ELSEVIER

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Different stage, different performance: The protective strategy of role play on emotional health in sex work

Gillian M. Abel*

Department Public Health and General Practice, University of Otago, Christchurch, New Zealand

ARTICLE INFO

Article history: Available online 8 March 2011

Keywords: Sex work Stigma Emotion management New Zealand

ABSTRACT

This paper uses Arlie Hochschild's (1983) concept of emotion management and "surface" and "deep acting" to explore how sex workers separate and distance themselves from their public role. Experiences of stigmatisation prevail among sex workers and how stigma is resisted or managed has an impact on their health. In-depth interviews were carried out between August 2006 and April 2007 with 58 sex workers in five cities in New Zealand following decriminalisation of the sex industry. Most participants drew on ideas of professionalism in sustaining a psychological distance between their private and public lives. They utilised "deep acting", transmuting private experiences for use in the work environment, to accredit themselves as professional in their business practices. They also constructed different meanings for sex between public and private relationships with the condom providing an important symbol in separating the two. A few (mostly female street-based) participants were less adept at "deep acting" and relied on drugs to maintain a separation of roles. This paper argues that in an occupation which is highly stigmatised and in which depersonalisation as an aspect of burn-out has been reported as a common occurrence, the ability to draw on strategies which require "deep acting" provides a healthy estrangement between self and role and can be seen as protective. The separation of self from work identity is not damaging as many radical feminists would claim, but an effective strategy to manage emotions.

Hochschild, A. (1983). *The managed heart: Commercialization of human feeling*. Berkeley: University of California Press.

© 2011 Elsevier Ltd. All rights reserved.

Introduction

Goffman (1990) defined stigma as the fear that one may be disrespected because of one's actions and/or attributes, which then translates into insecurity in contacts with other people. If an individual fails to maintain norms, it has an impact on the defaulter's acceptability in social situations. Such difference or "deviance" leads to feelings of shame which create a "spoiled identity"; stigma being mapped onto people resulting in them being devalued by society (Goffman, 1990). Sex workers are one population labelled as having a spoiled identity, seen as "deviant" and discriminated against on the grounds of their social unacceptability.

How people cope with stigma has an important impact on health (Garcia & Crocker, 2008). It is acknowledged that the shame and stigma attached to sex work makes sex workers vulnerable to violence and exploitation, is a barrier to access of health services and impairs their human rights (Scambler & Paoli, 2008). Stigma also has

a role in perpetuating social inequalities (Parker & Aggleton, 2003). Scambler and Paoli (2008), however, contend that some people do not internalise their shame or become fearful and defensive but deploy positive strategies and tactics that, whilst acknowledging their stigma, reduce the risk of being discriminated against. These strategies Scambler and Paoli termed as 'projects'. Parker and Aggleton (2003) similarly argue that people, rather than internalising their feelings of stigma, actively resist stigma; a phenomenon which they argue Goffman (1990) fails to acknowledge.

Studies have highlighted the different roles sex workers adopt within their public and private environments and have argued that this is one strategy sex workers use to resist stigma (Browne & Minichiello, 1995; Day, 2007; Day & Ward, 2007; McKeganey, 2006; McVerry & Lindop, 2005; Warr & Pyett, 1999). While in the public environment, the sex worker takes on the role of "other" but in the private realm, most sex workers actively construct an identity of "normality" that fits the normative values of society (Goffman, 1959).

Goffman (1959) theorised that individuals in appearing before others provide a performance, much like an actor in a play. In so doing, they attempt to create the impression to their audience that

^{*} Tel.: +64 3 364 3619; fax: +64 3 364 3614. E-mail address: gillian.abel@otago.ac.nz.

this is the only routine they perform and not just one of a variety of performances given in different settings. Individuals therefore carefully segregate their audiences so that the audience (s)he plays one of his/her parts for is not the same as the audience to which (s) he plays a different part in a different setting. It is perhaps useful to look at the literature on emotion management within sex workers' public and private roles and use this as a framework for examining how sex workers manage or resist stigma. This is important given the relationship between stigma and health, particularly mental health, as some studies have documented the poorer mental health of sex workers in comparison with the general population (Benoit & Millar, 2001; Day & Ward, 2007; McKeganey, 2006). However, Vanwesenbeeck (2005) has argued that depersonalisation as an aspect of burn-out is not in itself associated with sex work but that the stigma and the experiences of sex workers as a result of being stigmatised is the crucial factor. It could be also that the anticipation of being discriminated against, the covert or implicit perceptions of society towards sex workers, creates anxiety amongst this population which impacts on their mental and emotional health.

Hochschild (1979:552) draws on Goffman (1959) in urging us to think of emotion management in terms of 'how people try and try not to feel in ways "appropriate to the situation". She critiques Goffman as only theorising about performance in terms of the control of the outward expression of feeling or emotion, or "surface acting", and obscuring the importance of "deep acting" where an individual may consciously or deliberately suppress or evoke feeling. She argues that while Goffman focuses on how people *try to appear to feel*, he neglects how they *try to feel* through managing emotions. How you manage an emotion is "deep acting" and this is what Hochschild calls emotion work — the act of trying not the outcome. She contends that there are certain ways of behaving or showing emotion within certain contexts and individuals continually manage feelings in accordance with implicit social rules (Hochschild, 1979).

Emotion work is commoditised in the workplace where workers have to make and sustain meanings (Hochschild, 1979). Occupations where there is personal contact with the public require workers to manage emotion (Hochschild, 1983). Hochschild studied air line hostesses and the emotion work that they did to conform to airline company dictate to present a smiling, understanding and engaged persona to passengers. Display, or the outward expression of emotion is what is sold. This is hard to sustain, however, if feeling is separate from display, especially over long periods of time. Workers have to identify with their public role, somehow disguise feelings of disconnection and maintain a sense of self-esteem without becoming cynical (Hochschild, 1983). Yet, she argued, people are able to effectively separate self from the role they play at work. Many professions require individuals to take on a role in which they distance themselves emotionally from their work (Vanwesenbeeck, 2001). In caring professions (eg: nurses, doctors, social workers), professional distancing is used as emotional protection (Grandey, 2000; Shaver, 1994; Vanwesenbeeck, 2001). Such professions require workers to distance themselves from the bodies and the private lives of their clients (Shaver, 1994).

Other researchers have also drawn on Hochschild in examining emotional labour amongst sex workers (eg: Brewis & Linstead, 2000; Browne & Minichiello, 1995; Chapkis, 1997; Sanders, 2005b, 2005c; Shaver, 1994; Vanwesenbeeck, 2005). Sanders (2005b) found that sex workers in her study constructed an identity which was solely for the purpose of the workplace and that this 'manufactured identity' was an effective resistance strategy to control the workplace. This ability to manufacture identity, she argues, was not equally distributed amongst all sex workers and some were more able to do this than others. Similarly, Brewis and Linstead (2000) argue that some sex workers are more able than others to distance their public role from their private lives and

many attempt, through their discourse, to empty the public role of meaning and significance. As sex is so often tied to social notions of intimacy and emotion, sex workers have to make sense of the experience of the commercial transaction in some way that allows them the opportunity to distance themselves from it. The ability to effectively manage emotions in this context necessarily requires "deep acting".

In this paper, I draw on the performance literature, and in particular the work of Hochschild (1979, 1983) in looking at how sex workers manage emotion in an occupation which, even in New Zealand's decriminalised environment, is highly stigmatised (Abel & Fitzgerald, 2010). In the findings and conclusion sections of this paper, I present my argument that most sex workers are able to successfully separate public and private roles through distancing strategies and, rather than being harmful, this is an effective protective strategy. In doing so, I give voice to the many sex workers who participated in our study which was carried out following the passing of the Prostitution Reform Act (2003) in New Zealand which decriminalised sex work. Whist some countries have legalised sex work by making it legal to sell sex within licensed sex work premises, it is only Canada, New South Wales (Australia) and New Zealand which have decriminalised sex work. Decriminalisation encompasses the complete removal of the laws governing sex work and sex work-related offences. In New Zealand, regulations and policies were put in place and the sex work industry has become subject to similar controls as those under which other businesses operate (Jordan, 2005). For instance, health and safety guidelines specific to the sex industry were developed by the Department of Labour (2004) and specific regulations regarding brothel management, powers of regulatory authorities and under-age sex work amongst others are dealt with under the Prostitution Reform Act (2003) itself. However, this is not the case in other parts of the world. As recently as 2010, Canada's prostitution policies were overturned in the Ontario Supreme Court. Yet as Overs (2010) comments, the presiding Judge did not rewrite Canada's prostitution laws and no regulations have been put in place which means that there is little protection for sex workers.

This paper explores the experiences of New Zealand sex workers who are protected under the Prostitution Reform Act (2003). It should be acknowledged that there are a variety of perspectives on sex work and the researcher's positionality should be clearly stated as this influences the way research is carried out and how findings are interpreted. As a public health researcher, my assumption is that when sex work is criminalised, sex workers' health, safety and human rights are compromised. I therefore come from the position that sex work should be treated as an occupation like any other. Some anti-prostitution scholars look for the negative factors associated with prostitution, denying women agency to work within the industry and concentrating on prior traumatic experiences which have 'molded the psychology of the victim' (Koken, 2010: 45). I have instead looked at how sex workers maintain their emotional wellbeing within their work and personal life and how they 'draw boundaries' between the two which comes from the position which views 'sex work as labour' (Koken, 2010: 48)

Methodology and methods

The study obtained ethical approval from the New Zealand Ministry of Health's Multi-region Ethics Committee. The aim of the study was to explore the impact of decriminalisation on the health and safety of sex workers. The purpose of this paper is to explore emotional health in a sample of 58 sex workers who at the time of the study, were working in a decriminalised environment.

It was a mixed method study which took a community-based participatory approach. Participatory approaches are increasingly

being acknowledged as optimal when carrying out research in the sex industry (Benoit, Jansson, Millar, & Phillips, 2005; O'Neill & Pitcher, 2010; Wahab & Sloan, 2004). This approach allows for all partners to contribute their own unique strengths to enhancing the "understanding of a given phenomenon and the social and cultural dynamics of a community, and integrate the knowledge gained with action to improve the health and wellbeing of community members" (Israel et al., 2003:54). The goals and methods used in participatory research take into account the structures controlling people's lives, focussing not only on the negative aspects but revealing the positives and working for social justice (O'Neill & Pitcher, 2010; Wallerstein & Duran, 2003). It is an approach which is especially beneficial to marginalised populations, whose perspectives are not well represented in traditional research processes. The research was conducted in partnership with the New Zealand Prostitutes' Collective (NZPC). They were involved as full partners in identifying the research questions, had input into the design of the data collection tools, the recruitment of participants and the collection of data.

The study was carried out in the three main cities of New Zealand where the majority of sex workers work: Auckland, Wellington and Christchurch, and also included two smaller regional cities: Nelson and Napier. In-depth interviews were carried out with 58 sex workers between August 2006 and April 2007 in the five locations of the research. Sex workers were sampled purposively, using maximum variability sampling, within all the locations of the study. This method of sampling provides for information-rich cases to be included in the study and captures the diversity of the industry within the final sample (Hansen, 2006). This strategy is useful for identifying common patterns which cut across the diversity of the sample and also allows for exploration of the differences (Patton, 1990). Potential participants were approached either through telephone calls or when NZPC outreach workers accessed them in NZPC offices, brothels, escort agencies, streets or private homes. Attention was given to gaining participation of female, male, transgender, street, brothel, escort and private workers as well as small city and big city workers. Efforts were also made to contact potential participants who had no affiliation to NZPC by telephoning them or approaching them on the street, so as to reflect the diversity of the industry within the sample. There were few refusals to participate in the study. A summary of the characteristics of the final sample is presented in Table 1.

Semi-structured interviews take the form of a conversational narrative, which is created jointly by the interviewer and the interviewee (Romero, Rodriguez, Durand-Smith, & Aguilera, 2003).

Table 1Summary of characteristics of 58 participants.

Current city of work:	
Christchurch	21
Auckland	14
Wellington	15
Nelson and Napier	8
Sector of work:	
Street-based	21
Managed (brothel or escort agency)	17
Private (working by themselves or in shared premises)	20
Gender:	
Female	47
Male	2
Transgender/Transsexual	9
Age range:	18-55 years
Time working in sex industry:	5 months-35 years
Ethnicity:	
New Zealand European	34
Maori	18
Other	6

They enable the exploration of the meanings and interpretations participants give to their experiences in sex work in a confidential manner (Rice & Ezzy, 2001). Sex workers are often suspicious of researchers and how the information they provide will be utilised. For this reason, peer interviewers were utilised to carry out the interviews, as rapport with the participant is vital in the collection of rich, in-depth information. In-depth interviewing is a difficult task and the quality of the information collected is largely dependent on the skills of the interviewer (Britten, 1995; Rice & Ezzy, 2001). Five interviewers who were associated with NZPC were trained in in-depth interviewing techniques by me and a colleague and some were more adept at interviewing than others. In some cases, interviewers had a particular area of personal interest which they pursued more vigorously than other topic areas, often in a very directive way. In many instances there was also inadequate probing of particularly relevant issues which arose during the interviews. However, the interviews did produce rich, contextual data on the working lives of sex workers post-decriminalisation and all interviewers covered all the topic areas laid out in the semi-structured interview guide.

Interviews covered topics including (but not limited to): thoughts about their job; thoughts about decriminalisation and its effects on their lives; how they viewed their health and safety in a decriminalised environment; and their experiences with health services. All interviews were digitally recorded and transcribed to word accuracy. Participants were provided with information sheets and written or oral consent was taken to participate in the study. Each participant was reimbursed with \$30 cash in appreciation of their time. The interviews lasted between 30 and 120 min, with the average interview taking an hour to complete. Names of all participants who took part in in-depth interviews have been changed to protect their identity.

Thematic analysis was undertaken, which is 'a method for identifying, analysing and reporting patterns (themes) within data' (Braun & Clarke, 2006:79). Transcripts were read and reread and data sets were developed around a range of subject areas. Each data set was analysed, identifying themes, or patterned responses or meaning. Attention was also given to contradictions and differences in participants' talk. The analysis presented in this paper was coded by me but supported by the other lead investigators in the study. All preliminary analyses were also provided to members of NZPC and comments sought on the interpretation of the data. They provided additional perspectives to the data analyses which were incorporated into the final write-up.

The themes discussed in this paper are how participants construct and maintain public and private roles and how they give meaning to sex within these roles. Although not specifically questioned on, the majority of participants talked of this when questioned about their working and private lives. Some of the codes included: stigma, relationships, burn-out, different person, amongst many others. Quotes from transcripts have been presented with pseudonyms, gender and reference to primary place of work. The empirical evidence is placed in the context of the performance literature and whilst having some limitations due to inadequacy of probing in the interviews, provides an illustration of the notions and processes described in the literature.

Findings

Constructing and maintaining public and private roles

The construction of identity aims to accomplish and maintain the boundary between public and private roles (Brewis & Linstead, 2000) and the contradictions between them have to be well managed (O'Neill, 2001). The construction of different roles or identities within the public and the private spheres allowed participants in this study to distance themselves to protect against the emotional risks of their jobs. Many saw themselves as a "totally different person" from the person presenting in the private domain.

The person I turn into (at work), I'm a totally different person. I'm not me. I'm different, I'm (Sally), I'm a different woman. (Sally, Street, Female)

Acts which were routine in one setting were distinctly different from those in the other setting, which enabled a switch in identities.

And I definitely have my little routine at work that before I go into work, I have my little routine. So, you know, I set up to go to the personality of that person, and then when I get home I have my little routine to wind down. I don't think it's too dissimilar from a lot of other jobs. You know, people will come home, they'll put their bag down, they might take off their shoes and change out of their work clothes, have a glass of wine. It's that sort of shifting from work to home mentally. (Sheila, Managed, Female)

Sometimes, however, private and public roles collide. It has been argued that people working in a stigmatised environment are more likely to experience role conflict in the performance of emotional labour (Vanwesenbeeck, 2005). Emotions are expressed or suppressed differently in working environments and it is proposed that this can be stressful and may result in burn-out (Grandey, 2000).

Sally recognised that her job impacted on her relationship in that she was suspicious of her partner's intentions. She was unsure whether her partner was like the clients she interacted with and was only sexually interested in her, or whether he cared for her on a different level.

It takes a big toll on your on the way you are with your partner. ...I get paranoid a lot, thinking, you know, "Are they just like them? All they ever worry about is the sex, or you know, are they in it for this or that. Do they have a hidden agenda." So I'm always conscious of where, like, what are they about, what do they want, what do they want from me, what are they trying to get from me. (Sally, Street, Female)

The stress of switching between roles made it harder to maintain the division and impacted on Joan's personal life.

I think it's great about the service that the girls provide, but for me personally I've got to the point where I'm so sexed out, that it wouldn't bother me if I never had sex again. Just, you know, standing out there and the thought of a guy touching me, it just makes my skin crawl. I mean I'm not even interested in having a relationship because I'm just, I'm so switched off that I can't switch back on. (Joan, Street, Female)

Emotional exhaustion from maintaining a dual identity and the shame she bore from her occupation, prompted Marge to take a break from sex work.

Just life circumstances really, just got in, did what I had to do at the time, and then got out, because I was unhappy doing what I was doing and having to lie to the people around me, and having to cheat and duck and dive. And just the whole stressful thing of having to hide it and be ashamed of myself for it. (Marge, Managed, Female)

The risks of losing their identity to their work life and the emotional exhaustion from maintaining a dual identity and coping with the stigma attached to work required sex workers in this study to carefully strategise to minimise the risks. Paul argued that you had to be a particular type of person to be able to manage emotions effectively and if you were not, it would "take you down" eventually.

I truly believe that if it's not in your heart to be able to care for different people on an individual basis regularly like that, if you're not a caring person, then it's going to take you down. You know, like mentally, emotionally and then ultimately hanging yourself or topping yourself or something physically, you know. It's only a matter of time if you're not comfortable with what you're doing. (Paul, Street, Male)

Having a negative personal relation to the work is a risk factor for sex work which can lead to depersonalisation or burn-out (Grandey, 2000; Vanwesenbeeck, 2005). But sex workers are not homogenous and those who have a positive outlook on their work are less likely to settle for uncomfortable working conditions, are more demanding and more inclined to safeguard themselves from negative experiences (Vanwesenbeeck, 2005). It is important to understand how sex workers sustain their different roles and how they manage emotions when the public role they play is so heavily stigmatised.

It has been suggested that to adequately manage emotions, a psychological distance needs to be maintained from the commercial sexual encounter (Brewis & Linstead, 2000). Some sex workers cannot conceive of having a relationship whilst working as they articulate feelings of guilt that they would be selling to strangers what should be reserved for their partner (Sanders, 2004a, 2005c). But for those who do choose to enter relationships in their private lives, there is a need to strategise to effectively manage the emotions involved in maintaining a distinction between sexual intercourse within their different roles. Some female sex workers only engage in sex with other females in their private life, ensuring that sex with men belongs only to the public role and does not intrude into private identity (Brewis & Linstead, 2000). A few of the female participants in this study identified with this strategy: "Cos my partner is predominantly a lesbian, and I'm choosing to live that lifestyle" (Trish, Private, Female).

Brewis and Linstead (2000:89) argue that because sex workers are selling something which is not fully commodified and usually limited to the private sphere, they need to manage the place where sex work happens successfully to accredit themselves as 'not being stereotypically fallen women'. As found in other studies in environments where sex work is criminalised (Sanders, 2004a, 2005c), sex workers in this study also maintained a professional image by not providing certain services, like kissing:

I think you do need to differentiate between the job and what you have in your private life with your own special partner, friend, lover, whatever, because they are different, not only because of the feelings involved, but also because of the safe sex aspect. Like I would never kiss a client, never let him go down on me. Whereas with my lover, that's not an issue. (Sheila, Managed, Female)

They also demarcated items which were private and those which were work related: "And always note which is my towel and which is theirs. They have the white ones, I have the green one" (Sheila, Managed, Female). Private workers discussed how they would often make a clear distinction in their home between what was work-related and what was reserved only for private use: "Yeah, 'cos I wouldn't want people on my bed 'cos that's like my bed" (Caroline, Private, Female).

Many needed to justify to themselves that there was a difference between their private and public relationships and emphasis was put on "difference". As Sheila articulated above, this difference had a lot to do with the "feelings involved". Hochschild (1983) maintains that there are rules against which we judge feelings which are contextually appropriate. She argues that we draw on general rules of how we should or "ought to" feel in a given situation and then act accordingly. This form of emotion work can be conscious but often

it can be completely unconscious. Hochschild (1983:132) argues that people who are involved in emotional labour have to confront the issue of identifying with the work role without being fused with it. To do this successfully, she maintains that such a worker has to distinguish between 'situations which call on her to identify her self and situations that call on her to identify her role', that is, separate the private from the public self. Those people who are capable of "deep acting" are better able to achieve this separation; those who merely "surface act" find this harder to do.

In this study, participants who were most adept at "deep acting" went to lengths to present themselves as professional in their approach. As one way of demonstrating professionalism, many participants talked about treating sex work as any other job which required careful planning and providing a professional service. Hochschild (1983:55) has argued that in the 'commercial setting feelings take on the properties of a resource' which is used to make money. Some participants talked of themselves as the product which was being sold and therefore customer satisfaction and value for money was foregrounded. These participants, much like many other people who work in service industries, had a sense of "owing" gestures of appropriate emotion work to clients.

I have to plan just like any other job. Now I am my own product; I have to advertise it; I have to think about how I present myself to my clients, and customer service. You know, you're basically doing the same things as a job would, but you are your own product. You are what you are advertising. You are what you are selling. You are what you are giving over, you are the product. (Trish, Private, Female)

I think clients are getting quite particular about where and who they spend that money on now. They want to make sure that they're going to get value for money, I suppose, for lack of a better word. They want to make sure they're going to get value for money and good service and a smile. (Cathy, Managed, Female)

Brewis and Linstead (2000) have suggested that sex workers distance themselves by presenting a professional mask which allows them to distance themselves from the emotional interactions with clients. Similarly, Trish and Cathy presented such a professional mask. They sold an outward expression of emotion but in order to deal with managing the estrangement between self and feeling, and self and display, they had to face the challenge of "deep acting", using and transmuting private experiences for use in the work environment, and still maintain a sense of selfhood outside of the job. They attempted to maintain a sense of honour in work where the potential for disrespect and dishonour was great by presenting themselves as professional in their business practices. Vanwesenbeeck (2005) found that sex workers, such as Trish and Cathy, who have a professional attitude to their work, are less likely to experience depersonalisation as an aspect of burn-out.

Other ways participants tried to present and perform a professional image were in an area that perhaps is given most public attention. Their discourse on safe sex was particularly clinical with the absence of any romantic or engaged narrative. Sheila provided a particularly detailed account of her safer sex routine:

I always use a condom for a blow-job and I will always change it before sex, because lip balm or lipstick is oil-based, and it does tend to break down the condoms. I don't mind giving hand-jobs without a condom, but, or touching them, but I'll always note which hand it is and not touch myself with that hand. And I will wash my hands as soon as possible afterwards with my antibacterial hand-wash and then put the gel, what is it called, the anti-bacterial gel thing over it. ... And I always wash thoroughly after every client, lots of soap, you know, with it, wash my hands maybe 3 or 4 times in that hour. ... just try and keep fluids to

a minimum, you know, and use lots of lube, but not too much, 'cos that can also be bad, so that, you know, there's, the condom doesn't dry out too much, 'cos latex does dry out. ... I have mouthwash, so I use that throughout the night. I always am a bit careful before I go in and when I come back not to brush my teeth too hard, so that my gums won't have any abrasions or anything in them too much. (Sheila, Managed, Female)

Goffman (1959) maintained that there is a tendency by all people to present an idealised version of themselves which incorporates normative values of society. It has been argued that sex workers, in striving to be identified as part of the "normal world", seek respect from outsiders by presenting a 'self as having moral integrity' (Simic & Rhodes, 2009:9). As Lupton (1999:119) argues, 'people who are thought to be 'clean' ... are treated as less risky, while those who are symbolically 'dirty' ... are designated and treated as posing a threat to oneself, as contaminating'. Public discourses frequently frame sex workers as "dirty", "irresponsible" and "vectors of disease" and to counteract these discourses, they provide persuasive accounts of their efforts to be "clean" (Simic & Rhodes, 2009).

Whilst most participants in this study were adept at maintaining the separation of their public and private roles through constructing mental boundaries and taking a professional approach, there were others who were less able to use such strategies. As found in other studies (Brewis & Linstead, 2000; Pyett & Warr, 1997; Sanders, 2005c), these participants, who most often were female street-based sex workers, resorted to drugs and alcohol to cope. Some female street-based workers separated work roles from private roles through the use of substances to create a personality change and distance themselves from reality. These participants were less capable of "deep acting".

Yeah, as I said, some of the girls, you know, actually all of them, I would say, prefer to be out of it. The simple reason is because, you know, you feel more relaxed and it's 'cos of what you're doing for a job. (Toni, Street, Female)

Clients are often depersonalised and objectified leading to a detachment from the clients which means that potentially emotion-producing reactions may matter less (Grandey, 2000). However, it has been argued that depersonalising and objectifying clients could lead to negative feelings about themselves with little sense of personal accomplishment (Cordes & Dougherty, 1993). In this study, Joyce acknowledged that the smile on her face, the illusion of happiness was merely a front. She argued that it was difficult to do anything else on the street and it was difficult to provide anything but a surface performance.

It's quite hard cause like when you're working on the street, it's more difficult to deal with things, cause, you know, there's always somebody around, always people around and you have to put on a smile, put on the wave, the happy face, and you know, as if you're a real happy person. But really you're either working for somebody else, or people are just harassing you. (Joyce, Street and Private, Female)

In an effort to distance herself from any connection with the client and what she was doing, she would not look at the client's face.

The only thing that's going through your mind when you're doing a job is, "I'm being paid for this. I get money out of this. You know, I get to live. I get to eat, I get to sleep in a warm, safe place." That's the only thing that goes through your head. You don't, I never look at them face to face, never. It's, you look like around. You just don't look at them. (Joyce, Street and Private, Female)

As Hochschild (1983) has argued, Joyce found "deep acting" hard to sustain as feeling was separate from display. She distanced herself from the job and from her clients through the use of drugs and also through depersonalising her clients and not engaging with them. Although a few managed and private workers did utilise drugs whilst working, they did this for a different purpose. The long shifts required them to stay awake for extended times and although drugs were sometimes used to do this, they did not require the drugs to manage their emotions. The other strategies they had at their disposal were more relevant.

The meaning of sex

Browne and Minichiello (1995:603) have argued that sex is constructed as having different meanings 'dependent on who the sex is with and how much emotional value is attached to the event'. When sex does not involve a "sharing of the self", it becomes an act of "not real sex" (Browne & Minichiello, 1995). Some sex workers in this study spoke of the possibility of forming some emotional attachments to clients while working but were aware that these were rarely reciprocated and sex was merely an act they provided as part of their professional service. Participants had to constantly guard against emotional commitment.

With most trans (transgender) that work, it doesn't, or any sex worker actually, there's a lot of attachment, emotional attachment that does rear its head. ... But over the years I've found that a lot of them actually say the same thing to more than one person. So it's just like if you fall for it, you're just feeding their habit, and it's like, "Well you're out to pay for a, you know, sexual relief, and I'm professional enough to give it to you, so therefore it's a job. You pay me for my service and I'll give you good service." And that's how I sort of see it. (Val, Street, Transgender)

When it came to sex within their private relationships, however, separate meanings were attached to those given to sex at work. Condoms carry strong associations with work and have been conceptualised as symbolising a barrier between self and client (Benoit & Millar, 2001; Pyett & Warr, 1997; Sanders, 2005c; Warr & Pyett, 1999). The condom demarcates public from private sex with the underlying meaning that the "true self" is not shared (Browne & Minichiello, 1995). Research has found that sex workers use condoms consistently with clients, yet their condom use is lower when engaging in sex with personal partners (Albert, Warner, & Hatcher, 1998; Benoit & Millar, 2001; Cusick, 1998; Cwikel, Ilan, & Chudakov, 2003; Nemoto, Operario, Keatley, & Villegas, 2004; Pauw & Brener, 2003; Plant, 1997; Pyett & Warr, 1997; Ward, Day, & Weber, 1999). Likewise, participants in this study saw sex with partners as different from sex with clients, with the condom seen as the symbol which differentiated the two.

It's not hard to pull a condom out your pocket and put it on, whether you're in a car or wherever, you know, if you're working. If it's your partner then that's different, but if you're working there's no excuse for not using a condom(Kara, Managed, Female)

There is a substantial literature that suggests that women in general find the carrying of condoms a threat to sexual identity as there is the perception that this indicates sexual availability and promiscuity, leading to labels such as "slut" and "slag" (Abel & Fitzgerald, 2006; Coleman & Ingham, 1999; Lear, 1997; Lees, 1993; Thomson & Holland, 1998; Warr & Pyett, 1999). Warr and Pyett (1999) argue that sex workers already incur disrespect because of their occupation and therefore not using condoms in private relationships may be an attempt to regain some respectability.

Whereas sex workers provide accounts of being in control of the sexual transaction in their commercial sex encounters, they enact more passive roles in their private sexual encounters. The discourse presented by Toni, a female street-based sex worker in this study, illustrates the complexities of the meanings attached to sex within public and private relationships. She did not have a regular partner but had casual sex in her private life with people she met socially. She spoke of being meticulous in ensuring safe sex at work; this was part of her professional practice. However, she would not consider using protection in her casual sexual encounters.

Out on the street it's more professional, and out, when you're going out with your friends and that and you actually meet somebody, it's different. ... But I have chosen not to wear one [condom]with them because .. yeah, it's just different, yeah, than what it would be to not use them out working. ... The last time I met somebody, I fell pregnant, so really I should actually just use protection regardless, you know, if I'm out on the street or else if I'm out partying and I meet somebody. .. Yeah, but at least I know that I would have fell pregnant to someone that I'd met than I would out on the street. You know, it would be more, I would say it'd be more hurtful for people to know that. Like I think it's better that you pick someone up from the pub or something, 'cos that's more traditional, you know, than what you would out on the street and to be and to get pregnant to a client. Oh no, I could not have that. I would feel much more better if it was someone that I had met like at a pub or something like that... and that's how I feel that it's different than when you pick somebody up at a pub. You know, you feel a good thing with them, you know, yeah, than what you would out there. (Toni, Street, Female)

It has been suggested that the risk posed to emotional health by sex work is managed by consistently applying meanings to the sex act and the condom is an essential tool for creating an emotional as well as a physical distance (Sanders, 2002). As Sanders (2005c:143) argues, sex workers reserve 'one set of feelings which are appropriate for professional work while reserving another set for private interactions'. Toni drew on "traditional" understandings of conceiving in which she might "feel much more better" or "feel a good thing" if this happened in a less morally controversial or stigmatised liaison. On the other hand, it would be "more hurtful" if a slur could be cast on the role she was playing at the time of conception; "I could not have that" she maintained. Emotionally she separated the two different types of encounter. Although in both cases she had no knowledge of the man, because one encounter was not commercial, it was preferable and held more legitimacy than the work-based encounter.

Conclusion

For the participants in this study, stigma was managed through constructing different roles within the public and private domains of their lives and most distanced themselves from the sex worker role they played. They maintained this separation and managed emotional risk by constructing sex as different in the sex worker role as they used condoms and did not provide certain services: unprotected sex and kissing and other intimate activities were reserved only for their private lives. Sanders (2005c:177) argues that indoor sex work is entering a phase of professionalisation, evidenced by the increasing number of sex worker organisations 'reflecting mechanisms of regulation and standardization'. New Zealand, as recently as 2003, decriminalised sex work and with newly granted legal and employment rights, it could be argued that sex workers in this country are rapidly engaging with professionalisation. Individual sex workers, predominantly from the managed or private sectors, are advocating strong business ethics in their dealings with clients. They emphasise providing value for money and customer satisfaction in

their provision of services, as well as the professional hygienic practices they use to protect themselves.

The heterogeneous nature of the sex industry means that some sex workers are less able to engage with professionalisation than others. The street-based workers in this study were less able to maintain the separation of public and private roles and manage the emotional risks of their job than both the managed and private sex workers. They were less adept at "deep acting" and substances were used in an attempt to distance themselves from their public role. Perhaps, because of their greater visibility in public spaces than 'indoor' workers, this also impacts on their ability to separate public and private roles. Even though sex work is decriminalised in New Zealand, there is public pressure in some areas to recriminalize the street-based sector which has meant that this sector continues to experience stigma to a greater extent than 'indoor' workers (Abel & Fitzgerald, 2010).

Street-based workers are acknowledged as being the most vulnerable sector of the sex industry (Kinnell, 2006) and they do experience more violence and are more likely to be involved in drug use than their "indoor" counterparts (Benoit & Millar, 2001; Plumridge & Abel, 2001; Sanders, 2004b; Vanwesenbeeck, 2001). They are also likely to be less educated, of lower socio-economic status, more likely to report behaviour disorders in childhood and adolescence and more likely to have been sexually abused prior to entering the industry than "indoor" workers (Vanwesenbeeck, 2001). In addition, the street-based workers in this study had limited choice when entering the sex industry (Abel, Fitzgerald, & Brunton, 2007; Abel, Fitzgerald, Healy, & Taylor, 2010) which could impact on their ability to distance themselves from their public role.

Despite the fact that the street-based sector is the smallest sector of the sex industry and their personal circumstances and experiences in the industry are not representative of the sex worker population as a whole, many researchers continue to draw on studies which focus solely on this sector. This has led to claims that findings are based on flawed methodologies (Vanwesenbeeck, 2001; Weitzer, 2005, 2007). Radical feminists have tended to draw on the experiences of street-based sex workers in arguing that separation of self from the sex worker role is inherently damaging and creates a false sense of control:

There are not separate parts of a self that can be taken as separate from the self. Some body parts, some physical acts cannot be relegated for sale while others are protected. Yet that is what is done and is why and how violation to the self occurs. When the self is segmented, which it cannot be, it is separated and its parts are used as separate fragments. Separation of the self is distortion and produces dehumanization' (Barry, 1995:32).

Yet this paper has provided some evidence that separation of self from role (distancing), rather than damaging, is in fact an effective strategy to manage emotions. Separation between private and work roles is not unique to sex work. Indeed, Hochschild (1983) argues, most people involved in service occupations do mentally detach themselves as a survival mechanism. She does acknowledge that there is a cost when we become estranged from our feelings and the management of them, yet she identifies three stances that workers involved in emotional labour can take to their work. In the first instance, a worker may identify "too wholeheartedly" with their job, or in the second instance may clearly distinguish between themselves and the job. A third, and more healthy, scenario would be the worker who 'distinguishes herself from her act but does not blame herself for this, and sees the job as positively requiring the capacity to act' (Hochschild, 1983:187). Hochschild argues that a healthy estrangement, that is, a clear separation between self and role, makes people less vulnerable to burn-out.

When feelings are successfully commercialized, the worker does not feel phony or alien; she feels somehow satisfied in how personal her service actually was. Deep acting is a help in doing this, not a source of estrangement' (Hochschild, 1983:136).

Similar arguments have been made conceptualising sex work as role play and distancing self from role as less an act of denial than a valuable strategy or tool for managing emotional risk (Chapkis. 1997: McVerry & Lindop, 2005: Sanders, 2005a, 2005c), Chapkis (1997) argues that the danger for sex workers lies not in the separation of self from role but in identifying too closely with the role. Most participants in this study were able to achieve this separation and recognised that the performance that they provided in their public role was just that: a performance provided as part of their professional role. This performance was a psychological safeguard to provide a strict separation of home and work life (McVerry & Lindop, 2005) and was also a valuable tool in counteracting and resisting stigma. Some, coming from the position of 'sex work as violence' would have come to different conclusions when analysing the transcripts from this study seeing evidence of dissociation in the discourse of the participants instead of healthy emotional management. Yet, as Petro (2010) and Koken (2010) argue, research which only probes into the negative experiences of sex workers does this population a disservice. Although some experience emotional harms within the industry they are not 'simply victims' but 'fully realized and agentic human beings performing work inside a complex web of personal and social contexts' (Koken, 2010: 61). Most can and do maintain a boundary between their private and public roles and this has a positive impact on emotional health.

Social stigma which has a negative influence on emotional health, however, continues to be an issue even in New Zealand's decriminalised environment yet given that the Prostitution Reform Act is relatively new, there is hope that this may lessen in time. Further research needs to be carried out with sex workers in New Zealand to see if any changing social perceptions of sex work have an impact on emotion management in this population. Similar research is also required with sex workers working in different regulatory environments. There is a need for social policy to be informed by the voices and experiences of those who work in the industry if regulation is to be effective in protecting sex workers' mental and physical health.

Acknowledgements

The research was funded by the Health Research Council of New Zealand and the Ministry of Justice and granted ethical approval by the Multi-Region Ethics Committee. Co-investigators in the project were Dr Lisa Fitzgerald and Dr Cheryl Brunton. I would like to thank my partners in the research, New Zealand Prostitutes' Collective, as well as all the participants who gave so willingly of their time.

References

Abel, G., & Fitzgerald, L. (2006). "When you come to it you feel like a dork asking a guy to put a condom on": is sex education addressing young people's understandings of risk? Sex Education, 6(2), 105–119.

Abel, G., & Fitzgerald, L. (2010). Decriminalisation and stigma. In G. Abel, L. Fitzgerald, C. Healy, & A. With Taylor (Eds.), Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation. Bristol: Policy Press.

Abel, G., Fitzgerald, L., & Brunton, C. (2007). The impact of the prostitution Reform act on the health and safety practices of sex workers: Report to the prostitution law review Committee. Christchurch: University of Otago.

Abel, G., Fitzgerald, L., Healy, C., & Taylor, A. (2010). Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation. Bristol: Policy Press.

Albert, A., Warner, D., & Hatcher, R. (1998). Facilitating condom use with clients during commercial sex in Nevada's legal brothels. American Journal of Public Health, 88(4), 643–646.

Barry, K. (1995). The prostitution of sexuality: The global exploitation of women. New York and London: New York University Press.

- Benoit, C., Jansson, M., Millar, A., & Phillips, R. (2005). Community-Academic research on Hard-to-Reach populations: Benefits and Challenges, Qualitative Health Research, 15(2), 263-282.
- Benoit, C., & Millar, A. (2001). Dispelling myths and understanding realities: Working conditions, health status, and exiting experiences of sex workers. British Columbia: University of Victoria.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3, 77–101.
- Brewis, I., & Linstead, S. (2000). 'The worst thing is the screwing' (1): Consumption and the management of identity in sex work. Gender, Work and Organization, 7 (2), 84-97.
- Britten, N. (1995). Qualitative interviews in medical research. British Medical Journal, 311, 251-253.
- Browne, I., & Minichiello, V. (1995). The social meanings behind male sex work: implications for sexual interactions. *British Journal of Sociology*, 46(4), 598–622.
- Chapkis, W. (1997). Live sex acts: Women performing erotic labor. New York: . Routledge.
- Coleman, L., & Ingham, R. (1999). Exploring young people's difficulties in talking about contraception: how can we encourage more discussion between partners. Health Education Research, 14(6), 741-750.
- Cordes, C., & Dougherty, T. (1993). A review and integration of research on job burnout, Academy of Management Review, 18(4), 621-656,
- Cusick, L. (1998). Non-use of condoms by prostitute women. AIDS Care, 10(2), 133-146
- Cwikel, J., Ilan, K., & Chudakov, B. (2003). Women brothel workers and occupational health risks. Journal of the Epidemiology of Community Health, 57, 809-815.
- Day, S. (2007). On the game: Women and sex work. London: Pluto Press.
- Day, S., & Ward, H. (2007). British policy makes sex workers vulnerable. British Medical Journal, 334, 187.
- Department of Labour. (2004). A guide to Occupational health and safety in the New Zealand sex industry. Wellington: Department of Labour.
- Garcia, J., & Crocker, J. (2008). Reasons for disclosing depression matter: the consequences of having egosystem and ecosystem goals. Social Science and Medicine, 67(3), 453-462.
- Goffman, E. (1959). The presentation of self in everyday life. London: Anchor Books. Goffman, E. (1990). Stigma: Notes on the management of spoiled identity. London: Penguin Books. original work published in 1960.
- Grandey, A. (2000). Emotion regulation in the workplace: a new way to conceptualise emotional labor. Journal of Occupational Health Psychology, 5(1), 95-110.
- Hansen, E. (2006). Successful qualitative health research: A practical introduction. Crows Nest. Australia: Allen and Unwin.
- Hochschild, A. (1979). Emotion work, feeling rules and social structure. American Journal of Sociology, 85(3), 551-575.
- Hochschild, A. (1983). The managed heart: Commercialization of human feeling. Berkeley: University of California Press.
- Israel, B., Schulz, A., Parker, E., Becker, A., Allen, A., & Guzman, J. (2003). Critical issues in developing and following community based participatory research principles. In M. Minkler, & N. Wallerstein (Eds.), Community-based participatory research for health (pp. 53-76). San Francisco: Jossey-Bass.
- Jordan, J. (2005). The sex industry in New Zealand: A literature review. Wellington: Ministry of Justice.
- Kinnell, H. (2006). Murder made easy: the final solution to prostitution. In R. Campbell, & M. O'Neill (Eds.), Sex work now (pp. 141–168). Cullompton,
- Koken, J. (2010). The meaning of the 'Whore': how feminist theories on prostitution shape research on female sex workers. In M. Ditmore, A. Levy, & A. Willman (Eds.), Sex work matters: Exploring money, power and intimacy in the sex industry (pp. 28-64). London: Zed Books.
- Lear, D. (1997). Sex and sexuality: Risk and relationships in the age of AIDS. Thousand Oaks, London, New Delhi: Sage.
- Lees, S. (1993). Sugar and Spice: Sexuality and adolescent girls. London, New York:
- Lupton, D. (1999). Risk. New York: Routledge.
- McKeganey, N. (2006). Street prostitution in Scotland: the views of working women. Drugs: Education, Prevention and Policy, 13(2), 151–166.
- McVerry, S., & Lindop, E. (2005). Negotiating risk: how women working in massage parlours preserve their sexual and psychological health. Health Care for Women International, 26, 108-117.
- Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male to female transgenders of colour. AIDS Care, 16(15),

- O'Neill, M. (2001). Prostitution and Feminism: Towards a politics of feeling. Cambridge: Polity Press.
- O'Neill, M., & Pitcher, J. (2010). Sex work, communities, and public policy in the UK. In M. Ditmore, A. Levy, & A. Willman (Eds.), Sex work matters: Exploring money, power and intimacy in the sex industry. London: Zed Books.
- Overs, C. (2010, 4/10/2010). Decriminalisation is the starting point: What next for Canada. Retrieved 13 January, 2011, from. http://plri.wordpress.com/2010/10/ 04/decriminalisation-is-the-starting-point-what-next-for-canada/.
- Parker, R., & Aggleton, P. (2003), HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. Social Science & Medicine, 57. 13-24.
- Patton, M. (1990). Qualitative evaluation and research methods. Newbury Park, London, New Delhi: Sage,
- Pauw. I., & Brener. L. (2003). 'You are just whores you can't be raped': barriers to safer sex practices among women street workers in Cape Town. Culture, Health and Sexuality, 5(6), 465-481.
- Petro, M. (2010). Sellingsex: Women's participation in the sex industry. In M. Ditmore, A. Levy, & A. Willman (Eds.), Sex work matters: Exploring money, power and intimacy in the sex industry. London: Zed Books.
- Plant, M. (1997). Alcohol, drugs and social milieu. In G. Scambler, & A. Scambler (Eds.), Rethinking prostitution: Purchasing sex in the 1990s (pp. 164-179). London New York: Routledge
- Plumridge, L., & Abel, G. (2001). A 'segmented' sex industry in New Zealand: sexual and personal safety of female sex workers. Australian and New Zealand Journal of Public Health, 25(1), 78–83. Pyett, P., & Warr, D. (1997). Vulnerability on the streets: female sex workers and HIV
- risk. AIDS Care, 9(5), 539-547.
- Rice, P., & Ezzy, D. (2001). Qualitative research methods. New York: Oxford University Press.
- Romero, M., Rodriguez, E., Durand-Smith, A., & Aguilera, R. (2003). Twenty five years of qualitative research on mental health and addictions with hidden populations. First part. Salud Mental, 26(6), 76-83.
- Sanders, T. (2002). The condom as psychological barrier: female sex workers and emotional management. Feminism and Psychology, 12(4), 561-566.
- Sanders, T. (2004a). A continuum of risk? The management of health, physical and emotional risks by female sex workers. Sociology of Health and Illness, 26(5), 557 - 574
- Sanders, T. (2004b). The risks of street prostitution: Punters, police and protesters. Urban Studies, 41(9), 1703-1717.
- Sanders, T. (2005a). Blinded by morality? Prostitution policy in the UK. Capital and Class, 86, 9-15
- Sanders, T. (2005b). 'It's just acting': sex workers' strategies for capitalizing on sexuality. Gender, Work and Organization, 12(4), 319-342.
- Sanders, T. (2005c). Sex work: A risky business. Cullompton, Devon: Willan.
- Scambler, G., & Paoli, F. (2008). Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions. Social Science and Medicine, 66, 1848-1862.
- Shaver, F. (1994). The regulation of prostitution: avoiding the morality traps. Canadian Journal of Law and Society, 9(1), 123-145.
- Simic, M., & Rhodes, T. (2009). Violence, dignity and HIV vulnerability: street sex work in Serbia. Sociology of Health and Illness, 31(1), 1-16.
- Thomson, R., & Holland, J. (1998). Sexual relationships, negotiation and decision making. In J. Coleman, & D. Roker (Eds.), Teenage sexuality: health, risk and education (pp. 59-77). Amsterdam: Harwood Academic Publishers.
- Vanwesenbeeck, I. (2001). Another decade of social scientific work on sex work: a review of research 1990-2000. Annual Review of Sex Research, 12, 242-289.
- Vanwesenbeeck, I. (2005). Burnout among female indoor sex workers. Archives of Sexual Behavior, 34(6), 627-639.
- Wahab, S., & Sloan, L. (2004). Ethical dilemmas in sex work research. Research for Sex Work, 7, 3-5.
- Wallerstein, N., & Duran, B. (2003). The conceptual, historical, and practice roots of community based participatory research and related participatory traditions. In M. Minkler, & N. Wallerstein (Eds.), Community-based participatory research for health (pp. 27-52). San Francisco: Jossey-Bass.
- Ward, H., Day, S., & Weber, J. (1999). Risky business: health and safety in the sex industry over a 9 year period. Sexually Transmitted Infections, 75, 340-343.
- Warr, D., & Pyett, P. (1999). Difficult relations: sex work, love and intimacy. Sociology of Health and Illness, 21(3), 290-309.
- Weitzer, R. (2005). Flawed theory and method in studies of prostitution. Violence Against Women, 11(7), 934-949.
- Weitzer, R. (2007). Prostitution: Facts and fiction. Contexts, 6(4), 28-33.