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LEARNINGMETHODS™ work and certain parts have been modified by
David Gorman to be more relevant to the LearningMethods work.

While the main direction of the article is about the hands-on body-work
of massage, it should also provide helpful insights for the educational
nature of the LearningMethods work.

THE TEACHER-STUDENT RELATIONSHIP

ESSAYS ON BOUNDARIES, ETHICS AND SUPERVISION

BY BEN E. BENJAMIN Ph.D.

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Choosing a Massage Therapist/Body-worker

Ben E. Benjamin, Ph.D.

This article begins with a series of questions which a prospective client might want to ask before choosing a massage therapist or body-worker, but which might not readily come to mind or be easily verbalized. I wrote it in response to a need recognized by the AMTA Council of Schools Professional and Sexual Ethics Task Force for a brochure which would empower clients with the knowledge of ground rules and appropriate boundaries in a therapeutic relationship involving touch. (The Council of Schools is a voluntary group representing AMTA schools with accredited/approved programs.) This piece was inspired by a thought provoking article by David Palmer in *The Body-work Entrepreneur*, entitled "Self Disclosure". It suggested ways to improve the therapeutic relationship and it clearly articulated ideas that were rambling around in my head for quite awhile. I decided to formulate this idea into a brochure in the hope that it would be used in some form by all health care practitioners to inform clients of their right to know about what to expect when choosing a health care practitioner. I felt the best place to start was with

my own profession so I adapted this brochure for use by massage therapists and body-workers. My second hope was that practitioners of every sort would be inspired to examine the manner in which they interact with clients specifically around the issues of self-disclosure in their own practices.

In my opinion the American Massage Therapy Association is a professional organization dedicated to high standards of practice. The Association's commitment to the consumer is reflected in the publication of this article and other efforts to educate the public about massage and other forms of body-work.

One of the ways of meeting our responsibility to the public is to offer guidelines for selecting appropriate massage services.

Our members come from rich, diverse educational backgrounds. Because of the diversity available in massage and body-work, and because of the range of physical problems presented by clients, we would like to help clients choose their practitioner in a thoughtful and informed manner.

Formulating a Client Information Brochure (see page 6-7)

(modified by David Gorman for LearningMethods teachers)

To make this information more concrete, following this brochure, I have written an imaginary sample policy statement that a practitioner might use to inform clients about his/her policies, boundaries, background and so forth. Feel free to modify it for your own needs. Stating this kind of policy information in writing saves you, the practitioner, a lot of time and trouble as well as providing your students with a

record of your policies should any disagreements arise.

My hope is that as you read this article you will ask yourself if you know the answers to the questions posed here as they apply to your business. Do you clearly communicate this information to all your clients? Feel free to use anything here informing a set of policies for a brochure that reflects your beliefs and your work

A Brochure on Choosing a Massage Therapist/Body-worker

This brochure is about your rights as a consumer when interacting with a massage therapist or body-work practitioner. Its purpose is to help you obtain the information necessary to make an informed decision about the kind of practitioner and services best suited to your individual needs.

The brochure provides you with a list of questions to think about when seeking services from a massage therapist or body-work practitioner. Ask the selection of questions that you decide will give you the information you would like. If you get the answers to those questions you should be able to make a more informed decision when choosing a practitioner.

It is our hope that this information helps you to set realistic expectations with your practitioner. Clarity in the client-practitioner relationship can prevent misunderstandings or disappointments and ensure a more successful outcome from the services provided.

Type of Services

Find out what kinds of work the practitioner provides. Ask questions until you are satisfied and ask for literature if it is available. Some questions to ask are:

- What style of body-work do you practice?
- What is this particular style good for?
- What are its limits?
- Do you work with pain and other medical problems or do you provide a stress reduction relaxation massage?
- Do you specialize in working with any particular group, for instance the elderly or athletes or specific problems like headaches and back pain?
- Are there certain people that you won't work with such as pregnant women or people with certain medical conditions?
- Do you have a referral network of related professionals that you utilize?

Training and Experience

Don't be afraid to ask what you want to know. It is your right, as a consumer, to be assured of the competence of your practitioner. Find out what the practitioner's background is. The minimum

standard in massage therapy is 500 hours of training over six to 12 months.

- Are you licensed in your town or state?
- How long have you been practicing?
- Did you attend a school to learn your profession?
- What school did you go to?
- How long was your training?
- How many classroom hours did that entail?
- Were there additional courses or internships that you did?
- Is the school you went to approved by any professional organization or government accrediting agency?
- What other educational background do you have?
- Have you had any additional training since you began practicing? If so, in what areas?
- Do you belong to any professional organizations? Have you been an active member in any way?

Appointment Policies

If you understand the practitioners policies with regard to appointments, then you can avoid disappointment or surprise. If the practitioner is clear about what these policies are, you will have the basis for a good working relationship.

- How long is each session?
- What is your work schedule? Which days and hours?
- Do you do house calls?
- Is the first appointment longer than others?
- How do you deal with emergency appointments?
- How often do you suggest clients come for a session?
- What is your cancellation policy?
- What happens if a client is late for an appointment?
- What happens if you are late for an appointment?
- Can I eat before I come for a session?
- Should I restrict or alter physical activity before or after a session?
- Do clients generally get a phone machine when calling?

- How soon do you usually return calls?
- Can you be reached at home or only at the office?
- If you can be reached at home, is there any time you would rather not be called?

Client/Practitioner Expectations

What can you as the client expect? Since there is generally some anxiety about a stranger touching your body for the first time, ask in detail about what happens in a body-work session. Remember that these are only suggested questions to ask. Ask as little or as much as you like.

- Does the first session start with an interview or medical history?
- Will there be papers to fill out?
- How long will the session last and does that vary?
- Does the client get fully undressed or partially undressed for a session?
- Is the client covered and draped during the session?
- Do you start with the client face up or face down?
- What parts of the body do you work on and in what order?
- Do you use oils?
- Do you clean the oil off of the client?
- Can clients shower before or after?
- Does the client do anything special during the massage session, i.e. certain breathing, eyes closed, etc.
- Is there much talking during the session?
- What happens if something feels uncomfortable during the session?
- Will there be low light or music?
- Do you have a sauna or whirlpool?
- Are there any reactions I should expect during or after a session?
- What professional standards do you ascribe to?
- Does your profession have a code of ethics and behavior?
- Can I get a copy?
- What is your policy on confidentiality?
- Do you have a supervisory relationship with a psychotherapist or a person in your profession?
- Can a friend or relative accompany me during the session!

Fees

Money is an emotional issue for most people. Be sure you understand the practitioner's fee policies before you begin your therapeutic relationship.

- What is your fee structure?
- How often do you raise your fees?
- Do you have a sliding scale for any particular group?
- Do you take cash, checks and/or credit cards?
- Do you bill?
- Do you take insurance?
- How often does insurance cover your services?
- Can clients get longer or short sessions for a different fee?
- Can clients purchase a series of sessions for a discount?
- Do you pay any referral fees for new clients?

Sexual Appropriateness

Sexual behavior on the part of the therapist toward the client is always unethical and inappropriate. It is always the responsibility of the therapist or health professional to see that sexual misconduct does not occur.

- How do you feel about practitioner who date their clients?
- What is your opinion of client/practitioner friendships and sexual relationships?

Recourse Policy 1

What happens if you are not satisfied with your session? Is there anything you can agree on or should know about that you can do if that happens?

- If I am unhappy or not satisfied with the session I receive, do you offer me my money back or part of it?
- Do you offer a free session?
- If I am not satisfied with the way YOU handle the situation, is there a professional organization or licensing board with whom I can register my complaint?

¹ Inspired by an article in David Palmer's "*The Body-work Entrepreneur*" edited and prepared by Ben Benjamin.

Sherry Smith, Montana LearningMethods™ Center

122 Insight Avenue, Red Flag, Montana 99999, Tel: 999-888-7654

Sample Student Information Brochure

Background and Training

I have been teaching LearningMethods since 1999. I was trained by the founder of the work, David Gorman, in an extensive apprenticeship program extending over 4 years. This training included much practical work on my own issues as well as extensive supervised teaching.

I am committed to an ongoing professional development program of further learning and as part of the LearningMethods profession I am reassessed and re-licensed to practice every two years.

I specialize in working with performers and athletes and people with relationship issues, but am also equally happy to work with any problem or issue you bring to me for help.

My work focuses in two directions:

1. Helping you solve the particular issue you come with,
2. Teaching you the tools to solve your own problems.

Who Can Benefit

LearningMethods is usually helpful for any sort of problem you may experience, from physical pain, tension, or stress to anxiety, panic, stage-fright or phobias to compulsive habits like smoking, over-eating or over-spending to relationship conflicts, abuse or self-esteem issues and more.

Others who may benefit greatly from the LearningMethods work are people who want to learn how to solve their own problems, to understand the way their mind and emotions work and to learn a set of tools to explore and discover how to navigate successfully through their lives.

If, after a course of sessions, I cannot help you directly, I will be glad to refer you to someone who works with a different method who may be able to help you.

Student – Teacher Expectations

The first session begins with a short period where you will be filled in on my appointment and confidentiality policy and we will discuss why you have come and what are your goals for the sessions. This first session may last up to 2 hours (a half-hour longer than normal sessions afterwards).

Everything that is communicated is held completely confidential.

When you have a session, your feelings of privacy are always respected. You are free to bring up any issue you wish and also free to stop at any time or to refrain from answering any question if you'd rather not.

During a session you are encouraged to stay in touch with your feelings and inform me if anything makes you feel uncomfortable or unsafe, either physically or psychologically. Please speak up immediately if anything like this happens, I want to know as soon as possible.

If the issue you bring up is full of emotion, you will have whatever time you need to go through any strong feelings. Usually this does not take long, but remember, the sessions are for you and you are in the driver's seat.

Usually the session will last the allotted time, but if I choose to extend the time because of what we are in the middle of, there will be no change of fee.

To improve the quality and depth of my work, I work periodically with an experienced LearningMethods Supervising Teacher. At times I may consult with this supervisor. If I do this in relation to any sessions with students, I use no names and keep details to a minimum. The supervisor is also bound by complete confidentiality. If you have any questions about this supervision process, please ask me.

Appointment Policies

Each session is one and a half hours long.

This first session may last up to a half-hour longer than normal sessions afterwards.

Some issues can be solved in one session; others take longer. For most issues that take some sessions to resolve, it is suggested that students come twice a week for the first 3 weeks and then once a week as we progress. You may end the sessions at any time if feel that your goals have been reached.

Appointments are usually scheduled after each session, but you may schedule in advance if you like.

It is often convenient for students to book a regular slot, e.g. Tuesdays at 2:00pm each week.

All of the appointments take place at 122 Mellow Avenue. I do not make house calls.

I see students Monday through Thursday from 10:00am until 5:00pm, and on Tuesday and Thursday I teach until 8:00pm.

If you are a regular student and have an emergency, feel free to call and I will try to accommodate you as soon as possible.

If you need to cancel or reschedule an appointment, please call 999-888-7654 between 9:00am and 6:00pm if possible. When you call, you will usually talk to a person, but occasionally you will get a machine. Calls are usually returned within 24 hours.

If you wish to cancel an appointment, you must do so at least 24 hours in advance, or you will be charged for the full amount of the session. If you get the answer machine, please leave a message on the machine including the date and time of your call and the details of the appointment you wish to cancel.

If you are late, the session will still fall within the allotted time slot.

If I am late the session will last the full time.

If I do not show up for a scheduled appointment, you will receive a free appointment. This rarely happens, but it is my policy.

Fees

Initial private 2 hour session is \$150.

Normal private 1½ hour sessions are \$150.

If for some reason you would like a longer private session, the fee is \$200 for 2 hours or \$250 for 2½ hours. This can be shared between two people, for instance by a couple for a session on their relationship.

Small group sessions (3 people for 3 hours) are \$80 for each person.

Payment must be received at the time of the appointment, and you must pay by check or cash. I do not bill students.

Individuals who have financial constraints are welcome to discuss this with me to see what can be worked out. I may lower my fee, suggest less expensive group classes or refer you to a junior colleague or apprentice-teacher with a fee you can afford.

Fees are generally not raised more than once a year.

Appropriate Professional Behaviour

Our profession ascribes to a code of ethical professional conduct, which is available upon request (or from the LearningMethods web site: www.learningmethods.com/conduct.htm)

I ascribe to all the statements in this ethical code and have strong beliefs that teachers and students should not engage in intimate personal relationships.

Recourse Policy

If you are dissatisfied with the session or how I have conducted it, I would appreciate it if you spoke with me about it right away as it is usually possible to straighten things out with direct communication.

But in any case, you have recourse and may make a complaint to the LearningMethods professional body by writing to:

David Gorman
LearningMethods Conduct Committee
Quartier la Rouvière, 30130 St. Alexandre
France
or calling +33 (0)4-66-39-55-75

Sexuality and Boundary Issues

by Ben E. Benjamin, Ph.D.

In May I organized and moderated a panel on “*Sexual Abuse in the Health Care Field*” at the Boulder AMTA conference [American Massage Therapy Association]. In preparation for that panel, several colleagues and I began to develop educational materials for practitioners and massage-work students. What follows is the result of our efforts to date.

This paper on “Guidelines” and “Code of Ethics” may still undergo some revisions and improvements but I thought it best to share it with you now and not wait until it was perfect. If you have some input that would improve this piece please write to me. I welcome your thoughts and opinions.

“Thank you for the many letters I received on my article, “Sexual Abuse in the Health Care Field.” As a result of this forum and other similar meetings practitioners and educators around the country are working on various projects to (1) create an innovative curriculum on Sexuality and Ethical Behavior to be shared with schools all over the country, (2) write a brochure for the public on professional and ethical behavior in and out of the treatment session, (3) provide a forum for ongoing supervision for body-work therapists much like practicing psychotherapists have.

The Guidelines for Safe and Ethical Contact were written for the massage/ body-work student just beginning his/her training or school experience. They make explicit some of the ethical and sexual issues which the therapist must understand and deal with. They were prepared by Ruth Marion and amended by Debra Curties and myself, who are all members of the Sexual Abuse Task Force of the AMTA Council of Schools. The Code of Ethics, a work in progress, was written to make explicitly clear what is and what is not appropriate professional ethical behavior. It was an attempt to state the obvious for all to see and to clarify the gray areas where there may be a fuzzy boundary between what’s right and what’s not. The Code of Ethics was prepared by the entire task force including additional members Allison Owens, Togi Kinnaman, Judy Dean and Catherine Osterbye.

We invite all massage and body-work schools to feel free to use this written material and give it out to their students, graduates and staff.

Guidelines for safe and ethical contact

Humans are sexual beings. Because massage therapy crosses the normal boundary that exists between most people it is important that the boundaries between client and therapist be clearly defined and understood. Since the professional touch of the massage therapist

can easily be confused with sexual touching there is great potential for misunderstanding, discomfort and inappropriate behavior to occur during a massage session. During massage therapy training and in professional practice, we need to do our work in a safe and comfortable environment that engenders trust and mutual respect. Indeed, it is only in such an environment that health-giving treatment can be given and received.

Recent developments in the field of psychology indicate that millions of Americans have been sexually and/or physically abused by parents, relatives, friends, doctors, health professionals and therapists of all types. This means that some massage school students have been abused as well as some massage therapy clients, and that some massage therapists are sexual abusers. We are all sensitive about touching and being touched; those who have been abused have even more reason to need and expect cautious, respectful treatment in the massage therapy setting. And as members of the profession of massage therapy, we have a responsibility to adhere to clear ethical standards and to help prevent instances of abuse.

As part of your educational experience, you will be giving and receiving massage in the following settings: (1) in the classroom; (2) in the clinic; (3) in the outreach/internship setting; (4) in your home or your classmate’s home with family, friends, classmates and practice clients.

In all of these settings, you as the person giving massage or as the person receiving massage, must give and receive safety, respect and comfort. This requires that communication be sensitive, noninvasive, and straightforward. As the student-practitioner you must maintain the appropriate boundary while you are working. As a student receiving massage, if you become uncomfortable with the way someone is practicing on you, your job is to let them know right away.

It is important to keep in mind at all times that whether the person you are treating is a friend, partner, family member or clinical client, there is a power difference because you are the therapist and clothed, and the other person is undressed and on the receiving side of the treatment. As the therapist it is your responsibility to remain aware of this power differential and ensure that you never misuse it.

The following guidelines are intended as a framework to help you recognize unethical, disrespectful or inconsiderate treatment. You should be aware that while these guidelines are not all inclusive, they will

help you become sensitive to and respectful of your clients. Adherence to these guidelines during your training will prepare you to conduct yourself in a professional manner and to help prevent sexual abuse

in the future. As guidelines such as these are adopted by the Profession of massage and body-work therapies and by other helping professions, opportunities will expand for healthy touching, treatment and healing.

The following is a list of suggested guidelines for appropriate behavior between practitioner and client so that a safe environment is created for both practitioner and client around the issue of sexual boundaries.

1. No sexual contact or intercourse between practitioner and client before, during, or after a treatment session.
2. No sexual contact or dating between practitioner and client during the course of treatments.
3. If the practitioner and client want to have a romantic relationship, the professional relationship must be terminated first.
4. The practitioner is responsible for maintaining appropriate boundaries even if the client is perceived as being seductive.
5. Client undresses and dresses in private.
6. Client has a clear choice as to whether he/she is nude, wears underwear or a smock during the treatment.
7. Practitioner never works on or in the genital area or the anus.
8. Practitioner never works on the nipple area of a client.
9. Practitioner uses only the hands, arms, elbows, and feet to massage a client.
10. Practitioner uses only the knee, lateral aspect of the hip and lower leg for bracing.
11. Practitioner never uses the chest, face, lips, pelvis or breasts to massage a client.
12. Practitioner does not use inappropriate parts of body for bracing, i.e. front of the pelvis, face.
13. Appropriate draping procedures will always be observed. [This point needs a more exact definition which we are working on]
14. The practitioner refrains from flirting with clients verbally or otherwise creating a flirtatious atmosphere.
15. The practitioner uses appropriate clinical terminology when speaking about body parts to the client.
16. The practitioner does not make remarks about the client's body which contain sexual innuendo.
17. The practitioner does not probe intrusively for information about the client's emotional/sexual history, or in any way imply that the client must give such information.
18. If information about the client's emotional/sexual history is communicated, the practitioner does not offer judgments or diagnosis.
19. In cases where the practitioner suspects a sexual abuse history but this is not perceived by the client, the practitioner refrains from imposing his/her opinion on the client.
20. The practitioner must remain within his/her scope of practice and training when dealing with sexual issues. This includes referring to, or working in conjunction with other practitioners when appropriate for the well-being of the client and the body-worker.
21. Practitioner seeks informed consent from the client to work on certain parts of the body. For example high on the thigh, on the chest around breast tissue, buttock, front of the hip near genital arm and stomach.

Components of Informed Consent

1. Practitioner gives the client information about the nature of the proposed treatment (body part, type of strokes, pressure, if pain will be felt, etc.) and duration of the treatment.
2. Practitioner gives reasoning/rationale for the proposed treatment.
3. The practitioner and client create and understand a shared objective for the outcome of the treatment.
4. The client feels a sense of free choice with respect to accepting or rejecting the proposed treatment or parts of it, either before or after the treatment begins.

Discovering Your Boundary Issues

by Ben E. Benjamin, Ph.D.

Often as massage therapists we are unaware of whether we are overstepping our boundaries with our clients. Sometimes we may feel uneasy with our relationship with a particular client, yet we cannot put our finger on why we feel the way we do.

This checklist is for massage therapists and body-workers who want to find out if they have boundary issues with one or more of their clients. If you check off any of these items, boundary issues may be interfering with your ability to work effectively.

It is a good idea to seek professional supervision if you notice any of these behaviors continuing, even after you have attempted to change them.

Are You in Trouble with a Client?

Estelle Disch, Ph.D. (This article was adapted and reorganized from a questionnaire developed by Estelle Disch.)

1. This client feels more like a friend than a client.
2. I often tell my personal problems to this client.
3. I feel sexually aroused in response to this client.
4. I'm waiting for therapy to end in order to become romantically involved with this client.
5. To be honest, I think the good-bye hugs last too long with this client.
6. Sessions often run overtime with this client.
7. I tend to accept gifts or favors from this client without examining why the gift was given.
8. I have a barter arrangement with this client that is sometimes a source of tension for me.
9. I have had sexual contact with this client.
10. I sometimes choose my clothing with this particular client in mind.
11. I have attended small professional or social events at which I knew this client would be present, without discussing it ahead of time.
12. This client often invites me to social events and I don't feel comfortable saying either yes or no.
13. I have physical contact with this client after s/he gets off the table in my office.
14. Sometimes when I'm touching this client during our regular body-work sessions, I feel like the contact is sexualized for one or the other or both of us.
15. There's something I like about being alone in the office with this client when no one else is around.
16. I am tempted to lock the door when working with this client.
17. This client is very seductive and I often don't know how to handle it.
18. This client owes me a lot of money and I don't know what to do about it.
19. I have invited this client to public or social events.
20. I am often late for sessions with this particular client.
21. I find myself cajoling, teasing, joking a lot with this client.

22. ____ I am in a heavy emotional crisis myself and I identify so much with this client's pain that I can hardly attend to this client.
23. ____ I allow this client to comfort me.
24. ____ I feel like this client and I are very much alike.
25. ____ This client scares me.
26. ____ This client's pain is so deep I can hardly stand it.
27. ____ I enjoy feeling more powerful than this client
28. ____ Sometimes I feel like I'm in over my head with this client.
29. ____ I often feel hooked or lost with this client and advice from colleagues and former teachers hasn't helped.
30. ____ I often feel invaded or pushed by this client and have a difficult time standing my ground.
31. ____ I sometimes hate this client.
32. ____ I sometimes feel like punishing or controlling this client.
33. ____ I feel overly protective of this client.
34. ____ I sometimes have a drink or use some recreational drugs with this client.
35. ____ I'm doing so much on this client's behalf I feel exhausted.
36. ____ I accommodate to this client's schedule and then feel angry/manipulated.
37. ____ This client's fee feels too high or too low to me.
38. ____ This client has invested money in an enterprise of mine or vice versa.
39. ____ I have hired this client to work for me.
40. ____ This client has hired me to work for her/him.
41. ____ I find it very difficult to keep from talking about this client with people close to me.
42. ____ I find myself saying a lot about myself with this client—telling stories, engaging in peer-like conversation.
43. ____ If I were to list people in my clientele with whom I could envision myself in a sexual relationship this client would be on the list.
44. ____ I call this client a lot and go out of my way to meet with her/him in locations convenient to her/him.
45. ____ This client has spent time at my home (apart from the office).

If you answered yes to any of these questions, it would be a good idea to seek professional supervision. It is my belief that all body-workers and massage therapists would do better in their work if they utilized a supervisor on a regular basis.

Estelle Disch has practiced for over 20 years as a clinical sociologist and psychotherapist, she teaches sociology at the University of Massachusetts at Boston, and has conducted workshops, trainings and supervision groups for many years. Estelle co-directs BASTA! (Boston Associates to Stop Therapy Abuse), where she has worked with survivors of sexual abuse by helping professionals for almost eight years

Sexual Misconduct: Informational Brochure for Consumers of Health Care Services

Ben E. Benjamin, Ph.D.

The Massage Therapy Journal is publishing this article/brochure as part of the AMTA's commitment to providing both the best care for the client and information that is useful for the massage therapist. Many massage therapists are coming to the realization that it is part of our responsibility to the public and our commitment to professionalism and ethics to provide information about appropriate sexual boundaries pertaining to massage therapy. This clarity strengthens the framework in which the relationship between the therapist and the client takes place by creating a professional atmosphere of safety, trust and confidence. It is hoped this brochure will also be of benefit to others in the health care field and other professionals are encouraged to adapt it and make use of it.

As I began to research the issue of sexual abuse in the health care field, I came to believe that preventing abuse needs to be approached from two directions simultaneously. First, by educating the experienced practitioners as well as students just entering the field and second, by educating the public. I began working on this brochure as an outgrowth of this thinking. I feel strongly that detailed information should be available to the public on this issue even if it makes some people a little uncomfortable. Those of us working in the field must have the courage to face this problem and solve it.

This brochure has been prepared to better inform you about sexual misconduct in the health care field. It was prepared and edited by Ben Benjamin with materials obtained from The Education Subcommittee of the Massachusetts Committee on Sexual Misconduct by Physicians, Therapists, and Other Health Professionals and from materials provided by Estelle Disch, clinical sociologist. It will delineate your rights as a consumer and tell you how to protect yourself if your rights are violated.

In this brochure the client is defined as anyone who receives services for any therapy or health care. Sexual misconduct is defined as including sexual touching of the client by the practitioner and/or any activity or verbal behavior that is sexual in nature. Sexual contact includes a wide range of behaviors besides intercourse; it includes any behaviors that aim to arouse sexual feelings. They range from suggestive verbal remarks to erotic hugging and kissing in addition to direct sexual

contact. The behavior does not have to be coercive to be inappropriate.

Broken Boundaries

Within the therapeutic relationship, it is always the responsibility of the therapist, doctor, or health professional to set and maintain a professional boundary. It is not unusual or abnormal for a client to feel attracted to a health care practitioner who has treated them with kindness, care and attention. However, for a practitioner to take advantage of this special vulnerability and to move the relationship into a social or sexual one, even if the client wants it, is always inappropriate and unethical. At this point we can say that a practitioner is abusing his/her power within the relationship and is no longer able to put the needs and rights of the client first.

All types of therapy and health care services can be of invaluable help to many people. The vast majority of therapists and health professionals practice in an ethical manner. Unfortunately, sometimes sexual misconduct does occur in treatment relationships. A sexually intimate relationship between a client/patient and a therapist, physician or health care professional is never appropriate and is a violation of professional ethics.

Consumer Rights

You have a right:

1. To safe treatment, free from physical, sexual, or emotional abuse.
2. To refuse treatment and not be pressured to continue.
3. To question any action that you experience as invasive or sexual.
4. To terminate treatment if you feel threatened.
5. To discuss your therapy with friends outside of the therapy relationship.
6. To professional consultation with other practitioners to discuss your situation.
7. To report unethical and illegal behavior.

Warning Signs of Sexual Inappropriateness

- When the practitioner makes sexual jokes or references that are inappropriate to treatment.

- When you have any concerns that a treatment relationship is moving from the professional to the inappropriately personal.
- When the practitioner tells you his or her intimate personal problems.
- When you are asked to go outside the bounds of a professional relationship such as going on a dinner date or a social meeting outside the office.
- when the practitioner tells you that having a sexual relationship with him or her is good treatment and/or the only way you can get well.
- When the practitioner offers you recreational drugs or alcohol.
- When the practitioner suggests that you be secretive about your relationship with him or her and that you do not discuss it with anyone.
- When the practitioner suggests to you that forms of touching you consider to be intimate have been proven to be to be therapeutic for your condition.
- When you feel that something is not right in the practitioner's behavior toward you but you can't quite pinpoint what's happening.

If you experience any of these warning signs, trust your own feelings and intuitions. Talk to a friend or neutral third party, or talk directly to the practitioner if you feel comfortable doing so. Otherwise, talk to his or her supervisor, consult a different practitioner, or if you get no satisfactory response, call the appropriate licensing board or professional association to check on and report the practitioner's behavior.

Common Experiences

If sexual behavior occurs with a health professional a client might experience feelings that may include but are not limited to:

- confusion about the experience that sometimes encompasses protective, loving, and angry feelings about the abuser, and/or feelings that the client's mind is being controlled.
- fear, isolation and distrust because the client believes that there is no one to tell, that no one will believe what happened, and/or that he/she is the only one to whom this has happened.
- indecision and/or temporary inability to make decisions, to work at a job, or to tend to personal needs.
- guilt, shame, and feelings of responsibility—a sexual relationship with a practitioner is always the health professional's responsibility—not the client's.
- depression, feeling out of control or suicidal because the client's trust has been betrayed.

- recurrent nightmares, fears or images of intrusion and/or flashbacks about the experience, and difficulty concentrating in other areas of life.

Options for Recovery

Talk to someone you trust about your experience. There are other clients who have been survivors of sexual misconduct in every state. Many of these individuals have sought and received help from therapy and support groups.

Therapy: Subsequent psychotherapy or body therapy is difficult for many victims to consider, yet it is often vital in providing the necessary support for someone who has been through the trauma of sexual misconduct. Choose a therapist carefully by finding someone who is appropriately outraged by what has happened, someone who has experience in this type of case, someone who can help think through an effective course for recovery and/or recourse.

Networking: Contacting other individuals who have experienced sexual abuse or misconduct—individually or through support groups—can be extremely helpful. Breaking the silence can be liberating and may help prevent the victimization of others.

Therapist Responsibility: Accept that the therapist is responsible for what has occurred. Understand that most people who have experienced sexual abuse feel that they are at fault or should have behaved differently in some way. These feelings are natural but do not change the fact that the therapist is responsible for his/her misconduct.

Reporting Misconduct: It is important to report abusive therapists. Most people who abuse others do so with many of their clients. Stopping them is essential whether it takes psychological help, education, professional censure, revocation of a license or action by the courts.

Possible Actions

The first steps, the situation was not overly abusive or dangerous, is to speak directly to the therapist and tell him/her what you are feeling. If this is not possible or unsuccessful, try to talk with the offending practitioner about what happened in the presence of a neutral third party.

This kind of session can be very helpful. If the practitioner fears a lawsuit, he/she is less likely to be willing to do this with you since the neutral third party could a witness in a trial. The practitioner that realizes that he/she has made a big mistake and wants an opportunity to apologize may consent to meet with you in the hopes of avoiding legal action. You can often find psychotherapists willing to serve as the third party through a professional therapy association or local advocacy group, e.g., Rape Crisis Center. If you choose

this option, make sure you are very comfortable with the person you find to be the third party.

If the offending practitioner is willing to meet with a third party you might want an additional fourth person to be present. Choose someone close to you who is level-headed and could support you and help you talk about this confrontation afterward.

If you choose to directly approach the practitioner or the organization where you were treated, and are satisfied with the response, you may wish to leave it at that. For example, a satisfactory response, depending on the violation, might be that you are given a sincere apology by the practitioner, have your money refunded and feel assured that appropriate educational measures and psychotherapy for the practitioner will occur or that disciplinary action by the place of employment is being taken. If you are not satisfied with the response you get you might consider registering a complaint or taking legal action.

Registering Complaints

When ready, and with appropriate support filing a complaint can be an important phase of the healing process. There are state government agencies called Licensing Boards that receive and investigate complaints. Licensing Boards have the authority to discipline an individual (for example, revokes license) if that person violates the law. No matter how serious your complaint may be, the Boards have no legal authority to award money damages or to criminally prosecute someone.

Professional organizations also receive complaints about members of their societies. The ethical codes of most professional organizations specifically prohibit sexual contact between therapists/health professionals and their clients.

Legal Recourse

Another course of action is through the legal systems. Be aware that there are time limitations for civil and criminal actions.

Civil Action: A civil law suit may be a way to derive some monetary compensation for losses incurred and damages suffered. Attorneys specializing in these cases may be located through victim advocacy groups.

Criminal Action: Criminal prosecution may be pursued through the Office of the District Attorney in the abuser's county. The District Attorney's Office may also have a victim advocate who can assist you and answer questions.

Remember if you feel that you have been sexually abused in a therapy or health care relationship, you can get help. We encourage you to seek help as an important part of your healing process.

Please feel free to photocopy, adapt and distribute this article. It is important that this information be available to all consumers of health care services. The AMTA is considering publishing a guide to all known forms of body-work, in booklet form, containing this information and part of my article on how to choose a massage therapist/body-worker. I would be interested in your thoughts on this idea.

Health Care Professionals include but are not limited to:

Acupuncturists	Hypnotherapists	Physicians / Physician Assistants
Alexander Technique Practitioners	LearningMethods Teachers	Podiatrists
Athletic Trainers	Marriage and Family Therapists	Psychiatrists
Biofeedback Therapists	Massage Therapists	Psychologists
Body-workers	Medical Doctors	Psychotherapists
Chiropractors	Residents and Interns in Training	Rolfers
Clergy	Mental Health Counselors	Sex Therapists
Dentists	Nurses and Nurse Practitioners	Shiatsu Practitioners
Drug and Alcohol Counselors	Optometrists	Social workers
Employee Assistance Counselors	Osteopathic Physicians	Soma Practitioners
Feldenkrais practitioners	Pastoral Counselors	Speech Pathologists and Audiologists
Group Therapists	Physical or Occupational Therapists	Trager Practitioners
Home Health Care Workers		

Bringing Boundaries to Body-work

by Ben E. Benjamin, Ph.D.

Five years ago my wife Lea and I began working with a supervisor to help improve the quality of our work with our students and faculty. We found this supervision to be of great value on levels both professionally and personally. We felt so much better about the way we were able to address the needs of our students and faculty as a result of supervision that two years later we began having the entire faculty meet with a supervisor on a monthly basis to guide their work with students. They too benefited enormously from this regular guidance and commented on how much more successful and satisfied they felt with their work at the school.

Finally, two years ago we began offering clinical supervision groups to our students as part of our two and three-year training programs at the Muscular Therapy Institute (MTI). They have been the most

effective tool in helping the students to develop good relationship building skills and an appropriate sense of boundaries with clients.

In this article, I discuss the concept of supervision in several ways. First, I have asked two talented individuals to contribute a piece to this article which will focus on the importance of clinical supervision for body-workers. They each come to their understanding from different vantage points and experiences. Estelle Disch is a psychotherapist, teacher and supervisor with extensive experience in working with sexual boundaries and Daphne Chellos is a massage therapist, sex educator, and psychotherapist. Following their segments I will describe our experiences with supervision at MTI in more detail, with some contributions from individual students.

Why Might a Body-worker Want Clinical Supervision?

by Estelle Disch, Ph.D., CCS

As a clinical sociologist/psychotherapist with a keen interest in the therapeutic relationship, I have great respect for the healing capacity of good body-work. I write this piece in support of body-work which is as responsive to client's needs as it can be.

Every now and again I wonder what it might be like to be body-worker. I imagine the range of needs a client might bring—the wish for a relaxing experience, for relief from physical pain, for help with emotional troubles. I imagine the kinds of people who might come, thinking not just about the demographic differences they might bring, but their personalities—people who are friendly angry, lonely, hungry depressed, forgetful, in touch with a reality other than my own, etc. And as I think about what it might be like to offer body-work to this wide range of people with their wide range of needs, I begin to feel a bit nervous.

For instance, I wonder how I would handle the deep emotional pain that many clients carry, if my contract were to attend primarily to their bodies. I wonder how I would integrate talking with body-work, and if it made sense to do that I wonder where I would get adequate training to address both physical and emotional issues simultaneously. I wonder how I would handle situations in which a client looked upset at the end of a

session and never came back. And I wonder how I would handle my own feelings toward my clients—the loving, angry, overprotective, impatient, rescuing, sexual and other feelings which normally emerge in the course of getting to know people, especially people in some kind of pain.

Given that I am a clinician, my mind moves easily to supervision as a response to many of the needs I imagine I would have as a body-worker. My own experience has taught me that clinical supervision, if arranged in a supportive, honest way, can be one of the best parts of a career in clinical practice. It offers each of us—psychotherapist and body-worker alike—an opportunity to think creatively with a supervisor and/or colleagues about how best to help a client. It offers all of us an opportunity to discuss basic issues of practice such as informed consent, clients' rights, and the use of touch.

Clinical supervision also benefits and protects our clients. When we as practitioners are in trouble in our work, supervision offers the opportunity to sort through the difficulties with a neutral party, and hopefully come to a solution about how to handle it. We can talk about our feelings toward that client, can discuss ways we might feel stuck, can call for help if we feel like the

client's needs are too great or too complex for us to handle, and can hopefully get some clarity about how to change things or how to end the relationship as therapeutically as possible if that makes the most sense. I know of body-work clients who have drifted out of treatment because something wasn't quite right in the professional relationship. (I am not talking about abuse here; I am talking about communication problems.) Because the practitioner did not provide a space in which the client could give feedback and negotiate a somewhat different treatment plan, the helping relationship was lost. Sometimes clients walk away hurt and never discuss what happened with the practitioner. It seems to me that clinical supervision could help to prevent these kinds of occurrences by supporting practitioners to carefully watch the emotional and communication side of the professional relationship and to directly address tensions and issues that come up. In my opinion, both parties would be better off if this were done.

An effective clinical supervisor has in-depth knowledge about human psychology and mind-body connections. S/he should be able to teach about what happens when clients become emotionally dependent on professionals with particular attention to transference and countertransference.² The supervisor should be aware of the typical physical and emotional aftereffects of common traumas such as debilitating pain, death, divorce, child sexual abuse, rape, battering, and war, as well as addictions, various physical disabilities and illnesses. S/he should also be aware of how various negative social realities such as poverty, racism, sexism and other prejudice might impact the relationship of clients to their bodies and to their practitioner.

Clinical supervision also offers the body-work professions a focus for expanded discussion of what their work is all about what its boundaries should be, and how best to train professionals in the field—both new professionals and seasoned ones seeking continuing education. Body-workers are beginning to join the wave of attention to boundaries—establishing

guidelines for ethical behavior and grievance procedures for clients. As someone who has worked with survivors of sexual abuse by professionals I welcome these efforts. I have watched survivors of body-work abuse struggle to find justice where there are often no ethical guidelines and no grievance procedures.

Most body-workers I know would agree that the body can be an emotional minefield. Sometimes the work done on the body will trigger those mines... unblock blocked feeling... offer people access to emotional parts of themselves that have been walled off. A successful course of body-work will in many cases leave the client feeling more free, more relaxed, more at home in his or her body, and hopefully free of the kinds of pain caused by accumulated tension and other emotional issues. But what happens when the mines are large and deep? What happens when a body-worker unequipped to deal with deep emotional pain encounters a client for whom the treatment was profoundly upsetting? What happens when the practitioner is so moved by a client's pain as to be hampered in working with that client? The more body-workers begin to attend to these kinds of questions, the better they will serve their clients, themselves and their professions.

Estelle Disch has practiced for over 20 years as a clinical sociologist and psychotherapist, she teaches sociology at U. Mass/Boston and has conducted workshops, trainings and supervision groups for many years. Estelle co-directs BASTA! - Boston Associates to Stop Therapy Abuse where she has worked with survivors of sexual abuse by helping professionals for almost seven years.

² Transference refers to feelings which clients bring to a relationship with a professional which originate in other (usually earlier) experiences. The professional can seem like other people at different times (parents, teachers, etc.) simply because s/he is in the role of an authority figure in relation to the client. Often these feelings occur and persist no matter how hard both parties work to establish a non-hierarchical relationship. Counter transference occurs when the practitioner has feelings for the client which originate in the practitioner's other experiences. For example, a practitioner might feel overly identified with a client whose struggles are a lot like those of the practitioner. Or a practitioner might feel like fixing the client's life, rather than supporting the client to fix his or her own life. A practitioner needs to be able to understand both of these phenomena in order to work effectively with clients.

Supervision in Body-work: Borrowing a Model from Psychotherapy

by Daphne Chellos, MA

Throughout my professional life, I have been intrigued by the disciplines of psychology, body-work and sexology and the ways in which each discipline can inform and benefit the other. As a psychotherapist for example my massage training makes me aware of the physical components of one's psychic life. As a massage therapist my psychotherapy skills have enhanced my ability to communicate with clients and to offer cognitive concepts that may describe their physical experiences. As a sex educator and counselor, I have recommended massage as a vehicle for clients to better inhabit their bodies and to receive nurturing, non-sexual touch which in turn can allow for a truer expression of one's sexuality

Each of these three fields has its own forms and structures. Each is based on particular theoretical models, each has developed various techniques which bring theory into practice, and each prescribes certain protocols for a course of treatment, including individual treatment sessions.

All of this has raised some interesting questions for me. In what areas might one field be more advanced than another? How can a form from one discipline be adapted to another? Specifically, can the strengths of one help make up for the deficiencies of another? In this spirit of questioning, I would like to suggest that we as massage therapists might adopt a specific form from psychotherapy that could greatly enhance our work. That form is clinical supervision, a relationship between one practitioner and another who is more experienced and knowledgeable.

Psychotherapy has a long tradition of supervision. In its broadest sense, supervision helps the therapist determine an accurate diagnosis and appropriate treatment. Supervision also helps ensure the integrity and success of the therapeutic relationship. Originally, supervision in analysis was used to explore transference and countertransference that arose between client and analyst. From there the purpose and function of supervision has evolved to include case management, diagnostic assessment, review of technique, and opportunity to integrate theory with practice.

Clinical supervision is also a place where therapists can reflect on their relationships with their clients in an environment of support and objectivity provided by the supervisor. This is perhaps the most important reason for supervision. Research of psychotherapeutic effectiveness suggests that techniques used in therapy

are not as important to therapeutic outcome as are certain conditions offered by the therapist. In other words, *what is healing is the relationship between client and therapist*. Therapeutic benefit comes not from what a therapist does, but how s/he does it. A therapist who understands her/his strengths and limitations, biases, and responses to the client is more likely to provide the safety and objectivity necessary for the client's healing process.

Additionally, supervision is a preventive measure against abusing clients. Abuse can be unintentional as well as intentional, subtle as well as blatant. As humans, all of us can be "victim" and all of us can be "aggressors". Our tendency is to remember violations against us and to either forget or ignore our aggressive acts. This blind spot exists as well in therapeutic relationships. A competent supervisor will notice when a therapist is being inappropriate or abusive, no matter how subtly or unintentionally, and bring it to the therapist's attention.

How does the supervisory model get related to body-work? There are two forms of supervision that can easily be incorporated into massage therapy: one-to-one supervision and group supervision.

One-to-one and group supervision are very similar, with a few distinctions. Each assumes that one person, the supervisor, takes a more authoritative role based on his or her training, experience and expertise. In a sense, one-to-one supervision is a mentor relationship that reflects the apprenticeship model found in some massage therapy training.

Group supervision simply extends the one-to-one model to include more practitioners. Supervision can be enriched by having a wider variety of client issues to draw from, and by the opportunity for therapists to learn from each other. Although group supervision requires a greater willingness to be vulnerable amongst our peers, this vulnerability can be a safeguard against unrealistic or excessive confidence and isolation in our work.

For the past six years I have supervised massage therapy students from the Boulder School of Massage Therapy who have provided massage to my psychotherapy clients. These students have had a particular interest in working with clients who are in psychotherapy to heal physical and sexual abuse, body image distortions, and sexual concerns. This experience has led me to believe that the supervisory model is underutilized in the massage therapy

profession and because of this, we lose an opportunity to enrich ourselves and to offer safeguards to our clients.

Normal personal boundaries and cultural taboos of touch are to some extent automatically set aside in massage. For this reason, massage is a relationship in which therapists need to be cognizant of transference and countertransference, boundaries, abuse, and therapeutic dynamics. From my experience and observations, I believe that supervision from a psychotherapist who is knowledgeable about body-work can help a massage therapist understand and manage the potent interplay of touch and physical vulnerability that is inherent in massage therapy.

In my most ideal vision, the inclusion of psychotherapists in our professional domain would provide an opportunity to educate psychotherapists to the theories, treatments and outcomes of body-work. In

this way, massage therapists can broaden the perspective of psychotherapists about the interplay between psyche and soma. In return, massage therapists would gain greater clarity about their relationship with clients. Therapeutic relationships that are unencumbered by unconscious feelings and motivations are creative, energetic and healing. Integrating the supervisory model into our professional life is a way to commit to high quality care for each of our clients.

Daphne Chellos, MA is a massage therapist, psychotherapist and sex educator. She has taught at the Boulder School of Massage Therapy for six years, where she has developed courses in Sexuality and Ethical Issues in massage therapy, psychology and communication skills. Daphne also teaches and consults at massage schools nationally.

Discovering the Value of Supervision at MTI

Ben E. Benjamin, Ph.D., and Lea Delacour Benjamin

Types of Supervision

There are two types of supervision. The first is technical supervision which is done by a body-work practitioner or instructor knowledgeable in the massage or other hands-on techniques utilized by the student or supervises. This supervision might include things like how to plan a treatment, how to work with a particular injury, how to work with a person who has tension headaches and so forth. At our school we have courses called "Client Questions" and "Treatment Planning" where students ask all sorts of questions related to their work with the clients whom they are practicing on in our clinic and elsewhere.

The second type of supervision is clinical supervision. Here the focus is on the dynamics of the relationship between the practitioner and the client. In this setting the practitioner can explore uncomfortable situations and feelings that may come up during the course of working with clients. Issues dealt with in supervision might include: dealing with a client who asks you personal questions you don't know how to respond to, comes late all the time, doesn't pay you, comes on to you sexually, asks you about other clients of yours who are friends of theirs; or how to deal with your desire to help the person more than is appropriate, your desire to give unsolicited advice, or your own sexual feelings for a client.

The supervision model we use at MTI is based on the idea of helping the student or practitioner define their problems and questions. This can be a surprisingly

difficult job for both the supervisor and the student. The student feels disturbed by *something* and the task becomes naming that something precisely and figuring out which kind of help is wanted. Sometimes just naming the real problem is enough and the solution becomes quite clear, as in the second example described below. In our model we make a distinction between how the student sees the problem and how the supervisor does. When the student first describes the situation, the supervisor and the other students tend to hastily form their own ideas of the problem and frequently become filled with the desire to give advice which we usually find to be not helpful. We try to hold back these impulses. Rather than tell the students what to do and give the "answer," the supervisor helps the students explore what is happening inside of them, where the appropriate boundary might be for them and for the client, and what action might correct the situation.

In general, it is found that these techniques, which draw on and validate the *supervisee's* problem solving skills, lead to a more effective and empowering resolution for the student. Therefore, the supervisor's view is not imposed unless the student asks directly and specifically for it. Instead, the student is encouraged to state as clearly as possible what s/he wants help with and receives only the help which has been solicited.

The supervisors spend a great deal of time and energy creating a class environment where students feel safe sharing their uncomfortable and confused emotions with others. Students do not necessarily assume when

they go to massage school that they will have to share personal issues and feelings in a class. After trust has been established students learn from listening to the stories of their peers and observing the supervisor help them make sense of the feelings they are struggling with. Students report that the safe atmosphere for sharing is an important component of supervision class.

Student Reactions to Supervision

Here are a few comments students have made about their clinical supervision classes.

“Supervision classes enabled me to clear up some old miscommunications that I had with clients and friends that kept coming back to haunt me. I learned a very valuable skill that helped me become a better listener and allowed me to begin to guide others toward making better choices in their lives without getting myself involved.”

“My self-confidence was improved, and I resolved issues with clients more effectively when I brought my concerns to supervision. There, I was encouraged to listen very clearly and deeply to myself, which allowed me to find the answers within myself, rather than from outside.”

“Muscular therapy can be isolating work. With supervision, I have been able to explore professional as well as personal issues in a forum that is supportive, nonjudgmental and validating. I am then able to see these issues in a light of clarity and perspective that allows me to be a more effective and honest practitioner.”

“I feel that supervision is a responsibility of any person working with other people in a therapeutic environment. This has become very clear to me through several troubling experiences with clients and coworkers that were turned around only through the support of the supervision group.”

Two Student’s Experiences

I asked a student to write about one experience she had in supervision.

“A client of mine who came every week for a month started asking me if I’d like to go to lunch. I explained very nicely that I never dated my clients under any circumstances and that I found it inappropriate to have lunch with him. I explained that I really enjoyed him as a person and felt we had a good working relationship that would be jeopardized if we changed it. This was not enough for him and he continued to ask me to go to lunch. I repeated my response. His persistence troubled me a great deal so I brought this confusion to a supervision group. With the support of the

supervisor and the group, I decided upon what I felt was the best action for me to take. I confronted my client and told him that I could no longer see him for treatment *at all*. I explained that I felt he had other feelings for me that I could not respond to and that I could not be effective as a therapist with the knowledge of his feelings. I explained that I did not have romantic feelings for him and that I viewed our relationship as strictly professional. He said “fine” and the conversation ended. Three weeks later he called and we had a long conversation. He said he wanted to return as a client because his body was in pain. He said that the time away allowed him to gain a perspective and that now he felt differently. He thanked me for my professionalism and said he appreciated my honesty. He is still my client and comes every week for treatment. There has been no other incidence of inappropriate behavior. For me, this relationship was very confusing and painful while it was happening. The supervision group really helped me sort through my feelings and needs and then directed me towards a decision that worked for me. It helped me to see my needs and responsibilities as a therapist clearly in this particular relationship. I believe the supervision I received helped me to do the right thing that in the end saved me my client and my personal integrity at the same time.”

Another student in supervision with limited experience working on clients asked for help with her inability to use the medical history form. When the supervisor asked her what kind of help she wanted, she said that she wanted to be compelled or convinced to use the form. She felt guilty that she wasn’t using it and felt that she should. After gentle exploration, the problem she was having emerged in a new light. The issue was not her failure to use the form but rather her profound discomfort with sitting and talking with her clients in general and in particular with one who was in a great deal of emotional pain. She did not know how to “be” with her clients, especially considering the pain they stirred up in herself. Talking about her discomfort and listening to her peers express similar feelings relieved her and put the issue of using the medical history form in a new light. This student also began to realize her pattern of skipping over her feelings when she tried to solve problems and saw that this was part of why she could not truly solve certain problems.

Components of Supervision at MTI

The clinical supervision group, in the way we have been using it, has four functions. First, as stated above, it addresses the relationship issues that come up between the client and practitioner. Second, it functions as a support group for the participants. Third, it is a forum for didactic instruction on important psychological concepts, (projection, transference, reac-

tion formation, etc.) Finally, it trains the participants themselves in the skills of supervision so that they can continue this type of helpful coaching by themselves at a later date without the supervisor.

We have been using this supervision model in our training for two years and find it invaluable. We will soon be offering ongoing clinical supervision groups for our graduates, for body-work practitioners who have attended other school; as well as for those practitioners who are self taught.

We are so excited about the results we have been seeing with supervision that we want to spread the word. Through this article and a symposium I am organizing this spring, also titled "Bringing Boundaries to Body-work," I hope to encourage school owners and directors to seek out this type of supervision in their training of students in all forms of body-work. I also hope that practicing body-work therapists will seek out supervision on a continuing education basis to inform and enrich their work.

Finally, I would like to thank Daphne and Estelle for contributing so generously of their time and energy to this article. My thanks also to Nancy Angelini and Tracy Walton for their contributions. I am grateful to my wife Lea for recognizing the need for supervision, for her hard work as the first supervisor at MTI and for her help in editing this and other articles for *The Massage Therapy Journal*. Lastly, I would like to thank Dr. Sonia Nevis, with whom my wife and I have worked for the past five years, for her knowledge, her invaluable help and her generous spirit in bringing this form of supervision to our school.

Dual Roles and Other Ethical Considerations

Daphne Chellos and Ben E. Benjamin

This paper is about making explicit the necessity for good working boundaries in any professional relationship and the reasons why it is important. The following sections include discussions of dual relationships, confidentiality and informed consent. We take an in depth look at some of the interpersonal issues and dilemmas that inevitably arise in a massage school. We then suggest some concrete guidelines that will create an environment for better working relationships between members of the school community. It is our hope that this information will assist individual schools in exploring and implementing ethical guidelines that feel right for their staff, teachers and students.

When a school or an organization is in the initial phases of development it develops rules and policies with regard to finances, curriculum, teaching quality, hiring, firing, administrative procedures, etc. However, policies and guidelines having to do with the personal relationships within the organization have been generally ignored and the idea actually makes many people leery. Yet when there is confusion about roles or power differences in an organization, and when appropriate boundaries between members are not made explicit, difficulties regularly arise which can have a profoundly negative effect on the functioning of the organization. For example, ignorance of the psychological impact of a power differential leads to actions which can easily make employees or students feel hurt, misunderstood and angry.

We have found that in order for such guidelines to be effective, they must be based on an understanding of certain psychological concepts related to individual and group functioning.

These would include an understanding of the consequences of transference, countertransference, power differentials and dual role relationships. Education and training in these areas are vital in order for teachers and staff members to sensitively deal with these issues.

Dual Relationships

In considering ethical behavior in massage schools we need to look at dual relationships in the school setting. Dual relationships are those relationships in which different roles overlap. In each relationship there is a different set of expectations and responses. For example, my neighbor is now my student. How I interact with this person will be different in each setting because of the role change. If this neighbor,

who is now also my student, has a dog that rips up my flower bed and knocks down my fence, how will the resolution of the conflict with my neighbor affect my relationship with that student, especially if it doesn't go well.

Students are, by definition, in a less powerful position than administrators and teachers. School personnel have a say about the success or failure of each student in the school. Because of this, students are in the more vulnerable position. Administrators and teachers often underestimate both the impact of their more powerful position and the strong emotions that can be aroused in the students. The danger in not realizing this is that students can be taken advantage of in many areas: personally, professionally, emotionally, financially, and educationally. A good goal for school personnel would be to minimize the potential for unconscious acting out of power issues through dual relationships.

Whenever there is a power differential in a relationship, there is a strong potential for transference and countertransference to arise in that relationship. Transference on the part of students means that they might start responding in the school setting to certain individuals in a way that is reminiscent of how they related to other power figures in their early life. Students who question everything in class, fail to pay their tuition on time, have a crush on a teacher, attempt to be the perfect student are often enacting old patterns of behavior, trying to get unconscious needs met. Often, a student experiencing transference will unconsciously try to engage the person with power (real or perceived) in a special relationship in addition to the current formal relationship at school.

An often overlooked reality is that body-work can be a very regressive experience for the receiver. When someone is touched in a caring way in a power differential relationship, the touch often evokes a childlike state and a strong transference. Massage school students are especially vulnerable in their school setting because they receive a lot of massage in a short period of time. They can move in and out of regressed states without being completely aware of those changes. Transference on the part of students to teachers and staff members is very common. It is therefore essential that school personnel be aware of its manifestations and consequences and know how to handle it.

Countertransference is similar to transference. This dynamic is enacted by the teacher or administrator and is also a reenactment of unconscious needs. This

individual may have an investment in a student seeing him/her in a particular way related to their role as a teacher or manager. For example, a teacher may have an unconscious need to be seen as an expert, someone who is knowledgeable and right most of the time. Or, the teacher may have a strong need to be seen as a “nice person” someone who never does anything “tough”. How does the teacher act toward the student unwilling to treat the teacher in the way that he or she desires? And what happens to the student who acts in the desired way toward the teacher?

In either case the student is in jeopardy. If the teacher needs an unquestioning, deferential student in order to feel good about him or herself the student doesn't get to creatively question—which is one of the basic needs of real learning. The student that does openly question this teacher may be seen as a troublemaker and evaluated accordingly.

Teachers and others in power roles can also unconsciously try to engage a student in a special relationship in order to reinforce their power position or a particular perception of themselves. A teacher unconsciously caught in a caretaker role may tend to create friendships with students. Forming sexual relationships with students may be the way another teacher reinforces a need to be seen as desirable, lovable or powerful. Business partnerships with students can be a way to feel dominant and strong when the teacher may unconsciously feel powerless in some other aspect of his or her life.

Serving as a Positive Role Model

These same dynamics occur in client-therapist relationships and have the same potential for confusion and harm to the client as to the student. In this sense, the massage school student's experience is similar to that of the client and will strongly influence their future behavior. Massage school staff and faculty who maintain appropriate boundaries and minimize dual relationships or acting out of transference and countertransference with their students are in effect serving as positive role models.

It is widely recognized that as humans we do what we have experienced and observed. A study by Pope et al. (1979) showed that when educators engaged in sexual dual relationships with their students, those students were significantly more likely to engage in sex with their clients once they became practitioners. Students will learn how to relate appropriately with their clients if others have related consciously and respectfully with them in their daily school interactions. This experiential learning is the most potent training teachers can give to their students.

Some Working Definitions

Let's establish some clear working definitions before we begin discussing their implications. What follows

are the most common kinds of dual relationships that can occur in a school setting between students and school personnel:

1. socializing
2. friendships
3. dating
4. sexual
5. employer/employee
6. client/therapist

The risks created by dual relationships appear along a continuum from high to low. It is important to understand the distinctions among each in order to understand the possible dangers. For instance the distinctions among the first four categories above may or may not be clear to the people involved. The continuum can be thought of in this way:

- a) how much and what kind of intimacy is involved,
- b) what is expected in each activity,
- c) what are the consequences if a student does or does not participate.

Socializing includes: students and their teachers/staff being together at a school such as a party, Graduation ceremony, retreat or workshop; voluntarily attending an event as a group such as a concert, movie, lecture, party that is not part of school; or students and teacher going out after class for food or drinks.

Friendships imply that there is a more intimate interaction between two people based on personal sharing, mutual liking and loyalty. In a friendship both people want and expect their needs to be met in a give and take.

Dating implies a more romantic component of a mutual attraction between two people. Their time together is more exclusive and generally is for the purpose of getting to know each other as potential partners.

Sexual relationships means that two people have been physically sexual together. This can occur as an isolated incident or as an extension of socializing, friendship or dating.

Employer/employee relationships may be fairly common in massage schools. Work-study employment is one way students can afford their training. A variation of this theme is if an individual teacher or staff employs a student in their own business.

A client-therapist relationship is when a student receives ongoing therapy from a teacher or other staff person or when the student has a faculty or staff person as a client. (e.g. massage, psychotherapy, chiropractic, etc.).

In each of the above dual relationships, the questions that need to be asked by teachers and other school staff are:

- What are the power dynamics?
- How does this kind of relationship affect my subjective response to the student?
- Can I truly be objective about a student's performance if I have another kind of relationship with him/her?
- How will others perceive our relationship and what effects will that have in and out of the classroom?
- How will it affect the student's ability to learn from me?
- What does the student expect from me in terms of special treatment?
- What is the potential for harm to the student?

For instance, will a student receive a lower evaluation if he or she doesn't go for an after class snack or conversely receive some slack because they do? Most of us would immediately say "of course not" but every interaction with a student leads to a subjective impression that can affect how the teacher perceives the student. Alternatively, the investment both the teacher and student have in maintaining their friendship may compromise their ability to give each other honest teacher-student feedback when appropriate. It is possible and highly probable that a teacher will unconsciously evaluate a student differently based on out of class interactions.

Research in the field of psychology has indicated several things about dual relationships:

1. A sexual relationship between a client and a therapist is the most damaging kind of dual relationship to a client.
2. "There is a clear relationship between sexual and non-sexual dual role behaviors." (Borys, 1988. P. 155). That is, non-sexual dual relationships often lead to sexual relationships.
3. Male practitioners tend to engage in non-sexual dual relationships more with female clients than with male clients. They also tended to rate social, financial and other dual roles as more ethical than female practitioners. (Borys and Pope, 1989)

Although psychological research focuses on client-therapist interactions, student-school personnel issues are essentially the same. The dynamics of transference/countertransference, boundaries, trust, power, safety, and objectivity between student and teacher/administrator are virtually identical.

The Risk Continuum of Dual Relationships

The dangers and benefits of dual relationships can be considered along a continuum of low risk to high risk situations. At risk are the welfare of the individual

student, the loss of integrity and credibility of the teacher/administrator and the well being of the entire school. Several factors enter into the picture—the type of relationship, the extent of the power difference, the degree of emotional maturity of those involved and the ability of both individuals to communicate. Most importantly, it is the ethical responsibility of the person in the power position to be conscious of the possible pitfalls and to avoid harm to the student.

1. Dual relationships that should be avoided because of the high risk to the student's welfare and education:
 - Sexual and dating relationships between student and teacher.
 - Sexual and dating relationships between students and middle or upper level administrators/directors.
2. Dual relationships that should also be avoided to safeguard the student's educational experience but with somewhat less risk:
 - A friendship between a student and, teacher.
 - A friendship between a student and middle or upper level administrator/director.
 - An ongoing therapist/client relationship between student and current teacher.
 - An employer/employee relationship between a student and current teacher.
3. Dual relationships with a lesser power differential that could be problematic and uncomfortable but usually would not jeopardize the student's education:
 - A sexual or dating relationship between student and lower level administrative personnel.
 - A friendship between student and lower level administrative personnel.
4. Dual relationships that have a low risk of becoming problematic:
 - Socializing between teacher and student(s) in a group setting such as a school party, cultural event.
 - Hiring a student to work for the school.

Sexual relationships have the greatest risk for transference and countertransference and unconscious acting out or these dynamics. A student's welfare psychologically and educationally is most at risk in these situations. This is particularly true if the relationship ends badly. The difficulty in understanding the importance of this boundary lies in the fact that people who are attracted to each other always feel that their relationship is special and different and won't have the problems other relationships have.

Friendships, dating and sexual relationships may jeopardize many aspects of the student's education. Most obviously, a student's evaluation or grade can be directly affected by the relationship between a student and teacher. If they have an argument or a break-up, it seems highly unlikely that an evaluation will be

objective. The student could be evaluated more or less favorably because of the special relationship.

A relationship also affects others in the school. An often ignored consequence is the effect on other students who may have feelings of jealousy or favoritism (real or perceived) that distract them from learning. The classroom setting may foster a feeling of intrigue with alliances being drawn between the two parties because classmates have heard of personal difficulties and start to take sides. Other teachers may have strong feelings about the relationship and might try to rescue the student if they perceive exploitation by the involved teacher or might be unduly prejudiced toward the student. It may also become difficult for teachers to confer about a particular student when they know of a teacher's involvement with that student.

Another concern is the difficulty that either student or teacher might feel in remaining in school setting if problems between them occur. This can be a very emotionally distressing experience which can interfere greatly with the student's education and have wide-ranging implications for the teacher and the school.

There are sometimes close personal relationships that predate the school experience. This often takes an extra effort on the part of both individuals to have the experience be successful. One way some people handle it is to have the friendship recede to the background for the period of time that the person is a student. Another way may be to arrange it so that the student is never registered in that teacher's class.

Another situation which has the potential for difficulty is the massage therapist/client relationship between a student and a current teacher. An ongoing therapeutic relationship with a current student is usually not advisable. The therapist's role is to be nonjudgmental and supportive while a primary part of a teacher's role, in addition to being supportive, is to evaluate.

An example of potential trouble might be as follows: A student goes to their teacher for a massage therapy session and feels upset by something that happens in the session. Perhaps the student feels pressured to continue an ongoing treatment relationship, or the treatment caused some ongoing pain, or the student felt the teacher crossed over some personal boundaries. The student may not be comfortable enough to talk to the teacher about the issue and this may compromise his or her educational experience.

In some cases, however, there can be a positive side of this dual relationship. The student may be able to talk about the incident with the teacher and both may grow and learn a lot from the interaction. The teacher may also learn important information about a student in a private session and be in a position to help the student get more out of their school experience.

There can be specific guidelines set up for learning purposes where it is beneficial to a student's education

to receive some body-work from their teacher. Since some treatment work from a current teacher can be problematic or rewarding, certain guidelines can lower the risks involved. Examples of guidelines that protect student and teacher are limiting the number of sessions and having a periodic structured feedback session. There are not easy answers to these questions. As you can see there is both the potential for very rich and very painful experiences in this delicate dual relationship.

The major factor in employing students is to be clear that the student's school performance is evaluated separately from his/her job performance. A second factor concerns confidentiality issues. It is probably best to avoid placing a student in a job like student records, or one involving finances, where confidentiality issues may be involved. If some confidentiality is part of a particular job, that issue should be clearly addressed with the student.

Confidentiality

Confidentiality is also an important and tricky concern in massage schools. Confidentiality is not legally bound in a school setting as it is in a therapeutic relationship. In therapy, a client has a legal right to confidentiality except in very specific situations such as suicidal or homicidal tendencies or child abuse. In a school setting, information shared between student and teacher or administrator is not a legal consideration but an ethical one.

There are two broad concepts that may help clarify confidentiality in schools. The first is the principle of avoiding harm, the second the "need to know" guideline.

The avoid harm principle concerns both teacher/administrators harming students and students harming others within the school context. Confidentiality is counterproductive in situations where someone wants to harm another person, fears being hurt by someone, has suicidal, homicidal or other aggressive tendencies, or distorts reality in a manner which could result in violence.

The need to know rule has a useful function. When you are thinking of passing on information about a student consider first the distinction between "needing to say" vs. "others needing to know". Often, we feel compelled to share information just because we know it or feel burdened by it. Sometimes it is important to share the information to maintain safety. The following questions offer useful guides:

- Does someone *need to know*?
- If so, *who*?
- Is it also important that someone *not know*?
- *How much information* needs to be shared?
- Have I stated *the limits of confidentiality* to those involved?

- Have I separated *hearsay from fact*?

Confidentiality is often unknowingly violated around student records and grades or evaluations. A teacher might announce to the class that everyone passed a quiz except for two students. This information is not helpful to anyone and the potential for harm lies in the fact that students may be able to surmise who has failed. The only people needing to know grades are those directly involved such as the student, teacher, registrar and advisor.

It is potentially useful that teachers share information with each other about students who are having difficulty if the intention is to look at patterns and then help the student. This can often be a time when it is tempting to share personal information about a student, that should remain private, because we think it is affecting their school performance. In this way, confidentiality is often violated with the best of intentions. It may be more helpful to encourage the student to share that kind of information with other teachers as needed or to get the student's permission to do so.

Written student records should be considered private territory also. Each school should determine who has access to records such as the Registrar, Education Director, Dean of Students, etc. Applicant materials should also be respected and again are the concern of specified individuals in the school.

Informed Consent

Informed consent is a concept borrowed from the medical and mental health professions regarding a person's interests and autonomy. In a school setting, informed consent means that there is full disclosure of the terms of the relationship between the student and the school and a clear understanding and respect for the rights of the student.

The value of informed consent is that it avoids a parental approach of "we know best and you don't need to know what that is because we'll take care of it". It actively engages the student in the learning process. Very importantly, it also requires that the school be clear about expectations of student behavior and performance.

Informed consent reinforces two humanistic elements of a massage school education: relationship and communication. Potential problems are avoided when guidelines are explicit from the beginning rather than after the fact. For example, good personal hygiene seems an essential prerequisite for our work; however, we can't assume that students will know and value our criteria.

There are several ways for a school to convey informed consent information:

- a) A code of ethics for teachers, staff and students. A code of ethics should state general and specific

guidelines for behavior. Examples are: no physical or verbal abuse directed toward a school member; no sexual activity in any massage therapy setting, no cheating, or plagiarism.

- b) A bill of rights for students and the entire school community. Examples of this are: you have the right to your personal beliefs; you have the right to be touched in a safe manner; you have the right to not be exploited.
- c) A written list of expectations. This list can include what a student can expect the school to provide and what the school expects of the student's behavior. Each item should be followed by a clear explanation. Examples of these are: personal and academic integrity; personal hygiene; and willingness to accept and respond to helpful feedback.
- d) Other school policies. These may be ethical issues that are stated as a more formal policy such as substance abuse, disciplinary procedures for cheating, infectious conditions.
- e) A contract. This is another way to impart information. A contract can include some or all of the above as parts of a signed agreement.

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An Interview with Dr. Sonia Nevis

Sonia March Nevis, Ph.D., is a practicing Gestalt therapist in Cambridge, Massachusetts. She was a founding member and a former director of training at the Gestalt Institute of Cleveland and has been a supervisor to psychotherapists for over 25 years. Dr. Nevis has been a valued consultant and supervisor to the Muscular Therapy Institute for the past seven years.

Ben: How would you define a dual relationship?

Sonia: Dual relationships are *those relationships in which different roles overlap*. In one relationship, one person may have a greater knowledge or power, while in another role the relationship may be more egalitarian or the power differential may be reversed.

Could you give some examples?

An intimate relationship or friendship between a therapist and a client, a boss and secretary, a teacher and a student, a friend and a business partner. These are dual relationships where different roles overlap. And in all of these except the friend and business partnership, there is a power differential.

I thought dual relationships were frowned upon in the '40s and '50s. When did it begin to shift?

In the sixties, dual relationships were encouraged. There was a feeling that if therapists became friends with their clients they could be more helpful. Boundaries became less rigid. In the '80s and '90s we are seeing the pendulum swing back as people became more aware of the complications that can arise in dual relationships.

Why is this such a complex issue?

The reason that dual relationships are a problem is not simply that you have one person with more power than the other. It's complex because, in dual relationships, when one person has more power there are two issues that must be handled. The first is how does the person in power handle power. Are you talking about someone who is an abuser of power, or are you talking about someone who is using their power to nurture the other? The second issue is how is the person with less power responding. When they are in a position of less power do they handle it easily or do they resent it or get confused by it or project intentions onto the person with more power that aren't really there.

Let's consider the first situation, the person with more power. The temptation to misuse this power is great. Because of their power they can easily get what they want and may not necessarily consider the needs of the other. The person with lesser power can become an object and get taken advantage of. In order to not take advantage of a dual relationship, the person with

more power must constantly monitor whether they are using the relationship in this way.

So you see it becomes complex in this situation because the person in power must regularly say no to something they may want or need that they could easily get. And they must do this by ignoring their wants and actually paying special attention to the needs of the person with less power.

And even the people who do it well, I imagine, inadvertently abuse the power. When the person of greater power makes a statement, it has more weight than what the other person says. I would think that it might be difficult not to abuse that power in some way.

Yes! that's right.

And then there's the problem of people who abuse power and don't know it.

That is a big problem. But it isn't the only problem. The other problem, as I said, is how the person with less power responds. Because even if you have someone that isn't an abuser of power, you might have someone in an underdog position who can project like mad, misunderstand or put different meaning on the situation.

The person with more power may be fine, but the other person may not be. Let me give you an example from years ago. A party was given at the end of the workshop. The participants and the leader were at the party. The leader of the workshop kissed one of the participants. The leader was fine. He could go back to his other role. But the participant wasn't fine. She couldn't go back to the other role and as a result got all mixed up. The kiss meant more to her than to the workshop leader and she was outraged.

How do you assess which dual reaction ships might work and which won't?

If the person with less power is of an older psychological age, (*an emotionally mature individual*) it may work well. But not everyone agrees with me on this. If you look around the room you will see paintings which were bartered with artists I have done work for. I think that the ethics committee would say that is not OK because the artist wouldn't feel powerful enough to stand up to me in terms of their barter. However, I chose to look at the situation as

more complex than simply yes or no. For example, if they are psychologically young, they couldn't stand up to me, it would not be fair and it would be a mistake for me to barter with them. However, I also say, if they are a reasonable psychological age, like these people were, there is no problem!

Given the complexity of the issue, why chance it?

What you gain in dual relationships is that you can come to know so many different dimensions of a person. And when you know someone better, you can really give to them in a much richer way. Different situations bring out different parts of ourselves, and we are much more known. If Lea had never seen you at school, you wouldn't be known in the same way. And to be known that way, to be really known, that is an experience that we crave.

The same thing with supervising and therapy. The more you know someone the easier it is to supervise them. Some people would say that you should never supervise a psychotherapy client and I understand their reservations. But I also say that when this is done well, with careful consideration of their psychological age, it truly enriches the supervision and the therapy.

But if you supervise someone is it hard to be their therapist?

It isn't for me, but it is for some people.

Why?

This speaks again to the complexity. Because as a therapist, the focus of the role is to be supportive. The major key is support and the minor key is confrontive. And as a supervisor, the major key is confrontive and the minor key is supportive. You are changing keys in a sense. And you have to work hard to be clear which key you are in at any one time. It's not always easy.

In truth, both therapy and supervision are supportive. And if you supervise that same person, you see it as more of a major/minor key thing. There is no question that there are variations in it. If you have someone as a client and also supervise their work, you are in a slightly different position.

That doesn't bother me at all. But you'll remember that how I respond to it is only half the equation. The other half is how the client responds. That is where it can get complicated. Just because I can do it, or you can do it, isn't enough. Again we have to be keenly aware of that on the person we are in a dual relationship with.

What kinds of dual relationships should be avoided?

Intimate sexual relationships between client and therapist, teacher and student, upper levels of school

administrators and students, and bosses and secretaries are the first that come to mind.

Which are relatively safe?

Well you see, that's a tricky question. Only dual relationships that have no real power differential have any intrinsic safety. I might have a friendship with my business partner, or occasionally do business with a friend. This type of dual relationship will mostly be fine since none of the roles we will be in have more power than the other.

However, in a dual relationship where there is a power differential, no relationship is necessarily safer than another. It will always depend on the criteria that I have been talking about: how do each of the people in the relationship respond to either having more power or less power. Safety will always depend on two things being true: 1) The person with more power must not be a conscious or unconscious abuser of power, and 2) the person with less power must be old enough psychologically to be comfortable having two types of relationships with the same person. Therefore, relative safety will nearly always be easier to discern in terms of the type of people in the relationship, rather than the type of relationship.

Do you have any final thoughts?

What I hope I've been able to get across in response to your questions is this: at best dual relationships are difficult. there are plenty of reasons not to attempt them. I can always support someone playing it safe when considering a dual relationship. However, I also believe that if both people are up to the task, dual relationships can be enormously enriching.

Understanding Boundary Violations in the Therapist-Client Relationship

by Ben E. Benjamin, Ph.D.

In my early days as a practitioner I made many errors with other people's boundaries; asking questions that were too personal when taking a history, mixing friendship with work, telling people things about their bodies that they were not ready to hear and hadn't asked for. In those early days when I began working with people I had never heard of a boundary between people—I hadn't the faintest idea what it was. The more I learned about boundaries, the more mistakes I realized I had made over the years. The good news is that I learned from these mistakes.

Exploration and knowledge of boundaries is increasing rapidly. It is being brought to the awareness of the general public by the well known psychotherapist and lecturer John Bradshaw. His lectures deal with abuse, codependency, family problems, and addictions. An important theme throughout his work is understanding personal boundaries. In one of his lectures he speaks about the different ways peoples' boundaries are abused. He breaks that boundary abuse down into five categories—sexual, physical, emotional, intellectual and spiritual abuse. One of the main points he makes is that if our boundaries are transgressed as children, it is very difficult for us as adults to be aware of when we inadvertently and inappropriately cross the boundary of

another. He makes the point that we all need help in learning about our limits and the limits of others. This bears looking at for therapists of all kinds although this self-examination process can be a difficult journey.

The primary author of this article is Stuart Simon, a psychotherapist who practices in Boston. He teaches Supervision classes at my school, the Muscular Therapy Institute, and also runs private supervision sessions for graduates. He brings unusual clarity to his work with students and practitioners so I asked him if he would be interested in doing an article that would help therapists really learn about boundaries, one that could elucidate those subtle boundary issues that come up between client and therapist.

Since that time Stuart and I have met monthly to discuss and work on the article. With encouragement from my wife Lea and I, he would write a draft which we would critique and edit. We worked and reworked the concepts until we were all satisfied with the results.

Boundaries are a hard thing to write about but I think Stuart has written a valuable, clear thinking, concrete article on the subject—the first of its kind, I believe, written specifically for body-workers—and I thank him.

Understanding Boundary Violations in the Therapist-Client Relationship

by Stuart N. Simon, LicSW

As a psychotherapist, I have long been interested in the nature of personal boundaries, particularly those that exist between a client and therapist. I have learned a great deal from my clients and colleagues about how psychotherapists define, respect and sometimes unintentionally violate their clients' boundaries. Through my teaching at The Muscular Therapy Institute, I have learned that massage therapists and psychotherapists have the same dilemmas and responsibilities in attempting to establish professional relationships that respect client's boundaries.

I think most professional health care workers would agree that there is a boundary between client and therapist which must be respected. There is also agreement about the nature of gross boundary invasions such as sexual exploitation of any kind.³

However, while sexual abuse is a gross violation, there are far subtler kinds of intrusions which can be harmful both to the client and to the treatment relationship. Unlike sexual abuse where the abuser is clearly violating a boundary, these intrusions may occur without such clarity, and without the client or the professional being able to recognize or articulate them.

These kinds of subtle intrusions are not usually the result of intentionally invasive behavior. More often they occur because health care professionals lack a complete enough understanding of personal boundaries. They may also lack awareness of how boundaries are affected by the power dynamics of the professional helping relationship. Therefore in this article I will focus on the reasons boundary violations

³ In fact, many states are now enacting laws which clearly define sexually abusive behavior, and professional

organizations are developing guidelines which describe appropriate ethical behavior for professionals. In the fall of 1990 this column published a piece specifically for massage therapists entitled 'Guidelines for Safe and Ethical Contact.'

occur, and will suggest several strategies for recognizing and dealing with them.

Defining Boundaries

The essential problem in defining boundaries is that they cannot be seen, we can *only experience our own* boundary. Perhaps the simplest way to say it is that our boundary separates us from our environment and from others. It is that elusive yet personally palpable line that distinguishes us from everything and everyone around us. It defines our “personal space”—the area we occupy which we appropriately feel is under our control. We all know the experience of having someone stand too close to us or touch us without our permission. What that person has done, knowingly or not, is intrude on our space—invade our boundary. In a real sense, boundaries afford us a sense of safety and protection. They are our sense of how close or far we want people to be both physically and emotionally. Actually we’re not even aware of our boundaries unless they are being threatened or crossed.

Boundaries are both idiosyncratic and defined by the context. They are idiosyncratic in that they reflect each person’s likes, dislikes, cultural background, temperament and history. For example, if you reflect on the different styles people have with physical contact, it is clear that each of us has our own degree of comfort—our own boundary—with touch, hugs, social kisses, etc. In large part this depends on our own experiences with touch.

Our emotional boundaries are also idiosyncratic. One way we might see them expressed is how quickly or easily we trust people with intimate details of our lives. Another example of emotional boundaries is our comfort level with words of endearment such as “honey”, “sweetheart”, etc. As with our physical boundary, our emotional boundaries are determined in part by our particular culture and in part by our personal history and temperament.

Boundaries change with the context. They can become more fluid or rigid depending upon the situation we are in—even with the same person. For example, a massage therapist, when giving a treatment, works at a very close distance—literally skin to skin. If the therapist were to meet the client on the street or at a party, however, it is not likely that the client or the therapist would feel comfortable with that same body boundary. Both client and therapist would have new boundaries dictated by context.

It is important to keep in mind that none of our boundaries are right or wrong. When confronted with someone whose boundaries are different from ours, we may become uncomfortable and consequently judgmental. At these times, being able to identify our own discomfort helps us avoid creating value judgments about other people’s boundaries.

Power Dynamics in the Professional Helping Relationship

It’s difficult to talk about boundary issues between client and therapist **4** without understanding something about the dynamics of power in a therapeutic/helping relationship. Ben Benjamin wrote about this quite clearly in this column (Spring, 1990) when he noted that professional helping relationships are typified by the development of a “transference element in which the parent/child relationship is unconsciously re-established.” In this relationship clients often feel less important than the therapist, and the therapist is accorded a great deal of power. In addition, the parent-child nature of the relationship encourages a hope that the therapist will always know how to help, and will only do what is best for the client. All of this often makes it feel difficult for clients to say “no” to a therapist’s request or to question the therapist’s behavior if they feel uncomfortable or mistreated.

Boundary Violations

The foundation of any professional relationship is an unwritten contract between the client and the professional which defines appropriate behavior. To act inappropriately is to break the contract. In order not to violate a client’s boundary, a therapist must avoid doing certain things unless they are part of the professional contract or are clearly invited by the client. Several distinct areas hold the potential for boundary violations on the part of the therapist. They include the kind of physical touch permitted by the client, probing for personal or private information about the client’s past, the use of intimate words, and value judgments about the client’s body or lifestyle. Each of these behaviors is a way of crossing a client’s boundary physically or verbally. To do so *without permission* is an intrusion or violation. **5**

This definition is more uncompromising than with co-equals (friends, peers and colleagues). Co-equals by definition have equal power and don’t have an explicit contract about certain kinds of boundaries. Therefore all of us regularly commit minor violations, and allow others to do the same. For example, someone may put their arm around me when I don’t expect it or want it; I

4 For the sake of this paper, “therapist” will mean all practitioners who use their hands as the major medium of work: massage therapists, physical therapists, chiropractors, acupuncturists, Rolfers, Shiatsu and polarity practitioners, Alexander and Feldenkrais teachers, etc., as well as those who are working more verbally with their clients’ experiences: psychotherapists, counselors, LearningMethods teachers, etc.

5 Some behavior, even with an invitation or explicit permission should be avoided. For example, sexual behavior within the professional relationship is always a boundary violation, regardless of who initiates it or permits it.

might interrupt someone who is having an important phone conversation; a loved one may call me sweetheart when I am angry at them and do not want any closeness.

Though these “violations” may be annoying and intrusive, and even feel hurtful, they typically don’t do serious damage. This is because as co-equals, no explicit power dynamic keeps us from defending ourselves. I can tell the loved one not to call me sweetheart; the person on the phone can easily ask me not to interrupt them; and I can find a kind way to remove the person’s arm from my shoulder.

However, because of the explicit power dynamics in professional helping relationships, whenever a therapist crosses a client’s boundary in any way, it’s more serious than the everyday intrusion with a co-equal. Clients put enormous trust in therapists of any kind and may feel less powerful than the therapist. Because of this the clients feel less free to defend themselves against intrusions or to question unexpected behavior by the therapist.

Some scenarios may help clarify what constitutes crossing a boundary. Although I’ve changed the names, each of the scenarios represents an actual occurrence or a composite of occurrences that were related by friends and colleagues or by students in supervision classes.

For several months Steve has been giving weekly massage treatments to his client Gail for a chronic injury. The treatments have been going extremely well. Since Gail had unsuccessfully tried several other approaches, both client and therapist have been excited about the progress being made. As they are saying goodbye after a session that has gone particularly well, Steve and Gail share their enthusiasm. Touch to this point has been limited to massage. However, because of the good feelings in the moment, Steve spontaneously gives his client a hug. Not wanting the hug, Gail tenses but says nothing.

Although Steve’s hug was a sincere and warm gesture towards Gail, it was also a boundary violation. Steve may have decided that a hug was fine in the moment, and that a hug would not have felt invasive to him. However, since boundaries are idiosyncratic he cannot be sure what the experience is like for his client. Gail did not want a hug. It’s possible that the hug made her uncomfortable, confused and even afraid. Although Gail has invited touch in the form of a massage, she has not invited any other kind of touch. Since Gail did not want a hug, Steve has crossed Gail’s boundary without her permission.

For a variety of possible reasons Gail did not feel able to express her discomfort. She may not have wanted to offend Steve, feeling concerned that the future of the treatment could be jeopardized. She may even have felt that a hug was somehow expected of her. Whatever the reason, she was unable to tell Steve she didn’t want it.

The point here is not that massage therapists should never hug their clients. For example, after the session Gail might have asked for a hug. If Steve was comfortable with the idea, he might have appropriately responded by giving one. In this case, he would be crossing Gail’s boundary only in response to a clear invitation. In other words, Steve would be certain that it was wanted.

This next scenario illustrates how words can violate a boundary.

Joan is working for the first time on her new client Mary, who has come for a relaxation massage. During the course of the treatment, Joan notices that Mary’s spine seems to be considerably out of alignment. Joan makes a point of telling this to Mary and suggests several methods of treatment for the problem.

It’s easy to imagine that Joan thought she was being helpful to Mary by sharing her expertise in the form of a professional judgment about spinal alignment. However, it is neither feedback nor professional judgment that Mary has invited, particularly since she has come to Joan for a relaxation massage. It’s quite possible that Mary would feel injured and insulted, as any of us might if we were told something uncomplimentary about our bodies without our asking. Because Joan did not have explicit permission to offer feedback about Mary’s body, Joan committed a boundary violation.

As I was preparing this article, a number of people related their version of this particular scenario to me. The stories I heard included every type of body worker and mental health worker unintentionally offending their clients in this way. Significantly, when this type of violation occurred in one of the first few sessions, none of these clients went back to the therapist because they were too upset or angry.

This example demonstrates how words that convey any type of judgment can be a violation. However, without invitation, even compliments or words of affection can violate boundaries. To be called sweetheart or honey, or to be told we are attractive or appealing by someone we know and trust, generally makes us feel good. However, without trust and safety, words like these can be invasive. And in the treatment relationship where power is so unbalanced, they will almost always serve to confuse the professional boundary.

This third scenario will demonstrate yet a different aspect of boundary violations.

Before working on her new client Jim, Susan starts to take a history. Jim becomes somewhat annoyed and suggests that they skip the history and proceed with the massage. Susan explains that in order to do her work well a history must be taken. Jim remains annoyed and resistant but finally agrees.

It seems obvious that taking a history helps a massage therapist in working with clients. However, in this example, taking the client's history makes him feel upset and invaded in some way. Although the reasons are not yet obvious, it's apparent that Jim is not comfortable with the history. Perhaps he generally feels uncomfortable talking about himself. Perhaps he feels unsafe revealing particular pieces of his personal history.

Whatever the cause, it's reasonable to interpret his resistance as an attempt to establish a boundary. The therapist's insistence may serve as a threat to the boundary he is trying to establish. Jim's agreement may be the result of feeling intimidated. Perhaps he believes that the therapist knows best, or fears that without acquiescing he won't get his treatment. Because Jim is not given a real choice about giving a history a violation has occurred.

It is essential to remember that because boundaries are unique to each of us what constitutes crossing that line is often different for different people. What feels like decent respectful behavior to one client, may feel like a violation to another. Therefore, even the most careful and respectful therapist must be willing to learn about and assess each client individually.

Why Boundary Violations Occur

Subtle boundary violations generally occur for several reasons. The first is a lack of understanding of boundaries in general. The second is that the therapist is not in touch with his/her own boundaries. thirdly, the therapist may not understand a particular client's boundaries. Finally, the therapist may make incorrect assumptions about a client's ability to communicate when a boundary has been crossed. In the following section I will give examples of how each of these may have been involved in the boundary crossings that occurred in the previous three scenarios.

It is unlikely that the many therapists who offered unwanted criticism in the second scenario did so callously. More likely they were trying to offer good advice or trying to inspire confidence by demonstrating their expertise. However, without understanding one concept of boundaries—that unwanted advice can be invasive—they created intrusions without intending to and possibly without ever knowing it.

Similarly, in the first scenario, it's likely that Steve's initiation of a hug was based in his belief that what felt appropriate and good for him would also feel good to Gail. However, he lacks a conceptual understanding of boundaries—that a hug might have a different meaning to a client than to a therapist.

In addition, Steve's unsolicited hug may demonstrate that he doesn't fully understand his own boundaries. He probably didn't realize that while his boundaries allow for an easy expression of affection, Gail's may be different. This confusion may also be true for Susan

in the third scenario. Had she been in touch with her own boundaries, she might easily have picked up on the fact that the client, Jim was trying to establish a boundary that needed to be respected.

Therefore without a good understanding of boundaries in general, and their own boundaries in particular, therapists might assume that the client feels the same way they do. Consequently therapists may move too close, physically or emotionally, offer unwanted advice, and so on.

Another possibility is that the therapist may need to get more information about a particular client's boundaries. Getting this information is important work. It is also difficult work because it requires patience and good communication between client and therapist, about issues which may feel very personal and private to the client.

For example, in taking history of a client who is a survivor of sexual abuse, it is important not only to gather the information, but also to learn what it's like for the client to reveal such intimate information. In essence, while it's important to be sensitive to how a survivor may want to be touched, it's just as important to be aware of how they feel about discussing their history and to learn where their boundary is regarding this. Neglecting to do this can actually result in a boundary violation if the client is revealing more than they want to. To take this kind of history well, in a way that clarifies the client's boundary, requires careful communication.

It is important for therapists to remember that clients cannot always identify the moment they feel violated. Even when they can they may find it very difficult to speak up about it.

For example, the therapist may mistakenly assume clients know how to identify when their boundaries are being crossed. In reality, some clients may not initially be aware of this type of discomfort. Their personal history with emotional and physical pain or abuse may have taught them to deny these kinds of feelings. Therefore, in another version of the first scenario, it's possible that a different client might not have wanted a hug, *and might not have been aware of it*. In this case the client might have felt uncomfortable afterwards but not have known why.

The therapist may also mistakenly assume that when clients are aware that their boundary has been intruded upon they are able or willing to talk about it. However, past experiences may have taught clients to avoid conflict by remaining quiet even if they are uncomfortable. Others may simply feel it's not worth the effort. For example, you'll remember that neither Gail in the first scenario, nor the many people who had their own versions of the second scenario, told the therapist how they had felt. Nor did most of them return for further treatment.

In addition to personal histories, the power dynamics of the treatment relationship often makes it difficult for clients to talk about their discomfort to a therapist. My point here is that therapists should not rely solely on clients to ensure that boundary violations don't occur.

What Therapists Can Do

Therapists are human and will make mistakes. However, because of the power that is accorded to health care professionals, they often feel an enormous amount of pressure to know everything that a client needs. This pressure may lead therapists to avoid acknowledging mistakes to themselves or to others. Yet if the therapist wants to learn about their client's boundaries, and to help identify when violations occur, it helps to remember that *even the most skilled and careful therapists make these errors*. In fact, by noticing mistakes when they occur, and speaking about it to their clients, therapists are actually demonstrating awareness and respect for their clients' boundaries.

With this in mind therapists can do several things in order to either avoid boundary violations, or to identify and correct them when they occur. For example, they can:

- increase empathetic awareness of the clients' experience,
- become better at identifying client behavior that indicates a crossed boundary,
- learn to ask questions to identify when they might have violated a client's boundary,
- teach clients how to identify their own boundaries,
- teach clients how to articulate their discomfort when they feel invaded.

In the following paragraphs I will give concrete examples of each of these skills.

Increasing empathy means that the therapist regularly tries to be aware of what the client may be experiencing. In the first scenario Steve gave Gail a hug because he wanted to, not because he was attending to her needs. If Steve increases his empathetic awareness, he will try to consider how Gail might experience touch that is separate from the massage. He will also pay attention to what Gail is and is not asking for.

Because clients can't always articulate the fear and discomfort that accompany unwanted boundary crossings, therapists can become better at identifying behavior that may indicate an intrusion. If the client cannot easily set a boundary, or tell the therapist when they feel intruded upon, their indirect verbal or nonverbal behavior may provide clues. For example, if Jim, the client who resisted giving his history had felt comfortable and skilled enough to set a boundary, his response to the request for a history might have been to calmly say, *"I'd really prefer to slip the history. I don't*

feel comfortable right now saying a whole lot about myself. Perhaps we could do it another time."

However, without such emotional clarity and verbal skill, clients may set the boundary indirectly. If the therapist had understood that Jim's somewhat angry, stubborn behavior may have been his best attempt at setting a boundary, she could have helped him set the boundary more easily and directly. For example:

Jim: I really don't see why I have to give you all this information. I just came here to get a massage.

Mary: I realize that. However, getting the information will help me give you the best possible treatment.

Jim: Well I don't understand that. And I don't really care. I just want a massage.

Mary: You know, in order to my job well and to make sure I don't miss anything. I really am going to need a history. But I want you to know that I really do understand that giving a history is the last thing you want to do. Perhaps you can tell me... Is there a particular reason you don't want to do a history?

Jim: Yes.

Mary: Do you feel comfortable enough to tell me why?

Jim: Not really.

Mary: Well how about this? I'll need a history at some point. If you like the treatment, and decide you want to continue, we can do the history later.

At this point Jim may or may not continue to resist. Either way, Mary's message to him is that while a history is important, she is willing to respect his boundary. Further, she has communicated that she is open to learning more about his reluctance when and if Jim feels comfortable. This also communicates respect for his boundary.

Therapists can also learn to ask questions when they feel they might have violated a client's boundary. For example:

Therapist: I just realized that for the past several minutes I've been asking you some very personal questions that are not actually part of the medical history. Have any of them made you uncomfortable?

Of course of intervention will only work if the client is able to identify his/her discomfort. If the therapist suspects that the client might avoid conflict by not acknowledging the problem the therapist may simply have to make a statement:

Therapist: I just realized that for the past several minutes I've been asking you some very

personal questions. Let me apologize if any of them made you uncomfortable.

Therapists can prevent boundary violations by teaching clients to identify and establish their boundaries. What this amounts to is teaching clients to be aware of what feels right for them and what does not in all aspects of the therapy and the professional relationship. This can be done from the first moment of contact with the client. For example, the therapist can establish an environment of choice which can teach clients to identify their boundaries. For instance:

Therapist: People feel comfortable getting a massage in a variety of ways. Some people like to remove all their clothes and then get under the sheet. Others choose to leave their underwear on, or wear a smock. Still others feel most comfortable leaving their clothes on. The only thing that is important is that you do what's right for you. I'm going to leave the room for a few minutes, and while I'm out please choose what feels best for you.

Or:

Therapist: Sometimes I do evaluations of clients' muscular and skeletal systems—muscle tone, alignment—that sort of thing. Please let me know if you're interested in my doing that.

Sometimes, asking specific questions is more effective in helping the client identify their boundaries. For example:

Therapist: I'm going to show you a diagram of a back. Are there parts of your back you would prefer I don't touch?

Or:

Therapist: Occasionally a treatment can become painful. How do you typically respond to pain? If it became too painful would you grimace quietly or would you tell me so I would know to stop?

Establishing an atmosphere of choice or presenting specific questions encourages clients to pay attention to their boundaries. Depending on the client's answer the therapist might inquire further. This allows for more refined understanding of the client's boundary and encourages them to notice if they feel violated in any way. For example, if we continue from the last question above:

Therapist: Would you grimace quietly or would you tell me so I would know to stop or change my technique somehow?

Client: You know, come to think of it, I probably wouldn't say anything. I've had massages from other people and I guess I just sort of hang on during the real painful parts. Plus I assume that

the harder you can work on me the better the massage is. Is that true?

Therapist: Not always. If you're in so much pain that you're tensing against it, it may be counterproductive.

Client: Well, the truth is I guess I do sometimes put up with more pain than I really want to. It just never occurred to me to ask anyone to go easier.

Therapist: Now that we have established that it's okay, will you tell me when I'm working too hard?

Client: I'm not sure.

Therapist: How about if I check in with you regularly and I ask you whether it's too painful? Would that make it easier?

Client: Maybe. Let's try.

These kinds of questions teach the therapist about the client's boundary. It is important to note that they also teach the client to pay attention to, and learn about, their own boundaries. As we can see from the example, when this type of interaction goes well, both the therapist and the client benefit.

In Conclusion

At nearly every step in writing this article, I struggled to find a balance between two important concepts. The first is that it is the therapist's responsibility to establish professional boundaries and to respect whatever unique boundaries a client might have. The second concept is that competent, careful therapists will still make mistakes with their clients' boundaries. In fact, sometimes it is the very process of making mistakes that allows us to find the boundary and honor it. If therapists can balance these two concepts for themselves, it creates a foundation for learning.

As complex and elusive as boundaries can seem, I think learning can be focused on two relatively simple ideas. The first is that there are some universally accepted guidelines which all health care professionals can learn and apply. These include limiting touch to what is clearly permitted and contracted for by the client and avoiding value judgments about the client's body, problems or life-style.

The second is that learning about a particular client's boundaries is an interactive process. Some clients will be more effective than others in establishing boundaries or teaching the therapist where the boundary is. Whatever the client's ability, the therapist can use specific skills to help the client identify and establish their boundaries. As this happens, therapist and client become both teachers and learners simultaneously. This, in and of itself, can become a rich, exciting and healing process.

Commentary on the Role of Supervision and Psychotherapy

by Ben Benjamin, Ph.D.

Throughout his article, Stuart used several scenarios which demonstrated how much awareness body-work therapist must have in order to understand, establish and respect clear boundaries with their clients. However, even with the best of intentions, violations still occur.

As Stuart mentioned, sometimes violations will occur because the therapist lacks a sufficient understanding of boundaries. In other work the therapist may not know what an appropriate boundary should be with a particular client. When this occurs, supervision with a therapist who is knowledgeable about boundaries can be very helpful.

For example, something that often comes up in supervision classes for body-workers is identifying where the boundary should be around the client's disclosing personal information. Sometimes clients disclose more of their personal issues than a therapist is comfortable with. Learning how to establish boundaries in these instances can be extremely subtle and challenging. Supervision with a therapist who is an expert on boundaries can be a real lifesaver. In one case of a student who did not know how to handle the personal material the client was revealing, Stuart suggested that she say something like this: "I don't want to give you the impression that I'm not interested in what you're saying. I'm very interested but I need you to understand that I don't feel I'm qualified to help you in this area. However if you're interested in some help. I have the name of a good therapist you might contact."

At the other extreme some body-work therapists take on more than they can handle. One therapist I know of began working with survivors of sexual abuse without receiving any supervision herself and without requiring that the client be in psychotherapy with an experienced therapist trained in treating clients who have been abused. She took on the responsibility of doing both the body-work and the emotional therapy herself. The therapy became chaotic and out of control and the client ended up feeling unsafe and abruptly terminated treatment.

With these and other questions about complex boundary issues, supervision can be extremely helpful. Long used by psychotherapists to deal with the difficult issues that arise in psychotherapy, good supervision can offer a safe forum for body therapists to confront difficult questions and explore the boundary between themselves and their clients.

Sometimes, as a result of effective supervision, therapists discover that their confusion around boundaries goes beyond the lack of theoretical understanding: they may discover that their own emotional/psychological issues are interfering. For example, one student in a supervision class discovered that when older women clients were friendly with her, she responded by becoming overly friendly and less professional than usual. On one occasion she actually initiated a personal friendship even when the client hadn't asked. This then resulted in the client feeling awkward and not returning for treatment. In this case the therapist came to understand that her personal issues were interfering with her professionalism. Her own psychotherapy helped this therapist identify the critical issues involved and allowed her to change her behavior.

I hope this article has deepened your understanding and appreciation of the importance of clear boundaries in body-work. All of us at MTI, students, teachers and supervisors, are excited by our new discoveries in this area both personally and theoretically.

I am interested in your feedback on the articles I have been doing on sexual and boundary issues over the past year or so. I sit at my computer and do these things without having direct input from you. I would like to know if they have been useful to you. Please write and let me know. In addition, if you have questions or comments for Stuart Simon he can be reached through MTI or the address below.

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