

CHAPTER 3

Framework: Nuts and Bolts of Boundaries

Framework:

The logistics by which we define ourselves as professionals and create a safe atmosphere for our clients. Framework includes the ways that we present ourselves in advertising, the preparation of the physical setting, our policies on fees and time, and such ground rules as keeping the focus on the client.

Framework details are the nuts and bolts of good boundaries.

Our clients know little about the technical part of our work. Our offices are foreign territory to them. The only way they can judge our competence and caring is by our professional behavior and whether they feel safe with us. The ability to create an atmosphere within which clients can make use of our work is crucial. We may rush to learn the latest techniques and pride ourselves on our sensitivity, but our effectiveness may depend on whether or not the nuts and bolts are taken care of.

If you work at a spa or in a doctor's office, you may have limited control over some aspects of framework discussed later, such as the decor of the treatment room or how clients are scheduled. However, other guidelines, such as not discussing clients' treatment with them outside of your work environment, are relevant no matter where you practice.

Framework issues can seem dry and dull. Who wants to talk about the joy of starting sessions on time and the delights of clean sheets? But it is in those details that we define our practices as professional. As discussed in previous chapters, our clients are vulnerable; they need good boundaries to trust us. Framework details are the nuts and bolts of good boundaries.

This list could go on for an entire chapter, but you get the picture. Giving a good massage is just *one* facet of the total therapeutic relationship. The nuts and bolts can make it or break it.

The Need for Framework: Holding the Space

Some practitioners call it "holding the space." Others call it "creating a container." They recognize that clients need to have a special environment that is focused solely on their well-being. Attending to framework is more than simply buying

CONSIDER THIS

Many somatic practitioners' careers have suffered because of carelessness about the finer points that make clients comfortable. Clients care about those issues more than we may be aware. The quality of care that someone receives from us means more than just giving a good massage.

Many times, what makes a client leave a therapist has nothing to do with whether or not they give a good massage; sometimes, it's the framework—*the nuts and bolts*—of the business. Some of the reasons clients give for leaving one therapist and seeking another—many times prefaced with a statement like "She gave a good massage, but . . . _____."

- The bathroom at her office was just plain dirty.
- Her treatment room was so cluttered it looked like a garage sale.
- She never really seemed to be listening to me when I was telling her what was wrong.
- She had an earpiece and answered the phone during my massage.
- She would just sit there holding her hands on me. I don't know what she was doing.
- She's always running late. My massage never starts on time.
- She only had one hand on me and was texting someone.
- The music she played was creepy.
- She is always calling me to reschedule my appointment because "something personal has come up."
- The sheets smelled funny.
- I was uncomfortable getting a massage in a room that only had one candle burning and no other light.
- She talked my ear off about her children and her personal problems.
- She dropped several hints that I should leave a tip.
- She talked about other clients to me, so I figured she'd talk to them about me.
- Her clothes smelled like cigarettes.
- Her office smelled like a perfume factory and I never have liked the smell of lavender.
- I was uncomfortable with the bolster under my knees and she said I had to have it.
- She just wasn't very friendly.
- She's always trying to sell me something I don't want.
- She's always dressed sloppy and barefooted.
- She keeps asking me to come to her church.
- Her cat was in the office and there was cat hair around and a litter box in the front office.

massage oil and soothing music; we need to take care of all the details that make us professional. Careless framework can interfere with the therapeutic process. A colleague reports:

- *I used to be a massage therapist in a holistic center in which no one had an assigned office. Instead, we used whatever room was available at the time. Sometimes my client and I had to wait 10 or 15 minutes until a room was free. We rarely worked in the same room two times in a row. The other practitioners and I often talked about how uptight our clients seemed to be. Now I see that their difficulty letting go was probably a response to our erratic setup. How could they relax in such an unstable environment?*

Boundary Lessons

I was working in a group practice (we were all renting space together) with several other massage therapists, one of whom was going to be out of work for several weeks due to a minor surgery. She told several of her regular clients that she recommended they see me while she was recovering. At the end of the session with the first one, she said "I don't want to hurt her feelings, but I'd rather see you again. She gives a great massage but she talks the whole time, and I just want to rest and relax." A couple of the other people she had referred to me rebooked with me, saying virtually the same thing. I didn't know what to say to the other therapist, who was expecting those clients to be rebooked with her when she returned. We weren't really close friends, but we were always cordial at the office and frequently ate in the break room together. I didn't want to hurt her feelings, either, but I felt she was going to be offended if I said anything to her, not to mention being worried about violating confidentiality by repeating what the clients had said. It came to a head the first day she dropped into the office during her recovery and saw the appointment book. She said "I'm coming back to work on the 15th, my clients can see me." When I told her they had requested to stay with me, she got mad, accused me of stealing her clients, and stomped out of the office. She called me later, still mad, and I suggested that *she* call the clients and let them know she was back at work, and *they* told her they had requested to see me again. She stuck around for a few weeks and ignored me at work, and the other therapists there took it on themselves to talk to her about her attitude and tell her she was making the atmosphere of whole office miserable. They pointed out to her that clients have the right to see anyone they choose and that we do not have ownership of clients. She refused to back down on her stance that I had stolen her clients, and shortly after that, ended up leaving the office and working by herself.

REAL EXPERIENCE

A popular massage therapist worked for years out of a room in her home that was less than neat—in fact, it was a cluttered mess. Despite that, she was successful because she was a good listener and a sensitive bodyworker, plus she was professional in every other way. Recently, she complained that her work seemed to take more and more energy over the years. I suggested that she try simply tidying up the room. I thought that she wouldn't have to work as hard to create a professional atmosphere if the room said it for her. It was a small change, but she reported that cleaning up the room made a difference. She looks forward to her work more in this neater, more professional office and reports that new clients seem to settle in and relax faster.

When the framework isn't stable, sometimes clients are uncomfortable without knowing why. They just feel out of kilter. They may be more demanding or more tense than they would be if they felt safe and attended to. Practitioners also are affected by unreliable framework. Not only are we more likely to be dealing with cranky clients, but also we can be drained by the lack of stability in our work lives.

There *are* good practitioners who are careless with framework, yet seem to have healthy practices. Clients sometimes forgive other omissions if the practitioner has a terrific personality or great technical skills. Yet, even in those cases, clients notice and respond positively if those practitioners start attending to framework issues. Also, the practitioners find they have fewer “difficult” clients and more energy at the end of the day.

Some practitioners have great personalities or amazing skills. For the rest of us, the majority, who are charismatically impaired and less-than-dazzling technicians, attention to framework balances our shortcomings. Consistency, care for the client, and the ability to set limits well can go a long way toward a solid, satisfying practice. And we will last longer in this profession.

Framework Basics: Setting the Stage

Our work with clients begins long before they walk through the door. It starts with the first phone call, the first time they meet us, or even the first time they see our business card. We need to take care of how we present ourselves from the very beginning. With every detail, we need to consider the basics of the professional therapeutic relationship. For instance, any advertising—whether it's putting up a business card at the health food store, running an ad in the newspaper, or creating a website—should involve clear and honest information about who we are and what we do. Ads are the beginning of educating clients about what to expect from us.

Business Cards

Business cards usually won't make or break a practice. Some practitioners with successful practices have unimpressive-looking cards. However, your card is one more piece of information about you; you want it to give clients a favorable impression and perhaps a sense of your personal style.

CONSIDER THIS

What does the name of your business (and subsequently, your advertising) convey about you? Does it convey the impression you really want to give people? If you specialize in orthopedic massage and wish to have a more medically-oriented massage practice, then "Hands of Light" is not going to get that message across—but "Meyer Orthopedic Massage Therapy" leaves no doubt about what it is you do. Choosing a name because it has sentimental significance to you is okay, but again, you need to be certain that it conveys the message. Perhaps you grew up in Australia, and "kookaburra," which is an Australian bird, was a nickname given to you when you were a lad, so you decide to name your business "Kookaburra Kare." People are not going to have any idea what that is unless you add the words "Massage Therapy" to that. Maybe you're fond of collecting unicorns. "Unicorn Massage Therapy" conveys that it's a massage business, but on the other hand, it doesn't sound like a medical massage practice—which is fine, if you're not attempting to convey the image of a medical massage practitioner.

If you name your massage practice "The Zen Center," you need to keep in mind that (a) some people may not know what Zen means (it refers to a Buddhist practice of meditation), and (b) people who are familiar with the term may assume that it's a meditation center. While massage can induce a meditative state, if you want to be sure people know you're running a massage practice, then "The Zen Massage Center" would be a better choice.

You might also think twice about using cutesy names, such as "We Knead U." The tone is friendly and humorous but could be seen as making a joke of your work. While "Rub a Dub" is lighthearted, without the words "Massage Therapy" added to that, people may take that to mean you're washing cars for a living. If you're just starting out in business, give careful consideration to the message you really want to send to potential clients. Making a mistake in your choice of business name can be expensive, both in costing you your business because people don't really understand from the name of the business what services you are offering, and in having to pay to reprint all your business and advertising materials once reality has set in that it wasn't a good choice.

Business cards should be simple and eye catching. Avoid making a long list of the techniques and modalities you offer, especially if they are techniques that are unfamiliar to most of the public. Some cards look like a smorgasbord: “Mary Smith—Hypnotherapy, Past Life Regression, Acupressure, Sports Massage, Doula Services, Reflexology, and Palm Reading.” That hodgepodge of services can be bewildering to the public, and prospective clients could also be skeptical that, unless Mary Smith is 103 years old, she can’t be really good at all of those things.



Beware of using only your first name on a business card. It may look as though you have a reason to hide your identity, and it’s also the way that sex workers frequently advertise on Craig’s List or in the newspaper. Not a good idea. Having a business card shows people that you’re serious about your work; people expect professionals to have business cards. Also, the process of designing a card often helps you clarify what tone you want to set for your business and what you want people to know about you.

Advertising and Reaching the Public

If you wish to advertise, there are some basic guidelines to follow. It may sound obvious, but first decide what population you want to reach and then figure out how to contact them. It’s a good idea to talk with colleagues and more experienced practitioners in your area to see what has worked for them. As with business cards, advertising needs to be simple and attractive. Massage is such a personal service that you may not receive many calls from impersonal advertising alone, but it does help prospective clients to begin to associate your name with your business.

Speaking to groups about massage is one good way to advertise. Civic groups such as the Rotary Club or Lions Club are always looking for interesting speakers, and they usually only want you to speak for a short time, not give a dissertation. Once people have met you (assuming you appear friendly and professional), they are more likely to feel comfortable making an appointment. Such presentations can include a short talk on the benefits of massage or your particular kind

of massage, followed by a brief demonstration. The demonstration can be, for instance, a foot massage on a clothed volunteer. It helps if people can see the care and concern with which you approach your clients. Your talk can include enough technical detail or anatomical references to show people that you know what you are doing; however, keep in mind that most people just want to know if you can help them feel better.

Websites

For those in private practice, having a website has become practically a necessity for connecting with prospective clients. Unlike business cards and ads, websites give you room to explain your kind of bodywork, credentials, fees and office policies, and answers to typical concerns. You can put your website's address on your business card and give prospective clients the opportunity to find out more about you. A website doesn't need to be elaborate and large—just attractive, professional, and informative. It's another way to convey your own style and values. As with any advertising, it's a good idea to get feedback from colleagues and mentors before making it official.

It's time to bring up the subject of social media again. Many people now have Facebook pages, Twitter accounts, or other social media pages that they use for their business. Some people may talk about their business on their personal Facebook page, or mention something about their personal life on their business page. There's a lot of overlap.

If you are identifying yourself as a massage therapist on your Facebook page, ask yourself how you would be perceived if a client saw your page. Are you posting pictures of yourself at the beach, showing off the rear view of you in your thong, or looking sloppy drunk at a concert? That's not a good idea, and you shouldn't be surprised if you get phone calls wanting to know if you provide that *other* kind of massage.

Yes, Facebook does have privacy settings. However, in this day and age, we should probably all assume that everything we do in public (and sometimes in private) is on the Internet for the world to see. Remember, many of the pictures and videos on the Internet are unauthorized, taken by someone with a phone that you didn't even know was watching you, much less consider that they'd post your picture or video on *their* Facebook page.

Being friends with your clients on social media is also a potentially troublesome. Do you really want your clients to see everything you post, from your political views to pictures of your high school prom? Or irreverent, rude, or profane comments from your friends? Keep in mind that if you allow your clients on your personal page, and your friend, who has his own privacy settings so that anyone can see *his* posts—or may even be a friend of your client—puts up that picture of

your wild night at the bachelor party on his page and tags you in it, well, there you are.

Phone and Voice Mail Guidelines

If clients call you directly to set up appointments, what they hear when they first call your business phone number is an important part of setting the stage. Very few independent practitioners have an office with a receptionist. Most have various ways—such as voice mail and answering machines—for people to contact them and leave messages. No matter what your preference, you want to be easily accessible, sound professional, and provide privacy for your clients and prospective clients. This is often the first contact the public has with you, and you don’t want it to be the last.

I once called a former student of mine when I was passing through her town, and got her office voice mail. Very loud reggae music was playing in the background, and she was giggling throughout the message. It really came across as if she was drunk—and I left her a message to that effect. It’s also unprofessional—and nobody thinks it’s cute except you—to have your 4-year-old record your message. Would you have confidence in a doctor’s professionalism if a 4-year-old answered the office phone? No, you wouldn’t. Remember, you only get one chance to make a first impression.

Be certain that your greeting message is also professional when you’re leaving an out-of-the-office message. Just yesterday, I called a therapist and got the message “I’m on vacation. Leave me a message.” Not so much as her name or the business name, no hint of when she would return or would be returning calls. A first-time caller, or even a regular client who is in a pain crisis, will probably call someone else if they have no clue when you might be getting back to them.

Right from the start, you can (and should) demonstrate the elements of a professional relationship. For instance, to be client centered in your first contact, put yourself in the client’s position. What kind of message would you want to hear if you were calling a stranger to ask him or her to work with you in a highly personal way?

Other boundaries come into play here. For clients’ confidentiality, you need to have a way that they can leave a message that only you can access.

If your phone line is shared with colleagues, family members, or others, it is easy to have a separate box to your answering system and a message of “Press 1 to leave a message for Susan Jones or press 2 to leave a message for Donna Barker.” Alternately, a voice mail service or cell phone exclusively for your business is a good choice. These options also avoid the boundary problem of giving clients an unnecessary glimpse into your private life. Even if you live in a small

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town and everyone knows a good deal about your personal life, prospective clients will be comforted to know that you keep your business separate and guard your clients' privacy.

It's unprofessional and a violation of confidentiality to allow client's messages to be heard by your family members or anyone other than staff members who are trained to keep confidentiality. Even the fact that someone is your client should be guarded. A colleague reports:

- *I once worked with a small group of therapists and bodyworkers in a situation where everyone shared a phone line and each of us could hear the others' messages as they looked for their own. More than once, I heard parts of private messages that I'm sure the person wouldn't have wanted me to hear. Just the sound of a client's voice when that person is feeling needy is too personal for your colleague, partner, or family member to hear.*

Your phone greetings should be warm but businesslike and to the point: "You've reached Michael Wallace, Massage Therapist. Please leave your name and number and a brief message, and I'll return your call." And does anyone really enjoy having to listen to a musical prelude when they reach someone's answering machine? Some people may think your Mozart on Muzak is lovely, while the rock and roll fan may find it irritating. Prospective clients usually appreciate a short, relevant, friendly message.

If you take and return business calls from your home, make sure the television isn't blaring in the background, your dog isn't barking, and your children aren't yelling for your attention. For incoming calls, use a screening device such as a caller ID so you can choose when to answer. Allowing friends and family members to answer your business calls can lead to problems. For instance, a boyfriend answering the phone may send out more information about your life than the client needs. And a small child answering the phone might be endearing but also annoying. Even 1 minute of repeating "Is your mommy home?" may give new clients second thoughts about making an appointment with a new practitioner. They may wonder if the practitioner's family life will interfere with her professional life in other ways.

The First Conversation

The therapeutic relationship starts with the first conversation.

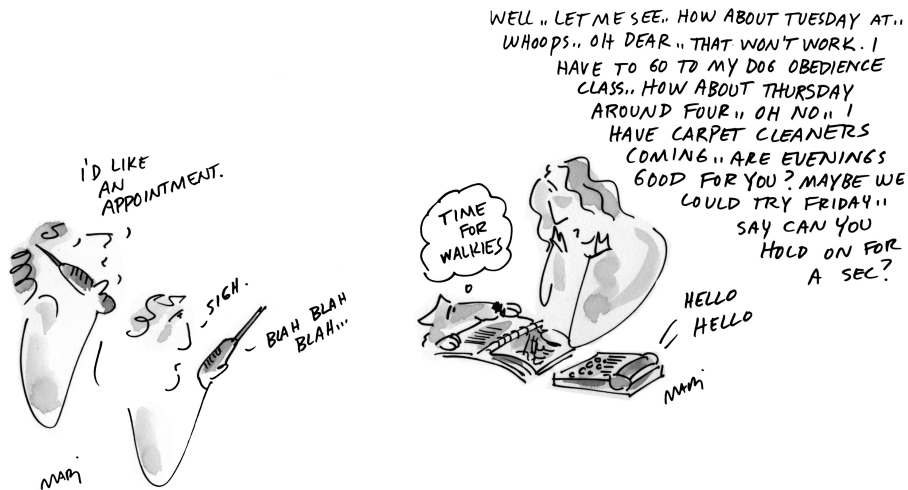
The therapeutic relationship starts with the first conversation. If you have a private practice, the first conversation will usually be on the phone. In a spa or a doctor's office, it will generally be in person.

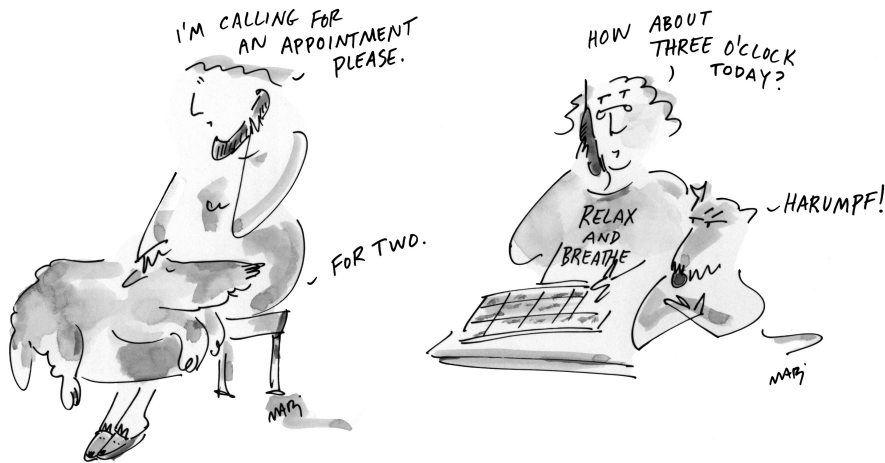
Private Practice: The Initial Phone Conversation

When a prospective client calls to ask about your work, be informative and reassuring, but don't sound as if you're reading from a set speech. Know ahead of time how you want to answer the usual questions: your fees, your hours, and the particular benefits of your modality. (Chapter 8 gives tips about how to deal with clients looking for sexual services as well as how to advertise to avoid such misunderstandings.) Most massage schools now have student clinics, where students may take turns in performing massage and working the desk; some also have internship opportunities where further experience in customer service skills are taught. If that was not the case at your school, it's a good idea to ask more experienced colleagues in their area for advice about this first phone call. Also, you don't want to stumble around when prospective clients ask you the benefits of your work. Rehearse with a friend. Avoid making false claims, such as the tired myth about massage releasing toxins from the body, or promising people that a massage is the cure for whatever ails them. While we like to think that massage is good for everything, it's simply not true.

Much can be learned about clients in the initial phone call. Do they, for instance, want to share a great deal of personal information or ask for advice? You can start setting boundaries in that first call by letting them know that some issues are best dealt with during office visits. Be careful about letting people take up an unusual amount of time on the phone; it sets a bad precedent. Even with these earliest contacts, it's important to be aware of setting limits to protect yourself.

If a client asks for an appointment tomorrow at 3 p.m. and you don't have that opening, you don't need to apologize and ramble on, as if to a friend, about why you can't see them then. Clients simply want to know what appointment you *do* have open.





The first phone call is a great opportunity to educate the client. You can set the stage for the session. It's a good idea to ask the caller if he or she has had massage before; if not, explain what will happen in the session very thoroughly so that there's no mystery. Let the client know that you will take a health history, and explain to him or her that it is in order to be sure that he or she has no contraindications for massage (and in regulated states, it's required by law). Let him or her know that you will then leave the room so that he or she can get undressed, that the person will lie under a sheet and be draped at all times, and so forth. Let the client know from the beginning that if he or she is uncomfortable in any way, at any time, that you want him or her to speak up right away. Aside from honoring clients' right to informed consent, letting new clients know what to expect can help them be more at ease when they arrive for their first session.

Any client who is put off or indignant about having to give health history must be educated to the reasons you are asking. The general public is not aware that there are contraindications and cautions for massage, which is why we have to be, and why we're obligated to let them know. In regulated states, it's also the law.

Working for an Employer: The First In-Person Encounter

If you work for a spa, physician, or chiropractor—basically any setting in which the client has been assigned to you without first meeting you—you may have only a brief time in which to orient clients to the setting and put them at ease, perhaps only the moments between meeting a client in the reception area and walking him or her to the treatment room. Still, that's time enough for you to establish the beginnings of trust. It may be inadequate, however, to conduct a proper intake interview; so if you see anything of concern on their intake form, you may need to question them a little more once they're in the treatment room.

Remember that most clients may be unsure about what to expect; they may not have been to your spa or place of employment before and they may never have had a massage. As much as possible, spell things out for them: “I’m glad to be working with you today. We’ll go back to the treatment room and I’ll tell you more about what to expect.” One massage therapist at a spa noticed that clients seemed wary when she closed the door to talk with them. When she started explaining to new clients, “I’m closing the door to keep the noise out while we talk,” that settled them down.

Simple and clear explanations are helpful: “This is the private room where I’ll work with you. In a minute, I’ll leave while you undress and get under the sheet, and we’ll be starting with you face up, please” (some clients may not be familiar with the term *supine*). “But first, I want to know if you have any particular place that is tense or hurting you, like your shoulders or back?”

Remember that this can be a foreign setting for many people and the issue of nudity can make them anxious. Explain to them that they will be covered with a sheet during the massage, except for where you are working, and that they can fully undress or leave on underwear for their comfort. Most people want to do what’s appropriate. They just need to know exactly what you expect.

Framework Basics: The Setting

A therapy room that feels safe, clean, and uncluttered will seem inviting to clients, will benefit your practice, and be a joy for you to work in.

Private Practice: Home or Office?

Where to locate a private practice is a personal choice that depends on several factors, including cost and convenience. If you can afford it, working out of an office rather than a home is generally more professional, and will feel safer both to you and to your clients. A client reports:

- ▶ *When I first started getting bodywork, I made an appointment with a male practitioner I didn’t know. Even though he’d been well recommended, I was a little uncomfortable because he worked out of his house, which turned out to be at the end of a long driveway off the highway. When I went for that first appointment, I actually gave a friend the practitioner’s address and said, “If I don’t call you in 2 hours, call the police.” The session went fine, but I want bodyworkers to know that their business can be affected if they work out of their homes.*

If you choose to work out of your home, use a room that’s set aside just for your professional work. The message to clients is that this is a space solely for clients.

There's also an advantage to being able to shut the office door at the end of your business day and focus on your private life without reminders of work concerns.

When working out of your home, the best arrangement is to have a separate entrance for clients or a way for them to access your office without getting a view of your private living space. Having a separate bathroom for clients is also ideal. If you don't have a separate entrance and separate bathroom to your massage space, you have to be very mindful of clients walking through your home. If you have children, be sure there are no toys left around that a client could trip over, no Legos in the floor for them to step on as they walk to the bathroom, and no dirty diapers smelling up the bathroom trash can. If you're using your home for an office, you have to keep it as clean and sanitary as you would if you were practicing in a professional setting.

Whether your office is in your home or in another location, you want it to feel warm and inviting to your clients but still professional and not overwhelmingly personal. If you work out of your home, you don't want your office space to look like a bedroom with a massage table in it—eliminate bedroom-type furniture and large numbers of personal pictures and items. There's no harm in having a family picture in the room—in fact, it can be reassuring to clients to see that a practitioner is coupled or has children. Also, a picture of the practitioner's partner or spouse may discourage a client from making romantic overtures.

Practitioners need to avoid making their offices into displays of their personal beliefs—political, spiritual, or otherwise. Clients may feel excluded if they don't share your beliefs, or they may have judgments about your beliefs that will affect how they feel about you.

Preparing the Room

Wherever you work, clients love coming into a room that's all set up for them—neat, clean sheets on the table and everything ready to go. Ready rooms are an immediate sign of your professionalism and caring. Extra touches like a table warmer, fleece pad, and a robe for the client to slip on should they feel the need to go to the bathroom, are appreciated.

Clients won't feel comfortable in unclean rooms or surroundings. Make sure the treatment room and the bathroom clients will use are clean. With so many new viruses and bacteria popping up these days, people are concerned about catching something. Find a balance between a room that smells antiseptic and one that feels as though germs may be lurking in every corner. (Also, remember to wash your hands before and after you work with a client. Although that sounds obvious, if doctors forget to do it—and studies show that they do—manual therapists probably do, too.) The need for order and cleanliness in the environment can go deeper for some clients. After all, some people grow up with ideas about their bodies being “dirty” and may feel a heightened sensitivity when they come for bodywork. Clean, orderly surroundings help clients relax.

There's a saying, "Heaven is in the details." Professionalism calls for an angelic attention to the finer aspects of how you present yourself and your work and how you welcome clients into your practice.

Draping

Appropriate draping of clients is required for privacy and comfort. If a client asks not to be draped, advise the client that it's part of your professional standards that every client be draped—and in all regulated states, it's the law. There's no really good reason to allow a client not to be draped. The manual therapy profession is still striving to separate its public image from that of sex workers, and appropriate draping is an easy way you can define that difference. Draping is meant to ensure the modesty, safety, and comfort of the client—and is a safeguard for the massage therapist as well. You might not be able to keep a professional demeanor if someone's private parts are staring you in the face for the whole session.

Many state boards have written into their rules a statement such as "the drape may be temporarily removed in order to apply treatment." Be as diligent in honoring the client's modesty as possible. For example, if you're working the client's gluteal muscles, only expose one side at a time—don't pull the whole drape down to leave them uncovered.

Basic Session Framework

Erratic framework affects both client and practitioner. Clients may feel nervous or fussy in a confused framework, and practitioners may respond by being harried or drained by the end of the day. For instance, imagine being careless with just one aspect of framework, such as starting and ending on time. How would you feel if you ran late all day? Imagine how it would feel to be the client of someone who was never on time. The following framework guidelines provide a solid structure for your work. (These guidelines were adapted from Narboe N. *Working with What You Can't Get Your Hands On*. Portland, OR: Narboe; 1985.) It's still timely advice. If these guidelines sound too much like rules, try thinking of them as small acts of kindness toward vulnerable clients. They are also small acts of self-discipline that will make your work life run more smoothly. If you aren't already using these guidelines, you may want to try them out and see if you notice a positive difference. (Practitioners who have been scattered about framework in the past will need to be consistently careful for some time before noticing a difference.) If you work for someone else, you may not have control over the implementation of some of these guidelines. Therefore, you may want to seek clarification about a prospective employer's policies, particularly on such issues as informed consent and confidentiality.

- Clients know what to expect and what is expected of them.
- Sessions start and end on time.

- Sessions occur at the same time and place at regular intervals.
- Nothing interrupts a session.
- Practitioners avoid casual discussion of treatment or sessions with clients outside office boundaries.
- Practitioners carefully safeguard clients' rights to privacy and confidentiality.
- Clients are unaware of each other.
- Practitioners don't ask clients to attend to their needs.

Clients Know What to Expect and What is Expected of Them

Before you begin the hands-on work, you need to receive the informed consent of the client. If you are in private practice, you can ask the client to sign a consent form that explains your credentials, the nature of the treatment, and the possible benefits and side effects. All massage therapists would be wise to advise the client in written or verbal form about any consequences of the treatment such as muscle soreness or light-headedness. Assure clients that they have the right to refuse any procedure at any time. Clients should also be advised during the session when you want to introduce any treatment procedure not previously agreed to and also when you are going to be working near the breasts, anus, or genitals.

The agreement the client signs should also give details about fees and cancellation policies and any other financial policies, such as procedures for returned checks. If you work for someone else, your employer is responsible for financial agreements. It's wise to have the client sign a form stating that they have been informed of, and agree to abide by, your policies. You may want to put the policies and signature line on the back of your intake forms.

Procedures regarding confidentiality should be part of the initial intake of those in private practice and are discussed under "Practitioners Carefully Safeguard Clients' Rights to Privacy and Confidentiality," later in this chapter.

Sessions Start and End on Time

Time boundaries help make a safe container—they define the professional situation as different from a social one and put limits on the nature of the relationship. Obviously, if you're in private practice, you'll have more control over the time variables; however, those who work for others can do their best to provide good time boundaries within the structure provided by their employer.

Starting on time is respectful of both your time and the client's. For instance, if a client shows up early for an appointment, you still want to start the session at the appointed time, unless you were genuinely just sitting there killing time until they arrive and would relish finishing earlier. Don't let a client cut into the time you've set aside to rest or return messages. If a client with a 3 p.m. appointment arrives at 2:45 p.m., and you are taking a needed break or attending to other

business, you can greet her with a smile and say, “I see you’re early. Please have a seat in the waiting area, and I’ll be ready for you at 3 p.m.” Or you might say “You’re welcome to rest on the table for a few minutes, since you arrived early. I’ll be with you at 3 p.m.”

Ending on time is just as important. Clients like to know what to expect and schedule other parts of their lives based on those expectations. Unpredictable practitioners can make clients uneasy. If you go long one session because the client is in pain, she may think you’ll go short next time if she’s not and may begin to come up with a new pain at the end of each session, unless you communicate that clearly during the session. Don’t just assume it’s okay to keep on working; the client may have a pressing appointment after the session. There’s also the question of compensation. You may say “I know you only scheduled an hour, but if you have the time to stretch that to 90 minutes today, I think that would be beneficial to you. It will cost \$30 more for the extra time,” or something similar.

Being consistent about time has many advantages for practitioners. If you’re usually consistent but find yourself always wanting to go over or under the usual amount of time with a certain client, this can be a sign that you need to look at why you are treating that client differently. It also makes it easier to monitor yourself in other ways. If you want to take extra time with *every* client, you may be trying too hard, and if you want to cut the session short with every client, you may be approaching burnout. There are therapists who only offer 90-minute sessions; Nina McIntosh herself was a Rolfer, and those sessions usually take an hour and a half to two hours. Therapists who work in medical settings may routinely do 15 to 30 minutes “spot work.” Whatever the schedule and the contracted agreement is, stick to it, unless any changes have been thoroughly discussed with the client.

Even if clients are still experiencing intense emotion or pain, ending close to the agreed-on time can provide comforting structure. Lengthening sessions a great deal because there is still pain or emotion could tell clients that you think you are responsible for their pain rather than that your job is to do your best within a certain time limit. It may also show that you don’t trust that the work you’ve already done will have results or that your clients have other resources as well.

If you have any clients who have a pattern of requesting additional work at the end of a session, it might be a good idea to inform them how much time is left, perhaps about 10 minutes before the end of the session, and ask if they have any areas that need special attention during the remaining time. You may also say “I have another appointment scheduled, so I can’t go over today; why don’t we just book you for 90 minutes in the future? It will be an extra \$30.” That way, you have let them know you intend to stick with the schedule—and that if they want more time, they need to pay for it.

The meaning of “ending on time” varies from practitioner to practitioner. Many somatic practitioners don’t schedule precisely on the hour or half hour; they allow for a little extra work time on the table, gathering-up time for slow-moving clients,

or breathing room for themselves. The amount of time varies from practitioner to practitioner, but 15 extra minutes is usually enough leeway. Many franchise and spa employees are obligated to do 50-minute massage these days, and there is inadequate time to regroup before the next client. Being consistent about time doesn't mean that you need to be rigid; sometimes a client is in an unusual crisis. A massage therapist told of taking an extra 30 minutes with a client whose mother had just died. (The therapist wasn't disrupting other clients' schedules by doing so.) A bodyworker said she scheduled extra time with a client who had come a long distance to work with her. Also, if *you* are late to a session, you want to make up that time to the client, either that day or at a later time.

It's also a good idea, even if your practice isn't full, to schedule and end sessions on time as if you were solidly booked. It's good discipline, and it shows clients that you value your time. Your practice will run much more smoothly, and your clients will be more secure.

Sessions Occur at the Same Time and Place at Regular Intervals

Although you're not in control of whether your clients come back regularly, be aware of the importance of consistency and try to keep regular clients in the same time slot. If you have to bounce a client out of a regular time or if you're relocating your practice to a different office, you want to be aware of keeping the other parts of the framework on an even keel. Moves and changes can upset clients without their fully realizing it. While this won't apply to sporadic clients and tourists passing through, it makes regular clients feel special when you try to be consistent with their schedule; it also helps them remain in better ease between sessions, and helps you in planning your income and your own work schedule.

If you work for a spa or a doctor's office, you might try to educate your employer about the importance of consistency for clients (delicately; some employers may have the attitude that you're a disruptive employee who is trying to tell them how to run the business). If you felt comfortable doing so, you could let your boss or the scheduler know that you'd like to work with regular clients in the same therapy room each time, for instance.

When you do have to see clients at a time other than their usual appointment time, or when you move to a new office or work out of a different treatment room, you may notice that some clients behave differently—they may be pickier, more off-balance, more insecure in some way. You may have to make an extra effort to help them feel comfortable. You could make a comment to show them that you understand how unsettling such an adjustment can be. For instance, if they're acting rattled, you could say, "It must feel strange to come in at a different time (or be in a new office)."

Nothing Interrupts a Session

All of these guidelines are based on the central idea that being professional means that the focus is on the client. Clients are paying for your time and attention. You don't want your phone going off, the doorbell ringing (if you work at home), or any other kind of interruption. There are very few good reasons to respond to your cell phone during a session. (Perhaps, if you knew that the Nobel Peace Prize committee was going to call during that hour, but even so, you would need to warn the client of a possible interruption!). Make sure you have turned off your phone and pager and ask your clients to do so as well. Some clients will balk at that, but you can at least make a strong suggestion, letting them know how counterproductive it can be for their pager to go off when they are deeply relaxed. And there will always be exceptions; a doctor may have his pager on at all times, or a client may have a family member in the hospital and feel uncomfortable about turning off their phone. You have to be reasonable in realizing that not everyone can accommodate your request to leave their phone off.

Practitioners who work at home need to keep the environment as free of interruptions as possible—for example, turn down the phone, put a “Do Not Disturb” sign on the front door, and advise friends not to drop by and family members not to interfere.



If an interruption is unavoidable (the sink is stopped up, and the plumber is coming), let clients know before the session starts that there may be a brief interruption and that you will make up the time lost. If you know before the appointment time that a session may be interrupted, you can even call clients and forewarn them. Everyone has an occasional emergency—both clients and therapists. If a family member has been involved in an accident or fallen seriously ill, that has to be the priority. If a session is interrupted for such a reason, handle it as quickly and professionally as possible while still being client centered. If you say to the client, “Don't worry about today's session, just get to the hospital to be with your mother. I'll call you later and we'll reschedule, you are truly being client centered and compassionate.”

REAL EXPERIENCE

A first-time client arrived very early for her session and had a child of about 5 years old with her. As soon as they entered the office, he walked to the literature rack and started pulling brochures and magazines out and throwing them on the floor. She said nothing to him; I asked him to put them back. There was a bowl of hard candy on the desk, and he turned the bowl upside down. He was shouting every time he opened his mouth, and his mother never acknowledged it or tried to control him in any way. Since she wasn't saying anything to correct him, I told him several times that he had to be quiet because people were getting massage and trying to relax. After a few minutes of his wild behavior, I asked her if someone was coming to pick him up, and she said "No, he's just going to stay with me." At that point, I told her we couldn't allow that, and that she would just have to reschedule her appointment when she could come without him. She said "But I really need this massage!" I replied "So do the other people who are here now in their sessions, and it's not fair to them to have their massage disturbed." She left and didn't come back. I didn't ask her to pay for the canceled session—it was worth the money to get him out of the office and keep him from ruining everyone else's massage. I wasn't trying to be heartless, but I couldn't let him disturb the whole office with his behavior and her lack of concern with it.

—H.W., LMT

Practitioners should do their utmost to see that no one walks in on a session. Clients will be startled by that, no matter who the intruder is. A friend relates:

- *One of my most uncomfortable massages was from a woman who worked out of her living room and had a 3-year-old child. Throughout the massage, whenever I opened my eyes, I'd see the curious little girl peeking in. She didn't say anything or actively take her mother's attention, but just having her there took away my privacy.*

Practitioners Avoid Casual Discussion of Treatment or Sessions with Clients Outside Office Boundaries

It's a boundary violation to initiate casual conversation with a client about his or her treatment outside a session. When you see clients in another setting, you may be tempted to talk about their last session: "Is your back still sore?" or "I hope you're feeling better." These may seem like innocent remarks, but when you carry your therapeutic role to another setting, you confuse the boundaries. The safety of your office setting allows clients to relax and show sides of themselves that they might not ordinarily show, both physically and emotionally. Aside from showing

their unclothed bodies, they may, for instance, show a more dependent or needy aspect of themselves that isn't usually part of the face they present to the public. When you see clients at the grocery store and say cheerfully, "Hi, how's your back?" you've just, in effect, dragged their naked and vulnerable body into the store—and violated their confidentiality. If *they* initiate the conversation and say "I feel so much better since my massage!" just say "I'm glad I was able to help," and refrain from discussing their issues in public.

When clients see you outside the office and initiate a conversation about the last session or their physical symptoms, it is a great time to practice setting limits. "You broke your toe? Oh my goodness, that's too bad. Give me a call, and let's set up a time when I can see you." Or, as you slowly back away smiling, "Oh, how interesting. We can talk about that next time you come in."

Of course, if clients contact you by phone or e-mail and have questions or concerns about previous sessions or their responses to them, you need to answer their questions and address their concerns. You want to set aside time in your workday to respond to such calls. However, you should avoid talking with clients about treatment concerns at public places or social gatherings, or any time or place outside your office or outside the time you have set aside to answer or receive business calls.

The Internet has opened up so many new areas for boundary complications. Some Internet providers have "instant messaging" features that enable customers to know when another customer is online and then "chat" with him or her. Despite the seeming anonymity of socializing online, Internet boundaries should follow the same guidelines as in-person boundaries. For example, someone may make a post on your personal or business Facebook page, asking if you have an opening at a certain time. Respond with a private message; even though *they* apparently don't mind if everyone knows their business, you shouldn't have a public conversation about it.

Avoid exchanging anything but minimal social greetings with clients outside the office. Also, you don't want to send clients e-mails without their permission. You can put a statement on your intake form such as "Please provide your e-mail address if you would like to be contacted by e-mail for appointment reminders and to receive our monthly newsletter." Always have an unsubscribe option and honor any requests for stopping e-mails.

Practitioners Carefully Safeguard Clients' Rights to Privacy and Confidentiality

Nothing that goes on in your sessions—either what clients say or their physical situation or reactions—should be conveyed to others. You shouldn't give others information about a client without the client's written permission, nor should you repeat anything a client says in a session, no matter how seemingly insignificant. If you are in private practice, the fact that someone is a client should be kept as private as possible. (Situations in which you can make exceptions to confidentiality

rules are discussed in Chapter 5.) If you work in a situation where clients will see each other in the reception area, obviously total privacy can't be safeguarded.

The Health Insurance Portability and Accountability Act (HIPAA) sets forth strict confidentiality guidelines that apply to practitioners who use electronic means (faxes and computers) to send information about clients to insurers for billing purposes or who obtain information about clients from medical practitioners.

It is beyond the scope of this book to discuss these guidelines in detail, and practitioners to whom the HIPAA requirements apply should seek more complete guidelines. However, all practitioners need to be aware of procedures for obtaining permission and guarding privacy. HIPAA guidelines may be found at www.hhs.gov/ocr/privacy/index.html.

Obtaining Permission

If you work for yourself, along with getting the client's consent for treatment during the intake process, you should have the client sign a permission form that enables you to obtain information about the client from other health-care practitioners and give information about the client to other health-care practitioners, as needed. If you plan to discuss your clients in supervision or consultation, you should also have written permission from the client to do so. Keep in mind that the client has the right to refuse to give permission. You should also give clients a written statement of your privacy and confidentiality policies, letting them know that you will safeguard all information about them. Ideally, if you work for someone else, that establishment should maintain good policies on confidentiality as outlined in this section and the following one on guarding privacy. However, once you take a job, you may not have control over such policies.

For reasons of their privacy, you or your employer should have clients' permission to call or send e-mail or regular mail to their home or office. Let them know that on some occasions you may need to cancel or change an appointment and ask them how they would like to be contacted. If you are trying to reach a client and must leave a message with someone other than the client or on a shared answering machine, do not identify yourself as that person's massage therapist; just state your name and number and request a return call.

If you send marketing pieces or special offers in the mail, it's best to get written permission from your clients to send them material. Use a form that the client can sign for all of these permissions so that you can keep a clear record of them. If you're keeping client records in a database, you should have an easy method for keeping track of permissions, such as highlighting a client who doesn't wish to receive phone calls at home or work.

Guarding Privacy

It's important that no one else has access to information about your clients without your consent. Keep all information about clients in a password protected file, or if using paper in a locked file or some place that others cannot get into, and keep your

online calendar or appointment book and clients' checks out of public view. Staff members such as receptionists also need to know how to keep clients' information private. Unless the client has given written permission for you to speak to their spouse or other family members, you should never divulge information to them, even their appointment time. For all you know, someone who calls claiming that their spouse forgot the day and time of their appointment may actually be an ex-spouse with a restraining order against them who is planning to show up at your office in order to make trouble. It's unlikely, but it could happen. When spouses or domestic partners are both clients, you should not be discussing one with the other. If they've arrived at the same time for appointments with two different therapists, then obviously, one knows the other is there, but you should still refrain from discussing the details of their treatment or other personal matters with them.

Respecting confidentiality also means that arrangements should be made so that people walking by your office door can't overhear the talk during a session. An easy way to block sound is to use a machine that makes white noise. You can also use a solid door, a double door, or a door with soundproofing at the bottom and top. External doors are solid, unlike most standard interior doors, and are helpful for privacy. You may wish to replace your treatment room entrance with one.

Clients Are Unaware of Each Other

Some mental health-care providers who do classic psychotherapy or psychoanalysis arrange their schedules and office entrances and exits so that clients don't see each other. One client leaves from one door at 10 minutes to the hour, and the next one comes in a different door on the hour. The goal is to maintain clients' privacy and cut down on the potential for their imaginings about the therapist's relationship with other clients.

I know of no bodyworkers who separate clients' entrances and exits. Most don't even think of it—or are not in a position to, if they share workspace with other practitioners in a busy office, to schedule clients so that they arrive and leave without seeing each other. While it's a good idea, you're still going to have people who arrive early or take a few minutes extra to leave. You don't know how it will affect one client to see you being warm and friendly as you say goodbye to the previous client at the door; it may mean nothing, but it may stir up the client's insecurity. You can avoid that issue by treating everyone the same—don't gush over one client or discuss any personal matters while another one is sitting there.

A colleague reports:

- *Waiting to get a session from a much-loved bodywork teacher, I saw him walk out of his previous session with his arm around his client, chatting in a friendly way. I felt great annoyance and dismay and watched myself spin off into a negative internal monologue: "He doesn't do that with me. He likes that other client better than he likes me. He probably doesn't like me at all."*

Because my colleague had a solid history of trusting that teacher, her reaction didn't last and the situation didn't interfere with the session, but it could have been disruptive. It could have been one of those sessions when the practitioner didn't understand why the client was being "difficult."

If you work alone and you're in the position to arranging your schedule so that clients come and go without bumping into someone else is also considerate of the fact that as they leave your office, they're not always in a frame of mind to deal with other people. They may think their hair looks messy, or they may be so relaxed they're just in a hurry to get home and take a nap, not in a state to want to make polite chitchat.

Depending on your work situation, you may not be able to isolate clients from each other. Keep in mind that the main goal is for clients to be unaware of your professional relationships with other clients. For this reason (and most importantly, for confidentiality), you don't name your clients to each other. Sometimes a client may say "I saw Jack Richards going out the door when I came in. How's he getting along since his wife died?" or some other personal questions. The correct answer is "I can't answer that; I'm bound to abide by confidentiality. But don't worry—that means I won't discuss *you* with anyone, either!" Saying it with a little humor like that will defuse the situation. You don't want the clients to feel like you're scolding them like a parent would scold a misbehaving child.

Even if you don't say another client's name but give information about him or her, it gives the impression that you are loose with client's privacy, and it takes the focus off the present client. Occasionally, it might be reassuring to a client to hear that others have the same kinds of problems. For instance, you could say, "I've noticed that many of my clients seem much more tense during the holidays." However, in deciding whether to make such a comment, you should be motivated by what is best for the client. Create a setting in which each client knows that he or she is the most important person in your (work) life for that hour. If a client sees you warmly hugging another client who is leaving, he or she may be wondering why you don't do the same thing with him or her when *he or she* leaves. Why run the risk of stirring up something that will interfere with the client's trust?

Practitioners Don't Ask Clients to Attend to Their Needs

It's *never* appropriate to ask clients to take care of you—even in the smallest way. A practitioner might be tempted to ask for such care in an obvious way, such as trying

It's never appropriate to ask clients to take care of you—even in the smallest way.

to get sympathy about a difficult divorce or asking for advice about a client's area of expertise. Also, practitioners with good intentions may have the misguided idea that it's friendly or somehow helpful to clients to be open with them about personal issues. Actually, it can be a distraction in what is *their* time. What is truly helpful to clients is giving them your full attention, not bringing your personal life

into the session and not asking paying customers to give out emotional support or free advice.

There are subtle ways you may be asking clients to take care of your needs. You might say things such as, “I’ve had a rough day, I just wish things would get better for me.” “I don’t like this hot weather,” or “I was up so late last night.” Even these subtle messages can create problems. Maybe you’ve had a hard day, but so have they—and they’re counting on you to help their day be easier. When they hear something that sounds like you’re not up to par that day, it can interfere with their ability to let go and focus on their own experience, and they may fear they’re not going to get their money’s worth.

Clients are paying you to put aside your personal needs and do what’s best for them. Personal revelations from the practitioner can be off-putting. They may begin to see you, in small ways, as needy and inadequate to handle their problems. They may also get the mistaken idea that you want to have a personal relationship with them.

You’re not being deceptive when you keep your personal needs out of sessions; it’s just good professional manners. You’re not arrogantly pretending that you don’t have needs; you’re simply being appropriate to the professional setting.

Framework with Clients at Different Stages

When is framework important? Although clients may be at different stages in their relationships with us or have particular needs, the importance of framework doesn’t change. As the following examples suggest, framework is important to all of our clients.

New Clients

The first appointment is crucial for setting a professional tone. Clients put off by sloppy framework in the first session simply don’t come back. There are no second chances to make a first impression. With a regular client, if you are late, have a messy office, or make an inappropriate comment, the client will probably dismiss it as a momentary lapse. But with a new client who can judge you only by that one appointment, such carelessness can imply unprofessionalism, indifference, or incompetence.

Regular Clients

Regular clients get used to their routines, and their hour may feel like a safe haven. Avoid taking clients out of their patterns. If you have to change the framework—move offices or raise fees, for example—be sensitive in presenting those changes. You need to give clients ample notice (a month or two) about major changes. If your employer is in charge of the framework and makes changes, it can be helpful for you

Boundary Lessons

Sometimes, we end up with a client who is just *emotionally needy*. They seem to always be in some sort of crisis—which is never their fault—and may be looking to you to give them more attention than the therapeutic relationship calls for. This type of client is constantly sharing personal problems, asking for advice, and may be calling you for something other than booking an appointment (such as “just to talk,” or trying to get you to socialize with them outside of the office). The emotionally needy client is a burden, in the general scheme of our work. We may feel like they just suck the oxygen out of the room and dread seeing them, but we get that guilty feeling that it might just send them into a tailspin if we dismiss them as a client. A word of advice: dismiss them anyway. Them, and their never-ending personal woes, are not your responsibility. Your responsibility is the ethical practice of massage and maintaining professional boundaries—something that the emotionally needy client will be constantly trying to cross. While it’s a fact that we may like some clients better than others, it’s also a fact that we shouldn’t subject ourselves to clients that we genuinely don’t want to work with just because we feel sorry for them, or have misguided guilt about letting them go.

to mention to the client that they may have noticed that things are different and then ask them how the change is affecting them.

Emotional Clients

Sometimes, a client who is usually on an even keel has an emotional upset, such as a death in the family or other personal crisis. Being present and sympathetic is all that’s required. Avoid the urge to counsel people. All you need to provide is caring, compassionate touch and a safe atmosphere.

It’s actually a kindness to your other clients to let go of the emotionally needy client. When we feel wrung out, resentful, or just plain stressed at the end of a session with the emotionally needy client, our next client is not going to get our best work. We have to realize that someone else (maybe a therapist who is an emotionally needy person in his or her own right) will be a good fit for that person when we’re not. It’s not always going to be in our best interest to try and keep every client who comes in the door.

Mentally Disturbed Clients

If you’re working with clients whose internal process is chaotic, you need to be more attentive to external boundaries. This can be difficult because these clients’

own sense of boundaries is usually so scattered that they tend not to honor yours. They may want special exceptions, as in the following case:

- *A colleague working with a mentally unbalanced woman reported that his limit-setting abilities were challenged when the client requested that he lower her fee, give her a ride to the session, and work only with one specific area, even though the practitioner's methods called for a whole-body approach.*

Some mentally unbalanced clients will be outside your abilities to work with, and you will need advice from a mental health professional to help you refer them on. However, with others, gentle firmness and consistency are enough to settle them down. Sometimes, you may be in the position of having to refuse a referral of a mentally unbalanced person that another health-care provider has referred to you. That has happened to me several times over the years. In one case, a clinical social worker called me about working with a client. As she was describing him, she said that he suffered frequent delusions. I could not feel safe myself in working with them, and while I felt sorry the condition they were in, I did not feel I could take the chance on endangering myself and others who might be in the office working with them.

Another time, a gentleman walked in the door inquiring about massage. I could tell that *something* was wrong with him, and I gently questioned him about his health history. He mentioned several health issues, none of them related to his mental state. I asked him if he would mind telling me if he was on any medication, and immediately recognized one of them as a psychotropic drug. I asked him if he would be comfortable in signing a release for me to speak to his physician, and he did. As soon as I saw the doctor's name on the form, I recognized him as a local psychiatrist. When I spoke to the doctor, he confirmed my hunch that the man was not a good candidate for massage. He stated that among other issues, the man had behavioral problems, and was sometimes prone to sudden violent outbursts. He had been a repeat visitor to the psychiatric ward and at times had to be heavily medicated and restrained.

We all want to help people, but we can't endanger ourselves, our other clients, and coworkers in the process.

Clients Who Are Traumatized or in Pain

Fear and pain make us more sensitive to orderliness and kindness in the environment. Clients who have experienced a good deal of trauma in their lives may be vigilant and watchful, expecting danger at every moment. Clients frightened by chronic physical pain are like wounded animals that have retreated into a corner. Both kinds of clients can be hypersensitive to any perceived imbalance in the therapeutic relationship. Small framework errors or lapses in attention can make them

think we are incompetent or indifferent. Such clients are grateful for good boundaries, and we must be hypervigilant in respecting them.

There have been several research studies regarding massage and other complementary therapies as an adjunct therapy for treating veterans and others with posttraumatic stress disorder (PTSD). Many soldiers come home from war with no visible injuries, but emotional distress that is just as serious, if not more so, than having a leg blown off. Veterans with PTSD, victims of violent crimes, and victims of torture are special populations that require more education than most of us get in massage school in order to work safely and effectively with them. We may need to adjust the way we work in order to make the client feel safe. That may mean keeping the overhead light on in the room, when we're used to working in very dim light, and avoiding sudden movements. It may mean using a pillow or doing side-lying work because the face cradle makes them feel claustrophobic. It may mean being sure that their head is facing so they can see the door. Even something as simple as our accidentally dropping the jar of massage cream on the floor could have a dramatic effect on someone with PTSD. If you intend to work with this population, you should seek special training through continuing education.

Clients with Whom You Have Another Relationship

You can be tempted to be careless about framework with people you know: "I don't have to have the room ready—it's only my buddy Bob." You actually need to be *more* crisp with your boundaries in such cases, to help friends with the confusion of switching roles. Dual relationships are discussed thoroughly in Chapter 10.

Clients Who Have Been Sexually Abused

Extra attention to framework is necessary for clients who have been sexually abused. At the same time, because their own boundaries may be confused, they may push the edges—being flirtatious with you or asking for special treatment. To keep your boundaries safe enough for these clients, part of your framework should include supervision from a mental health professional.

Clients who have been sexually abused may also (understandably) have issues with being touched. They may want to keep clothing on. They may be uncomfortable or not want work done in certain areas—and that may not be obvious until you notice them flinching and gritting their teeth. Long ago, a client seemed to be very uncomfortable when I was working her upper arm. I asked her a couple of times if she was okay and she said yes. The next time she returned for massage, she confided that her abusive father had always grabbed her by that arm, and that the memory of that came up when I was working on it. We don't have any way of knowing the horrors that people have been through, unless they share that with us, and we must always be careful and sensitive to body language and client reactions to what we're doing.

Ending the Professional Relationship: Achieving Closure

You want to do your best to end your professional relationship with clients on a positive note. Leaving clients with negative feelings could color how they evaluate their entire time working with you or leave them with bad feelings about the profession in general. On the other hand, we can't take it personally every time a client stops coming. When people feel so much better than they did before they became a massage client, it sometimes goes out of their consciousness that maintaining a regular massage schedule can help keep them feeling good, and they might need a gentle reminder. Sometimes they've just moved, and there's another therapist that's more convenient to them. It may be that they're ill, or their finances are not allowing them to come, or that they've become a caregiver for a sick family member, but if you don't ask, you won't know.

Contacting Clients Who Quit

Sometimes when regular clients suddenly stop making appointments without giving a reason, you may wonder whether to contact them. You may be concerned that you have somehow offended them or made them uncomfortable. Generally, when clients stop coming and you have decided to contact them, it's a good idea to write a note (handwritten, not e-mailed) and say that you've noticed their absence and that you hope they're doing well. If you have reason to believe you've offended them, you can say that you hope that you haven't inadvertently offended or upset them and that you're open to talking about any concerns they might have. A note is less confrontational than a phone call and easier for both practitioner and client to handle. If you work for someone else, you will have to follow their policies about contacting former clients. If you're employing others in your practice, you need to have a policy on that for your own business.

When a regular client stops seeing you abruptly, your decision about what to do may be influenced by your personal feelings. You may, for instance, feel angry, rejected, or just plain disappointed. If you're confused about what to do or say or if you have many feelings about this client leaving, it would be a good time to talk with a trusted teacher or colleague in a confidential setting to help sort out your feelings. You might even consult with a professional who is knowledgeable about interpersonal dynamics—such as a counselor, psychotherapist, or bodyworker who has psychological training—to help you clarify your response to the situation. (Such a consultation wouldn't involve delving into personal issues as you would in psychotherapy. It would only help you with smoothing out issues that get in the way of good relationships with clients.)

Ending Your Practice

If even small changes in framework are disruptive to clients, what is it like for them when you leave town or retire and end your practice? If you terminate with clients

carelessly, you may leave them with a bad feeling about the whole experience of working with you, and even affect how they feel about finding another massage therapist.

You want to give clients adequate notice so that they can get used to the idea of their sessions ending and have time to express their feelings, whether those feelings are anger, rejection, gratitude, or some combination. If you are able, 2 months is a good amount of time to give notice. You can send notes to clients who don't come in regularly so that they don't have a rude surprise when they call for an appointment. Also, be prepared with names of other practitioners to whom you can refer them. Be sure it's someone you've visited personally, and try to find someone whose practice is a lot like yours. If your practice is primarily medically-oriented, then referring them to a practitioner who only does relaxation massage is not a good choice, and vice versa.

You should offer to give the clients their record with your SOAP notes to them before closing your practice so that they may pass them on to their new therapist if they desire. Be sure you adhere to state board rules regarding the amount of time you have to keep records. If the client doesn't want his or her file, or you have saved the files of people you haven't seen in a long time, those should be shredded or burned, so as not to compromise confidentiality.

For practitioners too, it's often emotionally difficult to leave; you may be grieving the loss created by the change or feeling guilty, as if you were abandoning your clients. During this time, getting support from trusted teachers or a professional trained in psychological dynamics can help make the transition smoother so that you can more effectively help clients—and yourself—weather the change.

Bending Framework: A Red Flag

A good reason for being consistent with boundaries is that you will be more inclined to notice when you alter them. It's a red flag when you step outside your usual framework. When you bend your professional boundaries, you encourage others to treat you as if you're not a professional.

When boundaries become like Swiss cheese, clients can fall through the holes.

When boundaries become like Swiss cheese, clients can fall through the holes. Les Kertay, clinical psychologist and former chair of the Rolf Institute's ethics committee, says that making special exceptions for clients is always a red flag for practitioners. One of the main ways people get into big trouble with clients (e.g., ethics complaints) or even small trouble (the client doesn't come back or becomes a "difficult" client) is through treating the client as special in some way.

Would it have been hard-hearted not to make an exception for a client in great pain? You want to distinguish between a client who is sincerely in a crisis and a client who has a pattern of being manipulative. That can be a difficult judgment call, but there are often clues. For example, a client may call and say that she is in terrible distress and must be seen right away. If the practitioner says, for instance,

REAL EXPERIENCE

A colleague relates:

There has been only one time in my 20 years of practice when I didn't get paid—and it was a client for whom I had made exception after exception. I allowed my judgment to be clouded for several reasons: she had a large area of scar tissue on her chest and neck from a traumatic childhood injury; she said she was in a great deal of pain, and she was a struggling single mother.

Rushing in to rescue her, I discounted my fee substantially and would see her at times when I didn't usually schedule sessions. She never seemed to get relief from the pain, and that would double my desire to “fix” her. The last time I saw her, I agreed to work on my birthday, although I had planned to take the day off. To make it worse, I was giving her a discount. At the end of the session, she said she didn't have her debit card any checks with her and that she would mail me the fee. That was the last I heard from her. Stuffed on my birthday—it's a lesson I remember. I had created my own disaster by allowing—and even facilitating—the client violating my boundaries.

“I can't see you Sunday, but I have an opening at 10 a.m. on Monday,” and the client responds, “Oh, I can't then. That's when I get my hair cut,” or needs to take the dog to the vet, or provides another seemingly flimsy response, the client isn't being straightforward. Other clients may describe awful pain and want to be seen immediately, but when the practitioner asks how long they've had the pain, they'll say, “Six years.” Their pain may be real, but you may not need to rearrange your schedule to see them right away.

You don't do clients a favor when you let them hook you into ignoring your own framework policies. You also don't need to judge clients who want to be treated in a special way. The client in the case above who didn't pay was simply dealing with a difficult situation in an unhealthy way that she'd learned a long time ago. It was a mistake for the practitioner to continue to treat her in a special way, and it wasn't helpful to the client. People heal best when they have a safe container, and this client never knew where the boundaries were.

If someone has been injured or is in emotional crisis, depending on the circumstances and your schedule, you may want to make an exception for him or her. Special exceptions need to be carefully considered and consistent—but be realistic. If a client calls with the news that they were in a car accident a couple of hours ago and their neck hurts, you don't need to throw caution to the wind by telling them to come in immediately—you need to ask if they've been to see the doctor and suggest that they go there first, if they haven't been examined since the accident. Experienced practitioners develop their own guidelines about what circumstances

will warrant bending the standard framework, and they then avoid going outside their own rules. Firm framework saves energy and stress and provides comfort for both practitioner and client.

Framework Matters

What individual clients need to feel safe varies. There are guidelines, such as confidentiality, that are universally part of a professional code. Others may lend themselves to flexibility. For instance, in some cases, because of either the practitioner's personality or the client's, a cluttered treatment room may not make a difference. In other cases, messiness could make a client uncomfortable. The ultimate authority for framework is the client's experience. Does what you do make your clients tense or help them breathe easier?

Maintaining a stable framework also benefits you. An inconsistent framework—variations in how long sessions run or special deals with fees, for instance—is energy consuming for practitioners.

Although you want to be consistent and stable in your framework, experienced practitioners know that total consistency is an ideal rather than a reality. The point is not to become rigidly locked into rules, but to know that framework matters, and to thoughtfully consider the ways you manage the nuts and bolts of your practice.

Questions for Reflection

1. As a prospective client of a somatic practitioner (or other professional), has your decision regarding whether to make an appointment ever been strongly influenced, pro or con, by the practitioner's demeanor during the initial phone conversation? What made the difference?
2. Has the appearance of a manual therapist's office or work environment ever been off-putting for you? What made you uncomfortable?
3. In your work life, have you ever made an exception for a client or customer and then been sorry you did? What happened, and what motivated you to make that exception? What did you learn from that experience?
4. Why do you think we need consistency in this work?
5. Have you ever chosen one professional (or any kind of service person such as a plumber or car mechanic) over another because of their attention to framework details?

thePoint* To learn more about the concepts discussed in this chapter, visit <http://thePoint.Jww.com/Allen-McIntosh4e>

CHAPTER 4

Client–Practitioner Dynamics: Boundaries and the Power Imbalance

For a deeper understanding of the need for good boundaries and framework, we have to take a closer look at our relationships with clients. Often those relationships are more complicated than they appear at first. Much is going on beneath the surface that may seem puzzling and challenging, making it difficult for practitioners to stay clear headed and compassionate.

Clients respond to us in ways we can't always explain—sometimes they touch our hearts, and sometimes they push our buttons. Some clients act as if we're gods, and others seem monumentally unimpressed. Not all clients are going to feel we're the authority; a physician, for example, is probably not going to be subject to the power dynamics that are often at play in the therapist–client relationship, nor are people who are full of their own self-confidence. Some are as open to us as children, while others seem to be wearing a suit of armor. Sometimes we feel drained by clients, and other times, we feel exhilarated by them. Often we don't understand either reaction. It's best to represent yourself honestly as a licensed massage therapist—you don't have to claim to be an “authority.”

Transference and Countertransference

Understanding the built-in power differential (defined in Chapter 1) between us and our clients is the key to unraveling the complexities of those relationships. We are more important to our clients than we often realize. When we take on the role of practitioner, it is that role, not necessarily who we are personally, that gives us special authority or power in clients' eyes.

For one thing, the intimacy of the situation may bring up unconscious issues for clients (and, as we will see later, for us as well). On some level, those unconscious factors can tend to make clients feel dependent on us or even like children. Consider the circumstances that we work in: we are clothed, our clients are naked or close to it. We are active, they are relatively passive. What we are doing and

why we are doing it are often unclear to them—not because we have not explained it well, but because much of our work defies verbal explanation. Our touch is often nurturing, sometimes probing, but always personal. Also, clients (and practitioners) are often in an altered state of consciousness, a state in which they are less in their thinking minds and more open and vulnerable than they usually are in their day-to-day lives. Add these factors together, and we can begin to appreciate the strong influences going on during sessions.

It's natural for clients to experience us—again, on an unconscious level—as an authority figure. In their minds, we become a little (or a lot) larger than life and more powerful than they are. Everyone has more or less unresolved issues related to parents or authority figures, and clients bring those issues into the session. Because of that, clients may look up to us with far more admiration than they would if they met us in another context. Or they may be more wary of us than they would ordinarily be.

Psychological theory calls the process of how clients react to the power imbalance as **transference**. Old hurts, longings, and conflicts from a client's past relationships with authority figures or important

Transference:

When a client unconsciously projects (transfers) unresolved feelings, needs, and issues—usually from childhood and usually related to parent or other authority figures—onto a practitioner.

others are unconsciously *transferred* to us in our role as practitioner. For instance, a client who was physically abused as a child may have an unconscious fear of being injured by the large person (and we all look big as we stand over clients) looming over them. Or clients who felt lonely and abandoned as a child may hope for

their practitioner to be the all-giving, unconditionally loving parent they wished they'd had.

How do we know that transference is happening? Clients aren't usually consciously aware of these feelings, so they don't generally talk about them. Instead, we see transference in the ways clients relate to us. For instance, some clients defer to us and never question our judgment, others show adoration or develop crushes, and still others seem to mistrust us for no obvious reason. ("Crush" in this context describes a feeling of admiration for or attraction to a practitioner that is similar to the innocent feelings that a third grader has for his or her favorite teacher. Although there may be a hint of sexual feeling, the client doesn't attempt to act on it.)

What does transference mean to you in your role as a caring practitioner? Transference can happen immediately, the first time a client meets you, and can deepen with an ongoing relationship with a long-term client. Transference is a very common aspect of your relationship with any client, whether a one-time or a regular client.

You will never understand all that is going on inside your clients, and you should not try to be their analyst. But you do need to know that the dynamics of your interactions with clients are more complex than they seem. You also need to know how to help clients feel safe with you in light of these dynamics.

REAL EXPERIENCE

A 50-year-old client related during one of her first sessions that when she was a teenager, her mother had committed suicide. She spoke of it as a matter-of-fact, and said that although it left her in turmoil for many years, that it was now so long ago that she was "over it," but I doubted that, as she often brought it up. She was married to a busy doctor, and they had a son in his 20s who had a lot of emotional problems and still lived at home. He suffered from anxiety attacks and bipolar disorder, and from many things she said, it had been a big strain on the marriage and the family as a whole. She had been a client for several years when her son decided to move away from home. He moved to the coast, enrolled in college, got a part-time job, and she thought everything was going better when her husband suddenly announced that he was leaving her for another woman.

She spent every session talking nonstop about her problems, and it almost seemed like the massage was just a good excuse to come in and talk to someone who would listen to her. She said she appreciated that I just listened to her without passing judgment or trying to give her advice. She even made a joke that I was a lot cheaper than a psychiatrist.

When she missed her standing weekly appointment one morning, I was concerned, but I figured some emergency had arisen when I was unable to get her on the phone. That afternoon, the police came to my office. She had committed suicide, and left notes for several people, including me.

I knew that she had become emotionally dependent on me, as a sympathetic listener and provider of compassionate touch. I've wondered many times, since she died, if I should have referred her to another therapist long ago, when she first started sharing her personal problems with me. I've wondered if there were any signs that I missed that she was thinking of killing herself. I felt guilty in some way when she died, and ended up seeking counseling myself. This experience has taught me to keep myself more detached from my clients...not unfriendly, but on guard against clients who seem to need a counselor worse than they need a massage. That doesn't mean I freak out if a client shares a personal problem, but if they seem too focused on that, I gently steer the conversation in another direction, and if they don't take the hint, I try some active resistance or something else that they have to focus on and participate in, something I didn't really worry about doing before. It was a sad experience, but I learned a lesson from it.

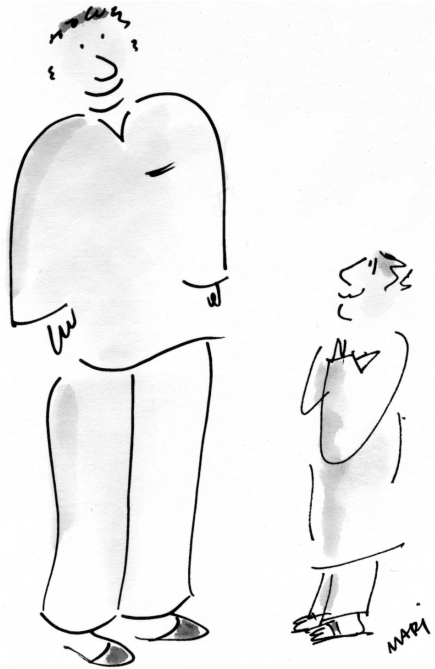
—Anonymous

Positive and Negative Transference

One way to look at transference is in terms of its positive and negative aspects.

Positive Transference

When a client has special affection or adoration or deference toward us, we call it positive transference.



Clients can feel as if they are small and relatively insignificant and we are large and benevolent. We see positive transference most dramatically when clients have innocent crushes on us or are in awe of us and think we are special and wonderful. However, it is usually more subtle, as described under “Signs of Transference” later in this chapter.

Negative Transference

We see negative transference in clients who mistrust us without good reason, who expect us to hurt or criticize them.

Here are two examples of negative transference:

- *A new client is nervous and asks an unusual number of questions about the practitioner’s qualifications. During the bodywork session, the client pulls back*

at the slightest hint of discomfort. Later, she reveals that she was physically abused as a child.

- ▶ *A male client seems very “controlling,” telling the practitioner exactly where and how deep he wants the work to be. He has a hard time relaxing, resists closing his eyes during a session, and is constantly aware of small sounds from the outside. After several sessions, the practitioner learns that the client grew up in a war-torn country and endured constant air raids and fear for his life.*



Assuming that the practitioners in these examples provided safe, welcoming spaces and presented themselves as professional and attentive, these clients were not responding to the actual situation in front of them; the danger they were reacting to was in their past, not the present. It’s not useful for practitioners to respond with annoyance or dismay when clients seem overly sensitive, try to take charge, or are especially vigilant. Understanding that unconscious fears may motivate such reactions helps us respond with compassion and attentiveness.

With negative transference—when the client is critical of us or doesn’t trust us—we sometimes have the feeling of “But I didn’t do anything.” or “Why does that bother her? It doesn’t bother anyone else.” Although negativity from the client may feel like a threat or an attack, it is usually no more about us than are

positive transference reactions. Human nature being what it is, we often see negative transference as the client's problem, as some kind of character defect, yet we see positive transference as a natural response to our winning personality or exceptional skills.

We can't always know what a client is feeling—or why. In fact, we may misinterpret a client's behavior; clients (and people in general) don't always act the way they feel. A client who feels afraid of us may act defiant. A client who thinks the practitioner is the best thing since sliced bread may act nonchalant. And to make it more complicated, clients often feel both positive and negative transference toward their practitioners. Whatever form the transference takes, be aware that clients are giving extra weight to what we say and do.

Transference, a Normal Process

Transference may sound complex and unusual, but it's actually part of our everyday life even outside our offices. It's normal for any of us to bring the past into our present relationships. In fact, it happens all the time:

- *Mary overreacts to her boyfriend's teasing because her father, who teased her, was critical and hurtful in other ways.*
- *John feels especially connected to and possessive of a friend who is nurturing to him in a way that John's mother was not.*

These kinds of transference are common in our everyday lives. But they are magnified in a manual therapy session because of the intimacy of the setting, the client's altered state, and the way that the practitioner–client roles mimic those of parent–child.

Once clients connect with us as practitioners, transference just happens. Never mind that our clients are adults or may even be older than we are. Transference isn't a rational process. It's human nature, and we don't need to try to psychoanalyze our clients; we just need to recognize when it's happening, know that we don't need to take it personally, and act professionally. Some well-meaning practitioners will protest, "But I want to be an equal with my clients. I don't want to have any power over them." Although this is a noble idea, transference can't be avoided. The situation isn't a level playing field from the outset. No matter what our good intentions, it's natural that some degree of transference happens.

The minute we take on a client, we acquire a responsibility toward that person. The relationship is unequal, and it is likely to continue that way for as long as we know the client. True, we want to continue to give power back to the client, as appropriate. Ways to do that are discussed later in this chapter.

Countertransference

Practitioners come to bodywork sessions with all their own history, too. Like clients, we're just human; we are in an intimate situation and often in an altered state while we work. In these conditions, practitioners also can lose their objectivity. Old feelings and attitudes can cloud our judgment and interfere with the way we respond to clients. When a practitioner transfers feelings to a client, which belong in the practitioner's past or those that are related to the practitioner's issues, it is called **countertransference**.

Countertransference:

When a practitioner allows unresolved feelings and personal issues to influence his or her relationship with a client.

Countertransference, like transference, is an unconscious process—usually we're not consciously aware of why we're responding to a client in a certain way. Here are some possible scenarios that show countertransference:

- *Massage therapist Martha responds with irritation to a picky, complaining client, who has made many requests. When the client makes one more request, this time for more heat, Martha snaps, "I hope this is the last request you'll make. I can't concentrate on my work." Although Martha's not aware of it, that client reminds her of her chronically complaining mother. Martha may think she's responding as any practitioner would to an annoying client. However, she's actually relating to the client as an angry child would. If Martha stepped back into her professional role, she might realize that the client has a right to ask for alterations that will enhance her comfort.*
- *Bodyworker Bill bends over backward for his kindly older client, Robert, who acts as if everything Bill does is wonderful. In Bill's mind, Robert has become the ideal dad he longed for, so he makes extra concessions for Robert, scheduling sessions at times he doesn't usually work and extending credit when he usually requires payment with each session. When Robert doesn't respond as quickly to treatment as Bill wants him to, Bill feels crushed. He doesn't see that he's relating to the client as if he were a child wanting to do anything to please his parent. If Bill was more self-aware and objective, he wouldn't bend his boundaries without good reason, and he wouldn't be discouraged by the normal ups and downs of treatment.*
- *When a regular client decides to stop making appointments because his back doesn't hurt anymore, somatic practitioner Sue relates to the event as if the*

client were the parent who abandoned her. Sue feels angry and rejected rather than having the healthy perspective that she's done such good work that the client is now able to stop seeing her.

Sometimes, we may experience our own transference the moment we meet a client, before we've even had a chance to get to know them. A client comes in the door and reminds you of your ex-mother-in-law who didn't think you were good enough for her son and constantly made cutting remarks to you, and you take an immediate dislike to her. The poor woman hasn't done a thing wrong or harmed us in any way, and yet, there's that gut reaction—just because she happens to look like someone we have an unpleasant association with! We need to recognize when that's happening, too, and keep it in check where our clients are concerned. If you realize that your professionalism is slipping, discuss the situation with a mentor. If you can't be professional and cordial to a client, refer them to someone else.

REAL EXPERIENCE

When I first started in massage, I worked in an office group practice with several other therapists, and one of my coworkers had a regular client that I thought was very sweet and attractive. He was always friendly when he came in for his massage, and I have to admit I had a little crush on him. If I saw his name in the appointment book, I made sure to take a little more care with my dress and makeup on the day he was coming in. The therapist who usually saw him had an emergency one day just a couple of minutes before he was due to arrive. She knew I was finished for the day and asked if I could stay to let him know what had happened, and to give him the massage if he was agreeable to that. During the massage, I could not stop myself from admiring his body and indulging in a few fantasies. My heart was pounding while I was giving him the massage, and I was actually glad when it was over! I figured I had better never massage him again, no matter what the circumstances were. It was scary for me to realize that I felt that physically attracted to a client, even though he wasn't really *my* client and it was just a one-time massage. A couple of months after I gave him the massage, he moved out of state and never came into the office again. I've had a lot more experience in the years since then (and married and had three children), and it's never been an issue again, but I've never forgotten about it. New therapists who are just starting out need to be hyperaware that it is possible to feel attracted to a client, and hyperaware that they should never act on it by being flirtatious (or worse).

—Anonymous

Transference and Countertransference Together

A client's emotional transference-driven response can elicit an emotional countertransference response from the practitioner. As an example, consider that when people feel small and defenseless, they may act angry and critical. A client who feels small and defenseless may react with anger or pickiness, and the practitioner, who then also feels small and defenseless, may react with irritation and defensiveness. Both the client and the practitioner feel threatened and end up acting critical or menacing.



Here's an example:

- *Both client and practitioner are perfectionists—both believe that they never measured up to their parents' expectations, and both still carry that insecurity. The practitioner, meaning to give information and sympathy, says to the client, "Boy, you're tight in your upper back." The client hears it as a parental criticism of his ability to take care of himself and responds with an irritated, "That's what you're supposed to help me with!" The practitioner hears that as a criticism of her professional skills and mumbles an exasperated, "I'm doing the best I can."*

A more therapeutic response from the practitioner might be to say cheerfully, “You’re right—it is what I’m supposed to do! I meant to say that it looks like you’ve been under a good deal of stress.”

Signs of Transference

There are various ways that we can tell that positive or negative transference is in play.

Clients' Passivity

One sign that clients have promoted us to an elevated status is that, in general, clients rarely express their unhappiness with something we’re doing, and they often agree to something they don’t really want to do. They may tell us, for instance, that they are fine lying in a position that is actually making their neck

REAL EXPERIENCE

The first time I was criticized by a client, I was so shocked, I am afraid I didn’t respond appropriately. I did in fact take it very personally. It was a first-time client, and she didn’t complain while she was on the table. I had checked in regarding pressure a couple of times, and other than answering me that it was fine, she didn’t say anything during the massage. After she came out of the treatment room, I asked “How do you feel now?” and she said “I’ve had better massage.” I’m sure, in retrospect, it wasn’t so much what I said, but the tone of voice I said it in, because I immediately got defensive and all I could say was “What was wrong with it?” She proceeded to tell me her daughter was a massage therapist in another state, had in fact purchased the gift certificate she was redeeming, and that her daughter gave a much better massage than I had just given her. I said “Don’t you think you might be a little prejudiced?” She said “No, I’m not!” and huffed out the door, and she never came back. I know I overreacted and sounded argumentive. I played the whole scene over in my mind for a few days and decided that the occasional unhappy person was bound to come along and that I needed to be nicer in dealing with them instead of getting defensive and snappy. It was a long time before anyone else had a complaint, and I just said “I’m very sorry. I wish you had let me know during the massage that you were uncomfortable with the work on your upper thigh. We can always avoid anything that makes you uncomfortable.” *That* person ended up making another appointment and turning into a repeat client.

—Anonymous

hurt. They often don't speak up when we make them uncomfortable, such as when we've set the room temperature too hot, we're talking too much, or even when they think their practitioner has crossed sexual boundaries. If we make them too uncomfortable, they simply don't come back, sometimes without being conscious of the reason. Or they might remain as clients but become what we call "difficult" clients. The sense of powerlessness that usually goes with being a client is especially noticeable when the client is also a peer. I hear many stories from even seasoned practitioners who have had trouble speaking up when getting work on themselves. You would think that, as professionals, we would have no trouble asserting ourselves, but because of the power of the transference, because of what happens when we are on the table, we may be as speechless as anyone else. If we feel powerless to question our colleagues, how must our clients feel?

Here are stories told by practitioners who were the client at the time.

- ▶ *The session ended 20 minutes earlier than usual, but I didn't question it.*
- ▶ *The gardener was cutting the grass with a loud lawn mower right outside the window, and it was hard to focus, but I didn't say anything.*
- ▶ *He expressed sexual interest in me during the session. I told him I wasn't interested. He's such a nice guy that I couldn't tell him how disturbing his inappropriate behavior was to me.*
- ▶ *He was using really sloppy draping. I knew him and knew he didn't have any sexual intentions, but it still felt bad, and I should have said something.*

Practitioners who tell these stories are usually bewildered or embarrassed that they didn't speak up when they were the client. "I know I should have said something," they say apologetically.

Even in the most traumatizing situations—sexual violations—clients rarely assert themselves. There are many stories of a practitioner intentionally or unintentionally crossing a sexual boundary and then, when later confronted, protesting, "But she didn't say anything."

Sometimes power differences are exaggerated by circumstances that either give the practitioner extra authority or make the client more powerless. For instance, cultural perceptions about authority come into play. The authority gap can be greater when a man is working with a woman or when a practitioner is physically much larger than a client. Also, the power difference is exaggerated when a practitioner is a client's teacher or has special status in the community. It can also be heightened if we are working with a client in crisis.

- *An experienced bodywork client who was having acute back spasms went to see a bodyworker who was esteemed in the community. The client said, “During the session, I felt like what she was doing wasn’t right for me, but this woman is ‘the best’, and I didn’t question her. I ended up feeling injured by her work.”*

Practitioners who fit into any of these categories may need to take extra care to help their clients feel safe. For example, all of us need to explain what the treatment will involve, get clients’ consent before treatment, and let clients know they have the right to refuse any part of the treatment or ask the practitioner to stop. However, practitioners who know the power imbalance is greater than usual will need to be especially alert to signs of discomfort in clients.

The Captive Audience

Positive transference can be so subtle and pervasive that we can take advantage of it without realizing it. For instance, during a session, we may talk on and on about our philosophy of life while the client listens as if to a guru. Just because the client has fallen into the illusion that we are wiser and somehow better than they are doesn’t mean that we have to fall in there with them.

It can be appealing to have an attentive audience that defers to us. In the presence of the admiring (or, at least, not overtly complaining) client, we may imagine we have such interesting (in our own perception, anyway) stories to tell or that our opinions and thoughts on just about anything are especially meaningful. When we allow that to happen, we have forgotten that the client is the star of the show, not us.

Clients may put up with practitioner’s self-centeredness. Who would risk offending someone who holds the key to helping them? Clients come to us hoping to feel better, and sometimes they are in pain. Who would risk insulting their bodyworker?

When we mistake positive transference for the truth or when we buy into the idea that we are somehow better than the client, we lose our curiosity about the client—and we lose our effectiveness. What does the client want from the session? What pain is the client ready to release? What are the client’s strengths and dreams? Clients know more about themselves than we do—sometimes they simply don’t know that they know. Our job is to help them find the best in themselves, not to impose our own needs and egos. Don’t get caught up in the “I am the healer” syndrome. We don’t “heal” anybody. We’re here to facilitate them being able to heal, and that’s all. Arrogance is not an attractive quality. Making claims that you can “fix” anyone, or that you’ve helped every person you’ve ever worked with, is unnecessary. Let your work speak for itself.

Our curiosity and compassion go out the window when we pretend to be all-knowing or when we forget that the session belongs to the client. Even if clients need to put us on a pedestal, we have to find ways to let them know that, although

we are competent, we are merely consultants who have certain gifts and training; they are the ones who have the power in their own lives.

Lost Souls

Isn't it okay to have some clients who really like us, clients with whom we have a great connection? The answer depends on another question: Are our sessions with them about us or about them? Are those clients lost souls coming to hear what we have to say, or are we the ones who listen with curiosity and interest to what they bring to a session?

Some clients try hard to please us, and that can feel good. But by basking in the glow of our own egos, we can miss the desperation underneath their efforts to please. Certified Feldenkrais trainer Paul Rubin talks about clients who are at a time in their lives when they feel like “lost souls:” “Many people are at a choice point of ‘Do I find myself, or do I find someone I can see as more powerful with whom I can have a dependent relationship?’ It’s always up to us to guide people back to finding their independence.”

It can be natural and therapeutic for clients we see regularly to be dependent and to look up to us to some degree. Certainly, most of us have had times in our lives when we felt like lost souls and we needed someone to depend on ourselves. However, if our practices are full of people who call us after hours or who rely on us to help them make decisions, then we need to take a look at what’s going on. Are we getting our own emotional needs met by cultivating dependency in clients? It’s not our job to run our clients’ lives. As a colleague Janet Zimmerman so aptly put it, “We have to remember that we’re just the hired hands.”

Sexual Feelings

Crushes are a common form of transference, and it is easy to think that they are about us. They really are not. (Again, we’re not talking about clients who are intentionally sexually inappropriate or aggressive with us.) Crushes don’t mean that clients want romantic relationships with their practitioners. Rather, the client’s unconscious is using the practitioner (in an appropriate, therapeutic way) to deal with deep issues. For instance, they may see in us the good, nurturing parent they wish they’d had. Or maybe the work itself, the softening of tightly held tissue, has helped them get in touch with old longings, and they then think those longings have something to do with us. Our work with such clients, perhaps our acceptance of them, has awakened something in them, but their feelings aren’t really about us.

If the client with a crush is of an age and gender we are usually attracted to, the situation can be more dangerous; it may make it easier both to misinterpret the client’s intentions and to return the interest. Practitioners who are drawn to doing that should seek outside help to sort it out. It’s unethical to take advantage of a client’s romantic transference feelings for us.

How to Work with Transference

Many psychotherapists actively work with transference to help clients heal old wounds, learn new patterns of relating, and so forth. Although that is beyond our scope of practice, we can still be therapeutic in our actions. For instance, if a client is (unconsciously) expecting the worst, such as punishment or criticism, then it must surely be helpful for that client if the practitioner's responses are, instead, caring and reasonable. Or with a smitten client, it can be helpful for the practitioner not to soak up the adulation but, instead, to gently give the power back to the client. That and other guidelines for dealing with transference are provided later.

Don't Talk to Clients About Their Transference

The first rule is—and this is one of the rare times the word “rule” is used in this book—don't talk to clients about what you imagine their transference to be. For instance, don't say, “You're just upset with me because you're still mad at your mother” or “You have a crush on me because you need a strong father figure.” Avoid psychoanalyzing people. That is not within our scope of practice. Even if you're doing it in your head, don't voice your opinions about it.

For one thing, you don't really know what's causing their behavior. And second, remember that transference is unconscious; the client may not know what you're talking about and may find it confusing or annoying. It can seem patronizing to tell clients your ideas about their motivations. It assumes both that you know more about them than they do and that you have license to talk about psychological dynamics with them. A client coming to us for a relaxing rubdown, a balancing structural integration session, or an injury-related sports massage probably doesn't have an interest in our psychological theories.

CONSIDER THIS

Some clients may have diagnosed, or undiagnosed, issues that you are not aware of, such as bipolar disorder or clinical depression, that they did not feel comfortable putting on the intake form. Some clients may have other mental or emotional issues that are not keeping them from functioning in society, but that may nonetheless be a problem in their lives. We are not psychologists or medical doctors, and must avoid giving advice that we're not qualified to give. Telling someone that they could give up their Prozac if they would just start getting massage twice a week, or use lavender oil, or any other thing is outside our scope of practice and dangerous to the client.

Understand That Transference Isn't Usually About You

It's worth saying this again: "Transference" means the client's reaction is only *superficially* about you. Whether it's adoration or deep mistrust, it's often not really about the practitioner. (Although there's probably a grain of truth behind their reaction—you've done something that pleases or displeases them—their response is out of proportion to the actual event.) Practitioners are mistaken if they think they really are that perfect when clients adore them or that awful when clients are mad at them.

Clients may want to take care of you, please you, challenge you, or berate you. None of these responses is necessarily about you. The challenge is to keep an even keel and not be swayed by clients' reactions.

Practitioners are mistaken if they think they really are that perfect when clients adore them or that awful when clients are mad at them.

Know When Transference Is About You

Knowing the dynamics of transference, however, doesn't give you license to dismiss all clients' complaints or criticisms as simply their old unresolved issues. If you keep getting the same kinds of negative feedback, it probably *is* about you. Understanding transference should make practitioners more respectful of and sensitive to clients.

There's truth in both positive and negative transference, but that truth is usually about your professional self, not your private self. Clients who love you may be responding to the fact that, during your sessions with them, you are caring, concerned, and sensitive to their needs. However, if clients knew you in your personal life, they would have a fuller, more human, and less idealized picture. By the same

CONSIDER THIS

Online reviews are a big thing on the Internet. Reading them occasionally can be an education in what people think about you and your business. You'll have the occasional client that makes an unfounded complaint, or a genuine complaint—maybe you were having a bad day and distracted when they came in—but if several complaints are the same, such as "She gave a good massage, but her attitude was arrogant and she talked about herself the whole time," or "He seemed too flirty to me, it wasn't professional," then you need to be doing a thorough and fearless examination of your own behavior and your own motivations, and discuss with a mentor what you can do to make positive changes.

token, a client who has trouble trusting you may be responding to a problem with your professional behavior, not who you are in your private life. For instance, if you are chronically late in starting sessions, clients for whom punctuality is important might see you as an uncaring and inconsiderate person, regardless of whether that is generally true about you.

Keep the Boundaries Extra Clear

Faced with a strong negative or positive transference, your job is to be extra crisp about boundaries and to pay close attention to framework. If the client is already in “transference” love with you, for example, you would not want to accept her invitation to a party or in any way encourage a more social relationship. If the client is already uncomfortable with you, taking even greater care with the therapeutic environment can help her feel safer. The more you keep boundaries clear, the lower the possibility that transference will become destructive to the therapeutic relationship.

Be Respectful

Whether they exhibit crushes or fears, all clients deserve practitioners’ respect, not their judgments. We don’t know where any of these feelings originate in clients. We don’t know what their histories are or what deep aspects have been stirred, and we shouldn’t pry into their personal lives. A colleague tells this story:

- *A client complained about being poked by my fingernails, and I debated a minute before deciding to do anything about them. I’d just gotten a manicure—lovely red nails—and I’d just seen my favorite teacher, who also had long nails, work without pain to her client. Nevertheless, I decided to file my nails and was glad I did. Later in the session, my client told me that when she was a child, her mother would punish her by actually cutting her skin with her long red fingernails.*

Don’t Take Advantage of Clients

Avoid taking advantage of clients’ transference even in small ways, such as using them as an easy audience. And of course, practitioners who use the affection that clients have for them for their own advantage—turning current client into a business or romantic partner, for example—are committing the worst kind of ethical violation.

Keep Giving the Power Back

By your behavior, you can let clients know that this is a therapeutic situation—that you aren’t an abusive parent or a savior and that the power is in their hands.

CONSIDER THIS

If you're going through personal challenges, it can be tempting to talk about them, especially with a client you know well or feel close to, but that's fraught with potential to create a troublesome situation. If you share that you're in financial distress, for example, a client may feel compelled to offer you help in the form of a loan or gift. That creates a different relationship dynamic that you don't need! When we tell a client our problems, he or she may feel like he or she ought to take care of us, but remember, *the client* is paying *us* to take care of them. In all of our dealings with clients, we need to ask ourselves if our actions are in the highest good of the client—and be sure that we are not taking advantage of the therapeutic relationship.

Sometimes you can tell them these things directly with phrases such as, “You’re the expert on your own body” or “Please tell me if you want me adjust the pressure, or to stop what I’m doing at any time.” That’s especially important with new clients, as it sets the tone for the future relationship.

From your first interview, let them know that you are working with them in partnership. Ask them what they want from their work with you and explain your work as carefully as possible so that they know what is being offered to them. Let them know that you won’t take it personally if they want changes in the environment or the work itself—for instance, if they want you to turn the heat up or down, adjust the volume of the music, or work more lightly or more deeply. Avoid treating them like children or creating your own agenda for them. Here’s an example:

- *A client comes to a practitioner for a relaxing massage for her sore back. Without asking the client her wishes, the practitioner decides that the client also needs to do exercises at home and sends her home with instructions. The practitioner is then upset when the client returns and has not done her “homework.” Think in terms of educating and suggesting rather than imposing and ordering.*

Think in terms of educating and suggesting rather than imposing and ordering.

Signs of Countertransference

Clients aren’t the only ones with transference issues; we’re just as human as they are. Countertransference happens when practitioners bring unresolved issues and feelings into the session. When you take what a client says or does personally, it is considered countertransference. For instance, if you’re constantly disappointed

and angry with uncooperative clients, that's a red flag. What you can reasonably expect from clients is some form of payment and that they treat you with respect. As long as they aren't abusively insulting or disrespectful, clients should be free to complain, become enamored of you, improve, not improve, and generally go at their own pace *without your taking it personally*. If you expect certain kinds of validation—that they get better at a certain rate so you can feel like a “good” practitioner or that they praise your work during every session—that is countertransference and is not useful.

The intimacy of bodywork triggers deep emotions and old feelings, and practitioners are as much a part of that unconscious soup as are clients. Practitioners can easily lose their objectivity. Any strong feelings about a client—anger, chronic annoyance, or even love or caring—can signal that you are lost in countertransference. Another common red flag for countertransference is feeling tired or drained when you work with certain clients. Be curious about any negative reactions to clients, and get help with understanding these feelings. If you constantly find yourself being annoyed with a certain client, and you can't get beyond that, it's better to release them and refer them to another practitioner.

What about being fond of your clients? Isn't it natural that you open your heart to your clients? One way to distinguish healthy affection for clients from unhealthy ones is the extent to which they have become “special” to you. Do you give extra attention to what you're wearing if you're seeing them that day? Do you make exceptions for them that you don't for other clients? Do you give them extra time, rearrange your schedule to accommodate them, or let their bills slide? Do you go out of your way to help them with an outside problem? In other words, do you bend your own boundaries for this client?

A colleague relates:

- *I was attracted to one of my new clients and at first wasn't conscious of it. After a few sessions, I began to have signs of countertransference: I always looked forward to her session with some excitement and felt “high” at the end. I made a point of telling her about upcoming events that might be of interest to her and realized that this was in hopes that I might “accidentally” bump into her. She had a busy work life, and I often came in earlier than I usually do to accommodate her. After I became aware of what I was doing, I discussed the attraction with a respected teacher and was able to regain my balance with this client.*

If you imagine that you are the only one who can truly understand or help a particular client, you are headed for trouble. If you see yourself as “rescuing” a poor, helpless client, that's a red flag too.

As for negative countertransference, aren't some people just annoying? Perhaps. But it also could be that another practitioner would find them endearing, or it



CONSIDER THIS

Many massage therapists get into the profession because they are at heart caring people who like to help others. Our job as professional massage therapists is to help people—with their aches and pains and stress—but not the *cause* of their stress. It's not our job to try to help them with their family problems, relationship problems, financial problems, or any other personal problems. The responsibility for keeping the therapeutic relationship on a professional level is ours. Getting too caught up in the personal problems of our clients can lead to lapses in judgment, which can compromise that balance between showing compassion and being too emotionally involved.

could be that your “annoying client” is simply anxious or even responding to your careless framework. Do you think a particular client got up that morning with the intention of irritating you and making your day seem longer? Or do you sense that

It's easy to be caring with an appreciative client; picky clients are the true test of our compassion.

that is generally the way he or she copes with situations that are difficult for him or her?

Clients who seem difficult or demanding are often trying to mask their underlying fear, neediness, or confusion. The helpful response to these clients is actually just the opposite of our natural inclination. Most of us would be naturally inclined to be impatient and have a “get-over-it” attitude with such a client. However, to really settle this client down, we can respond with attentiveness and concern, for instance, to ask for extra feedback about whether they are comfortable—how's the room temperature, do they want a deeper or lighter pressure, or what else do they need to help them relax? It's easy to be caring with an appreciative client; picky clients are the true test of our compassion.

How to Work with Countertransference

Countertransference happens constantly. It's not a question of “if,” but rather of when and how it arises and what kind of people you most easily overreact to. And after you think you've got your inner responses to clients figured out, someone walks through the door who turns you upside down and makes you wonder why you feel mad, fascinated, or exhausted. Working with your own transference (which is called countertransference) is an ongoing learning process.

Notice When You Make Exceptions

As discussed earlier, one of the best ways to know when you are acting out of countertransference is to notice when you want to go outside your usual boundaries or change the usual structure of your sessions. When you come in an hour earlier than usual for a client, or take an appointment on your day off in order to accommodate someone, are you responding to a real need? Or are you accommodating him because you feel too intimidated, guilty, or perhaps charmed to ask the client to fit into your schedule? Paying attention to framework and boundaries provides safety for you because countertransference just naturally happens. We're all humans and always have unresolved issues, old wounds, and insecurities that color our judgments.

Get Outside Help

After you have identified your own countertransference, you can figure out how best to work with it. Sometimes just being aware of it is enough to overcome it. However, other times, you need to get outside help with both recognizing it and learning how to turn those feelings into a better understanding of the client and of yourself. A good way to learn how to recognize when a client hooks you is to consult with a professional trained in psychological dynamics—a counselor or psychotherapist,

for instance. Such consultation can help illuminate your countertransference and deal with your feelings related to your clients' transference.

- *A practitioner found herself unusually annoyed with a client—a woman who was slightly older than the practitioner and who seemed sweet but passive. In talking with her consultant, the practitioner realized that the client reminded her of her mother's passivity, which often angered her. Once she realized that her feelings were related more to her mother than to her client, she was able to let go of her annoyance.*

Talking over your responses to clients with a mentor or consultant can help you gain the objectivity you need to be skilled in your client relationships. Some practitioners prefer having an ongoing relationship with a consultant for support and help with identifying their strengths and weaknesses in relationships with clients. A consultant can help you know, for instance, when it may be appropriate to refer a client to someone else. If you've done your best to find compassion for a client but are still constantly irritated, you're not helping such a client by continuing to work with him or her. Likewise, if you've discussed your feelings of attraction to a client and those feelings are still intruding into a session, you need to refer that client to another practitioner. It is against professional ethics to work with clients toward whom you have strong feelings of either attraction or repulsion.

Practitioners who regularly consult with professional counselors or bodyworkers trained in psychological dynamics find that it helps them sort out these issues and makes their jobs easier. Strong positive or negative feelings about a client are red flags. Getting outside help can turn those annoyances or infatuations into solid learning experiences.

Hearts and Minds

Giving and receiving bodywork can both touch our hearts and cloud our minds. Bodywork may bring up unconscious material—for our clients as well as ourselves—that can interfere with the therapeutic relationship. Clients get mad at us, clients fall in love with us, and we get irritated or love them back. Our role is to sort out those feelings in a way that empowers and benefits our clients. Our job is to do our best to keep our own issues from intruding into the therapeutic process.

Clear boundaries and a sturdy framework help both parties handle their transference and countertransference reactions. They orient us and bring clarity to the murkiness that arises from unresolved personal history. When we strive to be consistent and even handed, we can identify our red flags more quickly and get help when heading down the wrong path. It takes careful thought, training, and determination not to let the power imbalance inherent in the therapeutic relationship throw us off.

Appreciating the power of transference and countertransference is the key to understanding why we need to take care with boundaries and framework. In fact, the power imbalance between client and practitioner is the reason for most professional rules of ethics. Without an understanding of those dynamics, ethical and boundary guidelines can seem like arbitrary dictates rather than necessary structure.

Questions for Reflection

1. Think of a situation when you were the client of a manual therapist (or other practitioner) when the practitioner was doing something that you didn't agree with or that was making you uncomfortable. Did you question the practitioner at the time or assert yourself? If you did assert yourself, did something that the practitioner said or did make it easy for you to do so? If you didn't, what could he or she have done to make it easier?
2. As an adult, have you ever had a crush on someone who was in a professional role with you? How did the professional handle it? Do you think they were aware of it? What was helpful or not helpful in the way the professional responded to your crush?
3. Have you ever felt small or helpless with an authority figure or a practitioner and then acted "big" and angry? What other ways do you react in the presence of an authority figure? Did you feel threatened?
4. Can you think of a recent time in your everyday life when your response to someone may have come from old perceptions or patterns (transference) rather than the reality of the moment?
5. Have you ever had a manual therapist or practitioner use you as a captive audience? How did you feel? If you didn't like it, did you express that at the time? Did you return to that person, or find someone else to work with?

thePoint* To learn more about the concepts discussed in this chapter, visit <http://thePoint.lww.com/Allen-McIntosh4e>

CHAPTER 5

Ethical Boundaries: From Theory to Practice

We can look for simple answers about ethics—what are the rules, and how do we stay out of trouble? The state boards that regulate massage spell out ethical behavior; note that not every state has a “massage board”; in some states, massage regulation falls under the domain of another board. The massage associations, such as ABMP (Associated Bodywork & Massage Professionals), AMTA (American Massage Therapy Association), and the NCBTMB (National Certification Board for Therapeutic Massage & Bodywork), all have a Code of Ethics. Some massage schools even have their own code. However, there are few black-and-white absolutes to which we can cling. To make wise decisions, we usually have to thread our way through the gray and uncertain areas of the therapeutic relationship with all its details and nuances, its transference and countertransference, and many other boundary issues. Also, to decide the “right” thing to do, we have to consider not only the details of the particular situation, but also the broader picture of how an action will affect our clients, ourselves, our own reputation, and the reputation of our profession.

Ethical Questions

The following questions will help you determine whether an action may lead you down the wrong path. They can help you avoid harm to clients, to your relationship with clients, and to your reputation and the reputation of the profession.

- Would this action take advantage of the power, affection, or goodwill that clients give me because of my role (transference)?
- Would it violate the client’s privacy or confidentiality?
- Would it create a dual relationship (a relationship with the client outside that of client and practitioner) and, therefore, make the professional relationship less clear?

- Would it exceed the boundaries of the original implied contract—going beyond either my area of expertise or what the client has agreed on?
- Would it be an exception to my usual policies?
- Regardless of how an action appears to me or my client, would it look inappropriate to others?
- Would the action be disrespectful of the client?

It may be obvious why some of these questions are included and less apparent why others are. Let's take a closer look at these questions, grouped by their ethical intentions.

Protecting Clients' Vulnerability

- Would this action take advantage of the power, esteem, or goodwill that clients give you because of your role (transference)?
- Does it violate the client's privacy, confidentiality, or any other boundaries?

Most ethical standards are aimed at keeping practitioners from taking advantage of the power difference between them and their clients—using a client's affection and goodwill to benefit themselves personally.

Most ethical standards are aimed at keeping practitioners from taking advantage of the power difference between them and their clients—using a client's affection and goodwill to benefit themselves personally.

Respecting clients' privacy and confidentiality is also a central part of what it means to be professional and to be sensitive to a client's vulnerability.

You can overstep boundaries in small ways—for instance, taking advantage of transference by talking too much during a session, or breaching confidentiality by advising someone who has referred a client that the client has made an appointment. Such actions are not usually intentionally unethical; however, the more disciplined you are in honoring the boundaries of transference and confidentiality in even small ways, the less likely you are to err in more serious ways.

Problems arise if you work for an employer who does not honor clients' confidentiality or respect clients' vulnerability. For instance, there may be spas where the owner may allow and even participate in gossip about clients. And some employers ask their massage therapists to take advantage of their relationship with clients by pushing them to buy retail products. Working with these problems will be discussed later in the chapter.

Keeping Small Boundary Mistakes from Leading to Big Problems

- Would this action create a dual relationship and, therefore, make the professional relationship less clear?

- Would it exceed the boundaries of the original implied contract—going beyond either your area of expertise or what the client has agreed on?
- Would it be an exception to your usual policies?

Significant ethical mistakes rarely come out of the blue. These questions relate to the fact that the more you bend boundaries, the more likely you are to get into serious ethical problems. Many boundary transgressions, such as having dual relationships with clients, aren't necessarily unethical by themselves, but they can become bigger problems if you make a habit of doing them without being alert to the difficulties.

- *A massage therapist who often socialized with her clients had a hard time keeping her roles straight. One of the clients she socialized with had told the massage therapist during a session that she had multiple sclerosis (MS) and wanted to keep it a secret. However, one day, another friend was criticizing that client and the massage therapist said, “Don’t be so hard on her. She has MS.” The client with MS found out about the confidentiality violation and, understandably outraged, filed an ethics complaint against the therapist with her professional association. A breach of confidentiality that would have been disturbing enough had it simply occurred between friends became a violation for which there were serious professional consequences for the massage therapist.*

Avoiding the Appearance of Inappropriateness or Impropriety

- Regardless of how an action appears to you or your client, would it look inappropriate to others?

“Impropriety” may sound like a prim and proper word to the often free-spirited members of this profession. As long as you know you’re a good, conscientious professional, you may not want to concern yourself with how something looks to an outsider or, in effect, what the neighbors think. However, you can’t ignore the fact that massage continues to be linked in the public’s mind to sexual services, and those therapists who wind up in the news accused of sexual impropriety make it harder for the rest of us. Although it’s unfortunate that our culture often equates nudity and touch with sexual behavior, that’s the reality that you have to live with. It’s not fair that the manual therapy profession is sometimes misjudged or that good professionals may have to contend with offensive assumptions, but if you want to help your own reputation and that of the profession, it’s best to be cautious.

Consider these statements from well-meaning massage therapists:

- *I tell my clients that as long as they’re comfortable with it, they don’t have to be draped.*

- *I'm interested in dating Bob, so I invited him to come to my office and get a free massage. Since it's free, it doesn't affect my professional image.*

You can imagine how these situations could have a negative effect on the reputation of both the professional and the profession. Suppose a prospective client heard that a massage therapist doesn't require draping. It could color this person's opinion of the massage therapist and, if they weren't familiar with the fact that draping is supposed to be a standard protocol of massage, could color their opinion about all massage therapists.

In the second example, bringing a social and possible sexual element into your work and into your office—off hours or not—is a bad idea. It can give the client or anyone who hears about it the idea that you regularly mix your romantic life with your work.

You should not give people any room for their imaginations to run away with them. Maybe an action seems innocent to you and to the client involved, but how will it look to the public? Your colleagues won't appreciate it if you lower the reputation of massage therapy and bodywork in the community. It means they will have the indignity of fielding many more phone calls from prospective clients who expect sexual services; they will have the annoyance and perhaps danger of many more clients who arrive in their offices anticipating sexual relief; and they will have to endure more rolling of eyes when they tell others what they do for a living. Why risk offending colleagues and promoting harmful misconceptions about the profession?

Sometimes, even seemingly innocent actions can give a client the wrong impression. For example, some massage therapists are “huggers.” While hugging a client you've been seeing for 10 years is not going to be misconstrued, a client that you've only just met could get the wrong idea, or alternatively, just feel uncomfortable with such an action.

Behave in such a manner that your friends and colleagues would feel comfortable sending you both their elderly aunt and their teenage son or daughter.

None of us work in a vacuum. Whether practitioners belong to a professional association or not, their behavior reflects on the profession and the other practitioners in their community. It's safest to be above reproach. Behave in such a manner that your friends and colleagues would feel comfortable sending you both their elderly aunt and their teenage son or daughter.

What Happens if You're Accused of Sexual Impropriety

If a client makes a complaint to your state board alleging sexual impropriety—or any other complaint—it can be a disaster. I served for 5 years on our state board and was present for many disciplinary hearings, and have also attended hearings in

REAL EXPERIENCE

My husband and I went out to celebrate our anniversary, and after dinner in a nice restaurant that was in a neighboring town, we decided to go dancing. We went to a club we had never been to. At the end of the bar, there was a woman in a bikini offering chair massage—and throwing back tequila shots while she was doing it. I was so shocked; all I could do was stare. Men were lined up waiting their turn. I was shocked again a couple of weeks later when I attended a continuing education class, and she was in it! When people were introducing themselves, she just told her name and said she did onsite massage. When the class took a break, I walked over and asked her if she was the same woman I had seen doing chair massage in the bar. She said she was. I said "Don't you think that's sending people the wrong message about massage?" She laughed and said "I usually make at least \$300 a night in tips. I couldn't care less what kind of message it's sending." Then in a snide voice, she said "How much do *you* make?" I didn't see any point in arguing with her. We're in an unregulated state where there's not even a massage board to report her to. I've never been back to the club to see if she's still there, but I've always wondered if the legitimate massage therapists in her town had a hard time with people because of it. I think we do reflect on each other, and it disturbs me to think that the people who see her in the club think this is an honest representation of massage.

—Anonymous MT

some other states. Disciplinary hearings are open to the public. I have encouraged massage school owners and program directors to take massage therapy students on a field trip to their state board to observe disciplinary hearings, in the hope that it might get the message across that this is never a good experience, even if you're innocent.

The fact is, most things that a therapist is accused of take place in the privacy of the massage room, where there are no witnesses, only the two parties directly involved. It's a he said/she said situation. Both parties (the accused and the accuser) have the right to bring an attorney and character witnesses to the hearing if they desire. The board's attorney will be present, and may question both parties, and any character witnesses present. Each party may ask questions of the other, in most states.

A regulatory board hearing is not a court of law, and is allowed more leeway than what takes place in a court of law. I was shocked, at my first hearing as a board member, when the woman accusing a male therapist of sexually molesting her produced a letter from another woman claiming that he had done the same to her. I objected on the grounds that we had no way of knowing if the letter was legitimate

and that it was hearsay, and the board’s attorney stated “This is not a court of law. Hearsay is allowed here. It is not allowed as the primary evidence for an accusation, but it is allowed as corroborating evidence.”

The similarity to a court of law is that the accused has the right to face the accuser. Anonymous complaints do not result in action being taken against a massage therapist, as there is no way to investigate them; however, if there were multiple anonymous complaints received about a therapist, the board may take action, such as sending an undercover investigator in as a client.

After the evidence has been presented at the disciplinary hearing, the board members will usually go into private session to discuss the case. It all comes down to whom they believe made the more credible witness, and the majority rules. That means in a 10-member board, 6 of them have to agree on whether the therapist is innocent or guilty. It does not have to be a unanimous vote. During my time on the board, there were several times when I disagreed with the majority, but that’s the way it works. I was convinced, during my tenure of having to sit through disciplinary hearings, that some people were found guilty who did not deserve to be, and that some people who should have been found guilty were turned loose on the public to commit another offense. It is an imperfect system, but again, as there are usually no witnesses, it’s the only system we have.

Being found guilty can mean permanent loss of license or temporary suspension of it, a probationary period, paying a fine, being ordered to attend additional ethics and/or other continuing education classes, being ordered to attend a class such as anger management or getting substance abuse treatment, or any combination of the above. In most states, the outcome of the complaint will be listed on the board’s website. The client’s name will not be revealed, but the listing will say something like “John Smith, License Revoked 01/13/2016, call for details.” The Federation of State Massage Therapy Boards also maintains a disciplinary database contributed to by the member states, so that a person who loses a license in one state can’t just go to the next state and get one.

In some serious cases, the client may also file a criminal complaint, and/or institute a civil lawsuit. Being accused is emotionally distressing; it affects your reputation and your income. Even if you are found innocent, the fact that it may have gotten publicity can ruin your chances at getting employment or getting clients, if you’re self-employed. It’s a very serious matter.

Respecting Clients' Dignity

- Would the action be disrespectful of the client?

Consider these cases:

- *The client of a deep tissue bodyworker left a message on the bodyworker’s answering machine after his first session, complaining that the pain in his back*

had gotten worse since the session. The bodyworker decided that the client must be a chronic complainer and a nuisance and never returned his call.

- ▶ *A massage therapist's client complained that she still had discomfort in her knees even though she had been coming for regular massages for weeks. The practitioner curtly responded, "If you'd lose some weight and get off the sofa and exercise, you might feel a lot better."*

Generally, it's easy to treat clients with respect if they are appreciative and pleasant. Clients such as the two mentioned earlier, who complain or who are demanding (in your perception), are the ones who are most likely to try your patience and test your professional diplomacy. As a professional, you are obligated to respond to complaints with kindness or at least with civility. Even if a client is being abusive, it's unethical for practitioners to be rude, insulting, or unresponsive.

Clients don't have a right to be personally insulting, call you names, or use harsh or vulgar language. (Of course, they also don't have a right to be physically threatening or sexually inappropriate.) However, they do have a right to complain about your work or question your professional knowledge, and you want to be able to respond to their concerns with care and objectivity. Complainers usually need education and reassurance. Depending on the situation, the client whose back was still hurting might need to hear, for instance, that it often takes a day or two before a client feels relief from pain. Or with the client whose knees still hurt, you could let her know you're on her side: "I'm sorry you're still having discomfort. Massage therapy often relieves joint pain, and I was hoping that it would help you."

Maintaining a good professional relationship with your clients also goes a long way toward keeping you out of major trouble. A small complaint handled poorly can balloon into a big problem; angry clients sometimes air their grievances in the community or, at the extreme, take them to your professional association. Many clients also leave reviews of businesses on the Internet these days. There's the occasional complainer in every crowd, but a few bad reviews can really make a negative impact on your business—just like glowing reviews can make a positive difference. If several people make the same complaint, such as "she didn't listen to me, and she talked too much" or "his office wasn't very clean," then you need to pay attention to that.

Judgment Calls

We want to follow the standards of our state and national associations, but sometimes those standards are so generalized that it's difficult to know what they mean in practice. The goal is to learn how to make smart and ethical choices under any circumstance.

In any practice, certain situations require judgment calls on the part of practitioners who want to protect their clients, the profession, and their own reputations.

Keeping in mind the questions and considerations already discussed, here are some examples of how to make good choices and judgment calls.

Sexual Relationships

The Ethical Standard

There's no gray area here; it is unethical to have a sexual relationship with a current client. With an ex-client, it is unethical to use the affection, power, or intimacy of the client–practitioner relationship to create a sexual relationship. It is also unethical to sexualize the relationship with a client by dressing seductively, flirting, or making remarks that could be construed as sexual.

Judgment Calls

Consider the following:

- *You run into someone you dated for a couple of years in college, whom you had a sexual relationship with. You haven't seen him in over 20 years and he has moved back to the area. As you are chatting, it comes out that you're both single. He asks what you do for a living, and when you say you're a massage therapist, he raises his eyebrows and says he wants to make an appointment. Do you make the appointment?*
- *At a party, you are talking with someone you have just met, someone you find attractive. The person learns that you are a bodyworker (or massage therapist or movement teacher) and wants to make an appointment. Do you make the appointment?*
- *You have been working with a client for several months, and you realize that you are starting to feel sexually attracted to him or her. What do you do?*

Everyone should know that the absolute rule is not to date or have sexual relations with a client, but what about sexual attractions? The answer depends, for one thing, on how attracted you are:

- Is it just a passing thought?
- Is there a spark of sexual connection between you?
- Are you often aware of being sexually attracted to another person, or is this a rare feeling, so that the attraction takes on greater meaning?
- Are you feeling emotionally off-balance or needy, so that you might be more than usually tempted to act on an attraction?

- Are you feeling particularly open to a new attraction, even though you are married or in a relationship?
- Has it been your experience that you can be mildly attracted to a client without it interfering with your work?

You have to know yourself and your limitations. Sessions should always focus on the client and not on your personal needs. If you have strong romantic or sexual feelings about a client, the feelings usually intrude into the professional relationship. A strong attraction is a good issue to take to a consultant or respected teacher for discussion.

You should also consider the effect of transference. The decision to become someone's practitioner shouldn't be made casually. When someone becomes a client (and often before he or she arrives on the table), transference begins and feelings are heightened on both sides. In the client's eyes, you have already started to become a little larger than life—the compassionate caregiver, the heroic reliever of pain, or the nurturing parent figure. Under these circumstances, clients are not as free to refuse romantic invitations. It's unethical to take advantage of this vulnerability.

Once someone becomes a client, you may never be able to have a normal social relationship with that person. The effects of transference can be too deep. Once you become a person's practitioner, you have limited the relationship. Most associations' ethics standards require that practitioners wait at least 6 months before dating an ex-client. Regardless of the number of months that have passed, practitioners dating an ex-client could be a cause for concern and perhaps scrutiny in their professional circles. You're better off deciding from the beginning whether a relationship will be professional or social.

There are also varying levels of social relationships, and that may be magnified if you live in a rural area or small town. For example, in those situations, you may attend the same church, eat at the same restaurants, and shop in the same stores. You're going to run into clients; it's unavoidable. If you walk into the local diner to grab lunch, find it crowded, and a client invites you to share his or her table, that may not be a big deal; if the same client were to invite you for an intimate dinner date, that's a different thing altogether. A client may invite you to the annual barbecue at his or her ranch; he or she tells you that they do it every year and expect about 200 guests. That kind of situation isn't apt to cause trouble in the therapeutic relationship, but attending a dinner at their home where you're the only guest, or there are only a few other people present, is trickier.

Let's look back at the three examples. In the first example, the course of action should be clear. This is someone you have already had sex with, albeit a long time ago. He's single, you're single; old feelings may come up. In fact, you used to give him massage when you were an item, although you hadn't been to massage school yet and weren't a professional therapist. It's best not to go there. If you want to see him socially, you can let that be known, but you may need to say something like

“I’d rather get together for a burger. If you really want a massage, I think it would be best if I refer you to a friend of mine. I like to keep business and personal relationships separate.”

In the second situation, how do you decide whether to make the appointment? To start with, it’s never a good idea to make an appointment or do business at a party. Just offer the person your business card. That would also give you time to sort out your feelings, either on your own or with outside help. If you know you’re not in danger of acting on your sexual attraction, you can take the person as a client, knowing that you are thereby eliminating the possibility of having a sexual relationship with him while he is a client and possibly forever. If you’re not sure whether you want to exclude that possibility, it’s smart to buy time. For instance, when the person calls, you can simply say you don’t have any appointments available and tell him or her to call back after a certain time. Given enough time, you can find your ethical bearings and decide whether to take that person as a client.

In the third situation, in which the practitioner becomes attracted to someone who is already a client, it’s probably best to seek out help before making a decision about whether to continue to work with that client. As previously noted, any time you have strong feelings about a client, whether it’s strong attraction or strong dislike, it’s a good idea to talk with someone trained in psychological dynamics to help you sort it out. If you come to understand the reasons for the attraction, the feelings may dissipate. If they don’t, then you probably need to stop working with the client. Any tricky situation calls for a careful examination of the strength and motivation of your feelings, and careful consideration of what is best for that particular client. Such a judgment call can best be made with outside help. Sexual attraction, infatuation, and yes—true love—can all cloud professional judgment.

Negative Judgments

The Ethical Standard

We owe clients our care and attention. We may not connect with a person right away, but if we can’t imagine ever having a caring attitude toward a particular client, we shouldn’t work with him or her. We need to be on the alert for anything that interferes with our ability to touch a client in a respectful, nonjudgmental way. We are not just touching bodies—we’re touching spirits.

Judgment Calls

- *Your new client reveals that he belongs to a group that offends your belief system. (e.g., he is a member of the National Rifle Association, a gay rights advocate, pro-choice or he belongs to any group about whom you have general prejudgments—prejudice).*

- ▶ *Your client does something you find very annoying. For example, she talks constantly, or never talks, has a whiny voice, or talks very loudly. You find yourself dreading her sessions.*

Everyone prejudices other people. It's common for people to make snap judgments based on how people look, the way they dress, or their beliefs. No one is completely untouched by negative attitudes about groups of people that they may have been taught as children—whether by the family, the community, or society at large. In addition, everyone has personal likes and dislikes. The question is how much these negative feelings interfere with your work.

Working with people you don't care for can seriously compromise the safety of the therapeutic environment. You may be inclined to be late, to be less than present, to tune them out, to shortchange them on time, or to lack compassion. Practitioners cannot totally hide their personal feelings from clients. What client wants to be touched by uncaring hands?

We also need to consider that we may be getting our exercise jumping to conclusions about people. Maybe you saw the bumper sticker from an organization you find morally reprehensible on a new client's car when he pulled in (and immediately formed a negative opinion of them)...and then you found out that he had car trouble and borrowed his sister's car. Or maybe you saw the initials "KKK" tattooed on a client—and then found out it is his daughter's initials.



Regarding the first example of a client who belongs to a group that you have judgments about, you want to decide what is best for the client. You must first be honest with yourself about your own prejudices. If you have a thought such as, “Uh oh, here’s one of those kinds of people. They are all so lazy/immoral/rigid,” do you believe the statement to be true? Or do you recognize it for what it is—a stereotype that may or may not be true for the individual in front of you? As professionals, we are obligated to come to our sessions with an open mind, and opening our minds usually takes some effort. The fact that we may personally know a member of the group who is lazy/immoral/rigid doesn’t mean everyone in the group shares those characteristics.

The same holds true for a client you may find annoying or dislike for no good reason—the client isn’t being abusive or disrespectful. You have to try to find something in you that connects with that person, something you can open your heart to.

If soul searching doesn’t work and your negative feelings are so intense that you can’t find compassion for a client, then you need to suggest that the client see someone else. However, even if you refer that client on, once you have identified your own feelings of prejudice or personal dislike, then you are obligated to find a way to work through those feelings, perhaps with the help of a mentor or consultant. If you work for someone else and your employer does not allow you to be selective, then you have to get help with keeping your negative feelings out of the session. (Gritting your teeth doesn’t work.)

If you are in private practice and have the freedom to be selective, you can make it clear during the initial conversation with a client that either party can bow out at any time. Nan Narboe, a psychotherapist who consults with massage therapists and bodyworkers, suggests one way to make it easier:

- *When you make the first appointment, tell your prospective client that the first few sessions will allow the client to decide whether she or he can effectively work with you and also allow you to decide whether your work is the most effective for this client. If you decide that you should not continue working with the client, you can say, “I don’t think my work will be as beneficial for you as X or Y” (other methods or other practitioners).*

Taking Financial Advantage of a Client

The Ethical Standard

It is unethical to use the privilege of the client–practitioner relationship to profit financially beyond our fee-for-service charges. It is not ethical to exploit the relationship by using it to influence the client to buy a product or service or to make any investment.

Judgment Calls

- *Your friend is a distributor for a supplement you believe is of high quality and is said to boost energy and help certain physical problems. You have taken these vitamins and feel very enthusiastic about their value. Your friend encourages you to become a distributor and sell them to your clients.*

Is it ethical to sell products to a client? Some practitioners have no qualms about selling vitamins, blue-green algae, or magnets to clients. Others don't think it's a good idea. How do you decide what is right? And what do you do if your employer encourages or requires you to try to sell products to clients? I've heard stories of employers that have quotas for the staff to meet, at peril of losing their job if they can't (or won't) sell.

Bear in mind that nutritional counseling is not within the scope of practice of massage therapy. Selling *anything* usually involves some level of explanation to the client. Telling someone "Take two every morning and two every evening," is prescribing—even if it's a nonprescription drug. As massage therapists, we are not allowed to tell people to take an over-the-counter aspirin for their aches and pains, so how are we allowed to tell them to take a vitamin? What's the difference? Anyone can walk into a store and buy an aspirin or buy vitamins without any prescription or advice about using it, and that's where we stand to get in trouble—giving that advice.

Looking back at the list of questions that you want to keep in mind, you can probably see a number of potential problems with selling goods to clients. The main ethical issue isn't whether it may benefit the client to use the product that you sell; it's whether you are unfairly using the power of the therapeutic relationship. Is the client really free to refuse, or would they make a purchase mainly to please you? Aside from the ethical considerations, even subtly attempting to sell products to clients could make some clients feel pressured and uncomfortable.

Another issue is that selling anything to a client other than the professional services you have contracted for creates a dual relationship, which complicates the interaction between you and the client. Suppose a client to whom you have sold vitamins doesn't benefit as much as you led her to expect. That could damage your working relationship. If your employer wants you to push clients to buy products, you might try getting them to change their policy by arguing that a hard sell will surely offend many clients. Working for someone who has different professional standards puts you in a bind between your obligation to your employer and your wish to be a conscientious professional. As noted before, it's wise to check out such policies before you agree to a job.

Ethical Retailing

Although any retailing automatically places you in a dual relationship with clients, there are some parameters that you can adhere to that will eliminate potential problems, if you're the business owner and have control over the situation.

REAL EXPERIENCE

I was working in a busy day spa. Although it was not the case when I was hired, the owner got involved in a multilevel marketing company about a year after I came to work there, and put in a big display of their products in the lobby. He expected all the therapists to push the products, which ran the gamut from essential oils, skin and hair care, nutritional supplements, and weight loss products. It was my opinion that it was all expensive and overpriced. When he first got involved with the company, he held a staff meeting and told the other massage therapists and me that we were all expected to sell, sell, sell. He insisted that we use essential oils for every massage. He said we should convince every client that they needed to be taking the supplements for their health. If anyone was overweight, even by 10 pounds (and whose call is that?), we were supposed to be selling them the weight loss products. He had scripts for us to memorize so we would know exactly what to say when trying to make a sale. He basically expected us to turn the whole appointment into a sales pitch. I hated it, and so did everyone else who worked there.

When I came to work there, there were security cameras at the front and rear entrances, and one at the front desk where people checked in and out. The final straw for me happened one day just after closing time. All the clients had gone and the therapists were getting ready to leave when he called everyone out to the front desk. He put the security video on the computer screen and turned it around so everyone could see it, and proceeded to go on a rant. The screen showed me walking toward the front desk with a client, thanking her for coming, and telling her that the receptionist would set her up with a future appointment. "Just look at yourself, Robert! This woman is FAT and you didn't even attempt to sell her the weight loss shakes! You need to start doing a lot better!" I just snapped. I told him that I was a massage therapist, not a snake oil salesman, and I quit. Another therapist said she was quitting, too, and we both went out the door, leaving the owner standing there with his mouth open. The other therapist and I ended up renting space together and opening our own business—where we don't sell anything at all. It's a lot less stressful and we both enjoy going to work now.

—R.J., LMT

- Avoid discussing products in the treatment room unless in response to a direct question from a client, such as "Do you offer these neck pillows for sale?" Answer but don't go into a sales pitch. A simple "Yes, and I'll be glad to show them to you before you leave," is sufficient. If a client *asks* you for a product

you used with them during treatment, and you don't retail, it's perfectly fine to tell them where to obtain it, or offer to order it for them.

- Never tell a client that they *need* anything you are selling.
- Avoid retailing any product that makes health or beauty claims—and avoid making any yourself. Weight loss products, products that claim to remove wrinkles, or get rid of cellulite or other such claims are a problem waiting to happen. A product that claims to moisturize the skin and one that claims to make you look 20 years younger are two different things.

Refusing to Work with a Client or Stopping Work with a Client

The Ethical Standard

Practitioners in private practice have a right of refusal. They can refuse to work with a prospective client or to discontinue working with a client if they think that they cannot form a therapeutic alliance with that client or if they do not have the training or physical capabilities to work with that client. If you are not self-employed, your employer may not think you have that right—yet another reason to choose your employer carefully.

Judgment Calls

- *Your regular client arrives, having spent the afternoon doing yard work, and is uncharacteristically dirty and sweaty.*
- *You have worked with a couple on outcall basis several times. While you are alone with the husband, he makes suggestive remarks.*
- *You weigh 100 pounds. Your prospective client weighs twice that and has requested deep work. You don't think that you can give the depth of massage that he wants.*

There are many reasons (outside contraindications, of course) you may choose not to work with a client. Poor hygiene, inappropriate sexual behavior, or a physical mismatch for you are three reasons. (Granted that a small massage therapist can, with good body mechanics, handle deep work with any size client; however, it's up to each therapist to decide his or her physical boundaries.) There are other reasons clients may not be appropriate for your work or may be beyond your abilities. They may be mentally ill or may have physical conditions that make the kind of work you do unsuitable for them. You want to be aware of what those conditions are and of what your own physical and emotional limitations are. In addition to not taking



on clients with conditions that aren't appropriate for your kind of work, you also may want to limit the number of clients you see who present special difficulties, whether emotional or physical. These include clients who need extra help or reassurance and who take extra time in terms of phone calls and consultations outside their sessions or clients who are in acute physical distress.

Regarding the situation with the sweaty client, most practitioners probably wouldn't mind working with an occasionally grimy client. Those who do mind need to make their policies clear up front to avoid the embarrassment of turning away a client. Spelling out these policies on an intake application form is a good way to get the point across. For instance, some massage therapy clinics post a notice or have clients sign a statement that says the therapists can refuse to work with someone or can terminate work because of a client's poor hygiene or inappropriate sexual behavior or comments.

In the case of the husband who made inappropriate remarks, it depends on your prior relationship with that person and the degree of offensiveness of the remarks. If, for instance, a client makes obvious offensive or degrading remarks, you should stop working with him at once—both stop the session and decline to make another appointment. If you are not clear about the person's intent or think he may just be testing you, you can give him a warning that you will not continue working with him unless he stops being suggestive. (Exceptions can be made for a regular client who makes a sexually oriented joke that's clearly not meant to be disrespectful and that doesn't offend you.) In this case, if the husband had never been inappropriate

before, you could say, “I don’t work with clients who don’t treat me with respect. I’ll end the massage if you make any more remarks like that.” If he continues, you need to end the massage and let him know you won’t work with him again. You might lose the wife’s business also, but there’s never a good reason to work with a disrespectful client. When you decide not to take on someone who you think taxes your physical capabilities, you can be straightforward about your reasons: “I can’t do justice to someone your size. May I give you the names of some practitioners who would be more appropriate?”

Sometimes you may not want to work with clients because they have emotional needs that you are not trained to handle—perhaps they are deeply depressed or working with issues of childhood abuse. Even if clients are working with a psychotherapist, you may still feel you would not be suited to work with them; for instance, you may feel overwhelmed about working with someone who frequently cries. It takes sensitivity to refer such clients to another massage therapist without them feeling rejected (see “Clients Who Are Emotional or Want Advice” in Chapter 6).

Confidentiality

The Ethical Standard

Nothing a client says or does—and no information we have about a client—should be revealed to others without the client’s permission unless disclosure is required by law or court order or is necessary for the protection of the public. Situations in which we can—and, in fact, are often obligated to—legally breach confidentiality are those in which there is clear and imminent danger to the client or others, there is suspicion of abuse or neglect of a child or incapacitated person, or there is a medical emergency.

Judgment Calls

Specific procedures for keeping patient information private are discussed in Chapter 3. However, there are some common ways that practitioners can violate confidentiality if they don’t understand the finer points.

For instance, in the situation discussed earlier in which the husband made sexually inappropriate remarks, what do you say to his wife if you decide not to continue to work with the husband? She’s also your client, and you’ve been scheduling their appointments back-to-back at their home. The standards of confidentiality dictate that if the wife asks why you stopped seeing her husband, you can’t tell her the reason. You can’t even imply or suggest it. You can’t tell her that her husband is an unfaithful womanizer. You have to say, “Even though he is your husband, I can’t ethically talk about another client.” If you’ve told her about your standards at the outset, it makes reinforcing the policy easier. The chances are pretty good she’s going to figure it out—her version of it, anyway. She may conclude that her husband came on to you. Or she may conclude that you came on to him! Either way, it’s an

awkward situation, and you may need to dismiss both of them as clients, especially if you are going to encounter him during future visits to their home. Violations of confidentiality can happen quickly. Here's an example: Mary and Susie are friends, and both are clients of Joe, a massage therapist. Mary says to Joe, "I haven't seen Susie in a while. How's she doing?" It's easy for Joe to say, "Oh, she's still having a hard time with her husband. She had to get a restraining order against him." But if he does, he's broken confidentiality with Susie. To make it worse, now Mary knows that Joe passes on clients' private information to other people. Even "Susie's feeling great" is a violation. To keep clear framework, Joe can say lightly, "Oh, you know I can't talk about my other clients." Clients who are friends with other clients may sometimes test you—usually not consciously—to see if you will talk about their friend to them (and, therefore, talk to the friend about them).

Here's another way that practitioners can easily violate confidentiality. Quite often, if one client has referred a friend who then also becomes a client, the practitioner thanks the referrer, thereby letting them know that their friend is now a client. Although this is a common practice and it seems both harmless and good business manners to express gratitude, you might want to rethink it. Doesn't it violate the new client's privacy? If a client says, "I told Dave about you. Did he ever call?" You want to thank the client for making the referral, but you shouldn't reveal whether Dave called or not. Just because the client made a referral, Dave's interactions with you don't become his business. You can say, "I appreciate your referral, and I understand why you want to know if he followed up. However, all my interactions with clients are confidential, so I can't tell you whether Dave called or not." When you first talk with a prospective client who has been referred by a friend or another client, you can ask permission to thank the friend for the referral. Some massage therapists may have the question on their intake form, "Is there someone we can thank for referring you to us?" If they give permission, it's fine to thank the referring friend, but you should still refrain from sharing anything else about them or their sessions with you.

Clients may want to keep private the fact that they are seeing a manual therapist for all kinds of reasons, such as not wanting to let their spouse know how they are spending money or fearing that someone else might think having a massage is a shady or self-indulgent practice.

If you see clients (past or present) in an outside setting, standard protocol is to not be the first to approach. Some clients may not have told their friends or family that they are seeing a massage therapist, and they may not want to have to explain to their companion who you are. If they acknowledge you, then you can match their level of friendliness. For instance, if a client merely nods to you, you can nod back but don't engage them in conversation. Even if the client is alone, they may not want to have their privacy invaded.

Sometimes you may be tempted to name-drop when a well-known or famous person is or has been a client. Famous people appreciate their privacy and have a

right to it. Name-dropping is rarely impressive and only reveals the practitioner as someone who does not safeguard clients' privacy.

There's another aspect of confidentiality that relates to your own self-care. Clients sometimes share things we wish we they hadn't. We hear about their cancer diagnoses, the loss of a family member or the burden of taking care of one, the problems with their spouse and their children, as well as with their money, their in-laws, their job, and the list just goes on. In between that, and our genuine sympathy for people who are in pain, whether physically, emotionally, or both, is the need to keep ourselves from emotional overload. We can do that by taking care of ourselves, making time to enjoy our hobbies and our recreation, not overworking ourselves, and seeking supervision from a mentor when we need it. Getting ongoing bodywork for yourself also helps with emotional overload.

However, talking with friends or colleagues about clients as a way of venting isn't a good idea. The possibility of giving away information or identifying a client by accident is too great. Especially in a rural area or small community, the therapist may know who you are talking about even if you don't mention their name.

It may be difficult to be strict about confidentiality if you are not self-employed. In a spa or even a physician's or chiropractor's office, policies about when it's OK to share information about clients can be unclear or careless. In a spa, both staff and massage therapists may see nothing wrong with gossiping about clients; therapists may readily disclose information they learned during a private session. Your choice, then, is to participate or not, keeping in mind how you would feel if you were the client. It may seem sometimes like harmless venting about a difficult client, but it's disrespectful of both the client and professional standards.

Sharing information relevant to the work is a different matter. It's useful to the client if therapists share, either verbally or in chart notes, what kind of massage a client prefers, for instance. The management still needs to get permission from clients for any information being revealed about them between therapists.

CONSIDER THIS

A massage therapist found out that the receptionist where he worked was saying derogatory things about clients on Facebook, and even though she wasn't naming names, she would describe them in unflattering terms like this "You should have seen this woman that came in today! 300 pounds at least...she looked like a stuffed sausage in those purple pants she was wearing!" When the therapist said she needed to stop it, she said "I'm not a massage therapist. I'm not worried about confidentiality!" When he complained to the owner, he was told to just mind his own business. What would you have done? Nothing? Call the clients and tell them? Look for another job?

Other Ethical Standards and Implementation

Some ethics guidelines are fairly straightforward; we just need help with implementing them.

False Claims

The Ethical Standard

Making false claims or inflated promises is unethical. It is unethical to obtain clients by persuasion or influence or to use comments about our services that contain untrue statements. It is unethical to create inflated or unjustified expectations of favorable results.

Implementation

In describing your work to prospective clients, be honest about your work's limits and about any possible negative side effects. Never guarantee results. You can speak of the benefits that you know to be true. For instance, you could say (assuming that it is true to the best of your knowledge) that “many people” have felt calmer, more flexible, more energetic, and so forth after having a massage or a certain kind of bodywork. You can state that “many people” have experienced alleviation of general symptoms. But be aware of the dangers of even subtly leading clients to expect specific cures or fixes. The causes of physical problems are complex, and the outcome of treatments can't be predicted. A colleague says:

- *Any time I've done an oversell about the benefits of my method of bodywork, it comes back to haunt me. My reasons are usually well-intentioned. Sometimes I'm tempted to do a “hard sell” because I really like a prospective client and want to be able to help him. I believe strongly in my work, and sometimes that makes me promise too much. I think it always backfires on me. That will be the client who doesn't get any relief from the treatment.*

Scope of Practice

The Ethical Standard

Exceeding our **scope of practice** is unethical and often dangerous to our clients. It is unethical to represent ourselves as having training or expertise that we do not possess, such as suggesting that we are skilled in handling serious medical conditions.

Scope of practice:

The traditional knowledge base and standard practices of the profession.

We have an obligation to refer clients to appropriately trained professionals and, with the client's permission, to consult with other

professionals who are treating our clients. If we have a client who is ill and currently receiving medical treatment for a serious problem, we should consult with the client's primary practitioner (with the client's permission) before beginning working.

Implementation

Practitioners who exceed the scope of their practice are a cause of concern for their colleagues because they reflect poorly on the profession. Some bodyworkers claim to work with emotional and psychological issues, but they have had no training or supervision in these areas. Some bodyworkers claim to have the skills to perform a complex manual technique with only limited training in it. One weekend workshop (or even a few) doesn't make one an expert in anything. It's unethical to advertise ourselves, either on our business cards or verbally, as proficient in a method for which we have only a superficial knowledge or training.

We need to respect the time and training it takes to become a psychotherapist, osteopath, medical doctor, chiropractor, physical therapist, and so forth. At the same time, we need to respect the value of our own skills. Practitioners of other disciplines often have many more years of training than we do—in their discipline. Other health-care practitioners may be allowed to diagnose, and prescribe, and perform surgery—things that we're not able to do. But we have a skill that they are lacking—and we need to stick to it. Giving people advice we are not qualified to give is a gross violation of the scope of practice. Another of our unique gifts as health-care professionals is the amount of time we spend with our clients and the level of attention and care we give them. There is plenty of healing in simply being with people in a conscious, attentive way—listening to them, listening to their bodies. If we appreciate the strength and value of our own work, we won't feel the need to pad our resumes

If we appreciate the strength and value of our own work, we won't feel the need to pad our resumes.

Informed Consent

The Ethical Standard

We need to have clients' **informed consent** for (1) the basic treatment or kind of manual therapy that we offer, (2) any work that is near clients' genitals or anus or a woman's breasts, (3) any work that is near an area that we know to be sensitive or triggering for a particular client, and (4) anything we do that is different from the work we have contracted to do or that the client expects from us.

Informed consent:

A client's authorization for services to be performed by a practitioner. The client or the client's guardian must be fully advised of what the service will entail and its benefits and contraindications, and he or she must be competent to give consent.

This means that clients are aware of both the possible benefits and the possible side effects of our work. For instance, they may need to be told that when the body is healing naturally, sometimes they feel worse before they feel better. Clients also need to know the reasons for a specific treatment or why we need to work in a sensitive area. They also need to be capable of understanding our explanations at the time—they cannot be deeply in an altered state, for instance.

Implementation

Some practitioners obtain written consent (and some states may require that consent be written) from new clients before they begin work. They use a form that explains what the general benefits of the work are, assures clients that there are no guarantees, and states that no medical treatment or diagnosis is involved. Having a client sign such a form also is excellent protection for practitioners. Although it isn't a legal document, it can be a deterrent to lawsuits.

In an intake interview, clients should also be told, either in writing or verbally, about any contraindications to the type of work you do. As you are working, explain and get agreement for any work that is potentially unsettling, such as work near the genitals. If you decide to use a different method than what has been agreed on, explain the method and get the client's consent. It is always the client's choice, and that must be respected. Giving a deep massage to someone who requested light work, or doing energy work that the client doesn't want just because you want to do it, is not being client centered—and we should always be client centered.

A key to the idea of consent is the understanding that because of transference, clients are not as free to say no as they would ordinarily be. This is especially true if they are already on the table. For this reason, it's best to get clients' consent for new methods *before* sessions begin and to be clear with clients that they can ask you to stop or can refuse a treatment at any time. If you have an urge to try something different after the session is under way, find a way to ask permission that isn't disruptive and that as much as possible allows the client to refuse.

A friend relates:

- *In the middle of a session with a massage therapist I had seen before, I was jolted out of my relaxed state by a noisy and teeth-rattling large electric massager on my back. The massage therapist had never used it before, so it was an unpleasant surprise. I suffered in silence for a while and finally asked him to please stop. He said, "Oh, sorry, I couldn't remember if I'd used this on you before." I didn't say anything, but I was thinking, "So, why didn't you ask me?" That therapist could have said, "Some clients like for me to use an electric percussive massager on their backs because of the strength of it. Others find it to be too much. It's fine with me if you don't want me to use it. Would you like*

to try it?” (And the massage therapist could have noted in the client’s records whether electric massagers were part of her treatment.)

We need to obtain permission from clients for any addition we make that may be unexpected or unfamiliar. Here are a few complaints from clients:

- *Before he began working, my massage therapist began chanting. I didn’t understand what he was doing. Although it freaked me out, I didn’t say anything.*
- *My massage therapist held her hands over my body for several minutes without doing anything. I had come for a relaxing massage and felt like she was wasting my time and money.*
- *My therapist started laying a line of crystals up the center of my body as soon as she came into the room. I asked her what she was doing and she claimed she was balancing my chakras. I didn’t even know I had chakras.*

In the above-mentioned cases, the massage therapists could have avoided problems if they had asked the client’s permission to add their own personal rituals to the massage. That includes saying (out loud) any kind of prayer, which may be offensive to some. If you have such a ritual, explain what you want to do in simple, nonmystic terms, letting the client know how long it will take and assuring them that it won’t cut into their massage session time—and it shouldn’t. A client who has booked an hour of massage should have the expectation of getting an hour of massage—not 45 minutes of massage and 15 minutes of your personal rituals or energy work that they haven’t asked for, just because that’s what *you* want to do. Asking them after they’re already on the table is placing the client in the position where they are already undressed, already in a vulnerable position, viewing you as the authority figure, and taking advantage of the power differential. Discuss it before taking them to the treatment room.

For instance, you could say, “I find that a few minutes of doing deep breathing exercises can help me get centered before a massage. It’ll only take a few minutes but if it makes you at all uncomfortable, I don’t need to do it. Of course, you won’t be charged for the extra time.” Or “Sometimes I like to incorporate energy work into my massage. It may not look or feel like I’m doing anything other than holding my hands over your body, but the few minutes it takes won’t take away from your massage time. Do I have your permission to try that or would you rather I just stick with the regular massage? It’s up to you.” Repeat: the client is paying for this time, and it is *their* time.

Straddling the categories of both the need for informed consent and staying within our scope of practice is the all-too-common practice of telling clients our

intuitive or “psychic” notions about them. Unless you advertise yourself as a psychic offering such services to clients, you want to avoid telling a client who has come for a comforting massage (or any other kind of bodywork) that, for instance, she holds anger in her belly. (Maybe a client would welcome hearing our intuitive sense that she holds cheerfulness in her belly, but for some reason, all too often such psychic pronouncements about clients are negative and unflattering, and they also verge on the out-of-scope practice of psychology.) Remember that clients usually won’t tell us when we make them uncomfortable, so it’s up to us to be sure to obtain their permission before making unexpected or intrusive additions to the session. Otherwise, they may express their discomfort by just declining to make another appointment with you, and seeking someone who won’t impose their own belief systems and wishes onto them.

Disrespect of Other Professionals

The Ethical Standard

It’s unethical to imply that our skill level or our method of manual therapy is superior to either another practitioner’s or another kind of bodywork.

Implementation

If you malign another practitioner, it could make you look insecure in your client’s eyes. Also, if you make critical remarks about a practitioner your client is seeing or has seen, you are questioning not only that practitioner’s competence, but also the client’s judgment. You want to avoid careless talk, gossip, personal remarks, and assessments about the skills of another practitioner. We all have ex-clients who think we’re skilled and compassionate and those who do not. Take care with another practitioner’s reputation

We all have ex-clients who think we’re skilled and compassionate and those who do not. Take care with another practitioner’s reputation.

The same goes for maligning other kinds of manual therapies or alternative health practices or being disrespectful of the medical profession. Doing so would make you look small and could offend clients who are loyal to that kind of treatment. If a client *asks you* what you think of a modality that you believe is sheer bunk, you can

answer honestly without going on a diatribe about it, such as “I don’t personally believe in the principles of _____, but many people do.”

Going on a rant about the medical profession to a client is not only unprofessional, but could be dangerous to the client as well. Persuading someone that they shouldn’t get their child vaccinated because you personally choose that path is wrong. Telling someone that they should refuse to take the treatment or the medication a doctor has prescribed for them is wrong. You are not a doctor. You do not know more than a doctor. Acting as an authority on medicine is beyond scope of practice and unethical, regardless of your personal beliefs. If the word gets around

about that, you may find that not only have you killed any chances of getting referrals from doctors, you may also find yourself brought before the board for practicing medicine without a license—or worse. A naturopath in the town next to mine advised parents to stop giving their diabetic child insulin and follow his protocol instead. The child died, and the naturopath went to prison.

If a client speaks negatively about another practitioner, you need to stay objective. Either remain silent or make a comment related to the client's feelings, such as, "It sounds as if it was an uncomfortable experience for you." You might also ask the clients if they think their feelings about the previous practitioner could interfere with their ability to enjoy your work. If so, you can suggest that they find a way to get closure with the other practitioner. You can say, "I can't comment about another practitioner's work, but I see that you are still upset and it might be useful to both you and the practitioner if you would write or call him and let him know why you were dissatisfied."

Staying Out of Trouble

Lawsuits And Ethics Complaints

Ethics and the perception of what is ethical are not determined by impersonal rules. They are grounded in your relationship with your clients. In general, if you violate a rule of ethics, you cross a boundary—you go outside the safety of the professional relationship. The more you stay inside professional framework and boundaries and the more you honor the therapeutic relationship, the less likely you are to get into serious trouble.

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Lawsuits, Ethics Complaints, and the Therapeutic Relationship

Many ethics complaints and lawsuits against practitioners have little to do with the practitioners' technical skills and a good deal to do with whether the practitioners appear to care about their clients.

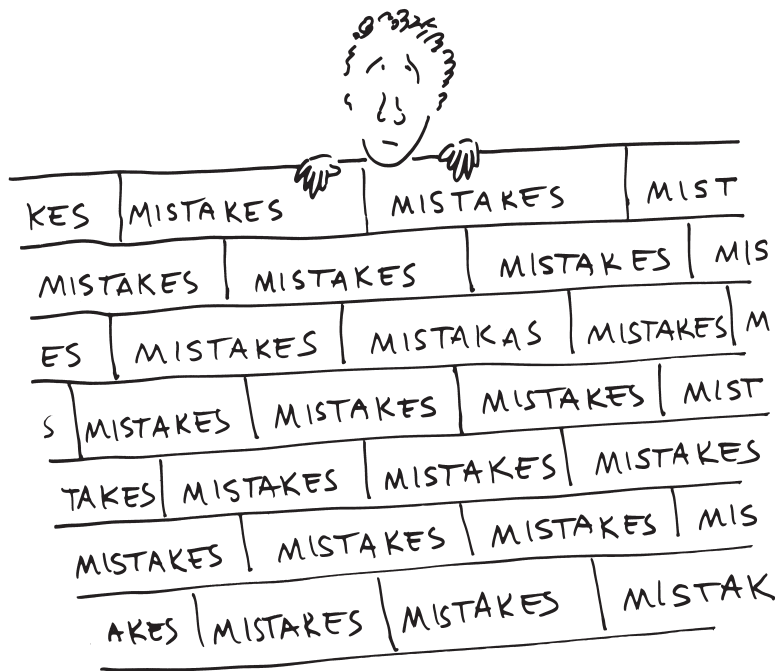
A study published in a medical journal showed that a doctor was more likely to be sued if patients felt the doctor was rushing visits, not answering questions, or being rude in some other way. A comparison between doctors who had been sued and those who had not showed no difference in the level of competence of the two groups as perceived by their colleagues. However, the ones who had never been sued were more likely to be seen by their patients as concerned, accessible, and willing to communicate (Hickson GB, Federspiel CF, Pichert JW, et al. Patient complaints and malpractice risk. *J Am Med Assoc.* 2002;287:3003–3005).

Practitioners need to respond in a professional, caring manner to clients who have complaints. Sometimes practitioners make the mistake of stonewalling these

clients—not returning their calls or refusing to talk with them. Failing to respond to disappointed or angry clients usually makes things worse. Aside from being an unethical way to handle clients’ grievances, this type of behavior usually makes clients angrier, sometimes to the point of filing an ethics complaint. Also, if you do not listen to clients with grievances, you deny yourself the opportunity to learn from their feedback.

While you may not subscribe to the old adage, “The customer is always right,” the best thing you can do is *listen* to their complaint. People will sometimes forgive a lapse in judgment or behavior, or a perceived fault, from a practitioner, or when the practitioner at least gives them the opportunity to speak to them about it. They will usually not forgive someone who ignores them altogether.

An administrator for a bodywork school who handles complaints against its graduates agrees that practitioners need to be accessible and open. She says that quite often bodyworkers could avoid having complaints lodged against them if they would simply answer clients’ phone calls and allow grievances to be aired. Clients have to be upset or angry in order to file a complaint. In many cases, practitioners who are complained against have followed normal ethical standards but have angered clients by seeming indifferent to their feelings or by emotionally abandoning them in some way. Unless clients are abusive or harassing, the best thing you can do, even if you feel you committed no error, is to allow them to speak their minds and let them know that you regret their dissatisfaction.



Framework Exceptions: A Red Flag

Practitioners who have made mistakes or have been complained against have usually had a pattern of making small boundary errors in general or have been careless about boundaries with one particular client. It should be a red flag for you when you're tempted to go outside your own standard policies or the standard practices in your community.

When There Are No Warning Signs: The Need for Documentation and Professional Association

There are instances of practitioners being sued or complained against when there were no significant warning signs. (Individual circumstances of ethics complaints vary. Practitioners who have been officially complained against or threatened with a lawsuit should consult an attorney and work with the ethics boards of their organizations.) Two things saved them in court: they had carefully documented the client's presenting problems and course of treatment, and they had the backing of a professional association. You need to keep careful notes, especially when you feel uneasy about a client, when you work with clients with medical issues, and when you work with clients who have been abused. But since you never know which client may end up unhappy with your services, it makes sense to keep careful records on all clients, and in regulated states, keeping records is the law. The importance of documentation cannot be stressed enough.

REAL EXPERIENCE

A new client wanted me to give her a discount simply because she said she couldn't afford my prices, although she was working and appeared to be driving a new car. I don't usually give discounts except to those who are disabled, so I refused her at first but eventually gave in because she was so insistent. What a mistake! She turned out to be constantly demanding and complaining, and I never felt that she was satisfied with the work. Although I offered to refer her to another practitioner, she stayed with me through several sessions, complaining all the while. After she stopped coming to me, she filed a complaint with my professional association, saying that my work wasn't useful to her and that I had knowingly cheated her. I found out too late that she had had this same pattern with other practitioners in the area. I learned the lesson that bending my own boundaries and policies for people usually turns out worse than if I had been firm about not making exceptions just because a client keeps whining or demanding that I do so.

—Anonymous MT

Belonging to a professional association (which generally means they may also be providing you with liability insurance as part of your member benefits) is also helpful. Clients' attorneys will want to make a manual therapy practitioner look sinister, dishonest, or fly-by-night. Belonging to a respected national group enhances practitioners' image. In addition, professional associations often provide witnesses to back up the legitimacy of our methods.

The professional associations usually do not, however, come to the defense of massage therapists accused of sexual impropriety with a client.

The Right Thing

What's right may vary depending on the client and the situation. How strictly do we interpret the guideline, for instance, that it's not ethical to benefit personally from a client? No one is going to haul us into court if we have cleverly placed our dying ficus plant in the middle of the room, hoping our next client, a regular of many years and the owner of a plant shop, will notice it and give us good advice. If the plant shop owner was a new client and we met him at the door with a barrage of questions about our ailing flora, again, we probably wouldn't be sued, but we might lose him as a client or at least make him uneasy.

However, if we use our influence with a regular client to get him to invest in our plant business, we could end up in court with that client if the business fails (or even if it doesn't). To stay out of trouble and avoid taking advantage of our clients, we need a solid understanding of relationship dynamics and the rules of ethics that our profession asks us to follow.

Manual therapies are becoming increasingly popular, and respect for the profession is growing along with its popularity. Each new phase of our professional growth gives us opportunities to use our new power and strength in ways that will benefit our clients and enhance the image of the profession.

Questions for Reflection

1. Everyone has some kind of prejudice; your goal is to be aware of what yours are. Think about the ways that you prejudge people based on their appearance, skin color, clothes, or what you think their beliefs to be. Are any of your judgments so severe that you would not want to work with a particular group of people? What can you do to become more understanding of that group, or do you stubbornly refuse to even consider their point of view?

2. Has a professional ever violated your confidentiality in a small way, for instance, by letting someone else know that you are his or her client or that you enjoyed a session? How did that feel to you? Has a professional ever told you something about a client that violated the client's confidentiality? Did that influence the way you felt about the practitioner's professionalism? In what way?
3. Have you ever used the services of a professional (massage therapist, body-worker, chiropractor, physician, or so forth) or any kind of service person (plumber or carpenter) who claimed to know more than he or she really did or who claimed to be able to help you in ways that he or she couldn't? What did you learn from that experience?
4. Have you ever been to a professional who bad-mouthed another professional or said that his or her own work was superior to that of another professional? What did you learn from that experience?

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Boundaries and the Power of Words

We communicate with clients in more than words; everything we do speaks volumes to our clients about our professional attitudes and values. Clean, warm offices and a welcoming smile say one thing, and their absence says another. The way we touch can communicate “I’m so interested in working with you and helping you” or “Here’s just another bunch of tight muscles.”

There is a constant conversation between practitioner and client—much of it nonverbal—about the basic questions of intention and role: “What are the two of us doing in this room together?” This chapter is about the verbal side of that conversation: what we say to clients and how we understand what are they saying to us.

The Power of Our Words

Two powerful influences give our words to clients more weight than they would ordinarily have:

- **Transference:** As explained in Chapter 4, there is an inherent power differential in the therapeutic relationship, and clients are likely to unconsciously relate to us as an authority or a parent figure.
- **Altered state:** During sessions, clients are more open than usual, less defended, and closer to their unconscious minds; our words can sink in more deeply.

Altered state:

A state of consciousness in which we are more deeply relaxed, less aware of our thinking minds, and more open and vulnerable than we are in our day-to-day functioning.

Because of these two influences, clients may have a heightened sensitivity to what we say. Whether we’re in private practice or work for someone else, clients may be more affected by our words than they ordinarily would be. They may, for instance, hear us as being critical

when that is not our intention. Our words can be deflating to a client if they sound negative or judgmental.

Here's an example of a client's reaction:

- *I'm never going back to that massage therapist. He made me feel fat and unattractive. While he was working near my stomach, he said, "I'm sure you're aware of the unhealthy effects of being overweight."*

Compassionate words can have an equally strong effect:

- *When my bodyworker said, "I know you've had a rough week. I hope I can be helpful to you," I felt myself relax before she even touched me.*

Our words can touch clients' hearts or sink their spirits.

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Attitudes and Roles

This chapter gives suggestions for useful phrases for common problematic situations with clients. Although we can learn some words to say, no one can hand us a surefire script that will guarantee good results. The words we choose reflect our attitudes about both our clients and our roles. If we understand our roles, the right attitude and the right words will follow.

- *A client shows up 15 minutes late. One practitioner says, "You're always late. My time is just as valuable as yours. I wish you would start coming on time."*
- *Another says, "We only have 45 minutes left in your hour, but I can help you get rid of lots of stress during that time."*

We can hear the difference in their attitudes and in their ideas about their roles. The second practitioner sounds like a professional talking with another adult who needs both education and nurturing. They manage to do two important things at once: set appropriate limits with the underlying message, "You don't get a full hour if you show up late," while showing concern for the client with the underlying message, "I want to help you feel better." They take care of their professional needs by not letting the client take advantage of them while they also take care of the client's legitimate needs for help.

The first practitioner starts out sounding like a martyred parent scolding a bad child and then ends up sounding like a whiny child herself. The practitioner's statements focus on their own discomfort. They also sound caught up in counter-transference: that is, they seem to be taking the client's lateness personally and forgetting their professional role. Since the clearer we are about our role, the less likely we are to react in a personal way, we need to take another look at our professional role in light of communications.

Boundary Lessons

A client who was late for her very first appointment didn't seem to be upset about it when I said we only had 45 minutes left to do the intake and her massage. However, when she was checking out and making another appointment, she said "I'd like to get the last appointment of the day. That way, it won't matter if I'm late." I immediately said "Ma'am, I make it a point to be at home by 6 p.m. in order to have dinner with my family. If you are late for the last appointment of the day, you will still only receive the time that is left on your hour, and the charge is for the full hour." She looked incredulous and said "My old massage therapist was a lot more accommodating!" I stood my ground and told her I hoped she could understand that my policies are what they are, and that if she couldn't accept them, she'd be happier going elsewhere. She immediately told me I had given a great massage and she would go ahead and make the appointment. She has been coming for a year now and has been on time most of that time, but I know if I had caved in and ignored her being late, she would have taken full advantage of it.

—A.E., LMT

The Professional Role: Dictator versus Compassionate Practitioner

To better understand our role, we need to return to the basics of the therapeutic relationship: the concepts of paying attention to the contract, being client centered, being responsible for a safe environment, and maintaining our own rights. If we don't keep those in mind, we may end up sounding more like little dictators than compassionate professionals—or alternatively, find ourselves in the position of letting people take advantage of us, and becoming resentful of our work.

A common mistake for practitioners (like the first practitioner above) is inadvertently treating clients as if they were wayward children who need to be controlled and ordered around rather than as adults who have come for our professional care and concern. (Clients do need clear structure and information, but we can provide those things in a respectful way.) Here are some examples of the "little dictator" attitude:

- ▶ *Bodyworker Barbara relates, "I'm disgusted with my out-of-shape client who won't do any of the exercises I've given him. I need to tell him that just getting a massage won't help him much if he won't follow up at home."*

Aside from being dismayed by Barbara's negative judgment about her client, our concern is whether Barbara has an agreement with the client to assign him

REAL EXPERIENCE

A man and his wife were both clients. They were in their early 60s; both still worked and were active people. Although they were both slightly overweight, maybe by 15 to 20 pounds, they otherwise appeared healthy. According to their intake forms and interviews, neither was on any medication. One day as the man was checking out after his appointment, he said, "I really wish you would talk to my wife about her weight. She has put some on in the past few years." He was totally oblivious to the fact that *he* was carrying as many extra pounds as his wife! I just looked at him and politely said "I'm afraid I'll have to decline. That's not my area of expertise or in my scope of practice to advise people about their weight. Maybe you could suggest she gets a checkup." It's not my place to do that, and I was nice about it, but I let him know it.

—K.B., CMT

exercises—and whether that's even within her scope of practice. You may *suggest* that stretching, walking, or whatever may help the client, but *you don't have the right to assign them anything*. That crosses the line into prescribing. If the client does not want any service other than a massage, then Barbara is doubly out of bounds, first by deciding what is "best" for him and then by being annoyed when he doesn't do what she thinks he should.

If a practitioner believes that he or she has other services or expertise that would be helpful to the client, he or she can say, preferably during the initial intake, "You're already helping your health a great deal by coming to get a massage. Just to let you know what else is available, I also offer my services as a personal trainer (or whatever service) if you are interested."

Since saying even that little might come across as a negative judgment to an out-of-shape client, a better alternative may be to educate clients by spelling out our services in a brochure that we give to clients or by directing clients to our website, if we have one.

- *Somatic practitioner Sam says, "My client has such a control problem. She wants to tell me how to do the music, the lighting, even where I can touch her. I tell her that I can't do my best if she won't let me work the way I want to."*

Who really has the control problem here? Sam has forgotten that he is responsible for creating an emotionally and physically safe and comfortable environment for the client and that the client's needs are paramount. Certainly, this client has a right to her preferences about music and lighting, within reason, and she has a

right to say that she would prefer that the bodyworker not work with some areas of her body. He's making the session all about him, when it's supposed to be all about the client.

Suppose a client had a request for where we should or shouldn't work and we think that honoring that request wouldn't serve her well. For instance, her shoulders and neck are hurting, and she wants us to focus most of the session there. We would then need to try to educate her: "Although you feel your tension in your shoulders and neck, they are part of a larger tension pattern. It would probably be more effective for your shoulders and neck pain if we take a whole-body approach."

Of course, if a client wants us not to work on a certain area for reasons of modesty or privacy, we are obligated to honor that request. We may not fully understand the reasons for a client's sensitivities, but we are obliged to comply cheerfully and without taking personal offense.

Communicating with Clients

In light of the basics of the professional relationship, here are general guidelines and suggestions for talking with clients. Of course, you want to find your own style and words.

CONSIDER THIS

Have you ever had an experience with a massage therapist who didn't listen? I have. I once went to a massage therapist with the complaint that my neck was stiff and sore. She worked me over good—everywhere except where I had told her I was hurting! As the hour dwindled away I kept wondering when she was going to work on my neck, and I finally asked her. She said "You had more serious problems elsewhere. We'll have to get to it next time." I was so upset when I left, and of course I never went back. The next day I called another therapist, told her about the experience, and that I needed neck work. She ended up being my therapist for the next few years until she moved. The first therapist closed her business a year or two after I visited her. Even though we need to work with the related muscles, and not just spend the whole hour where the pain might be, we need to keep in mind that most clients are not anatomy experts, and we may need to explain to them why we're working in other areas first, and we definitely need to pay attention to the area they said was hurting. When we don't listen to clients, or when they feel we aren't listening to them due to our own lack of clear communication about what we're doing, we make a very bad impression.

Use the Client's Words

When you ask clients during your intake procedure what they want to get from the massage, note how they talk about their bodies, their discomfort, or their lives. Using their own words and images when talking with them will have more impact than using yours. This is a simple but very effective way to quickly establish a connection with clients and to let them know you are listening to them and value their input. For example, “I understand your neck is hurting, and particularly bothers you when you’ve been at the computer all day, is that right?”

Talk in Terms of What the Client's Values Are

Clients are usually motivated by one of three goals: looking better, feeling better, or performing better—or by some combination of those three. For example, you could tell a ballplayer that if he is less tense, he may be able to throw the ball more easily; you could tell a client struggling with illness that lowering stress can help overall health; and you can tell a client concerned about appearance that people often look more vibrant when they are relaxed and carrying less pain and tension.

Talk to Clients in Words They Understand

In particular, you want to avoid New Age jargon if these words are unfamiliar to your audience. For instance, telling a banker that you want to release the negative vibrations from their third chakra. The same applies to medical terminology. We want to be professional and use the correct terminology, but we also want to avoid sounding so technical that client's haven't a clue what we're talking about. While most clients know what “abs” and “biceps” are, they don't know what the gracilis is or where it's located. We can say, while we're working on an area, “This muscle is your gracilis, and I notice it seems very sore when I touch it. Let me know if I'm working too deeply for your comfort.”

Talking with Clients during Sessions

Talking with clients who are on the table takes special sensitivity. During the hands-on work, you want to use a different tone of voice or manner than you would use in normal conversation.

There are a couple of reasons for this extra care. For one, clients on the table are exposed—although protected by draping, they are often naked. Even if they have their clothes on, they are in a passive position. Also, many people have negative judgments about their bodies. Many clients come to you having been told all their lives by their perhaps well-meaning parents, loved ones, and certainly by the culture that they are too fat or too thin, too flabby, too short, too hairy, and so forth. Unless they are unusually self-confident, clients may feel some degree of inadequacy, unhappiness, or even shame about their bodies. You don't want to stand



there from the safety of being fully clothed and add to their discouragement with careless words. When clients are on the table, the practitioner's words should be reassuring and positive.

Aside from being sensitive to their vulnerability, you also want to provide a space within which clients can turn off their thinking minds and drop into a state of deep relaxation. In light of those two conditions—wishing to honor clients' vulnerability and allowing a deeply relaxed state—here are some guidelines for talking with clients during the actual session.

Speak As If to a Person Who Is About to Fall Asleep

Use a lighter tone and softer volume than normal conversation. Take care not to say anything that might be upsetting or jarring. Remember that you want to be soothing. If you talk at all, think in terms of using your voice as if it were a third hand.

Keep Your Own Talking to a Minimum

Keep in mind that a yakking practitioner is a major complaint of all clients. A good general policy is to keep your talking to a minimum and keep it focused on the client. (A little chatting can be OK if you sense that the client will think you are rude or cold if you are too silent.) As much as possible, avoid bringing up subjects unrelated to the massage and avoid initiating conversation. Take your cue from the client. Some people, especially those who may be lacking in social interaction because they're retired, widowed, or live alone, *want* to talk. Even so, keep the focus on them. Avoid being too personal about yourself, or asking questions that are too invasive about them. For example, if a client says "I haven't met too many people my age since I moved to town," an appropriate response might be "I noticed on the intake form you live in Wedgewood. They have a really nice senior center there." Asking "Why did you move here, anyway?" is inappropriate.

Don't Ask Questions or Talk in Such a Way That Clients Have to Think to Respond to You

Even though you want to educate your clients, you don't want to engage peoples' brains with long explanations, speeches, or stories. Don't ask them questions that take thought (except very early on in the session before they are deeply relaxed), such as, "How many times have you hurt this foot?" If you need feedback, for instance, to find the right amount of pressure for massage, your goal is still to help them relax as much as possible by keeping questions simple.

You want to limit the amount of time spent in left-brain activity, such as counting or analyzing. Try to ask them questions that involve the right brain, such as questions about feelings or sensations: "How does this feel?" or "How is this pressure?"

Keep Instructions Simple

To avoid getting people to think, you want to keep instructions simple. For example, some people have trouble distinguishing between right and left, and most people, when they are deeply relaxed, have to think to remember which is which. It can be helpful just to tap lightly on the appropriate side and say, "Would you turn over on this side, please? I'll hold the cover while you turn."

Say the Obvious

It's surprising how effective it can be to simply say what seems obvious to you. "You seem to be having a hard time letting go of your right hand. It's been in a fist for

much of the session.” You don’t have to make up fancy explanations or add interpretations. Sometimes just bringing a bodily habit or pattern to a client’s awareness makes a big difference. It even made a big difference for me, personally, when I was a student and not yet experienced in the ways of massage and didn’t yet have much knowledge of anatomy and physiology.

I got my first guitar when I was nine. I used to have chronic neck and shoulder pain, which I jokingly referred to as “guitaritis.” When I was in massage school, I was performing in a local venue one night, and the school owner and a bunch of my classmates came to the show. At the next class, the school owner asked, “Do you have to look at your fingers when you’re playing?” When I said no, she said “I don’t think you’re even aware of it. You are constantly looking to the left (at my fingering hand).” It was really that simple...once she brought it to my attention, every time I played, I started making a conscious effort to stop that habit. It really made a huge difference. Habits become so ingrained that most people are just unaware of them: the woman who always carries her heavy purse on the same shoulder, or her baby on the same hip. Just a gentle reminder to bring it into their consciousness is often all that’s needed.

Use Images That Convey the Possibility of Change

You want to let clients know that they can get better, not give the idea they are stuck in an uncomfortable condition. As an example, rather than saying, “This shoulder is like concrete,” you can say, “This shoulder joint seems to need more flexibility.” Or if an area doesn’t have much movement in it, don’t say that it looks dead. You can say that it looks “quiet,” “asleep,” or “as if it wants to move.” At the same time, be careful not to promise people you can “fix” whatever is wrong with them.

Find Something Positive to Say About Clients or About How They Are Taking Care of Their Bodies

Compliment your clients for their self-care. They’re coming to get a massage or bodywork, aren’t they? That’s a good start. However, don’t comment on how attractive they are. Doing so could sound as if you’re sexually interested in them. Speak of “healthy-looking tissue” and legs that “look strong,” for example.

Just as your positive words can sink in deeper, so can your negative ones. A friend reports:

- *I didn’t appreciate when a massage therapist told me, “You have the tightest shoulders I’ve ever seen.” That’s a title I didn’t want to have.*

Be Creative with Images

Images can help clients stop thinking and let go. Images can touch clients more deeply and stay with the client longer than dry instructions can. For example, you

could say, “What if this shoulder were as loose as a rag doll’s?” or “Think of your back as a vast Montana sky.” Tailor the images to the client’s background and interests.

Use Only Gentle Humor

Teasing and sarcasm have a hidden hostility, whereas gentle humor can work well. For instance, to a client with tight shoulders, you could say, “I’ve been wondering who’s been carrying the world around for the rest of us. Looks like it was you.”

Of Course, No Flirting

Because of the power difference and the client’s vulnerability, any flirting can be intrusive or seen as harassing. No matter what your intention or how innocent a remark or tone of voice may seem, flirting with the client sexualizes the situation and is unethical.

Take Extra Care What You Say When Working Around a Client’s Head or Face

When working around a client’s head or face, your words can go even more deeply into their unconscious. Because you’re so close to clients’ ears that it’s easy to sound loud and jarring, it’s best not to talk at all. If you do speak, use positive words and images. If you say, for instance, “I want to make your neck less tense so you won’t have a headache,” what may stick in the client’s mind is the word “headache.” You could say, “It would be great to have more ease here in your neck.” Or play with images: “See if you can let your neck be as loose as warm taffy.” Keep in mind that work on the face and on the anterior neck may make some people feel claustrophobic, so speak reassuringly.

Be Sympathetic in Your Tone

It’s easy for clients to think we’re criticizing them. For instance, “You’re so tight” can sound like a judgment. We could say instead, “Looks like you’ve been under some stress,” or maybe better, “Have you been under some stress lately?”

Keep the Focus on the Client

When a client says, “My husband makes me mad because he won’t wash the dishes,” you don’t need to add, “Oh, mine, too. Isn’t it a drag? The other day, he made me so mad when he....” Clients are paying for your time and attention, not your life story. Sometimes such a remark would be harmless, and sometimes it could be a problem. Suppose your client is an overworked mother who feels that she doesn’t get enough personal attention in her life. She may—rightfully—feel intruded on if you take the spotlight away from her.

Suggest and Persuade Rather Than Ordering

What could be less relaxing than for someone to command you to “RELAX!”? Instead of doing that, or demanding, “Let this shoulder go,” you could say, “I wonder how good it would feel if this shoulder could let go.”

Dealing with Common Dilemmas

Certain questions and situations come up over and over in our work. Here are some specific ways to handle them, keeping in mind that our goal is to focus on the client’s welfare.

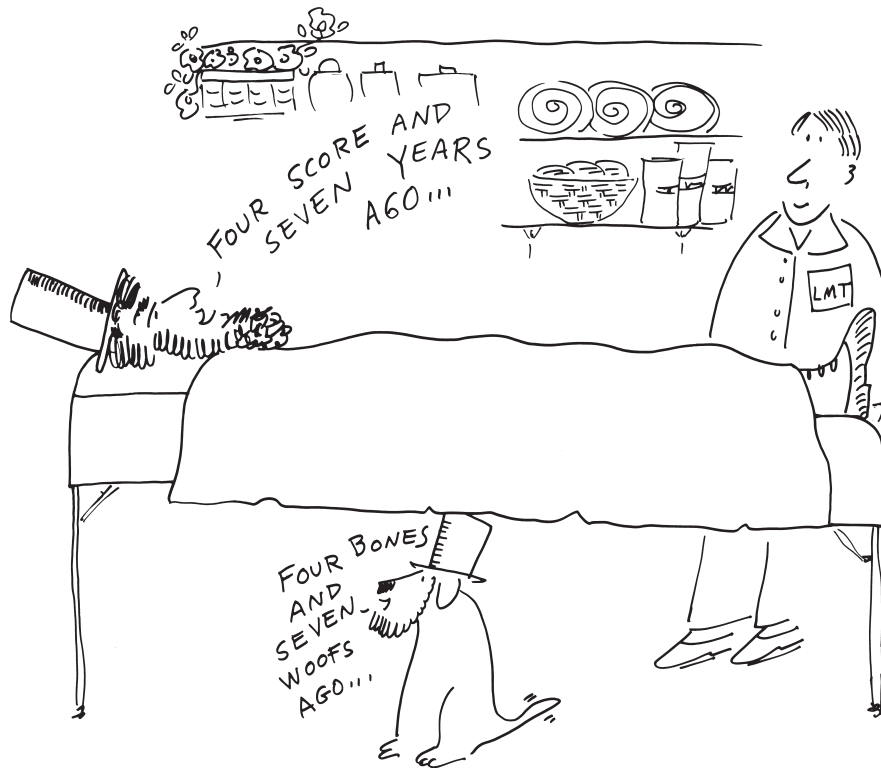
Talkative Clients

If a client is talkative, your main concern is whether the talking is good for the client or not. This is an important point that many massage therapists don’t take into account. Clients don’t have to be totally quiet in order to receive the most benefit from a massage or bodywork. In fact, some clients unwind by talking, especially during the early parts of a massage.

If you see that talking is making a client more tense or getting in the way of his relaxing, then you need to say something. This is an excellent time to educate and suggest rather than order. Rather than saying, “You’ll get more out of your massage if you are quiet,” you can say, “Notice what happens to your back (shoulders, neck) as you’re talking. It’s okay for you to talk, but you may just want to close your eyes and relax if it interferes with receiving the full benefit of the work.”

Some clients feel obligated to chat, as if the session were a social interaction. Those clients just need reassurance, “If you really want to talk, that’s fine, but this is your hour to relax. You don’t need to talk if you’d rather be quiet.”

One therapist said “The client was talking so much that it irritated me, so I politely asked her to be quiet.” This is a classic case of the therapist making it all about them, instead of all about the client. Practitioners really have no right to ask a client to be quiet unless a client is being abusive or talking loudly enough to disturb other clients. Otherwise, clients should be free to tell you about their grandchildren, recite the Gettysburg address, or talk as much as they want. Your job is to let them know when those activities seem to be getting in the way of *their* relaxation, not yours. Sometimes practitioners are distracted by a client’s talking because they feel they must respond, as if it were a normal conversation. Actually, all you need to do is say enough to show that you’re listening. “Uh huh... I see.” If a client keeps trying to engage you in conversation or if you’re newly trained and having a difficult time focusing, then it’s okay to say, “It’s fine for you to talk, but if I pay too much attention to talking with you, I can’t concentrate on doing a good job.”



Clients Who Are Emotional or Want Advice

As clients feel comfortable with you, they sometimes talk about their personal lives or ask for advice. Sometimes as they relax, feelings they've held back in their ordinary lives come up, and they may express their anger or sadness. You want to be compassionate with your clients, but sometimes it is difficult to know when you have inappropriately taken on the role of counselor. Let's sort out when you are being true to your role as a manual therapist and when you might be acting too much like a counselor or psychotherapist.

When Clients Want Advice

When a client is in distress, upset, or having trouble, you may feel that you need to do something about it, to fix it. However, your job isn't to fix your clients' personal lives; your job is to create a safe and relaxing atmosphere for them to receive your work.

You can provide a valuable service if you simply listen to your clients. People who are complaining often don't really want advice; they just want to vent. If that helps them to relax, all you have to do is make sympathetic sounds to show that you're listening and being supportive. "Really?" "That's too bad." Any more than that can be overstepping boundaries.

When Clients Are Emotional

Some practitioners are uncomfortable when a client cries; perhaps because they think they must do something about it or stop the client from feeling unhappy. However, bodywork and massage can bring up held-in feelings, and crying can be a helpful release. When clients cry, you don't need to do anything other than perhaps indicate you're aware of their crying: You might want to offer them a tissue or see if they want you to stop working for a minute. There's no need to do anything else; just your presence can be enough of a comfort.

Some practitioners may go too far interpreting the boundaries between psychotherapy and bodywork. They may think that anything outside of massaging muscles isn't their domain, or they become uncomfortable when a client cries or expresses distress about his or her personal life. Here's an example of interpreting our role too narrowly:

- ▶ *My client had just come back from court, where she had officially ended her 20-year marriage. She was very upset, expressing anger at her ex-husband and also crying. I told her that she might benefit from seeing a counselor and that I wasn't qualified to help her.*

Although there are times when you might need to suggest that a client seek professional counseling, it doesn't take any special training to be a sympathetic ear for clients. If, 6 months after the divorce, this client is still crying and expressing anger at her ex-husband, then you might want to suggest that she seek the services of a counselor. Try to do so in such a way that the client feels supported rather than rejected. "I don't mind your talking about your problems here if it helps you relax, but I wonder if you would also like to see a professional counselor who can support you through this difficult time. I can refer you to someone if you are interested." (Also, consider such a consultation for yourself if you feel overwhelmed when a client cries.)

When Clients May Need Professional Counseling

In general, you might recommend clients seek professional counseling when they seem unable to come out of normal periods of depression or grief by themselves or when they seem overwhelmed by grief or depression—not just feeling sad or unhappy but unable to engage in their lives or work. Also, if clients seem confused

REAL EXPERIENCE

It can be helpful if you personally know a counselor to refer people to, if you've had personal experience with one. It can be disastrous if you give a personal recommendation to a counselor that you don't really know. There is a psychologist in practice very near my office, and I once recommended him to a massage client who had fibromyalgia, and who also had seemed to be in a state of depression lasting for several months. She got an appointment with the counselor, who proceeded to tell her that fibromyalgia does not exist and that it was all in her head. I was mortified, and it was a wake-up call for me not to refer to people I don't actually know. If you do not personally have experience with a counselor, a general recommendation such as "The Pathways Clinic has several counselors on staff," is the best way to go.

—Anonymous, M.T.

about their lives or unable to cope by themselves or if they often ask you for advice, you should recommend that they seek other help. Again, you want to be compassionate and not sound as if you're rejecting them. You might say, "You seem to have a lot of questions about decisions in your life. I can offer you a sympathetic ear, but I don't have the training to help you sort out your marriage (job, relationships). Have you thought about seeing a counselor?"

If you are unsure about how to work with a client because of their emotional needs, consider getting a consultation from a mental health professional as a valuable resource for yourself. Certainly, if clients express feelings of wanting to commit suicide, are engaged in self-destructive behavior, or are being harmed by someone else, you must urge them to seek counseling, and you should immediately get a consultation yourself from a mental health professional to find out the best way to help this client. Depending on the licensing regulations in your state, you may be required to report a client who is in danger of harming himself or herself or someone else.

Clients Asking Personal Questions

Responding appropriately to a client's personal questions about you can be much more complicated than it looks. Although you may respond spontaneously to questions about yourself from friends or acquaintances, knowing how to respond to clients' questions can take more thought. Often, in order to answer a question well, you'll need to understand the reason the client is asking it.

If you answer a personal question without thought, either you could give out more information than the client needs or than you want to reveal or your response

could shut out the client in an abrupt way. For instance, a male client asking a female practitioner, “Are you married?” could be asking if she could understand the difficulty he is having with his spouse or could be asking if she is available for a date. If you don’t know why a client is asking a question and feel uncomfortable with answering, you might say, “I’m curious why you’re asking.” To be client centered, you always want to turn the spotlight back on the client—but in a friendly way. You don’t want to be abrupt with a client who’s just being sociable or trying to connect with you—nor do you want to go into a detailed discussion of your personal life or problems.

If you think the client is looking for support for a difficult marital situation, you could say, “I understand how hard it is to keep clear communication with a partner.” If you learn the client is looking for a date, you could simply state your policy that you do not socialize with clients.

Clients may ask personal questions for other reasons also. Some clients feel uncomfortable or impolite if the focus of the session is entirely on them. You can let such clients know that they can relax and concentrate only on the work and on their own concerns. And some clients are merely curious and friendly and have no hidden motive in asking personal questions.

If there is something dramatic or obvious about you that you know clients will ask about—your foot is in a cast, for instance—have your story ready. You don’t want to give each client a 15-minute monologue about how your foot got broken. Again, what you want to discern and respond to is why the client is asking the question. A client inquiring about a practitioner’s broken foot could be wondering if the wounded practitioner can now more readily identify with their pain, or they may ask, “Even though you are injured, can you still help me today?”

Keeping your privacy and keeping the focus on the client can be difficult for those who live in a small town or are part of a community where people know each other’s business. However, if a client brings up something they have learned about you from someone else—“How’s your bad back/divorce/leaky roof?”—all you need to do is assure them that all is well, that you are fine and ready to give them your attention and best work.

Clients Asking Questions Outside Your Scope of Practice

When clients ask you a question outside your expertise, it’s important to be willing to say, “I don’t know.” It’s a respectable answer. You can say, “Sorry, but I don’t have any training in that area, so I don’t know how to answer that question.” Don’t pretend to know or try to bluff your way through answering such a question. Not having to know everything can be freeing for you, and your clients will appreciate the honesty of an “I don’t know.” It educates them about what you do know and what your areas of expertise are. Showing your clients that you honor your limits helps them trust you. Clients won’t usually be dismayed or shocked that you don’t know everything; they just move on to their next concern.



Feeling that you have to know the answer to every question either directly or remotely related to the body can make your work stressful and stifle your curiosity. You could find yourself falling back on rote answers. “The way to work with this kind of knee is to do X.” Having to know can make you miss out on what’s going on right here, right now, in front of you with this client.

Clients Who Are Demanding

Clients who seem critical, demanding, or controlling can be a challenge; you don’t want to take their behavior personally. Avoid getting into negative countertransference. Keep in mind that clients may be acting out of fear that stems from past trauma. Although you may never know what clients’ histories are, demanding or critical clients are often communicating that it is hard for them to feel safe. Their message may be that they are not sure you are going to pay enough attention to their care. If you respond to their demands with impatience or irritation, you could be proving their assumptions true.

It is better to try to let them know you’re doing your best. “Is there anything I can do to make you feel more at ease?” If a client persists in being demanding, you can say gently, “I feel like you’re not comfortable, and I want this to be a good experience for you. I hope you will let me know what else I can do.” Your honesty and openness may help the client trust that your intentions are good.

It's rare for clients to express directly that they were unsatisfied with your work and that they don't want to work with you again. However, if that happens, it's best to end the relationship in a way that doesn't blame either of you. You could say, "I'm sorry that you're not happy with the massage (or bodywork session). For some reason, we just don't work well together." Or "Perhaps my style of working isn't what you're looking for. I can give you the names of some other therapists in the area."

Setting Limits

The ability to set limits gracefully and effectively is vital to our professional lives, especially for those in private practice.

If clients don't know what the boundaries are, it's difficult for them to feel safe with you. Although we may not think of setting limits as a skill that we need to learn, the reality is that our limit-setting skills need to be practiced and polished as much as our hands-on skills.

If clients don't know what the boundaries are, it's difficult for them to feel safe with you.

If you have an employer, usually they are the ones who handle such things as setting and collecting fees (and tips), punctuality, and sexual inappropriateness (although this is not always the case). You may not have many opportunities to set limits yourself, but you can learn by observing what works and what doesn't in how your employer sets limits both with you and with clients.

Here's an example about how being unclear about expectations can cause problems for both you and your client. A colleague reports:

- *I had a client who raved about my work and said he was going to tell all his friends about my "miracle work." Well, that kind of praise went to my head, and I let it interfere with my judgment. When he started coming late and missing appointments without calling, I didn't say anything to him or charge him for the missed time. In fact, I even altered personal plans to create a time slot for him—and he didn't show for the appointment!*
- *I know that I would have set limits sooner with another client, but I was caught up in being "the miracle worker," and that wasn't good for either of us. Every time I didn't set good boundaries, he pushed another limit. I wish I could say that I started setting limits, but the truth is that he just stopped making appointments. I did him a disservice by not being clear about boundaries and expectations.*

Setting Limits Gracefully

The most awkward and pesky dilemmas, particularly for those who are self-employed, are how to deal with clients who sexualize the situation and how to maintain

boundaries around time and fees. Knowing what to do with clients who make passes or who act sexually inappropriate is discussed in Chapter 8. The following sections discuss some ways to make setting limits about time and money easier for you. Of course, you may want to rephrase these responses in words that feel natural to you.

Be Clear About Expectations in Advance

This point can't be stressed enough. It's much easier and less awkward to set limits when you know you've been clear with the client about your policies from the beginning. It's a good idea to get in the habit of starting to educate clients during the first phone call about your fee policies, time policies, and, if necessary, the nonsexual nature of your work. For instance, assuming this is your policy, make sure you always say, "If you need to cancel, please let me know at least 24 hours ahead of time so I have time to schedule someone else; otherwise, I'll have to charge you for the session." If you make it a habit, then you don't have to wonder later on whether you've told a client about the policy. About time policies, you can say, "Your appointment will start at 4 p.m.; please be on time so that we can have a full hour to work together."

First sessions need to include time not only for gathering information from the client but also for educating the client about your professional standards—in written form and verbal form. That can include policies about late arrival, notice to cancel, payment options (such as whether you take credit cards or checks), confidentiality, and your right to refuse to work with a client who acts inappropriately. Find policies that you're comfortable with, be clear about them with your clients from the beginning, and then follow through as necessary. Having your policies in writing and asking clients to sign or initial forms is a good idea. Since the form they sign will be remaining in your office, it's a good idea to have a copy you can give to clients. That way, you can avoid the situation of clients saying "I wasn't informed I'd be charged for a missed appointment!"

Be Careful About Your Tone

When you have to set a limit, be matter of fact and even sympathetic but not apologetic. "I understand that you couldn't make your appointment last week because you decided to go out of town. Unfortunately, since you didn't let me know you weren't coming in, I have to follow my policy and charge you for that session." Avoid taking a parental or judgmental tone with a client. ("You need to be more considerate of my time.")

The first year that I was in business for myself, I had one other therapist working in the office. I hate to say it, but I did not have an official cancellation policy. Whenever anyone cancelled at the last minute, or just failed to show up, we drew a line through the appointment and used "LMC (last minute cancellation)" or "NSNC (no show no call)" abbreviations to indicate the situation. At the end of the first year, I counted the income we had lost due to these incidents, and it amounted to

over \$8,000! I was shocked. The first thought that popped into my head was “that’s a month in Europe!” I ended up handling this situation by taking several actions. I added an official cancellation policy to our intake forms, put a sign on the front desk, put it on our website, and sent out an announcement in our monthly newsletter. After that rude awakening, I immediately put a place for clients to sign on the intake form acknowledging that they have been informed of our cancellation policy and agree to abide by it.

Speak in Terms of Your General Policy Rather Than Personalizing the Limit

You can depersonalize what you say by referring to your general rules: “It’s my policy to charge when a session is cancelled within 24 hours unless the client had an emergency.”

Practice What You Would Say in Various Situations

Some practitioners have a difficult time setting limits. Remember that setting limits is a skill just like learning massage strokes; it takes practice to become a pro. To become more comfortable and more effective with limit setting, it’s a good idea to practice with nonclient friends and relatives; try out what you would say in various situations.

It may sound silly, like play-acting, but **role-playing** is a great way to hone your skills. Even though you may feel mentally prepared to deal with a situation, it helps to say the words out loud. Usually, the same feelings that you would have in the actual situation—awkwardness, fear, and so forth—will arise, even though it’s not a real-life situation. Also, your colleague can give you useful feedback about the effectiveness of your tone, words, and demeanor.

Role-playing:

Usually, a structured exercise in which students or colleagues take a role—for instance, as client or practitioner—and act out a specific situation as a way of becoming more comfortable with handling the situation in real life.

Here’s a success story from Brian Thayer, LMT, a massage therapist, who at the time was a recent graduate of a massage therapy school that uses role-playing. (If you’re out of school or your school doesn’t offer role-playing, you can set up your own role-playing with willing friends or colleagues.)

- *My first paying client turned out to be a great learning experience. I was really nervous beforehand. After the intake process, I left the room to give him privacy, saying, “Please feel free to get undressed to a level that you are comfortable with and get on the table under this sheet face up.” When I said “under this sheet,” I put my hand under the top sheet and turned it over slightly.*

When I returned, I knocked on the door, opened it, and found my client lying face down, completely nude on top of the sheet. As if I wasn't nervous enough!

I took a deep breath and said, "Oops, let me step out of the room while you get under the top sheet and turn face up, please." As I stepped out of the room and closed the door, my calm, centered state escaped me. Taking a deep breath, I knocked on the door again and entered. This time he was under the sheet lying face up, but asked, grabbing the sheet, "Is this really necessary?" My reply was, "Actually, I use proper draping for all my sessions. It is the law that clients must be draped."

I was so pleased that the right words came out of my mouth without a second thought! What made the difference was that I had role-played that very situation with a fellow student, saying what I would say when or if a situation like that came up. They say practice makes perfect: for me, practice made permanent.

Most of us come into this work because we want to help people; an important part of how we help is by setting clear boundaries. Clients feel safer and practitioners are more at ease when we all know what to expect and where the limits are.

The Right Words

Although our work is centered on nonverbal communication, our words make a difference. We want them to enhance our hands-on work and make our jobs easier. Because each client and each situation is unique, there will always be challenges. No matter how long we are in practice, there will always be times when we find ourselves searching for the right words and occasionally stumbling. Our goal is to know that what we say makes a difference and to keep looking for words that connect with our clients.

Questions for Reflection

1. You have had two previous sessions with a client. On the day of his third appointment, he or she didn't show up. Practicing with a colleague or friend, put into your own words what you would say or ask when you call this client.
2. Have you ever been a client, trying to settle in and relax on the table with a massage therapist or bodyworker who talked in such a way that it was hard for you to stay relaxed? What could that practitioner have done differently to enhance your relaxation?
3. A client calls at the last minute to cancel an appointment because he or she "just can't get away from work right now." This client canceled at the last minute once before. At that time, even though you had explained your

policy of needing 24 hours' notice, you didn't charge him for the missed session. What would you say to him or her now?

4. Is there a situation involving limit setting that you dread dealing with? How can you make the situation easier for yourself?
5. Imagine you, the practitioner, are a pregnant woman, just starting to show. (You don't have to be pregnant or even a woman to imagine this.) Your client begins to ask you questions about your due date, marital status, and how you feel. How do you keep the conversation client centered—how do you steer it back to the client? What underlying concerns might the client have about how your pregnancy would affect your professional work and relationship with him or her? How would you find out what those concerns might be, and how would you address them?

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