

STREETWALKING — THEORY AND PRACTICE

A Social Science Study of a Masked Profession



By VERN L. BULLOUGH

PROSTITUTION is and has always been a subject which engenders a great deal of emotion and little scholarly study. While the prostitute has appeared in literature at least from the time of the Greeks, she has only too rarely appeared in the scientific or scholarly monograph. While an occasional investigator has looked at prostitution and the prostitute, these investigations have been spasmodic, unorganized, and incomplete.

Although the lacks are somewhat understandable in the light of the nature of the subject, they have allowed much misinformation to circulate about the extent, nature, and causes of prostitution, and this information has been widely disseminated to the general public. In order to assist serious examination of the subject, it might be helpful to give a brief historical resumé of investigations into some areas of prostitution, and to indicate the real extent of present knowledge.

Available official statistics on prostitution relate only to (a) inscribed women in countries where regulation exists or existed and (b) women convicted for soliciting. Both of these figures are inaccurate because even in those countries where prostitution has been or is legal, only a proportion of women actually practicing prostitution are listed on the official rolls. Missing are the clandestine, part-time, and amateur prostitutes, as well as most of the higher-status prostitutes. Arrest figures are also extremely misleading since they tend to concentrate on the low-status prostitute, fluctuate with the views of individual magistrates or in response to public opinion, and change from area to area because of different regional attitudes.

Still, when these weaknesses have been pointed out, there is some validity in official figures. The pioneer effort to define the extent of prostitution was made by the French physician Alexandre Jean Baptiste Parent-Duchatelet in 1836. His was the first statistical study of prostitution. In examining the police

register in Paris, where prostitution was controlled by the municipal government, Duchatelet found that there were 3,558 prostitutes. Comparing this number with the number registered in 1814, he found that prostitution had been increasing but not more rapidly than the population. This conclusion was borne out by later studies which indicated that while in 1854 there were over 4,000 inscribed prostitutes in Paris, the population of the city had increased proportionately in the intervening decades.

Previous to Duchatelet's study, and unfortunately even after his study appeared, there were tremendous variations in the estimates of the extent of prostitution. Typical was the one made by Michael Ryan for London. Ryan followed the form set by Duchatelet, but did not restrict himself to the methodology worked out by the French physician. As a result, Ryan concluded (and his estimates are still often quoted) that there were some 80,000 prostitutes in London. Using these figures, a contemporary skeptical reader estimated that since the total female population of London was 769,628 of whom 394,814 were women between the ages of fifteen and fifty years, Ryan's estimate would have made one out of every five adult women a prostitute. Ryan had even gone further in his claims by stating that fully two-thirds of the women on the streets were under twenty years of age. Since there were an estimated 78,962 females between fifteen and twenty years old in London, Ryan would have had almost every one of them acting as a prostitute. The effect of Ryan's statement was to imply that almost every wife and mother in London had at one time been a prostitute. Yet few if any clergymen objected. And no husband rose to defend the integrity of his wife.

Ryan's figures were for the nineteenth century. Similar figures are circulated for modern American cities without any real attempt at analysis or any challenge from enraged womanhood. Ben L. Reitman, for example, estimated that there were 100,000 prostitutes in Chicago in 1930. Fortunately a considerable num-

ber of investigators followed the somewhat more scientific method set out by Parent-Duchatelet, both in the United States and in Europe, and the statistical reports of the League of Nations in the 1920s and 1930s were a continuation of his work.

All of these reports, however, suffered from the fact that they were based either on arrest records or on inscribed women. The first real deviation from this standard was the statistical sampling technique modified and extended by the late Alfred C. Kinsey and co-workers. Kinsey estimated that on the basis of his sample some 65 per cent of the total white male population in the United States ultimately had some experience with prostitutes. Many of these males, however, never had more than a single experience or two at most, and not more than 15 per cent of them ever had such relations more than a few times a year. In fact, when the total sexual outlet of the male population was considered, Kinsey estimated that contact with prostitutes amounted only to between 3.5 and 4 per cent of sexual experience.

BY far the largest proportion of those turning to prostitutes were unmarried males: either bachelors, divorcés, or widowers. Kinsey's figures tended to show that younger men were less accustomed to visit prostitutes than their fathers had been at a comparable age. He also tended to lower the estimates of the number of males who went to prostitutes. While the sampling technique of Kinsey has been criticized, he did tend to cut down some of the wild guesses made by some of the more sensational writers on the subject. Obviously, however, neither the methods of Duchatelet nor Kinsey have indicated the true extent of prostitution and there is a real need for new exploratory techniques.

The nineteenth and twentieth centuries have seen an attempt to investigate some of the sociological factors in the formation of the prostitute. Duchatelet was the pioneer here also. In his study of Parisian prostitutes, he found that the inscribed prostitute of the 1830s was in

her late teens or early twenties, illiterate, poor, probably illegitimate or from a broken family, and likely to have been a prostitute for only a short time and willing to leave the profession if something better turned up.

While some of Duchatelet's methods can be challenged, his importance lies in the fact that he emphasized the economic, educational, and sociological causes of prostitution—a significant break with the past where the prostitute, at least in the Judaic-Christian cultures, had usually been regarded as a “fallen” woman who had turned to prostitution because of some character defect which could only be overcome by her reconversion to religion.

Subsequent studies by others further emphasized the economic and sociological causes of prostitution.

In 1855, Dr. William Sanger, with the assistance of the New York City police, had some 2,000 prostitutes fill out questionnaires giving such information as nativity, age, economic background, and reasons for becoming a prostitute. In the survey a correlation, which would seemingly hold today, appeared between immigrant groups and prostitution. By far the largest number of prostitutes (some 706) were immigrants from Ireland and it was the Irish at that time who were arriving in the greatest numbers in America and who were the most outcast and dislocated group. A large number of the American-born prostitutes came from New England, primarily from the textile towns which were also centers of great community disorganization.

George Kneeland made a similar study in New York City in 1912, this time of 2,363 prostitutes. Russia, the home of a large number of Jewish migrants, was then the country of derivation of the largest number of immigrant prostitutes. Ireland was a poor fourth, indicating the changing status of the New York Irish. Negroes, totally ignored by Sanger, were also becoming an increasing source of prostitution.

Both Sanger and Kneeland drew their information from the police records, and their statistics are heavily weighted towards the lower end of the social scale since low-status women are most likely to be arrested. Nonetheless, such studies made it obvious that the prostitutes came from the dislocated, dispossessed, and helpless.

Because the economic causes were given so much stress in these earlier statistical studies, a great deal of attention was focused upon the early Soviet experience. The Communists claimed that the chief cause of prostitution was capitalism. Nevertheless, prostitution continued to exist in the Union of Soviet Socialist Republics, albeit in a different form than it had in Czarist Russia.

In sum, while poor living conditions, unhealthy neighborhoods, neglected homes, inadequate education, low levels of intelligence, ignorance of sexual matters or too early sex experience, and a whole combination of personal and environmental factors, many of which are most likely to occur in lower economic levels, are found in the backgrounds of a great many prostitutes, the remarkable thing is not that women with such backgrounds become prostitutes but that so many women from the same background do not.

PART of the answer seems to lie in the fact that the prostitute in our society is not only being paid for her sexual services, but for a loss of social standing as well. The women who turn to prostitution *ipso facto* become outcasts, condemned by the moral systems of modern Western societies. If this thesis has any validity, then the woman who consciously or unconsciously seeks such a life has a personality problem, and prostitution is only a symptom of greater difficulties. This is an area which has been little studied but in which there is much theorizing, most of it farfetched.

The pioneer in the field of modern sex behavior research, Richard von Krafft-Ebing, did not even discuss prostitution in his *Psychopathia Sexualis*, perhaps because he was unable to recognize it as symptomatic of deeper personality problems. It was not until Freud's appearance that attention began to be paid to prostitution as a form of deviant sexual behavior, although Freud generally ignored the subject himself.

Working from a different orientation than Freud, but also a pioneer in sexual studies, was Havelock Ellis. He was one of the first, if not the first, writer in English to discuss the psychological aspects of prostitution. Ellis argued that economic motivations were insufficient to explain prostitution; he also disagreed with Cesare Lombroso, one of the founders of the science of criminology, who felt that the basis of prostitution was to be found in moral idiocy or inherent

tendencies. Ellis was also one of the first to cast doubt on the popular belief that the prostitute was an extremely sensual woman.

Karl Abraham carried Ellis's idea about the lack of sexuality in the prostitute even further by arguing, without much empirical evidence, that it was only when a woman could not enjoy the sex act with one partner that she felt compelled to change partners constantly: in other words, to become a female Don Juan. The prostitute avenged herself on every man by demonstrating that the sex act, which was so important to him, meant very little to her; she was thus unconsciously or perhaps consciously humiliating all men by having intercourse with any and all customers.

Edward Glover, primarily from theoretical grounds, argued that the Oedipus conflict was an important determinant in the development of the prostitute. He felt that even though the prostitute had broken away from her home and love ties with her father, beneath the surface of rebellious independence the prostitute suffered from childish hostilities toward her mother and acute disappointment with her father. Most prostitutes, he concluded, were sexually frigid, had an unconscious hostility toward males, and had homosexual tendencies. Although other investigators have also accepted the concept of latent homosexuality, few have gone as far as Frank Caprio, who argued that prostitution was a defense mechanism against homosexual desires, desires which had forced the prostitute to turn to a pseudo-heterosexuality rather than take overt homosexual action.

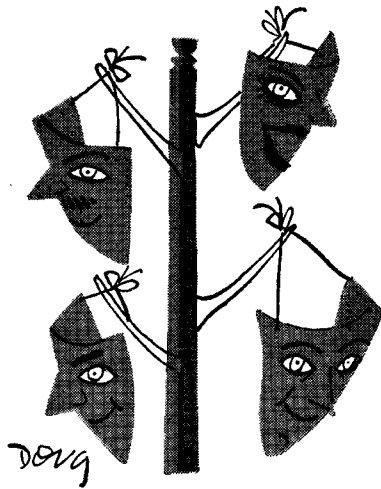
Unfortunately, while the insights of an Abraham, a Glover, or a Caprio are helpful in understanding prostitution, their value is very limited because they are based on so few cases. Very little empirical research has been conducted into the nature of prostitution and many of the psychoanalytic interpretations are based on the chance patient or patients which any analyst might have. It is also obvious that there is no single cause of



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prostitution but that a whole complex of psychological and environmental factors are involved. Too many writers have formulated hypotheses without doing many case studies but instead depending upon a general concept analysis, which may or may not be correct but in any case has not been empirically validated.

The early psychoanalysts did help to change the public image of the prostitute; but to carry their insights to fruition requires the unification of field work, counseling, personality inventory, psychoanalysis, and other means of probing into the mind and personality of the prostitute. One of the most significant attempts at such a study was the work of an anonymous English author, *Women of the Streets*; it involved statistical sampling of 150 prostitutes, plus a smaller number of depth studies. The author found that there were radically different personalities and status levels among street walkers. The more well-to-do, those who worked in the better sections of London, were more likely to be charming, educated, and seemingly sympathetic, while those who worked in the poorer neighborhoods



were more socially embittered and more obviously out to get the best of their customers.

All of the prostitutes reflected alienation from a society, and despite widespread popular belief to the contrary, it was found that prostitutes worked hard at their jobs. While they were often generous, they were also untruthful and spiteful. None of the women felt that she worked for pleasure. On the whole, they tended to transfer their own guilt feelings to their customers; that is, the prostitute rationalized that she was earning her wages while her customer was deceiving his wife or otherwise not acting in an honest way.

Supplementing the English study is an American one by Harold Greenwald, the most thorough and scientific treat-

ment to date on the upper-class prostitute. Greenwald's findings are based on only twenty cases, a number which would be considered an inadequate sample in most areas of social research; but in a field where there are few empirical studies and a lot of theorizing, Greenwald's study is nearly unique.

Some of the interviews were conducted by Greenwald himself while others were carried out by call girls whom he trained. Not surprisingly, the study indicated that the American upper-class prostitute had the same charm, manners, and social-class background as the upper-class London streetwalker; they even had the same view toward their clients and toward themselves.

Greenwald claimed that the primary predisposing factor in the girls' background was a history of severe maternal deprivation. This loss of mother-love caused the child to turn increasingly to her father for affection, but usually the father failed to give the necessary emotional support; this led the girl to eventually turn to self-abasement in an attempt to hurt the parents. Prostitution also represented a search for security, for the warmth and love that the adult woman had not received as a child.

Greenwald's explanation is seemingly somewhat contradictory to earlier explanations, which tended to emphasize a faulty relationship with the father as one of the key factors in leading a girl into prostitution. But in a sense Greenwald's findings are more of an amplification, since the girl's relationship with the father only becomes so crucial when the mother is either absent or unable to give the maternal affection the child craves.

Another study, this time of twelve cases, was made by the French psychoanalyst Maryse Choisy, who early in her career spent a month as a waitress in a French brothel gathering material for a newspaper series. On the basis of her psychoanalytic experience, she concluded that the union of the prostitute with the client was one of debasement in which both partners expressed their aggression and hostility in a sadomasochistic relationship, with the woman seeking revenge on her father and the man on his mother. Even the money which changes hands is a symbol of mutual contempt.

THE difficulty with Choisy's analysis is that she is much too prone to make wide generalizations on what some investigators would hold to be insufficient evidence. This is a difficulty which continually plagues any investigation into prostitution, where the actual number of case studies is very small. Not all students of psychic symbolism would agree with the Choisy analysis of money in the business transaction of prostitution;

some feel that it could be a search for security, while others indicate that the transaction is closely connected with the anal desires of the child. Regardless of the symbolism, it is generally agreed that prostitutes only infrequently save the money they earn but instead spend it rather lavishly on their men or attempt to buy things which they never really want or use.

It has also been argued that the prostitute as well as her client present a false or pseudo-personality to one another. The relationship is brief, incognito, not particularly selective, as if both participants were wearing masks. This enables the prostitute to avoid the closeness of a real affectionate bond, a bond which she is too immature to accept without almost unbearable anxiety. This protective mechanism is usually carried over into actual conversation with the clients and even with various interviewers, since the prostitute usually does not tell the truth about herself. Lying has become a protective mechanism, part of the pseudo-personality.

Still other investigators have regarded prostitution as an extreme form of self-abasement which is a response to an unresolved father attachment. At least one observer has looked upon the prostitute as having a Circe complex, a desire to turn men into swine.

Emphasizing the need for basic research is a British study of some 400 wayward girls. Here it was found that promiscuity was usually a transitory phase, an attempt to find at least a temporary adjustment to life. Prostitution was not the long-term adjustment which most of the girls were seeking, since most of them turned to other activities more acceptable to society. The paradox is that those girls who became prostitutes had normal intelligence and superficially little more emotional difficulties than those who did not.

In sum, there is no easy answer to why girls turn to "intercourse of the genitals" and not of the person. Prostitution is clearly an antisocial behavior in most Western societies, and is undoubtedly a method of emotional adjustment to meet deep psychological needs. It is also obvious that after nearly 150 years of behavioral investigation into the subject, there is still no really comprehensive study of prostitution. While several recent studies have appeared on the historical and anthropological nature of prostitution, and there have been biographies or autobiographies of several prostitutes, there is a real need to start an all-encompassing study or studies on the extent of prostitution, the causes of prostitution, and the nature of prostitution; there are obvious economic, social, and psychological factors involved, but the surface has only just been scratched.

THE RESEARCH FRONTIER



—AAMC.

WHERE IS SCIENCE TAKING US?

In medicine, no one seems quite sure. Considerable confusion exists even on the question of where we are now. A widespread belief is that new scientific discoveries are translated into clinical practice too slowly. Yet there is everywhere evidence of damage to the human organism from too speedy adoption of innovations. Many patients feel that doctors too frequently are unsympathetic to the patients' needs, while many doctors feel that much of what patients demand is degrading to medical science. Obviously, something has happened to the close rapport once taken for granted in the physician-patient relationship. A candid and wide-ranging debate might relieve the tension and improve understanding. To encourage such an end, SR publishes below a public paper read recently by the retiring executive director of the Association of American Medical Colleges. It is followed by dissident letters.

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THE growing effectiveness of medicine during the past quarter-century stems from the vast amount of disease-oriented research that has taken place, and from the resulting acceleration of specialism and the organization of personnel and facilities that has translated the knowledge from this research into service. But from here on, while disease-oriented research will continue to increase medicine's effectiveness, I believe the most important factor will be deliberate development of research toward concepts and practices that will increase the efficiency of medical care without decreasing or minimizing the effectiveness of medical care.

The urbanization of our population and the development of rapid communication and transportation have greatly reduced both the time and distance that used to be involved in the care of patients. Increasingly effective therapy has shortened the time required for the management of many long-term, time-consuming illnesses. Scientific and technical developments have resulted in increasingly accurate instruments and techniques, many of which can be applied by assistants. The use of the hospital has increased and now stands as a facility for the diagnosis and treatment of many types of illness that formerly were handled in the doctor's office and in the patient's home. In the hospital, the physician can move rapidly from patient to patient and also can amplify his services through the help of interns, residents, nurses, and technicians. The graduate nurse, because of practical nurses, nurses' aides, orderlies, and many types of volunteer workers, can do the same. Specialism—in all of the professional and technical areas of medicine—has magnified the effects of all of these developments.

In short, it can be said that, as compared with a few years ago, it is now possible for relatively fewer health-service personnel to apply greater amounts of knowledge to more people in less time. This surely sounds as if medical care has been increasing in both efficiency and effectiveness.

This may be, and as long as increases in efficiency can go hand in hand with increases in effectiveness I have no complaint. But there must be a limit to which increasing efficiency can go at the expense of time per patient. A certain amount of time per patient is essential, if only to permit proper application of scientific and technical knowledge. I, for one, believe that in the hustle and bustle of present-day medical service, patients frequently are being denied even this kind of time. I believe that our dependence upon timesaving developments in medical care is reaching the point of diminishing returns.

Assuming that the time per patient is enough to satisfy proper scientific and technical considerations, this alone will not suffice. Because, in spite of our scientific and administrative progress in the field of medicine, the interpersonal

relationship between the health professional and his or her patients will always be an indispensable tool of therapy. If time limitation is allowed to reduce the effective use of this tool, we are led to overemphasize disease and underemphasize the care of the patient in whom the disease may be present.

Furthermore, since most medical research and medical care are oriented toward the diagnosis and treatment of disease, there is little impetus to be concerned about where patients go or what they do between episodes of illness; or, even during such episodes, about where they go or what they do between trips to an office or a hospital. In other words, there is now too little inclination to relate the concerns of medical care to the living and working environments of patients—the places where they become ill or where they get well. As a consequence, it is unusual for those taking the primary responsibility for the care of patients to have any firsthand appreciation of the ultimate beginnings of an episode of illness or of its ultimate consequences upon the patient or his family. This forestalls the practice of effective preventive medicine. It also dilutes the quality and the effectiveness of the care of chronic illness and the practice of rehabilitation.

I believe that the potential of medical care is too great, and that the organization for its delivery too difficult and expensive, to continue to justify the trial-and-error approach that has characterized the past. I believe that the time has come when change must be planned and controlled. And if this is to happen, we must first reach general agreement on the concepts and goals that should govern whatever system of medical care we think we should have.

I BELIEVE we should aim for a medical establishment capable of providing every type of care and every amount of care that our people may need. Therefore, I say we should seek a system of person- and family-centered service, rendered by a well-balanced, well-organized core of professional and technical personnel who, by using facilities and equipment that are both physically and functionally related, can deliver effective service at a cost that is economically compatible with individual, family, community, and national resources. This is my definition of what is commonly called "comprehensive care."

In 1963 a report entitled "Education for the Health Professions" was submitted to the Governor and the Board of Regents of the State of New York by the New York State Committee on Medical Education. Dr. Lester J. Evans, now consultant in education for the health professions to the University of Illinois, was the principal author. It stated:

"Basically, comprehensive medical care is the kind of compassionate, personalized, birth-to-death attention—preventive, advisory, and rehabilitative, as well as diagnostic and therapeutic—that the ideal family physician used to give (and