

Whore phobia: The experiences of a dual-training sex worker–psychotherapist

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Abstract

This paper seeks to facilitate a discussion across schools of psychotherapy and UK professional registration bodies around the controversial and misunderstood subject of being a dual-trained/training psychotherapist and sex worker. Despite its importance to a minority of practitioners and clients, the potential overlap between sex work and psychotherapy remains an understudied and underreported area. We aim to open up conversation regarding the potential of sexuality work to therapeutically benefit clients for whom talking therapy alone is insufficient. We illustrate how medical theories of pathology are linked to gender diversity and then applied by “therapeutic” communities to marginalise and suppress competing ways to provide therapeutic contact. Our dialogue highlights the practice and philosophical inconsistencies of mainstream psychotherapies’ codes of ethics and conduct, which underpin how dual-trained sex worker–therapists are deemed to bring the profession into disrepute. Rather than protecting the public, perhaps some sections of the public are left at greater risk of harm because such codes of ethics are unable to respect perceived transgressive sexualities, yet are comfortable with how practitioners are paid for intimate (albeit psychological) contact. We look into psychotherapy’s shadow, and show that dual-trained sex-worker–therapists have something to offer. We also suggest ways to express sexual rights and reclaim sexuality bodywork from those who can be said to seek to exert power and control over the minds and bodies of others.

KEYWORDS

counselling training, dual-trained, marginalisation, psychotherapy training, sex worker, sexual rights

In this paper, we, Aella (a pseudonym) and Phil, seek to facilitate a discussion within/beyond the psychotherapy and counselling professions of the controversial and recently emerging subject of being a dual-trained psychotherapist and sex worker. Through a dialogue between us, we use Aella's personal experiences of being a fully open and transparent sex worker while engaging with her (unidentified) psychotherapy training institution, and Phil's background in working with qualified therapists and trainees involved in complaints procedures, to highlight psychotherapy training/psychotherapy–sex work tensions.

Our paper considers ways to engage with sexuality—both therapeutically and potentially alongside other approaches—with clients for whom talking therapies and non-physical contact bodywork therapies have been insufficient to meet the sexual diversity issues they seek to address. In a profession dedicated to research, praxis, and valuing others, there is a paucity of research and/or discussion on the topic of people who work in the sex industry and use psychodynamic skills readily recognised by therapists to support the wellbeing of others. This paper argues that dual-trained sex worker–therapists have something to offer psychodynamic theories and/or talking therapies.

We, Aella and Phil, met at Pink Therapy's annual conference, *Sex works! The intersection of mental health and sexuality professionals*, in London (Davies, 2018). Pink Therapy (2020a) is the UK's largest independent therapy organisation working with gender and sexual diversity clients. The conference explored and highlighted the intersection of mental health and sexuality and provided a safe space for workshops and places to meet with various sex-work and body-work disciplines. Presentations included (among many other distinct models):

- Sexological Bodywork, which aims to improve the connection between the body and mind allowing sexual and erotic aspects to awaken or deepen.
- Tantra (“the weaving and expansion of energy”), which is a slow form of sex that's said to increase intimacy and create a mind–body connection that can lead to powerful orgasms.
- Conscious Kink, the exploration of fetishes, *kinks*, and BDSM in a self-aware, fully present way.
- Sex Coaching, of which there are two main types: talk and experiential. Talk is more mainstream. Experiential teaches how to be a better lover through talking as well as hands-on practices, which might include breath, touch, how to emit and share sexual energy, and how to verbally seduce a partner.
- Sacred Intimates, which involves working experientially with the intersection of body, eros, emotion, and spirit (as opposed to talk therapy with clients seeking help and exploration in sexuality).
- Somatic Sexology, aimed at developing “embodiment” (the deeper presence, awareness and understanding of what is going on in your body and in sex).
- Surrogates, or surrogate partners, which involves overcoming social and sexual issues through hands-on intimacy.

These models offer alternatives to the more publicly well-known mainstream talking therapies. They also offer ways to work for non-mainstream bodywork. For instance, Totton's (2003) Reichian bodywork, which explores breath, tension, and relational contact as paths to release and transformation. The conference, we felt, was a vibrant reminder of the wide variety of approaches in what might be called sexuality work. The range of sexuality work models may include body touch and/or genital touch.

Conference discussions also highlighted how many delegates working with issues of sexual rights (in training and/or practising) felt unsupported and distrustful of their training institutions and professional registration bodies. People attending felt such institutions lacked appreciation of what their practices can contribute to clients and to therapy. The impetus for this article arose from our recognition of the paucity of literature in the field, and our desire

to explore this further: to engage with this underreported and underexplored topic, and to consider experiences of being both a sex worker and a psychotherapist-in-training. The paper offers italicised personal information and conversations between the two of us as the basis for analysis. We both consented to writing this paper and wrote it together, as equals.

1 | REFLEXIVITY

Aella: *I'm passionate about standing up for my sexuality work, which is so misunderstood and marginalised that it's distressing. My aim is to open up a discussion about being a dual-trained therapist and a sex worker. We discussed the ethical implications around my being an open and out sex worker training to be a therapist, and I have remained anonymous in this paper. I feel a dilemma because, while it's inauthentic to hide a part of myself, I also have to consider my safety and future. Hopefully, I can meet both needs by offering my experiences in such a way that I stand proud of what I do, while also helping others struggling with similar lived-experience dilemmas.*

From antiquity, the Greek name Aella means “whirlwind.” Aella was the daughter of Mars (Ares in Greek) and the goddess Harmony. An Amazonian warrior, she was known for fighting well with a double-axe and challenged many conventions of her time.

Phil: *My connection to this topic began with my own experiences of marginalisation, followed by doctoral research into unintended harm in psychotherapy (Cox, 2017a, 2018a, 2018b). Also, from its inception, I have represented members of the Psychotherapy and Counselling Union (PCU) in complaint procedures. My passion for this work focuses on supporting all practitioners (including trainees) experiencing difficulties, and therapists facing professional conduct issues. Over time, I have noticed a theme whereby the codes of ethics applied to safeguard people can have an unintended (iatrogenic) effect and engender risk or even harm. This seems particularly prevalent for marginalised people and people with intersecting experiences.*

For clarity, we agree with Gabriel and Davies (2000) that there are professional boundaries between different or potentially overlapping professions, and that the ethical dilemmas of dual relationships and roles require reflective consideration. While talking to each other about our experiences of professional boundaries in dual relationships, we learned much from each other.

A note on preferred gender pronouns (PGPs): Much of the psychotherapy literature, trainings and regulation bodies fail gender, relationship, and sexually diverse (GRSD) clients by seeming uninterested in learning about GRSD issues (Barker, 2007). An example is the use of PGPs, the pronoun that a person chooses to use. Some examples of gender-neutral pronouns are Zie/zim/zirs/zirself replacing she/he/they, or Sie/hir/hirself replacing her/hers/him/his/they/theirs, and Per/pers/perself replacing person/themself/theirself (Richards & Barker, 2013). To normalise and encourage the sharing of and respect for PGPs, Aella uses the pronouns she, hers. Phil uses the pronouns he, his.

2 | PEERS AND TUTORS: INVALIDATING DEBATE

Aella: *When we had a reading about normal adult sexuality, it was basically heterosexual women in a monogamous marriage and everyone else was deviant, and within it (slight pause) they used the term “prostitute” rather than*

"sex worker" (pause) and said that she couldn't have loving relationships because she was a sex worker, and the whole point of having sex was to be in love. And that was never challenged. So I had to be the one to stand up and challenge [in the room and in this article] because they refused to discuss power.

Phil: I suppose, in that room, it's like a microcosm of the world we live in.

Aella: Yeah, in our group, someone asked me "What are you going to do?" They [trainer and trainees] wanted me to teach them about non-normative sexual possibilities, but in a titillating kinda way—they expected me to challenge what they were now learning were their normative views! Lots of people weren't very happy at their straight values coming into the space and looked like they were squirming, and I thought, "You don't want to change anything, do you?" (gives a little laugh). If we all stand up, then they'll have to do something.

Phil: I'm hearing you talk about the students standing up together to voice the need for a broader training with spaces to explore uncomfortable feelings, perhaps sexuality CPD training, and for people in the LGBTQIA+ [lesbian, gay, bisexual, transgender, queer or questioning, intersex, reassignment, asexual or supportive ally] communities to stand up together, as one voice on issues such as psychotherapy/counselling training and registration issues and "bringing the profession into disrepute" like we all did at the Pink Therapy conference.

Aella: Well I think that's a way forward...

Phil: (Cross cuts) Standing up and challenging the narrative, the course and discourse if you like [I feel I'm leading, and become conscious that I seem the embodiment of the person Aella has been describing]. Because when we met at the conference, I heard you talk about feeling safe and being encouraged by the course to open up about your experiences, and I just had a red flag in my head, a warning. I was thinking this course, if that's really what's happening [the initial two years' training seeming open and accepting of Aella] that must be a great course and one that would be useful to know about, to recommend to people and could fill a gap; this is a safe place for people out in the industry, to be able to work and learn, and become fully dual-trained.

Aella: Everything I do in my job was on that application form. They said I had to have a counsellor who had no experience of sex workers, so they did give me a different perspective (laughs loudly). Obviously, it's [about] seduction—I don't know what they thought I do (laughs)—like this is a template of the person you should be, and this is a template of who you should make your clients be.

Phil: It's so sad to hear someone go onto a course that is about wellbeing, and then feel harmed by the very course that says it's about being genuine and working with distress, and it causes distress.

3 | DEFINITION OF SEX WORK

Phil: I guess there's a question I wanted to ask you. I use the word "sex work" as an overall catchphrase for all the kinds of different ways you work. Does that fit with your experiences?

Aella: Ways of working around sex? Yeah. I really like the term "sex work" because even though there's lots of different areas, it's a way of uniting us so we can work together. And also, it's about the work—it is a job and it is work—and it doesn't shy away from the fact that it's sexualised. Because, on my psychotherapy course, to begin with they wanted to push me towards, like performing—saying I do a role that is very clinical, like without feeling and coldly detached, in the sex industry—and when I didn't do that, that's when it got a bit more difficult – it was hands off, this whole . . . it seems like this whole fear of the body, fear of sex, fear of, like, messiness, they just want to keep everything a clean fantasy inside a person's head. Nothing extends outside of the head if it's political, economic stuff, especially not messy, dirty sex—bodies.

Gender and sexuality are among the least well-covered topics in counselling and psychotherapy education. Also, training is shrouded in a lack of relevant knowledge and misunderstandings (Jackson, 2017). Aella explains how the

trainers and her peers seemed open to any form of sexual contact as long as it was monogamous, cisgender (someone whose sense of personal identity and gender corresponds with their birth sex), and clean heterosexual sex. Aella says she felt their fear in the room, and Phil wondered if the course's social mores around taboo topics (for heteronormative people) introduced fear of the unknown into the training and practice space. The "worrying vacuum of knowledge and confidence around gender identity and related issues" (Barker & Black, as cited in Jackson, 2017, p. 8) may allow personal beliefs and prejudices to seep into the space. In contrast, Aella describes Conscious Kink, the exploration of fetishes, kinks and BDSM (a variety of often erotic practices or roleplaying involving bondage, discipline, dominance and submission, sadomasochism, and other related interpersonal dynamics) in a self-aware, fully present way. The fantasy of what her trainers and peers thought Aella did—clinically cold and detached sex work—is far from Aella's lived experience.

Phil: *What I'm really hearing you describe is a course that's treating you, struggling to train you, on their course in terms of someone who is not working with kind of a monogamous, cisgender, heterosexual kind of world, and if you're not "clinical" then it's more messy or dirty if you like—deviant—that you're kind of beyond "repair".*

Aella: *Yeah, that's a fantastic definition of the whore phobia. They later said, "Some people are concerned you maybe enact, are re-enacting an abuse dynamic there"—that I was abused by men, therefore I abuse men, and therefore I can't be around other people because I would abuse them too. So (slight pause and drop in tonality) they just saw me as an abuser, and that's where it stopped. Like, Anna Freud—identification with the abuser.*

Phil: *There's so much in there, I mean (both laugh)—if we kind of unpack the different things—make them more discreet. Because the first thing that really jumps out is a sort of broader one—the big issue of conflating sex work with abuse. So that, from the very off, if there's any engagement as a sex worker, automatically it's abuse. So it's pathologised—there's something wrong. There's no therapeutic service that a sex worker could perform for the benefit of any client.*

Aella refers to Anna Freud's (Freud, 1937) use of the term "identification with the aggressor" to denote how "by impersonating the aggressor, assuming his attributes or imitating his aggression, the child transforms himself [herself or theirselves] from the person threatened into the person who makes the threat" (p. 113). The theory promotes a paradoxical behaviour that can only be explained as a defence mechanism, because it involves the victim of aggression or harm acting like the aggressor. The application of the theory brings forth a double bind. If Aella accepts the theoretical application, she identifies with the putative aggression rooted in her abusive past. Yet if Aella declines to accept the abuser identity, she reinforces the defence mechanism interpretation. To use the clinical terms of the psychodynamic training, we do not consider it pathological for Aella to feel disturbed by mistreatment. We do consider it could be pathological to accept such mistreatment (Casement, 2019).

The intellectual application of Freud's (1937) concept of identification with the aggressor reflects the trainer's worrying vacuum of knowledge around research (e.g. Lindemann, 2011; Meyer, 2003). It marginalises the other person; it marginalises Aella. The practice of Othering excludes people who do not fit the norm of the given social group (Bullock, Trombley, & Lawrie, 1999). For Aella, we suggest Othering illustrates the process whereby the trainer (then the group) attributed negative characteristics to her, which set her apart. Laing (1967) suggested that Othering represents an ontological (sense of being) insecurity. Advancing our argument, Rosedale (2015) suggested that, when one's stable narrative of selfhood (identity) feels threatened, substantial ethical and political resources are produced to resist the threat. The ways these concepts, practices, and processes are applied is implicated in the multidimensional power relations underpinning this paper.

We argue that Othering may also reflect an unconscious aggression towards non-normative forms of sexual expression. The "damaged goods" hypothesis posits that female performers in the adult entertainment industry have higher rates of childhood sexual abuse and psychological problems compared to the heteronormative woman. However, this theory is not supported by research findings (Griffith, Mitchell, Hart, Adams, & Gu, 2013). Additionally, Langdridge (2018) considered that there is no evidence that people who engage with kink have suffered abuse more

than anyone else, or are re-enacting their past. As Aella elegantly said, “So it’s pathologised—that there’s something wrong. There’s no therapeutic service that a sex worker could perform for the benefit of any client—its whore phobia.” More pointedly, Gawler-Wright suggested that it is actually sex workers who “often have the most deeply honed knowledge and practice of ethical principles, such as boundaries and confidentiality, of any profession” (as cited in Hemery, 2019, para. 19). The exclusion of sex workers from therapy training is not only wrongful discrimination but a great loss to the profession.

The conflation of being abused with abusing others is a societal myth, and represents an appalling misuse of power. Contributors to Lee and Palmer’s (2020) #MeToo collection unpack how pathologising and objectifying victims/survivors—something which often happens in “mental health” settings—can be challenged. The authors confront how therapists with lived experiences of abuse can be perceived negatively in therapy training, and how being “out” as a survivor can actually engender danger in psychotherapy training. If Aella was “out” as a survivor, she was in danger of being pathologised as a victim. If Aella was not “out” she lacked the ability to reflect on acting out her aggression due to the perceived nature of sex work. It seems Aella was objectified by the course whatever she did or said. We suggest that this type of pathologisation is grist for the mill in many psychotherapy trainings and therapeutic practices, when delivered to members of the LGBTQIA+ communities.

Aella: *I drew a lot of parallels with psychotherapy, between psychotherapy and sex work. Like, so in my job [as a sex worker], I, the whole time a client is with me, I’m kind of feeling them out and I’m in their head. I want to know exactly where they are when, whatever I’m doing with them, whether they’re just sat, tied up and I’m staring at them for 15 minutes—I need to know who they are seeing me as. Because that will tell (slight pause) change how I react to them; change how, how I play out the scenario. And also whether I’m safe with them, and whether they’re safe with me, and if something feels wrong, is, is there a boundary that’s about to be pushed, or something like that, and also it’s a really emotional experience, and sometimes the whole point of the session is that the person can be vulnerable, and cry and release pain, and I have to be able to handle that, and then bring them back, and kind of put them back together again, so they can go out into the real world. So, so when they told me that I didn’t understand (pause) I didn’t understand the emotional content of the psychotherapy sessions . . .*

Phil: *What I hear you talking about is, you know, the skillset you spoke about before—intuition, trusting yourself, negotiations, working out and establishing consent, boundaries, intersubjectively feeling the other person, who I am in relation to their experience of me, helping someone open up emotionally and, crucially, helping put them back together to go back out into the world—being able to function after an intense emotional experience. I haven’t caught the fundamental differences yet between the therapy world and the sex industry other than the perceived abuse and deviancy for being a dual-training sex worker–therapist.*

In her third and final year, Aella’s place on her course was terminated. One of the key criticisms the training course used to terminate Aella was, “A lack of understanding of transference highlighted by [Aella’s comment in group supervision that] ‘sometimes dependence is not to be encouraged.’” It seems the course inflexibly followed the general principle of the concept of transference, which sits at the heart of psychodynamic theory and practice (the patient’s dependence is to be encouraged). Aella says she was able to see and critique the psychotherapeutic process from the client’s perspective. This served to help her avoid falling for the therapeutic trap of believing a concept holds an unquestionable power (Sands, 2000a). Aella was seemingly the only person in the group who challenged the power of the theory. Aella alone was attuned to the idea that there may be specific times when encouraging dependence can engender iatrogenesis (Cox, 2018a).

In *Transference Love and Harm*, Devereux (2016) explored the powerful phenomenon of adverse idealising transferences, and the adverse effects that may arise when a client transfers their idealising feelings onto the professional. This phenomenon is a significant factor in most cases of harm (Hook & Devereux, 2018), and is rarely discussed in the literature on harm or training (Cox, 2017a). The point here is that a dual-trained/training sex worker–therapist may be more aware and sensitised to working with the powerful phenomenon of the idealising transference than

non-sex workers, or single-approach trainees/practitioners. In *Paying To Be Tortured*, Pearson (2002) quoted a client whose experience initially parallels Aella's: "Although he [the mainstream therapist] began to undermine and pathologise me, I couldn't face up to what was happening because I was so dependent on him—if I accepted the fault was with me, I didn't have to face losing him" (p. 3). We consider Aella's strength was in declining the very dependency transference the trainer seemingly projected onto Aella (Cox & Brown, 2014): namely that Aella and, it seems, all the trainees at least on this course must unquestioningly accept the core psychodynamic tenets or risk rejection. We suggest this may be a core process feature on many courses in relation to diversity issues. We agree with Sands (2000b) who argues, "It is vital to establish ways of making the whole process of dealing with problems more constructive for both practitioner and client [and trainee]."

However, the training course inadvertently highlights a valid point: psychodynamic theory and talking therapies seem unable to encompass or perhaps even contemplate that dual-trained sex worker–therapists have something to offer. This is reflected in the way Aella's place was terminated. Aella reveals multiple dimensions of social injustice. She was ostensibly terminated for "a lack of understanding of transference issues," although the real reason was for being a sex worker: indeed, an out and proud sex worker. Another dimension is that, when she joined, the course did not say outright, "You are a sex worker and therefore not suitable." From this duplicity emerges a broader training and practice dimension, as trainers might not be honest with other marginalised identities and experiences that are not liked, that are not mainstream, and that are not their own lives. We fully support Sands' (2000b) suggestion that therapy reconsiders who might be best suited to such work, so that the potential for damage by a profession that claims it is philosophically committed to the wellbeing of all is lessened.

Aella: *In the group supervision when I said, "Sometimes dependence is not to be encouraged", there were two Black women in the group. The three of us had already spoken between us about how therapy has a long ongoing history of being white and middle class, and my two peers saw what was happening to me and told me they were too scared to speak out in case they were chucked out. I was hurt we didn't stand up together.*

We, Aella and Phil, consider this is the greatest social injustice: the long ongoing history of psychotherapy's whiteness and middle-class morals and values. This history conditions people like the supervision group members to follow the "rules" of what we should think and do. Those conditioned through their life experiences of being marginalised often seem silenced through fear of further trauma. The field of psychotherapy, dedicated to change, reflexive practice, and development, reflects the normative values of our wider social order. It is within this social order that the talking therapies and most training schools are situated. The wider social order attempts to invalidate non-normative experiences. These experiences stem from the ways of being in all the variety of minority shapes, colours and forms, and the expressions of LGBTQIA+ sexual rights.

4 | MINORITY IDENTITY AND DIVERSITY

Aella: *They [the tutors] said I come from a minority, my minority identity, therefore I don't understand diversity and equality because of my minority identity, and that's the thing I'm most angry about (laughs loudly then gives a big sigh) . . . I'm the only person that's spoken about diversity in this whole year—my written work got top marks—I passed with merit (laughs) . . . They just said, "You've failed, and we all know why." And I just said, "I thought I'd passed" (laughs). I know who I am and I know what they wrote about me isn't who I am. But it is still really humiliating and really upsetting to have to read six pages of hate about yourself from people who I wanted to (hesitates), I wanted to be them . . . All but two of my peers were white, middle-class, and from what they said to me, heteronormative. When the main trainer began to openly say things in*

front of the group like, "You don't understand about diversity and equality because you're from a minority," I feel the group was given tacit permission to shift from covert to overt hostility. My two peers stayed silent. Not one person asked what it was like for me to receive such communications. In the experiential exercises the het [heteronormative] men asked questions that felt intrusive, like to feed their phantasy and masturbate over me later—it was horrible. When I became anxious in this increasingly hostile environment, they [trainer and peers] tried to use my growing anxiety against me, that I wasn't right to be a psychotherapist. That was so unjust!

From Aella's perspective, being difficult, in the sense of being prepared to stand up to those with power and status, does not have to mean that she or others like her are unsuitable therapists. Among other issues, we consider the feedback lacks consideration of the minority stress process, seen through Aella's experiences of the endless questioning, assumptions, microaggressions and invalidating "debates" from peers and tutors (Meyer, 2003). Aella's two Black female peers also seemed silenced. Minority stress shows the impact upon the field of therapy of wider social practices. It also shows the insidious power of self-perpetuating psychological theories, and how they are applied to marginalise and disempower minorities.

5 | POTENTIAL BENEFITS OF SEX WORK

Phil: *What would you recommend?*

Aella: *Well, do another course (laughs). I think umm it needs people that actually work with sex and more than just one type of sex because it's so stale—the thinking around it—and so cut off (slight pause) and like a way (slight pause) that you could bring in, I don't know, you could bring in sex workers, you could bring in sexological body workers, sex therapists who like, really deal with it. I think there needs to be two strands to this cardboard cut-out therapist with their cardboard cut-out clients, universities and professional registration bodies, and then the rest of the world (laughs) that has sex and has bodies that might be the wrong colour and the wrong sexuality.*

Phil: *I haven't asked you explicitly what sex workers bring, therapeutically, that talking therapies may not address or how the knowledge and skills of sex work could add to a talking therapy . . . how sex work might be performing a therapeutic function?*

Aella: *The biggest area is being able to work through touch . . . and sex teaches worker and client about the finer details of consent. And it teaches you about working with touch, it teaches you about feeling your body, and what does my body feel now, what would it like to feel. Being able to ask for that, being able to receive it (slight pause), to genuinely be with someone who wants to give it. And to receive it without thinking "What do I have to do in return for this touch?" is one of the big things for me that psychotherapy can't do. It also allows you to . . . you can role-play parts of yourself and have someone hold you in different ways, and act with you in those ways so you can be any number of parts of yourself and that other person is there—just for you—to act with you and to assist in that role play. You can experiment—physically, sexually, psychologically—with someone and you can just have pleasure, it's a time where you can pleasure, not be ashamed, not feel guilty, there's so, so much we're taught that pleasure is selfish, or worthless or that our bodies are disgusting or that we shouldn't feel anything, and I think sex work has the possibility to upend that.*

Aella's experiences of training show psychotherapy can consider all sex work by therapists to be unethical. The training sees Aella as victim and perpetrator of sexual abuse. Yet Beres and MacDonald (2015) report that BDSM practitioners advocate strong community standards of active sexual consent to ensure that their practices are safe and clearly differentiated from abuse. It is beyond the scope of this paper to consider how sexual consent is a nuanced

and complex topic or examine understandings of the nature of sexual consent. Here, we explore constructions of consent and sexual consent within the context of heteronormative power relations. We also explore how such constructions might engage with psychotherapy's various ethical codes and codes of conduct.

The codes ignore how social structures privilege particular positions and groups, and so constrain how discourses shape social behaviour (Beres & MacDonald, 2015). For instance, Heyward (1995) argued that rigid boundaries can betray us because they can create illusions of what is ethical in therapy. In seeking to protect the public, rigidly applied boundaries can create "walls that discourage intimacy of any sort between professionals and those with whom we work" (p. 186). Heyward (1995) also argued that rigid rules and boundaries such as those underpinning the mainstream ethical codes ensure paternalistic power plays remain the dominant and unquestioning discourse and so limit self-determination. We (Aella and Phil) agree with Tarana Burke (British Broadcasting Corporation [BBC], 2020) founder of #MeToo, that "it's all about power and privilege." We suggest that in a society where there is so much violence and consent is seen so simplistically, dual-trained sex worker–therapists have something to teach mainstream practitioners. Dual-trained sex worker–therapists may also have contributions to shape more inclusive codes of conduct and ethics, and perhaps even upend some of psychotherapy's most cherished beliefs.

Curiously, challenges to therapy's paternalistic power plays can come from unexpected directions. The Bolam test of acting in accordance with the competent respected professional opinion of one's peers underpins codes of ethics and conduct. However, the Bolam test, which is still taught on most trainings, has been superseded by the Supreme Court ruling in *Montgomery v Lanarkshire Health Board* (2015). At the heart of the Supreme Court's *Montgomery* judgment is a repudiation of professional paternalism, which has been replaced with the value of client/patient self-determination (Grant & Cox, 2018). The shift from the Bolam test to *Montgomery* impacts practice. The client is no longer a passive recipient of treatment and interventions, but a partner in the provision of that treatment (Cox, 2017b). From the *Montgomery* ruling, one could argue that dual-trained sex worker–therapists give greater consideration to their clients' needs and the law than the mainstream ethical codes are able to encompass.

6 | UK PROFESSIONAL REGISTRATION BODIES: BRINGING PSYCHOTHERAPY INTO DISREPUTE?

It seems impossible to discuss ethical codes and moral positions in relation to being a dual-trained sex worker–therapist, without discussing how the ethical codes of professional registration bodies are applied to regulate psychotherapy. Indeed, the *raison d'être* of the statutory and voluntary professional registration bodies is to protect the public from harm. In Phil's experience as the UK Psychotherapy and Counselling Union's (PCU's) lead for complaint support, dual-trained/ing therapists are automatically labelled as bringing the profession of psychotherapy into disrepute. Glyde (2016) called this "the nebulous and highly politicised concept of 'disrepute'"—we agree, and we question: who do the ethical codes serve?

We extend the experiences of Aella as a dual-training sex worker–therapist to question whether sections of the counselling and psychotherapy ethical codes marginalise some therapists, and therefore some clients. We question whether putative ethical and conduct codes constructed to reduce prejudice and discrimination imply that prejudice and discrimination is defensible. Rather than protecting the public, perhaps some sections of the public are left at greater risk of harm.

6.1 | The British Association of Counselling and Psychotherapy (BACP)

BACP has two routes to assess a member's suitability for continued membership, the Professional Conduct Procedure and, for more serious issues, Article 12.6. Article 12.6 "exists to protect members of the public and to protect the reputation of counselling/psychotherapy" (BACP, 2019a). An allegation of bringing the profession into disrepute

“signifies the practitioner has acted in such a disgraceful way that the public’s trust in the profession might reasonably be undermined if they were accurately informed about all the circumstances of the case.” This means the public, whoever constitutes the public, is the arbiter of what is considered disgraceful. The socio-political positioning of marginalised groups such as the LGBTQIA+ communities reflects the public’s normative view of sexuality. Looking through the constructs of “disgraceful” and “immoral,” we can see how Aella was labelled, stigmatised, and judged by the customary morals and rules of society as deviant for being a dual-training sex worker and therapist. In essence, all the mainstream codes of ethics and conduct consider that if the public was accurately informed of the facts regarding Aella’s sex work, trust in the profession would be undermined. We consider this position sits in stark contrast to BACP’s (2019b) Articles of Association, which state that it seeks to: “inform and educate the public about the contribution that the counselling professions can make in meeting the needs of those whose participation and development in society is impaired” (Section 2. ii).

6.2 | The United Kingdom Council for Psychotherapy (UKCP)

UKCP’s (2019) Code of Ethics and Professional Practice is simultaneously simpler, yet arguably more complex than BACP’s (2019a) ethical framework. UKCP states practitioners must: “Act in your client’s best interests; Respect your client’s autonomy; Not have sexual contact with clients; Not exploit or abuse clients for any purpose including emotional, sexual or financial gain; Recognise that your behaviour outside your professional life may have an effect on your relationship with clients, and take responsibility for critically examining these potential negative or positive effects to the benefit of the client.” (p. 1). UKCP’s frame risks being paternalistic when the client’s view of what is of benefit for them does not accord with the professional’s view of what is believed to be of benefit.

6.3 | British Psychological Society (BPS)

The BPS’s (2018) Code of Ethics and Conduct lays claim to uphold high standards of professionalism by promoting the ethical behaviour, attitudes, and judgments of practitioner psychologists. The code intends to reflect “ethical standards that apply to all” (p. 1). The BPS acknowledges that the profession exists within the context of human society and as such, psychologists have a shared collective duty for the welfare of human beings. A core ethical principle is respect ‘for the dignity of persons as one of the most fundamental and universal ethical principles across geographical and cultural boundaries, and across professional disciplines because this provides the philosophical foundation for many other ethical principles’. The BPS (2018) code states that “respect for dignity recognises the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or any other such group-based characteristics. This inherent worth means that all human beings are worthy of equal moral consideration” (p. 4). We will argue that some human beings are worthy of more consideration than *Others* [those objectified as non-normative] (Laing, 1967).

6.4 | The Health and Care Professions Council (HCPC)

The HCPC (2018), which regulates practitioner psychologists with protected titles (e.g. Dr), uses its Code of Conduct to “help make decisions about the character of professionals who apply to its Register” (p. 1). A core feature of the HCPC code is to challenge discrimination by “not discriminating against service users, carers or colleagues by allowing your personal views to affect the care, treatment or other services that you provide” (p. 5). Practitioner psychologists must make sure their conduct justifies the public’s trust and confidence in them and their profession.

However, the tension between which character types are amenable to the public and what is deemed “acceptable” risks discriminating against those with non-normative ways of being. This makes for an inherently normative and subjective process.

6.5 | College of Sexual and Relationship Therapists (COSRT)

The lack of clarity and confusion concerning the professional regulation and/or course accreditation bodies seems to be exemplified by COSRT. As the UK professional body for therapists and counsellors specialising in psychosexual and relationship issues, COSRT (2020a) states, “We want everyone to have reliable and accurate information about sexual and relationship issues.” Additionally, COSRT “monitors professional standards to protect the public from improper conduct, unfitness and incompetence” (COSRT, 2020b). However, in a Twitter statement, COSRT clarified that active sex workers cannot participate in CORST-accredited training courses. After receiving responses, a second statement was made: “Our teams began exploring this critical issue only last week, to develop actual policy. The text was not definitive organisational policy, but an internal holding position posted erroneously” (2019). The posting and not the holding position that represented the status quo was defended. We find the above regulatory bodies all share the enforcement of heteronormative moral-based codes of conduct and ethics, and share an implicit omission of non-normative sexual rights.

6.6 | The Association of Somatic and Integrative Sexologists (ASIS)

ASIS also produces an ethical code, which is in many ways similar to the codes of the mainstream registration bodies. All the above codes in some form agree that “a solid base of ethical practice is the hallmark of a grounded, boundaried, integrated and ethical practitioner” (ASIS, 2019, p. 1). All the regulatory codes also contain the enforceable standards of professionalism expected from their members. However, ASIS goes beyond the standard emotional, physical, mental and occasional mainstream mentions of spiritual wellbeing to encompass a whole spectrum of different gender and sexual expressions. Various modalities can be employed to work across the sexual spectrum (e.g. body coaching, breathwork, massage, surrogacy, trauma release) and/or energy work. Energy work involves tapping into the body's own frequencies to promote wellbeing—for example sexual shamanism and Taoist practices. In sexual shamanism, erotic energy is considered creative life-force energy, arguably the most powerful energy we have access to. As such, it may be utilised for multiple extraordinary feats, such as healing, manifestation, and connection to the divine. Taoist practices are about enlightenment, and transcending both the sexual and spiritual planes by engaging in deeply meditative, spontaneous, and intimate sex that continues to grow well after you've finishing having sex. The ASIS (2019) code of ethics and conduct specifically speaks to sexual rights beyond the temporal and spatial bounds of Western-centric and normative worlds. ASIS diverges from mainstream ethical and conduct codes because the reflective practitioner may use physical touch, if consciously applied with the attitude to do no harm, and with concern for the client's growth by respecting pre-arranged interpersonal boundaries. ASIS's values and practices counter the fear of the normative positions of the mainstream practitioners, trainers and regulators and show that dual-trained sex worker-therapists can practise with coherent reflexive actions, based on their non-normative moral qualities. The notion that such work is messy or dirty, if you like, and deviant, is arguably the phantasy of mainstream regulators and trainings. For instance, ASIS members agree they will not seek to meet their erotic appetites through their clients, nor use clients as objects to meet their own desire for romantic sexual connection (ASIS, 2019). What seems striking is that, while the mainstream bodies are promoting a standardised version of psychotherapy and normative moral and ethical values to meet the public's expectations, ASIS is also meeting “the public need for accurate information and embodied learning opportunities” by embracing difference (ASIS, 2019, point 13).

We argue that the limiting range of the mainstream ethical and conduct codes, which intend to protect the public and reduce discrimination, can in some circumstances have an unintended effect. Unintentionally, the effect is to add another layer of injustice to those in need of a dual-trained sex worker–therapist.

7 | AS THE MEANS SO THE END

All of the mainstream registration bodies share a concern regarding bringing the profession into disrepute. The common claim that respect is shown to all can be assessed for credibility and transparency. BACP's position on what Article 12.6 considers "disgraceful" represents a public majority (or most vocal) view, and so an inherently normative conception of sexuality.

By prohibiting any sexual contact with clients, UKCP's (2019) ethical code shuts down the conversation regarding how dual-trained sex worker–therapists could serve some clients well. There is no room for exploration of ethically oriented expressions of gender variance that involve intimate touch in the service of the client, and/or where other forms of therapy have been at best neutral. The BPS's (2018) claim that "ethical standards apply to all" (p. 1) lacks credibility if you are a sex worker–therapist. We suggest the BPS's philosophical foundation is untenable; while it advocates for a shared collective duty for the welfare of human beings, this duty does not extend to a minority group of specialist therapists or their clients.

All the professional bodies claim to be challenging discrimination by "not discriminating against service users nor allowing personal views to impact services" (HCPC, 2018, p. 5). Taking a lead from UKCP's (2019) advice for members "to critically examine the effects of actions" (p. 1), we suggest all the mainstream professional bodies could critically examine how a code intended to protect all can harm some. A core philosophical theme across the professional codes is respect for the dignity and inherent worth of all human beings, regardless of perceived or real differences. However, it seems the claim that all human beings are worthy of equal moral consideration excludes many therapists working with GSRD issues. The current mainstream regulatory codes of ethics are unable to respect perceived transgressive sexualities. Yet, curiously, they are comfortable with how their professionals are paid for intimate, albeit psychological, contact. We consider that looking into this shadow could support the therapeutic profession to delve deeper into exploring issues around gender variance and intimate contact.

Our personal philosophies attune with Gandhi's (2001), "As the means so the end." If the purpose of the ethical and conduct codes are to regulate (or control) practitioners, then that is the end result. Anything outside of the normative range is transgressive and so deviant. Rather than protect the public, we argue that sections of the ethical codes imply that prejudice and discrimination are defensible. We suggest further that a minority group of therapists and clients are harmed by mainstream psychotherapy's ethical and conduct codes, because the services needed by a minority are prohibited on the basis of maintaining normative and discriminatory standards.

8 | CHALLENGING DISCRIMINATION AND MOVING FORWARD

We recognise the tensions between the reconstitution of historically pathologised practices as psychologically beneficial. For instance, some researchers have explicitly touched upon the notion of BDSM as a kind of psychological healing (Barker, Gupta, & Iantaffi, 2013; Moser & Kleinplatz, 2007). There are some activists who seek to *hold open spaces to protect counselling and psychotherapy from restrictive standardisation and homogenisation*. The ASIS (2019) code of ethics and conduct provides a good fit with the breadth of sex work and psychotherapy, as members "may use physical touch, touch consciously and with the attitude to do no harm and with concern for the client's multidimensional growth." The Psychotherapy and Counselling Union's (PCU, 2017) code of ethics and practices states that when "working intimately with people's most raw and vulnerable feelings, people cannot simply be treated generically." Specific, attentive provisions are required for each unique

situation, and “the practitioner has a privileged understanding of what the work with each particular client requires” (pp. 1–2). Psychotherapists and Counsellors for Social Responsibility (2020) and Partners for Counselling and Psychotherapy (2020) actively campaign to keep social, economic, political and therapeutic choices and spaces open.

Furthermore, there are activists working to raise the awareness and consciousness of psychotherapy's heteronormative stakeholders. Curiously, all of the key mainstream and less mainstream institutions came together to find common ground with the Memorandum of Understanding of Conversion Therapy (MoU, 2017). The MoU states: “Those with a responsibility for training will work to ensure that training prepares therapists to have sufficient levels of cultural competence such that they can work effectively with gender and sexually diverse clients” (Point 16). Davies (Pink Therapy, 2020) argued that training lies at the heart of ensuring that vulnerable and marginalised clients are protected from harm. To action change and hopefully build on the MoU (2017) meeting of minds, Pink Therapy has launched a Training Course Endorsement scheme. The scheme lays down minimum quality standards to help people find a safe and inclusive course to train on. Such courses will provide adequate information on GSRD Psychology and Sexology, as well as cultural competency (Pink Therapy, 2020, para. 2).

It seems the main counselling and psychotherapy bodies would do well to reflect on why there is increasing frustration amongst therapists who work with GSRD clients, and who may well be GSRD identified themselves (Glyde, 2018). An opportunity presents itself for these organisations to extend support to more client groups. Currently, too many minority clients are being harmed by a lack of understanding of their needs by discriminatory judgements and pathologisation dressed up as sound therapeutic theories and techniques (Glyde, 2018). This is Aella's experience of being an out dual-training sex worker and therapist. Dual-trained sex worker–therapists are crying out for a membership organisation that can respect them and cater for all their needs and the needs of their clients. Glyde (2018) posited that when one becomes visible, many will leave their existing registration bodies. The alternative is that people avoid belonging to any mainstream registration body, which seems to defeat the object of protecting the public.

9 | AELLA'S COMMITMENT TO PSYCHOTHERAPY

After the course termination, Aella eventually found a training that would accept her for who she is. We explored whether, upon graduation, Aella would seek to join a professional body, or simply practice outside of normative structures and value-ridden codes. Ways to connect and practice that are important to Aella include Pink Therapy's (2020a, 2020) website with links to gender variant therapists, and that people know a Google search will show the kink and poly networks that already exist (Glyde, 2018). Currently, there is no similar directory of sex-worker-friendly therapists.

10 | SUMMARY: BRINGING THE THREADS TOGETHER

Through our dialogue, we have aimed to show how psychotherapy theory, training, practice and regulation continue to conflate sex work with abuse. Aella's training experience exemplifies how whore phobia is theoretically transferred to sex workers through the damaged goods hypothesis (Griffith et al., 2013). There seems little or no consideration of the parallel skills between talking therapies and sex work. The invalidating debates and marginalisation are captured by the othering question, “What are you going to do?” This hands over responsibility to Aella to change the beliefs of others. In labelling Aella as deviant, the training arguably projected its own normative worldview onto Aella. The narrative illustrates the socio-economic link between sex and reproduction. It also illustrates how medical theories of pathology are linked to gender diversity, which are then applied by communities employing the language

of pathology and perversion to marginalise and suppress competing ways to understand sexual variance and sexual rights, and to provide a broader range of therapeutic services.

Aella's lived experiences are not isolated: they were graphically shared by other conference attendees. Many attendees (both trained and in training) voiced feeling unsupported and distrustful of training institutions and of therapy's regulators. They felt the regulators simply didn't understand the issues of sexual rights for minority groups, and that such institutions lacked appreciation of what their practices contribute to therapy. Where therapists were engaging in sex work and also in more mainstream talking therapies or bodywork practices, many spoke of fearing complaints and the shame of being called into meetings or publicly outed in naming and shaming professional conduct procedures (Cox, 2018b). This paper is not suggesting that sex work is the same as mainstream talking therapies. We are saying that bodywork and sex work, in a variety of practices, can have therapeutic value. We are also saying that sex work can offer ways to provide therapeutic services for some clients beyond the limits of mainstream therapy.

We suggest moving beyond the rules written for those who promote a moralised and politicised safeguarding role—largely white, middle-class, cisgender, heterosexual men— and those who have exploited their power and privilege. Lees (2015) argues that these privileged groups grandstand sex worker-therapists from the vantage point of normative standards, and have a generalised lack of understanding of GSRD clients and identities. We argue for the need to uproot the “standards model” that underlies marginalisation and nurture an alternative one. A different approach could address the intersection of issues used to further marginalise those working beyond the norms of society and encourage more overt political activism regarding regulation to challenge narrow normative standards. We suggest the hegemonic language of ethical and morality codes applied to determine which behaviours are acceptable/disgraceful, and who is or is not psychologically healthy, is paradoxically unhealthy: this heterodoxy must be challenged.

Our dialogue captures the untouchableness of privilege, supremacy, and shame in counselling and psychotherapy, and how these create divisions and oppress the Other. For balance, perhaps a good way to end is to express the views of research participant clients who have benefited from therapy with a dual-trained therapist-sex worker (Siegel, 2012 para. 7):

Since I've seen Peter, I am learning to appreciate my body as old as it is and I'm also learning the mechanics of sex, which I had only occasionally seen in porn movies. My whole attitude has changed. I feel much more confident about myself and I've started to date. (Andrew)

It didn't matter that I was paying a dual-trained therapist. I've paid more to mainstream therapists over the years and I didn't get anywhere. With my therapists' help, I'm making better choices with men and it opened my heart to other men in a way I couldn't before. (Judith)

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Aella (a pseudonym) has chosen to remain anonymous. She is an open and out sex worker training to be a therapist, and is passionate about standing up for sexuality work and helping others struggling with similar lived-experience dilemmas.

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