the client relates to other people in general. Conscious and unconscious conceptions, thoughts, ideas and feelings will take form in relation to the therapist, and thereby may come to constitute the greatest potential source of clinical material. The supervisory process focuses on interpreting this

exchange in the light of the client's inner world and unique difficulties.

A way of reaching others characterised by ambivalence

As mentioned earlier, a dominant feature in the psychotherapeutic work conducted in our project, above all among the women, was the deep ambivalence to enter into a psychotherapeutic relationship, a hesitation that could be seen at every stage of the contact. For instance, several clients came to the initial assessment sessions eager to continue the contact. An agreement about forthcoming appointments and routines was then made, but the client was not heard from since then. Arriving at the wrong time, or late, cancelling three sessions in a row and then coming twice followed by further cancellations is another way of expressing such ambivalence. When therapies have been interrupted, it has often occurred unexpectedly, at a stage when from the psychotherapist's viewpoint there is a possibility of establishing a trusting working relationship.

It has sometimes seemed as if clients needed to interrupt the contact just at the moment when it was becoming meaningful. For those paying a fee for their visits this has sometimes provided an area for acting out; the psychotherapist has, for example, discovered that it is money from prostitution that pays the clinic's fee. Some women have also chosen to be anonymous in our contact. Perhaps this is another way to express the need of keeping a distance from the psychotherapist. Generally, work with the women was characterised by a high degree of insecurity for the psychotherapists. Therapists could often wonder if the client was going to show up for the therapy session on a particular day, or at all.

Even the men could express ambivalence about establishing a psychotherapeutic contact, although this was often expressed in a different manner compared to the women. In those cases where the men had an established and working therapeutic relationship, ambivalence tended not to be expressed in relation to keeping appointment times and routines. Instead, an aspect of ambivalence appeared to enter into how the men often viewed their therapists. Some of men tended to express an idealising attitude toward their therapists, where "being saved" was dominant theme. In our discussions, we increasingly came to consider such themes as expressions of a deeper, partly unconscious, fear of what a relationship to another human being might mean. On the one hand, there was the contact with a psychotherapist who endeavoured to understand the client, along with the promise of positive change that such understanding could lead to. On the other hand, travelling the road to greater understanding meant acknowledging to oneself and sharing with another person what goes on within oneself, and this could feel extremely frightening.

The conflict between a desire to understand and a struggle to protect oneself from the fears that threaten when one opens up to others can be very strong, and likely caused some clients to drop out or waver at the beginning. Some to reacted in relation to boundaries, while others could terminate the contact just when the relationship with the psychotherapist was starting to become emotionally meaningful. Obviously questions arise about what is behind these conflict. What could be so threatening about starting a relationship?

Themes that characterised the psychotherapeutic contacts

Gradually, in our psychotherapeutic work, in supervision and at treatment conferences, similar recurring themes appeared in client's stories about themselves, their relationships, and their ways of relating to their therapists in the treatment situation. These themes could be described in terms of diametrically opposite pairs or poles, which partly characterised the client's ways of relating to others. These dialectic opposites can be seen as a sort of "key words", which we hope will be useful in an understanding what is threatening about engaging in relationships in general and psychotherapy in particular.

With the help opposite pairs we attempt to describe some of the conscious and unconscious patterns that we observed in our client group's way of understanding themselves and others. Our hope is that this may shed light on the underlying motives and reasons for our client's ambivalence.

We attempt to illustrate these key dialectic themes with examples of some of the more or less conscious aspects of what was expressed in individual psychotherapeutic contacts. The examples are obviously over-simplified. Human nature is extremely complex, and one must see the themes as threads in an intricate tapestry. It must also be pointed out, as will soon become apparent, that the key dialectic themes that we discuss exist in all relationships and between all people. However, we believe them to be of particular significance for understanding and working with the men and women who buy and sell sex.

Dependence – independence

As children we are totally dependent on our parents or other similar caregivers for our physical and psychological survival. The development towards adulthood means - hopefully – that we gradually become better at taking care of ourselves, and more independent. However, we continue to be dependent on others in many ways, for instance emotionally - we need others in order for our life to be meaningful. If early dependency needs have been associated with serious difficulties or trauma, the relationship between emotional dependence and independence becomes complicated. Being dependent on someone then can thereby become synonymous with being exposed to arbitrariness, indifference or even cruelty. The development of an illusion of autonomy (a pseudo-independence) can become a means of escape.

Many of the men who purchased sex described a sense of being in an inferior position to their partner. They experienced their women as enterprising, competent and more socially gifted than themselves, and felt that they were standing in the shadow of their partner, who they simultaneously purported to like very much.

In psychotherapy these men often feared total dependency, which could be expressed for example in daydreams of living alone or travelling the world alone. There was a strong desire to be able to be "close", without being emotionally involved or "stuck". Questions often arose about what would happen if they became dependent on just one woman. How could they manage if the woman left? The thought of never being with another woman was also frightening. Here there seemed to be a great fear of being abandoned and being totally alone, as well as being trapped in a form of closeness, which they felt to be much too confining.

Purchasing the services of a prostitute thus becomes an attempt to cope with an inner conflict where a strong need for a partner is in conflict with the fear of dependency. For the men who are living with women buying sex or consuming pornography becomes a secret, which creates a distance between them. By secretly going to prostitutes an illusion of freedom, independence and autonomy is preserved. When intimacy with a partner becomes too intense and claustrophobic it can “be diluted” with help from a prostitute, and the relationship is saved.

For the majority of the women we have come in contact with the balance between dependency and independence tends to take a different form. Unlike the men, the women who were living with a partner tended not have the division between a “normal life” and a “secret life”. Instead most of these women described relationships with clear destructive or self-destructive elements and a strong dependency on a man they know was “bad” for them.

These women also described how prostitution has come between their partner and themselves, both as a means of protection and as a hinder. The women living without a partner, seemed to avoid close relationships on the whole. In these cases the polarity between dependency and independence more of an “either or” issue, either strong and destructive behaviour or loneliness and an avoidance of closeness.

A characterisation of this theme might look a little like this:

- If I get closer to you, and you really understand and help me, I will become dependent on you. Then if you leave me, I’ll fall apart. You will take everything with you and leave me destitute and abandoned.

- If I get closer to you, you’ll demand more and more, and I’ll become tied to you to keep you happy. If I don’t give you what you want, you’ll take revenge or lose interest in me.
- If I come to need you – you’ll mock me and humiliate me because I’m weak.
- Better then to continue as before. I can manage on my own. If there’s no one or nothing I need, then nothing catastrophic can happen.

Shame – shamelessness – contempt

Shame is about who you are. It is a feeling that characterises the whole person; one is ashamed of one self. The deepest shame is the feeling of not being worthy of love. The opposite of shame is contempt. The person being held in contempt feels ashamed. Shame over oneself can be transformed into contempt of someone else. Shamelessness is also related to shame. By being shameless a person can try and deny and hide shame.

Both the men and women express self-contempt. Despite shameful secrets (i.e. buying sex and consuming pornography) the men described what they relate to as personal faults and short-comings. They feel that they should be different, more active, braver, more manly. Added to this is the fact that they are feeling deviant, perverse and powerless in relation to their behaviour, which they experience as obsessive. Many described a fear of an inner catastrophe if they kept from buying sex or consuming pornography. This self-contempt appears linked to the awareness of one’s fears, feelings of inferiority and how much one needs others.

To the psychotherapists this has appeared as chronic shame, not connected to feeling loved and appreciated for

being oneself. In therapy there was no pronounced contempt for women (neither in relation to partners nor the prostitutes). However, there was a clear sense of viewing the prostitutes as objects. They must not become living objects with individual needs, feelings and problems for the sex buyer. They are more like fantasy objects, or bodies or even just body parts – that actually like what they do and enjoy it.

The women sometimes have a pronounced contempt for themselves, and in particular for their own bodies and gender. Everything is wrong with their body; it should be starved, operated on, or become exposed to indifferent or abusive treatment. It appears that some of these women have never experienced their body as an integrated part of themselves but more like an object which belongs to the outside world or perhaps to someone else. These women express a clear contempt for their customer, how pitiful, stupid, disgusting he is, and how he can be deceived. However, this unspecified contempt has a sort of boomerang effect – because who is she if she gets involved with someone like him? The contempt that is felt for the customer returns the moment he chooses her.

In our clinical work with these clients the shame – contempt dimension has been meaningful in different ways. To talk about actions that are “shameful”, and to expose one-self or others to feelings of being violated is difficult. In the work with the women this has been more obvious than in the work with the men. It has been easier to talk about everything else except prostitution, and many of the women have clearly expressed a “here-but-not-closer” boundary. To put into words the experiences of prostitution seems to awaken a deeper feeling of shame than the act itself. Perhaps by putting into words what has previously only acted out, it becomes a psychological experience

that connects the act to thought and feeling.

In order to relate feelings of shame there must exist a relationship founded on trust. Exposing shameful feelings means running considerable risks, such as being seen and seeing oneself through the eyes of another person. Not to mention the risk of not being understood at all, and thereby losing all sense of hope. Our impressions are that such dynamics are of great importance in understanding contacts that were prematurely terminated early in the treatment process, following apparently productive sessions.

In these cases it was as if these shameful experiences were being “deposited” with the psychotherapist, confrontation with them became too much to bear.

A characterisation of the shame – shameless - contempt theme might be as follows:

- If I tell you about myself you’ll despise me. There is nothing in me, or in what I do, that is likeable. You’ll therefore hate and humiliate me.
- If I tell you about myself, and you don’t understand me, I’ll despise you.
- If I lie about myself, and you think you understand something, then I’ll despise you for it.

Power – powerlessness

In order not to risk getting too close and becoming dependent, or despised or disgraced, but at the same time not becoming completely isolated and exposed to strong feelings of anxiety or depression, relationships to others must be controlled. One must exert power, and dictate

the conditions for what happens in relationships. It is important not to become overwhelmed and powerless in the face of one's own or someone else's needs. This theme was equally important for both the men and women. Both groups lacked experience of being able to trust another human being and feeling safe within a relationship.

Feelings of powerlessness were described in most situations. Both men and women described difficulties in asserting their own interests in an adaptive and constructive manner. Some said they often felt attacked and put down by others, and how they fled these situations feeling hurt and humiliated. In the face of one's own shortcomings the experience of powerlessness is entire. One can feel helplessly exposed to one's own symptoms or to an oppressive world. Here there is very little or no feeling of being able to influence one's own life and make choices.

Buying or selling sex reflects the power issue in several ways. He has the money, and therefore the power, to purchase the right to use her body to satisfy his own desires. He can choose between different women based on his own preferences, without considering her feelings and needs. She has the power over him since she has what he so desperately desires. For a moment she can experience a feeling of being desired and wanted, by one or many men whom she can choose to accept or reject.

In the treatment setting the power – powerlessness theme could be seen in the acting out of both men and women. Coming late to appointments, cancelling or failing to attend can be seen as attempts to negate the experience of powerlessness in relation to the therapist. By coming and going as one pleases the situation is redefined and a sense of control is asserted. Now it is the psychotherapist who waits helplessly for his client.

By carefully controlling what was or was not divulged

to the psychotherapist clients could avoid risks in the relationship to such an extent that sessions sometimes became reduced to the point of triviality. The thoughts and feelings that have been awakened in these sessions have often been about despair and powerlessness regarding the possibility of making positive changes, or alternatively about feelings of being controlled and prevented from thinking and speaking freely.

Here are some possible interpretations of what might go on inside the client's minds in relation to the power – powerlessness theme:

- If I tell you about myself you'll turn this against me and force me to do as you please because you're in control.
- If I tell you about me, I'll totally lose control over what's inside me.
- By keeping my secrets, not giving you my name, and arriving twenty minutes late, I'm controlling you. You'll have to wait and wonder. You don't know anything. I know everything.

Idealism – devaluation

Because the longing for, and fear of, a close relationship is so intense and complicated, many apprehensions and expectations arise in relation to what the meeting with another person may mean. When purchasing sex, the fantasy of what the seller represents, and the arousal involved seems to kindle a hope that she can give him what he is missing, and that the meeting will release from anxiety and self-hate. At the same time, the purchase of sex is so arranged that no real mutual contact can arise; it thereby becomes a meeting without emotional meaning. Both par-

ties are looking for something that is missing, but both leave empty-handed, and idealisation is transformed in a devaluation of both self and other.

Among the men, idealisation often seemed to encompass the partner they lived with, a person that they could talk about with great admiration. An isolated part of their personality, for which there was no room in a steady relationship, found a home in prostitution and the misuse of sex; there it could exist without casting a shadow over their partner. It was as if they believed that no one could accept their entire person. The fantasies surrounding the purchase of sex and consumption of pornography seemed to express a similar aspect of idealisation, of being accepted and appreciated unconditionally as an individual, as a man, as a lover.

Some, but far from all, of the women formulated themes of idealisation. Here, however, it appeared to deal with the idealisation of being an object of desire. As such they could inflate their feelings of self-worth by being in possession of what men wanted. Nevertheless, both parties tended to leave their mutual exchange without getting what they had fantasised about. As a result both one self and the other were devalued. This oscillation between idealisation and devaluation was particularly obvious in psychotherapeutic work with the women.

In some cases women had high expectations of their therapists and the treatment's ability to provide a simple explanation and lead to quick change. Soon, however, this attitude changed to degrading the psychotherapist both as a person and as a professional. Other clients, despite having actively initiated psychotherapeutic contacts of their own free will, put a lot of energy into explaining why the psychotherapist had nothing to offer.

Finally, here are some of the interpretations we have

made of what is going on within the clients based on this theme of idealisation - devaluation:

- If I tell you about myself you'll understand everything, and finally make everything better. Even if I don't tell you everything, you'll understand anyway.
- If I tell you about me and you understand me and make things better, it shows how much of a failure I am for not being able to fix it myself.
- Now, after I've told you everything, it still hurts, and life hasn't changed. You can sit there, and you'll never be able to understand anyway. You're a completely useless therapist.
- Now, after I've told you everything, it feels like what hurts and is broken is in you too. Meeting you just reminds me of everything bad. I don't want to see you ever again.

What emotional needs can prostitution satisfy?

So far we have developed some ideas about what is going on between the sellers and buyers of sex, based on our clinical work with these individuals. It does indeed appear to be a complicated drama. But are the actors really in the same play? Both agree to exchange of money and sex.

Both also agree to use each other for their own needs; but what needs are we really talking about? The buyers and sellers interact with each other, but do not want to know anything about each other. On the contrary remaining strangers is a precondition for a successful transaction. What are they really trying to deal with? What have they

experienced that drives them to this meeting, which at the same time is a non-meeting.

Regulation of closeness and distance

On the one hand, it may seem paradoxical that people who have sex with strangers are so afraid of letting someone enter their inner world. On the other hand, it may seem completely obvious. What is being avoided in both the act of prostitution, as well as clients' ambivalence to treatment, centres around the threat of becoming involved in a relationship characterised by mutual understanding and the recognition of another human being. The other cannot be allowed to become an independent person in their own right, someone who awakens feelings or desires. Instead the other must remain anonymous in order to fulfil their function as fantasy objects. Therefore, the question of who is in control of whom becomes central.

In order to regulate a necessary distance for prostitution to take place money plays an important role. Money is part of a "contract" that assures both parties that what is happening is purely a "business transaction" and nothing more intimate or demanding. The fact that money separates the two participants, engenders fantasising in both parties.

Among the men, pornographic consumption and the purchase of sex seemed to function as a secret room to which their partner was never admitted. At home in this room they could preserve a sense of autonomy and protect themselves from feeling exposed or overwhelmed by too much closeness.

However, we discovered that there was another important psychological driving force behind the purchasing and selling of sex. Something was making these men

and women repeatedly return to a situation that was not fulfilling their fantasies.

On the contrary, they were repeatedly being thrown back into feelings of anxiety and self-hate. Neither the women nor the men seemed to fully appreciate this. It is as if they were being driven by a power beyond their ken, something that forced them to abandon a conscious desire to abstain from buying and selling sex. We will now try to present some reflections on this force and how it relates to other important psychological aspects of prostitution.

Acting instead of thinking

From a very early age we gradually learn to think and experience within the framework of relationships to those that we are closest to. In the infant's chaotic world experiences of hunger, tiredness, pain, joy, wellbeing, love and hate gradually become both integrated and differentiated help from the parents' ability to attune to the infant's expressions of these feelings. By interpreting and thinking about what the infant is expressing, the infant gradually comes to differentiate between inner and outer experience. An important tool in this process is the development of language, which lays the groundwork for communication and our ability to think about both others and ourselves.

If the infant is not being adequately attuned to (for example, due to the a parent being too focused on his/her own needs, or if the infant is exposed to overwhelming experiences that the parent fails to appreciate) these experiences may remain undifferentiated and unintergrated. As a result it will be difficult to think about and relate to these experiences.

Moreover, if a parent uses the child to satisfy his/her own needs, it will impede the child's development of

transitional phenomenon and create a fear of developing autonomous means of regulating tension and discomfort. The child's ability to be alone, even if the mother is present, can thereby be undermined. A further consequence may be that the child must assure himself of the mother's presence in order to be able to cope with different feeling-states, regardless of their internal or external origins.

Given such circumstances it may be difficult for the child to develop an inner representation of a caring maternal figure. A figure that encompasses the ability to cope with both psychological pain overwhelming emotional stimulation. If a child is not able to identify with and internalise such a figure it becomes incapable of developing a self-soothing function and limits the ability deal with internal and external pressures. As a result, regulative functions tend to be sought in the outside world. Drugs, food, sex, and exposing oneself to physical danger or pain can be used as a ways of regulating inner feeling-states and diverting conscious awareness of inner pain. The problem is, however, that the use of such behaviour as regulative functions acts primarily in physiological rather than psychological terms. They are somatic attempts to compensate for something that is missing psychologically. As such they can only lend temporary relief.

When such a void in early relationships exists, the ability to recognise, understand and deal with inner experiences may be seriously impaired. Desires, needs, and impulses become expressed in actions, without thinking. Consequently, the ability to use one's mind in order to determine whether this is good or bad is eliminated.

Repeating early trauma

The experience of being abused as a child, whether

sexually, physically or psychologically, is impossible to understand or even think about without help. Instead of being felt and integrated psychologically, such experiences become deposited in a kind of chaotic isolation. They exist as inner disasters without meaning. The individual will continuously return to the unintegrated raw experience of these disasters by expressing it in actions.

The trauma becomes constantly reformed and re-expressed in new ways be in an effort to win control over the experience and thereby eliminate the feelings of inner chaos. From the experience of being a dependent and passive victim an illusion of power and control over the trauma is born. In this way passive is turned to active, and the individual becomes the director of his own drama.

By directing the drama, it becomes possible to find revenge and triumph. The victim now becomes perpetrator, and can empty his emotional pain into another victim. Here it is important to understand that this dynamic involves an attempt to find a solution to inner problems by ridding the individual of unbearable feelings. However, since it does not constitute an actual solution involving psychological growth that can heal a damaged inner world, the act must be repeated.

The men and women taking part in the project described a wide variety of traumatic experiences that occurred early in life, such as various form of separation, abandonment, neglect, psychological, physical or sexual abuse.

A common experience was a feeling of being left to the whims of one parent. Fathers were often described as absent, either physically or emotionally through their passivity. Growing up with two parents (or other adults) who have a reasonably good relationship to each other, helps to engender an inner model in which a good relationship

between a man and a woman is possible, and that there exists a well-functioning adult world that the a child does not have to take responsibility for. Generational boundaries are maintained and the child can develop on its own terms. Many of the clients taking part in the RFSU-clinic project have instead grown up in complicated and intense relationship to one parent who has been either invasive and demanding or far too inaccessible.

The traumatic experiences of the women in the project were more evident than those of the men. Many described clear experiences of physical, psychological or sexual abuse. This trauma may have been caused by parents who, because of their own circumstances or difficulties, consciously or unconsciously abdicated from their parental roles and abandoned the child. The child may, for different reasons, have not been allowed to exist in its own right. Perhaps a parent used the child as an extension of his/her self, instead of seeing the child as a separate individual with own needs and feelings. As such the child became used for the parent's own desire and satisfaction.

The men have often related a disharmonious upbringing characterised by conflicts between their parents and early experiences of being neglected and abandoned. Many of them also described a very complicated relationships with their mothers, relationships characterised by high demands and lack of freedom. They have had a hard time expressing dissatisfaction, or anger and instead developed a tendency of trying to please everyone, as if this would be the only possibility to preserving relationships. The dominant feeling while growing up seems to have been abandonment and being left to comfort themselves. Both groups seemed to lack experience of an early relationship built on mutual respect for the one another's inherent individuality. If anything, their early relationships ap-

peared to have been characterised by what might be termed non-meetings.

Sex as an attempt to solve an inner dilemma

Sexuality is a basic driving force with roots deep in our biology. In its broadest sense, it is directed towards another person and seeks union with that person. In contrast to sexuality stands another driving force - aggression. Rather than seeking union or affiliation, aggression separates us from others and helps us to preserve ourselves individually.

A "healthy" aggressiveness is necessary in order to set boundaries and guard our most necessary needs. As individuals we must find a balance between these two forces. On the one hand, we are faced with the need for union with another person, and on the other hand, the need to maintain a separate existence. This constitutes the dynamic hub of all relationships. Some may balance these forces well. The scales may seriously sway sometimes, but on the whole both close relationships and a sense of individuality can be maintained.

For others, such as the men and women who buy and sell sex, such balance is difficult to achieve. Against a background of early relational deficits they move between extremes. They appear to have an intense need to be united, so intense that union becomes a "melting together" and becoming one with the other person. Since total union also means annihilation of the individual, an intense fear of union also grows. Such a fear can lead towards a sense of loneliness filled with anxiety and characterised by total isolation. Both extremes become equally untenable. The endless nuances and degrees of closeness that should be

found, between the extremes, and that are created in good relationships, are missing. Relationships are either too close, or too distant. That in itself is an essential characteristic of prostitution. The people involved are in a sense both too close and too far away from each other.

Being hurt and treated without love by a person one is totally dependent on awakens feelings of the deepest despair, hatred and rage. These feelings are, however, pinged with a sense of powerless since it is impossible to hate someone you are dependent on for your physical and psychological survival. Despite such circumstances it is vital to maintain the relationship.

In order to resolve this basically impossible dilemma, it can be necessary to utilise a counterweight to rage, which can be found within the domain of sexuality. An individual can identify him- or herself with the perpetrator. This “identification with the aggressor”, along with a concomitant shameful self-image, engenders a sense of not being worth better and deserving one’s experiences.

Alternatively, one can attach a positive sexual significance to the trauma and in such a way view it as meaningful. Still another strategy is to offer one’s sexuality as a “gift” in the hope that at least in that respect be seen and accepted as an individual in one’s own right.

All these strategies seemed to be available to our clients as ways of maintaining some kind of a relationship. The desire to forever destroy the relationship turns into a wish to gain control over it sexually. We believe that this can to explain how our clients constantly returned to situations that meant using someone else as a lifeless or empty object, or rather using a body, or just part of a body in such a fashion. They were attempting to come to terms with an earlier traumatic experience of being used in a similar manner. Paradoxically, they strived to turn, what

was originally experienced as catastrophic destruction in a relationship, into a meaningful attempt at interaction with help of sexuality.

The relationship to the female body

The men appeared to behave toward the prostitute’s body as if it were merchandise, which can be used at one’s own discretion, without taking her subjectivity into consideration. The women seemed to relate in the to their own bodies in a similar way, acting self-destructively when they exposed themselves to dangerous men, situations or diseases. Many of the women also related to their bodies, as if they belonged to someone else, expressing contempt for their body or behaving physically self-destructive. Most importantly, the female body appeared to be transformed into an object devoid of humanity by both parties. This was done even when it meant running the risk of contracting serious physical disease and possibly even contaminating their permanent partner.

These findings correspond well with a more general picture of psychopathological differences between the sexes. Men appear to direct their destructiveness to a greater extent toward the surrounding world, while women direct it more towards themselves.

Some hypotheses on psychological driving forces

All of the men and women who sought help at the clinic were individuals with their own unique experiences, their own stories and distinct personalities. In order to reflect

on our material and generate hypotheses it has been necessary to generalise.

The methodology that we have used with different forms of supervision for therapists working with men and women was both fruitful and problematic. Our ambition was to better understand what happened when the men and women met, what each brought with them and what they desired from the other both consciously and unconsciously. When we first met and discussed our clinical work, it appeared difficult to understand each other's very different clinical experiences of the clients. At the same time, we also discovered important common ground, especially in relation to the dialectical themes described earlier.

Nevertheless, since we had different supervisors and were even using different forms of treatment (i.e. individual therapy and group therapy) it was difficult to understand whether the difficulties we noticed was caused by differences in methods or whether they reflected more "qualitative" difference in our clients' psychological conditions. In order to better understand this and get to know more of each other's work, we interviewed each other on separate occasions. These interviews were then used together with our other experiences as a basis of generating hypotheses concerning psychological driving forces. Along with meetings to critically discuss the relevance of our emerging hypotheses we gradually reached the following formulations.

Men who buy sex

The man needs to reinforce his masculinity and this is done by purchasing sex. Engaging the services of a prostitute reinforces his sense of masculinity in a way that is

separated from ordinary life, anonymous, and where no mutuality is required. His behaviour can in fact define the conditions necessary for maintaining a stable relationship with a wife or partner. Without his "secret" and forbidden space, the closeness with his partner would become too overwhelming, threatening and claustrophobic. The sexual purchases maintain an illusion of autonomy in the relationship to his partner. The fear and aggressiveness that arise within the closeness of his partner relationship become sexualised and expressed in the coldness of the sex purchase.

There is something vitalising and "anti-depressive", in the preparations and fantasies preceding his purchase of sex. In fact, the excitement and fantasising are more important than enjoyment of the act, and involve a temporary release from anxiety or depression. This release is, however, volatile and is soon replaced by disgrace, self-hate, anxiety and depressiveness, resulting in a need to repeat the act.

That which is repeated could be likened to the movement of a pendulum. From first feeling powerless and threatened in a relationship where closeness is too great, he moves to a position of power and control over another person choosing a woman and buying the right to use her sexually. Money regulates what goes on and makes it appear like a business transaction, reducing possible feelings of guilt.

Women who sell sex

The woman needs to be accepted and desired, someone who possesses what someone else needs. To be desired and able to say yes or no gives a sense of power, control and activity, as opposed to being a passive victim of someone else's desires.

Many of the women live without “ordinary” close relationships, such as partners and friends. To be needed oneself in a relationship is threatening and therefore denied. In the act of prostitution it is the man who appears to be the needy one. The woman’s self-contempt is turned against the man’s need, and his sexuality despised. To feel triumph over the man who purchases her services she can temporarily rid herself of self-contempt and shame.

When the woman prostitutes herself she exposes herself to physical danger, lack of love and abuse. Controlling the attack on her body herself, instead of being a passive victim of the attack, becomes a means of repeating triumphing over early experiences of powerlessness. Unlike the men, the act of prostitution has nothing to do with sexuality for the women.

Similarities between men and women

One’s partner in the act of prostitution can be described as a “mirror image” of one’s own fantasy. Anonymity is a necessary condition for prostitution. The temporary liaison that results is based on fantasies that something will be overcome, avenged, controlled or obtained. Both wish to feel needed and desired. Both are dominated by a fear of what closeness to another person may lead to. Both avoid the nameless anxiety that threatens them with loneliness and isolation. Neither relate to the other as a whole person.

For both men and women the sexual act serves to manage an unbearable inner situation. That which is acted out constitutes something that cannot be dealt with psychologically, something cannot be “processed” or thought about, but which can be related to through action. However, since no inner change results by purchas-

ing or selling sex, feelings of shame and self-contempt are bolstered and the behaviour is repeated. Emotionally it is the experience of an early relationship that is repeated. This repetition can be seen as the expression of a need for confirmation, or a need to avenge, or exert power or control. At the same time it can be seen as an attempt to regulate inner chaos and thereby find a solution to their underlying problems.

What conclusions can be drawn?

We have described some aspects of challenging psychotherapeutic work with the men who buy and the women who sell sex. These clients have taught much regarding our original questions about the psychological driving forces behind prostitution. They have also taught us more about the conditions necessary for a meaningful psychotherapeutic process with individuals seeking help with such difficulties.

It may seem an impossible task initiating psychotherapy with a person who mainly acts rather than verbalises, and who does not believe getting close to another person will lead to any good. We believe, however, that we have evidence of the opposite. It is possible to gradually create a lasting working alliance, which can lead to fruitful psychotherapeutic work and change.

Did the contacts and the psychotherapies lead to a change?

How did the clients view their contacts with us? What happened to the ones who stayed in shorter or longer contacts?

Did they get help? What did the contact with the clinic mean to them? In order to have a better understanding of these questions follow-up interviews were conducted the Change After Psychotherapy (CHAP) method. Ratings on CHAP were based on interviews concerning clients' subjective experiences of what their particular contact has meant to them and what has changed.

Regardless whether the contacts were short or long, eight out of the nine clients who were interviewed described changes in their symptoms. They described having greater control over their feelings of sexual obsession and anxiety and felt less tormented by their problems. In interpersonal terms they described being better able to fend for themselves, and being better able to listen to others. They also described an ability to relate more of their own thoughts and feelings to important people in their lives.

The initial assessment sessions appeared to have been of considerable importance for some clients, even when these sessions did not lead to psychotherapy at the clinic. At these times simply having the opportunity of talking about their sexuality meant that these clients could more easily discuss sexual difficulties with the treatment contacts they had outside the clinic and get help that way. Even if a shorter treatment contacts at the clinic did not lead to feeling "cured", many acquired an ability to recognise important patterns in their lives and their ways of relating to others.

Some clients said that change partly consisted of being better able to interpret "the pressure" they felt in their bodies, and that they could more readily recognise their anxiety when it appeared. By becoming better able to think instead of acting, they obtained a tools to help them carry on.

Others were helped by expressing an immense sense

of grief over the depth of their problems. In the longer contacts, clients often expressed an experience of no longer being someone else's tool, and a feeling of being more integrated and "whole". The change appeared linked to the ability to develop and maintain relationships based on mutual recognition of needs. Change was also described in terms of having gone from loneliness and isolation to care for others and being able to engage in a relationships without losing oneself.

Important conditions for psychotherapeutic work

It must be emphasised that the psychotherapeutic we have described involve very sensitive treatment relationships, especially at the beginning of treatment. It may be necessary to offer alternative and sometimes more unconventional ways of establishing contact. For example, using e-mail or a hotline can provide an initial means of contact that may sooner or later lead to something more regular on a face-to-face basis. In a similar way, a few counselling sessions may help to motivate a client to understand more about him- or herself, and thereby gradually pave the way to psychotherapy, at the clinic or somewhere else, within the near future or perhaps many years later. In other words, it is important to be as flexible as possible during the initial phase.

Motivation is, of course, critical. Initial sessions play an important role for clients who come because someone else wants them to. These sessions may help an individual find his or her own reasons for changing. Many clients see themselves as helpless victims of their own history and circumstances. Before they dare to take on the daunting task of psychotherapy they need help to assume a more active

attitude towards their own lives and see the possibilities to choose, influence and change their circumstances.

Something that may seem obvious, but is still worth mentioning, is the time aspect of work with these individuals. It can take a long time to build trust in the psychotherapist. What's more, since prostitution deals with highly complicated psychological problems, having the possibility to offering long-term psychotherapy is essential. Long clinical experience is necessary for psychotherapists, not to mention regular supervision and the possibility of support from colleagues when necessary.

Among the clients we studied there was a tendency to avoid psychological pain by expressing it in action rather than thinking and talking about it. To avoid the difficulties involved in getting dragged into the client's unintegrated feelings, the psychotherapist needs a forum outside the therapy room, where it is possible to discuss with others and think about what going on with the client. The supervisor or the supervisory group thereby becomes a "third party" that can provide new insights and perspectives.

The psychotherapist can need supervision to be able to handle the deep shame that clients associate with their own actions. The psychotherapists that worked with the women sometimes remarked that concrete questions to the women about their prostitution were offensive, almost like a form of abuse or punishment; it is something one can do but not talk about. Without help from supervision, it will be difficult to understand the relevant dynamics, and the therapist will risk getting into an unproductive situation where both client and therapist avoid talking about the client's difficulties.

Another risk involves enjoying the role as the idealised psychotherapist too much, and thereby avoiding unpleasant questions about aggression and contempt.

Finally, there is a risk that the psychotherapist may become overwhelmed by feelings of powerlessness and hopelessness. Such feelings can reflect directly the client's own difficulties. Support from colleagues and supervision can be necessary in order to understand and turn the situation around.

What action can be taken in terms of prevention?

Many of the clients who took part in the project had repeatedly sought help for their difficulties. In many cases it became clear that these individuals had long experiences of difficulties in other ways - school had not gone well, and many of the women had eating disorders or made suicide attempts in their teens. In some cases, social services had long been involved.

Children and adolescents who are being abused show various signs of this that others can notice if they are attentive. If society wants to stop people from selling and purchasing sex, then child care, schools as well as child- and adolescent psychiatry must have sufficient before these young people find themselves on the road to prostitution.

Summary

This report describes a project at The RFSU Clinic, Stockholm involving 30 men who buy and 25 women who sell sex. The report summarises reflections on psychotherapeutic work at the clinic over a six-year period, with particularly intensive work carried out between 2000 and 2003. The latter four years of the project have been financed by the Ministry of Employment, Industry and Communications, as well as The City of Stockholm's Department of Social Services.

Aims

The project focused on the psychological forces behind the transformation of intimacy into an economic transaction, and how the people who take part in these transactions repeatedly expose themselves to activities that many of them otherwise perceive as destructive. How can a woman, despite adequate possibilities of supporting herself in other ways, turn to prostitution? How can a man be prepared to pay for sex with another woman, when he has a regular sexual relationship with a partner? Previous experience taught us that psychotherapeutic work with these individuals can be difficult. We therefore also desired to understand how a durable psychotherapeutic relationship could develop in work with buyers and sellers of sex.

Introduction

By way of introduction previously documented projects at The RFSU Clinic are reviewed. Recent Swedish government reports into the sex trade are discussed, and relevant social-psychological literature is reviewed. The report emphasises the clinical experiences of six licensed psychotherapists working at The RFSU Clinic.

Approaching prospective clients

In order to reach the buyers and sellers of sex, information about the project was spread to relevant media and institutions in the Stockholm area. This included the distribution of information to appropriate meeting places on the internet. A specific e-mail address and telephone hotline were also established.

Participants in the project

The flow of clients was sporadic despite extensive publicity. It appeared that both the men and women needed a long run-up before they could let themselves become involved. Many men repeatedly used e-mail and the telephone hotline to communicate prior to attending the clinic. Among the 30 men who actually sought a personal contact at the clinic the main reason for doing so tended to focus on either the sex purchases themselves or some form of sexual obsession or compulsion (e.g. internet sex, massage, telephone sex, pornography). Often these men had been exposed by their partners, and they therefore feared separation. The majority of men were under 40 years of age, socially well adjusted and had a regular partner with whom they had an unproblematic sex-life. The women who took part in the project often did so due to the initiative of a concerned social worker, relative, friend or some other member in their social network. These women primarily expressed concern about their self-destructive behaviour and repeatedly failed relationships, and were markedly less concerned about their prostitution. The majority of them were under 30 years of age. Both the men and women described emotionally turbulent childhoods characterised by separations, losses and abuse of different kinds. On the whole, both the men and women appeared to have lacked models for good relationships. None were

currently using street drugs or had been involved in trafficking. The majority were employed and could support themselves. Both groups had considerable previous and current contacts with the health care system, often on a short-term basis. Eating disorders, suicidal ideation and sleep disturbances were common among the women. Even a number of relatives of the men and women who sought help at the clinic were offered crisis counselling.

The psychotherapeutic work

Both groups were distinguished by a desire to find quick solutions to their problems. Six women and six men had psychotherapeutic contacts for over a year, the rest for shorter periods. A number of contacts were terminated early or prematurely, often due to a conflict between the desire to understand and the wish to protect oneself against a fear of closeness, or feelings of being exposed or trapped. A number of dialectic themes or pairs of “key-words” were identified that characterised the psychotherapeutic work with these clients: dependency-independency, shame-shamelessness-contempt, power-powerlessness and idealisation-devaluation. These pairs of opposites could be used to better understand the basic conflicts experienced by both men and women, conflicts that made the prospect of a close relationship feel threatening, even if the manner of avoiding such threats was different for men and women. Prostitution, despite its superficial business-like aspects, can be understood as satisfying deep emotional needs. It can regulate closeness and distance. By secretly visiting a prostitute, men can maintain an illusion of freedom, independence and autonomy. Women can feel desired, and can choose to say yes or no, it is the man who needs her. By reinforcing her own feeling of self-importance she becomes better able to cope with her self-contempt.

Feelings of powerlessness can be transformed into powerfulness and control for both of them. Money becomes a marker of emotional distance. The ability to understand and regulate inner feeling-states has been damaged by faults in early relationships. Needs, desires and impulses are expressed in acts, without entering conscious awareness. These acts are repeated over and over again because they are not solutions, but only attempts at solutions. Inner change never occurs. On the contrary, these acts are followed by feelings of emptiness and shame. Sex thus becomes a way of dealing with an inner dilemma. As such, prostitution comprises both the longing for a union and the fear of what this might mean.

Conclusions

Even if it is important to be able to offer long-term psychotherapy to persons seeking help as buyers or sellers of sex, it should be borne in mind that shorter contacts can also be meaningful. These can help to increase motivation, and can provide an initial means of exploring relevant issues and expressing complicated feelings. It is necessary for therapists to have long experience when working with buyers and sellers of sex. The underlying problems and ambivalence towards treatment that characterise these clients place considerable demands on the therapist.

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