

Nina McIntosh's

The
**Educated
Heart**

**Professional Boundaries for
Massage Therapists and Bodyworkers**

**FOURTH
EDITION**

Nina McIntosh's

The
**Educated
Heart**

**Professional Boundaries for
Massage Therapists and Bodyworkers**

Laura Allen

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Dedicated to the Memory of Nina McIntosh (1943–2010)



I was very honored when Nina entrusted me with the future editions of this book. The third edition was completed while she was in a serious state of decline from amyotrophic lateral sclerosis (Lou Gehrig's disease). She always referred to this book as "my baby."

Nina started her professional career in 1970 as a psychiatric social worker in Denver, Colorado, after receiving a master's degree in social work from Tulane University. She soon became intrigued by the therapeutic possibilities of the touch therapies; in 1978, she trained as a massage therapist at what became the Boulder College of Massage Therapy. She became a certified Rolfer in 1981. Later, her interest in the psychological component of bodywork led her to study Rosen Method bodywork at Rosen Method Center Southwest in Santa Fe, New Mexico.

Nina's training in professional boundaries began in her social work graduate program, where physical contact with clients was thought to be so potentially intrusive and unsettling that students were prohibited from touching clients. As she began to practice bodywork, she saw that manual therapists, who routinely cross that powerful physical boundary, could benefit from knowing more about how to create safe environments for their clients and themselves.

*Nina opened up the discussion about boundaries and safety with the first edition of *The Educated Heart*, which became a standard text in many professional manual therapy programs. She also wrote a column on professional boundaries, "The Heart of Bodywork," that appeared in *Massage & Bodywork* magazine for more than a decade.*

In 2010, shortly before Nina's passing, she was awarded the Aunty Margaret Humanitarian Award at the World Massage Festival. She was unable to attend, and I picked up the award on her behalf. When I told her she was receiving it, she said, "I don't think I'm any kind of humanitarian," but she truly was. Her mission was to make the massage room a safe space for clients and practitioners. Her guidance has helped so many thousands of therapists to reach that goal.

Nina McIntosh was a friend, a role model, and a mentor to me. I'm honored to be taking care of "her baby."

—Laura Allen

ABOUT THE AUTHOR



Laura Allen began studying bodywork in 1993, while still working in her career spanning more than 20 years as a chef and restaurant owner. In 1998, she sold her restaurant and accepted a job as the administrator of a massage school. A few days after taking the job, she decided that helping people feel better was the best job in the world, signed on for a weekend program at the school, and became a licensed massage therapist. Allen also returned to college at Shaw University for a degree in psychology, and detoured for 3 years to teach in public schools. She taught professional ethics and other classes at the massage school for 5 years, before leaving to open a multidisciplinary clinic in 2003.

Allen is the author of *One Year to a Successful Massage Therapy Practice* (LWW, 2008); *A Massage Therapist's Guide to Business* (LWW, 2011); *Clay & Pounds' Basic Clinical Massage Therapy: Integrating Anatomy & Treatment* (3rd ed., LWW, 2015); *Plain & Simple Guide to Therapeutic Massage & Bodywork Examinations* (3rd ed., LWW, 2016); several self-published books, and hundreds of blogs and magazine articles. A provider of continuing education since 2000, she has taught classes all over the United States, Canada, and the United Kingdom. In 2015, she accepted a position as the Massage Division Director of Soothing Touch, a family-owned massage and skin care product company located in New Mexico. In 2016, she closed her clinic to focus on that job, and continues to teach and write.

Allen resides in the mountains of Western North Carolina with her husband Champ, also a massage therapist, and their two rescue dogs.

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PREFACE

This new fourth edition of *The Educated Heart* continues with the same engaging, insightful style and practical advice that is the legacy of Nina McIntosh, and is now continued by Laura Allen. The first edition was a pioneer in the field—the first book to focus solely on ethics and professional boundaries for the manual therapies. That edition was very well received by a profession that was realizing the importance of relationship skills in creating a safe and comfortable environment for both client and practitioner.

As did the previous editions, this new one continues the unique approach of the original *Educated Heart* with its conversational, nonjudgmental style, clear and easy-to-understand explanations of complex psychological dynamics, and real-life examples that bring dry concepts to life. We continue to offer practical suggestions for everyday boundary situations and sound advice for both beginning and experienced practitioners. Lighthearted cartoon illustrations of common scenarios give this sometimes anxiety-producing material a friendlier tone.

This new edition also features the greater clarity and organization of the third edition, making it easier to teach, and understand, with enhanced material on the dynamics of the client–practitioner relationship and specific suggestions for what to say to clients in common difficult situations.

The biggest change in this edition is the inclusion of the many boundary issues related to the Internet. The popularity of social media has had a huge impact on society in general, and there has never been a more obvious need for ethics education in this area.

Audience

This book is intended for all manual therapists or somatic practitioners, including massage therapists, bodyworkers, movement educators, practitioners of Eastern methods, and practitioners who work primarily with energy fields. Additionally, it addresses the professional needs of manual therapists in all phases of their careers and in any setting—whether private practice, a spa, a medical setting, or a massage therapy franchise. This new edition more comprehensively recognizes the diversity currently found in this profession—in specialties, practitioners, and work settings.

For students, it offers the support and information needed to establish the solid professional boundaries that will be important for their success and well-being. For experienced practitioners, many of whom were never schooled in the complexities of client–practitioner relationships, it provides the chance to learn new ideas to make their practices more fulfilling or to reinforce their own good decisions. Also,

it is written so that readers need no prior knowledge of psychological concepts to understand the dynamics presented.

Scope

The Educated Heart was never intended to be a thorough discussion of every aspect of our work. For instance, although it offers good basic information on setting up a business and on working with clients who have been physically or sexually abused, these areas are not covered in detail. Some subjects addressed in this book, such as working with clients who have been abused, are probably best learned through in-person workshops that offer experiential exercises and more complete instruction. Readers will need to seek out such workshops to receive proper training in these areas while bearing in mind that no amount of workshops qualifies a massage therapist to act as a psychologist. Readers can also refer to the resources listed in the Appendix C: Related Readings for more information on topics that are not covered in depth. Note, too, that this book is not intended as a substitute for learning your local and state ethics regulations, the requirements of your professional associations, or any relevant licensing requirements.

Overview

Below is an overview of the main concepts and tools presented in each chapter:

- Chapter 1, “The Educated Heart: The Need for Professional Boundaries,” covers why boundaries provide safety for both client and practitioner and why they are necessary in a professional relationship; it also presents seven major misconceptions about boundaries.
- Chapter 2, “Protective Circles: Boundaries and the Professional Relationship,” discusses the concept of boundaries as protective circles that show both client and practitioner what is appropriate inside the therapeutic relationship and what is not.
- Chapter 3, “Framework: Nuts and Bolts of Boundaries,” covers a wealth of nitty-gritty logistics and details of creating a professional environment, no matter whether you are self-employed or work for someone else.
- Chapter 4, “Client–Practitioner Dynamics: Boundaries and the Power Imbalance,” discusses the concepts of transference and countertransference, including how transference creates a power difference that makes balance necessary and how countertransference can interfere with your compassion and objectivity.
- Chapter 5, “Ethical Boundaries: From Theory to Practice,” presents guidelines for making ethical decisions, including how to make judgment calls in

ambiguous situations and tips on such issues as informed consent, scope of practice, and confidentiality.

- Chapter 6, “Boundaries and the Power of Words,” gives general guidelines for effective professional communication with clients and specific suggestions for common situations that arise in various work settings.
- Chapter 7, “Sexual Boundaries: Protecting Our Clients,” includes general concerns and specific help with maintaining appropriate sexual boundaries with clients, including clients who have been sexually abused or those who have a crush on their practitioners.
- Chapter 8, “Sexual Boundaries: Protecting Ourselves,” deals with such issues as protecting ourselves from clients who make inappropriate sexual remarks, knowing what to say or do when a client has an erection, and dealing with sexual predators within the profession.
- Chapter 9, “Financial Boundaries: Getting Comfortable with Money” focuses primarily on suggestions for those who have a private practice or want to have one. However, if you wish to work for someone else, this chapter can be helpful in choosing an employer whose financial policies fit with yours. It covers general attitudes about money that might get in the way of success; how to create financial policies that you are comfortable with; and for those in private practice, the ins and outs of such issues as setting fees, charging for missed appointments, and giving refunds.
- Chapter 10, “Dual Relationships and Boundaries: Wearing Many Hats,” presents different kinds of dual relationships, including working with friends and family, converting clients into friends, and doing trades or bartering, and how to avoid or minimize common pitfalls.
- Chapter 11, “Boundaries and the Internet,” is a new chapter addressing the many ethical issues and challenges presented by the Internet and, especially, social media.
- Chapter 12, “Help with Boundaries: Support, Consultation, and Supervision,” covers the need for getting outside help with client–practitioner dynamics as part of taking care of ourselves and different kinds of help and the advantages of each.

Key Features

The key learning features are listed below:

- Case examples, indicated by an arrowhead (➤), provide real-life scenarios of concepts and situations discussed in the text.
- Memorable quotes from the text are featured in the margins of each chapter.

- Key terms are boldfaced in the text and defined in the margins and in the glossary at the back of the book.
- Questions for Reflection help readers process and internalize the content presented in each chapter.

New in This Edition

Below is a list of new features and content in this edition:

- **Consider This** provides food for thought for making career-affecting choices.
- **Real Experience**, contributed by actual practitioners, shares problems and dilemmas that they've confronted in their own practices.
- More thorough discussion of the boundary problems faced by those who are employed by others—for those who work in spas, physicians' or chiropractors' offices, or for massage therapy businesses.
- As mentioned above, a new chapter (Chapter 11) on professional boundaries and the Internet.

Additional Resources

The following materials are available free at thePoint.lww.com/McIntosh4e:

- For both individual and classroom use, downloadable video clips both entertain and educate, depicting problematic boundary situations commonly experienced by bodyworkers and massage therapists. These will challenge students and practitioners alike to sharpen their responses.
- Instructors will have access to an Instructors' Manual that guides instructors every step of the way, beginning with:
 - Teaching Professional Boundaries, including why boundaries can't be taught by memorization, how to teach students the fun and easy way through interactive exercises and discussion, how adults learn best, teaching by example, creating a safe learning environment, dealing with students' emotional responses, guiding discussion groups, and taking the threat out of role-playing.
 - How to Use Suggested Lesson Plans—customizing lesson plans for your students; how to lengthen or shorten the course to fit your curriculum.
 - Chapter by chapter help—with general comments, key points, interactive learning aids, and sample tests, both essay and multiple choice
 - Related readings
 - Sample scripts for role-playing

- Test generator
- PowerPoint slides
- Lesson plans

Final Thoughts

In writing this book, it was my wish to help this profession find the public recognition it deserves. Quite simply, I think the key to that recognition lies in the quality of our day-to-day interactions with clients. Before the first edition, Nina McIntosh interviewed more than 50 experts in the profession about what makes a relationship healing. I have added to that with the Real Experiences contributed by working massage therapists and my own experience as a therapist and teacher of professional ethics for more than 16 years.

I have deleted very little of Nina’s original text—only where it was timely to do so. Nina was not a big fan of the Internet, and was especially not a fan of social media, so the text has been expanded to include those now-important issues that were not covered in previous editions. I hope I have done well in leaving Nina’s voice intact, and in not changing the “spirit” of the book at all, because it was and remains the singular most important book for massage therapists who are learning to deal with professional boundaries. The conclusion can be summed up in a few words: *Treat yourself and your client with kindness and respect*. For those of you who are interested in learning more about creating kind and respectful relationships, I hope this new edition will be a valuable resource and a useful friend.

Laura Allen

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First and foremost, I can never thank Nina McIntosh enough for being my friend and mentor, and for trusting me enough to hand over *The Educated Heart* to me. I miss her all the time.

I acknowledge my husband, Champ Allen, who goes months at a time seeing only the back of my head while I'm working on a book project and never complains.

Linda Francis has been my editor for more than a decade, and I'd never have had a word in print if not for her. She is always a joy to work with and guides me in the right direction without fail. I appreciate the whole team at WK/LWW for all they do for me.

I acknowledge Leslie Young of Associated Massage & Bodywork Professionals for being a dear friend to Nina McIntosh, and being so good to me, and I've always appreciated our little chats and shared remembrances of Nina, and the encouragement she has given to me.

I acknowledge the artist, Mari Gayatri Stein, for her contributions to this book. I know that Nina loved her, and I am glad that we continue to have her art in this book.

My undying gratitude to my mother, Margaret Lawson; my brothers Robert, Alan, and James Earwood; and Champ's sisters Sherry Allen, Penny Jones, and April Allen for their support. We were going through my husband's battle with Stage IV cancer, and an aneurysm that occurred just a few weeks after he finished his chemotherapy and radiation while I was working on this book, and their help and support was everything to us.

Finally, I have to acknowledge all the students who have attended my ethics classes for the past 16 years. They came to learn from me, but I've learned so much from them . . . the sharing that goes on in these classes is invaluable to everyone present, and I truly appreciate it.

CONTENTS

Preface xi
Acknowledgments xvii

Chapter 1	The Educated Heart: The Need for Professional Boundaries	1
Chapter 2	Protective Circles: Boundaries and the Professional Relationship	16
Chapter 3	Framework: Nuts and Bolts of Boundaries	36
Chapter 4	Client–Practitioner Dynamics: Boundaries and the Power Imbalance	67
Chapter 5	Ethical Boundaries: From Theory to Practice	89
Chapter 6	Boundaries and the Power of Words	118
Chapter 7	Sexual Boundaries: Protecting Our Clients	139
Chapter 8	Sexual Boundaries: Protecting Ourselves	158
Chapter 9	Financial Boundaries: Getting Comfortable with Money	180
Chapter 10	Dual Relationships and Boundaries: Wearing Many Hats	200
Chapter 11	Boundaries and the Internet	218
Chapter 12	Help with Boundaries: Support, Consultation, and Supervision	233

Appendix A	American Massage Therapy Association Code of Ethics	247
Appendix B	Associated Bodywork and Massage Professionals Code of Ethics	249
Appendix C	Related Readings	253
	Glossary	255
	Index	259

The Educated Heart: The Need for Professional Boundaries

While the practice of massage has been around since antiquity, our profession is still young. In fact, there are many who argue that we're not yet at the level of a profession at all. While massage is now regulated in almost every state, very few state boards consider massage therapists to be health-care providers.

We are still exploring what it means to be a good **manual therapist**. We are learning that technical skill is only one aspect of a responsible and successful practice. For our work to be effective, we need solid professional therapeutic relationships with our clients. We create such relationships by knowing what belongs in our interactions with our clients and what doesn't. We need to know how to communicate clearly with clients (and even potential clients) in a way that is professional. Clients will appreciate our friendliness and warmth. But more than that, they need the security of sturdy professional boundaries—and as massage therapists, we also need them for ourselves.

Our work is unusually personal. Other than doctors and nurses, we are the only people who (legally) place our hands on unclothed people who are in a vulnerable position. Consider that a total stranger walks in our door, and just a few minutes later, he or she is partially or fully unclothed and on the table, while our fully clothed body is standing over him or her, and we're putting our hands on that person. It's a huge responsibility not to violate the trust that people place in us, by their very presence in our massage room.

To many people, what we do is unfamiliar, and the intimacy of the work may stir up deep emotional associations. We also have to overcome the massage parlor

Manual therapists:

Trained professionals who touch the body of the client or who use a method of movement to affect the body of a client for the purpose of facilitating awareness, health, and well-being. As used here, the term is interchangeable with somatic practitioners and includes massage therapists, bodyworkers, other health professionals such as chiropractors and osteopaths, movement educators, and practitioners of Eastern methods. While people who practice energy modalities are not truly manual therapists, in the context that they may not be touching the body, the relationship dynamics are similar.

imagery that has been associated with massage; there will always be sex workers who practice their trade hiding behind the word *massage*, since very few places allow the legal practice of prostitution. It's a potentially confusing and highly charged situation that we can only make safe for our clients and for ourselves by diligently maintaining professional boundaries and by practicing clear, direct communication with them about their own expectations and ours.

Attention to boundaries is also the key to a smoothly flowing work life. When we create a safe environment, our clients settle in and relax. We have more satisfied clients who come back and who tell their friends about us. When we respect the client's boundaries, we have fewer difficult clients and more clients who leave our treatment rooms with a lighter heart and a lighter step. When we safeguard our own boundaries, we protect our own emotional well-being and our own prosperity, leaving *us* with our own lighter heart and lighter step.

Most of us come to this work with good intentions and a genuine wish to serve others. These aspirations flourish best within the structure of good professional boundaries. To truly serve our clients, we need not just good hearts, but also educated hearts.

The Need for Educated Boundaries

When we hear the word “professional,” we may think of a clinical atmosphere or a distant and aloof therapist. But professionalism doesn't mean acting stuffy or keeping our clients at arm's length (no pun intended). It simply means that when we're working, our focus is on our clients. We give them our full attention; we listen to them; we're sensitive to their vulnerability. Being professional is just an educated way of being kind.

Being professional is just an educated way of being kind.

Boundaries:

In this context, a boundary is like a protective circle around the professional relationship that separates what is appropriate within that relationship from what is not.

The best way we can demonstrate this kindness is by observing appropriate **boundaries**. Clients instinctively feel safer when we set clear boundaries. Maintaining good boundaries is also a kindness to practitioners. Not only do we feel more secure when expectations are clear, but also our work is less stressful and more rewarding.

Understanding the Need for Boundaries

Whether we work in a spa, a doctor's office, or on our own, our success depends, to a large extent, on how we handle our professional relationships. No matter how technically skilled we may be, our clients won't get the full benefits of our work if they don't feel secure with us. A casual attitude toward boundaries can jar clients and make them uneasy. When people complain about a manual therapy session

they received, their complaint is not usually about the practitioner's inability to name all the muscles in the foot or inadequate effleurage. Instead, they'll say, "She talked about her divorce the whole hour" or "I felt nervous going to a bodyworker who works out of a bedroom in his house."

To understand why safe boundaries are crucial, we have to be aware of the special circumstances of our work, particularly the physical intimacy, the effects of touch, and the power dynamics in our relationships with clients.

Keeping Clients Safe

Much of the public does not have a clear idea of what we do, how we are trained, and what to expect from us. They may associate our work with the sexual overtones of massage parlors. They may be wary of our lack of traditional medical credentials or may fear that we will injure them or make a physical problem worse. They may have heard of a friend's experience with a barefoot massage therapist burning sage in the room and banging a gong to "clear the negative energy" before beginning the massage. It is up to us to make the situation a safe one in which they feel comfortable and where they can relax and heal. It is up to us to show that we are serious about what we do and that we are genuinely concerned about our clients' welfare. Maintaining appropriate professional boundaries is a crucial step in setting the right tone for safety. We have the obligation to *first do no harm*. That doesn't just mean observing contraindications for massage; it also means to honor the integrity of the therapeutic relationship.

For us, the intimacy of our work is something we can take for granted. It can be easy to forget how scary and potentially intrusive some clients may find physical touch—particularly those who have never experienced massage and don't know what to expect. We live in a culture in which touch is often experienced as leading to seduction or violence. For many people, something as ordinary as sitting in a waiting area with someone in the seat on either side of them, or accidentally brushing up against someone they don't know, is uncomfortable. Some of the people we see may have even been the victims of violent or sexual assault at some time in the past. Yet in our work, clients agree to be touched by a relative stranger usually while they are naked or only partially clothed. Some clients may have body-image issues and fear our negative judgments about their physical appearance. In a society obsessed with being trim and blemish free, clients are revealing their less-than-perfect bodies to us. No wonder some people have a hard time letting go.

Uncovered Feelings and Memories

Touch can bring up long-buried feelings and memories that clients may find surprising or even alarming. Even in the most caring of families, certain feelings or aspects of ourselves can meet with disapproval from those around us. As children, we

unconsciously learn to hold back these feelings. We may also protect ourselves by blocking out unpleasant or traumatic memories. Without being conscious of it, we may hide uncomfortable experiences or emotions—perhaps even from ourselves.

When we hold back our feelings, aspects of ourselves, or memories, we may literally do so with our muscles. We grit our teeth or grind them in our sleep from stress, creating tension. We let that person we don't get along with at work, or some situation that makes us uncomfortable, become literally a pain in the neck from holding in stress and tension. This is true whether the stressor, and the subsequent holding pattern, began last week or decades ago. When clients are touched, especially as their muscles relax, those memories and feelings may emerge.

Sometimes the results are dramatic.

- *A 60-year-old client tells his massage therapist that he's never had any injuries. However, when his therapist works with his lower leg, memories come flooding back of falling out of a tree and spraining his ankle when he was 10 years old. As if it were yesterday, the client remembers how it happened, how his mother reacted, and how scared and hurt he felt.*

But more often, the tie between the muscle relaxing and the memory emerging may be so subtle that it goes unnoticed.

- *After her massage therapist loosens up her tight shoulder muscles, a client suddenly remembers an argument with her ex-boyfriend that ended in a breakup, and how angry she felt at the time.*
- *As her therapist works quietly and deeply, a client begins to cry, realizing how much grief she is feeling over the recent death of a friend.*

Such releases of feeling are normal and usually beneficial to the client. We don't need to be concerned about them or feel that we need to do anything more than to provide a sympathetic ear or a tissue. (If clients have tears, we might ask whether they want us to continue with the massage or give them a moment.) Clients bring their personal experiences, memories, biases, their stressors, and their own personality to the table—and we bring ours, without even thinking about it. Although many clients come to us basically for relaxation and can easily appreciate the simple pleasure of being touched without having such memories intrude, others who have experienced trauma may have a more difficult time letting themselves relax.

Most often, clients won't be consciously aware of suppressed feelings during the session; however, they may express those feelings in unconscious ways. For

instance, a client who was physically or sexually abused may be wary of his or her practitioner or may cringe as a certain place on the body is touched, or expect to be harmed without knowing why. Even if potentially scary or unpleasant material doesn't emerge, our touch may nudge the edge of it. Veterans who are suffering from posttraumatic stress disorder (PTSD) due to war, people who may have lost a loved one recently and are in one of the stages of grief, a person who is being a caregiver for a sick family member, or someone who has just gone through an emotional upset may be in a more vulnerable state than another client who isn't experiencing any such thing. We can't judge by superficial appearances how emotionally fragile any one client might be. Because of that, we need to provide safe and reassuring boundaries for *all* our clients. In fact, it is *imperative* that we avoid doing anything more than providing a safe space and reassuring boundaries for clients. Unless you are a licensed psychologist, clinical social worker, or otherwise qualified in addition to being a licensed massage therapist, it is out of scope of practice to counsel clients or give them psychological advice. Some massage school programs or instructors, bodywork modalities, and continuing education providers actually *promote* facilitating emotional release in clients, and having a few hours of education in working with emotionally distraught clients is just enough to delude some therapists into thinking it's okay to ignore scope of practice and ethical client boundaries. It is not—but it is important to be aware that an occasional client may experience an emotional release while on the table, and to be able to respond professionally and compassionately if it happens.

Acknowledging Power and Responsibility

The dynamics of the client–practitioner relationship are complex and often subtle; there is a **power differential** present in any therapeutic relationship. Our clients automatically give us more power than they would, for instance, if they met us socially instead of in a professional capacity, especially in a client–therapist relationship that is intimate in nature. They are often looking to us to alleviate their physical discomfort or emotional stress, which puts them in a vulnerable and often dependent position. Consequently, our words and actions tend to carry more weight and authority for them. Even though they may not be conscious of it, we can become bigger in their eyes—more like a doctor or parent figure. Clients may put us on a pedestal, thinking we can do no wrong. As practitioners, our relationship with clients brings with it built-in authority and responsibilities. Our task is to meet our clients' vulnerability with respect and kindness, and we do that by maintaining secure boundaries.

Power differential:

A concept used to describe a professional relationship where one person is viewed to have more knowledge and authority than the other, such as the client–therapist relationship.

Seven Common Misconceptions about Boundaries

As much as we want to be respectful and kind, many somatic practitioners haven't been trained in either the whys or the ways of being professional. The dynamics of the professional relationship can be intricate, and the best course of action is not always clear. We may not even realize some of the mistakes that have arisen from our lack of education and awareness.

Some errors are more serious than others. Probably, no client will haul us into court for talking too much during the session about the movie we saw last night, but discussing a client's problems with an outsider could land us in front of an ethics committee. More serious offenses—including some that are unintentional—such as careless draping, or inappropriate comments or actions, could lead to loss of license, not to mention loss of reputation, lawsuit, or in some cases, criminal prosecution. Sometimes we can't gauge how big a problem our boundary mistake will be. The client who heard too much about last night's movie may not sue, but he or she may decide not to come back. Then again, he or she might be a longtime client who forgives the disruption of his or her relaxation—this time.

Some therapists have learned about the importance of good boundaries through painful experience—just ask anyone who has had to appear before a massage board to defend their actions or therapists who have grown resentful of their own practice because they have allowed clients to take advantage of their own lack of boundaries.

Some of us have had to piece together our own ideas of professional conduct without the benefit of specific training or education in that aspect of our practice.

Boundary Lessons

Years ago, I hired a young, fresh-out-of-school massage therapist as an independent contractor, and she told me during the interview she wanted to take Thursdays off. After several weeks, I noticed that she was always coming in on Thursdays, looking a little harried and aggravated (and not taking another day off to make up for it). When I asked her why she was there on her day off, the excuse was always the same: "That was the only day so-and-so could come." I advised her that was not true at all, and that by sticking to her guns and firmly saying "I am not in the office on Thursdays; let's see what other day we can get you in," she would see that the person would miraculously find another day to come. She didn't lose a single client over it—they did indeed find another day to come—and was free to enjoy her day off. It's good that she learned that lesson early in her career and is still thriving many years later, but if she had not stood up for herself early on, she'd probably still be allowing people to take advantage of her or totally burned out by now and gone from the profession altogether.



Education experiences vary; a huge number of therapists are not familiar with the laws of their own massage board. A student recently said to me, “My teacher didn’t like ethics, so we usually spent the class talking about something else.” As a result, some common misconceptions have been born out of understandable confusion. Clarifying these misconceptions can help remove any doubts about the importance of healthy professional boundaries.

Misconception #1: “I Want to Be Natural with Clients; Boundaries Create Barriers.”

This concern about maintaining appropriate boundaries comes in many forms, such as “I want to be myself with my clients” and “I really want them to like me.”

This is often how we justify talking about our own issues with clients or letting them see the off-duty side of us, confiding to them and complaining to them as if they were friends.

However, being professional means that we are careful about what we reveal to our clients, not out of a sense of superiority, but out of a wish to keep the focus on the client. When we share personal information with clients, especially our own problems, they may feel obligated to take care of us in the way that friends tend to do for each other. At the least, it takes attention away from the reason they are there—to have *us* pay attention to *their* needs. It's misguided to think that letting our hair down with clients is always therapeutic for them. When we are tempted to complain about our love lives, share our political beliefs, or tell clients how tired we are, we have to stop and wonder how that will add to their feelings of security.

It's true that some clients want to talk throughout the massage. It's *their* time, after all. Most people who chatter a lot usually just want someone to listen to them. Take your cues from the client. If the only words you are getting out of them are occasional grunts in answer to your asking them whether the pressure is alright, don't be a chatterbox. If they obviously want to talk, keep the conversation focused on them. Avoid conversation about controversial topics such as politics and religious beliefs. If the client brings up conversation that could lead to conflict or asks a personal question that you don't want to answer, the best response is "Let's focus on your body right now, so you can get the best benefit from your massage," or a similar statement.

In rare instances, it can be helpful to let clients know that we too have struggled with the same kinds of issues. If we know a client well, we might want to reassure

REAL EXPERIENCE

During the very first massage I ever gave to someone other than a fellow student at massage school, the owner sent me into a session with an experienced therapist. She took her position at his head and sent me to the feet. As soon as I sat down, the other therapist started talking about her husband running around on her and her son getting arrested. I was mortified! I kept giving her little "shhh" expressions and giving her looks that said "SHUT UP," but she just kept talking. Even though I had only been in school a short time, I knew that wasn't the way it was supposed to go. I actually knew the man on the table, which made it all the more embarrassing to me. As soon as the client left, I was voicing my opinion to the therapist about how inappropriate she had been when the owner walked in, and she ended up getting reprimanded for her behavior.

—L.E.A., MT

or inspire him or her by remarking that we've faced the same problem, such as "I was diagnosed with fibromyalgia a few years ago, and I have found that exercising and getting massage regularly has really helped my symptoms. I go to the water aerobics class at the community college, and I try to schedule a massage every 2 weeks." However, such sharing should be carefully thought out. Unless clients already respect us and know our strength, talking about our struggles could make them question our capabilities, expect less of us, or feel obliged to help us. For the same reasons, we should mention only those issues that we have already resolved, and not bring up current problems, such as financial woes or relationship problems. Just as we should avoid giving clients personal advice, we should avoid asking them for it as well. This is especially true of clients who may be in the business of giving advice—counselors, ministers, clinical social workers, for example. Remember, they're on the table so you can take care of them—not to give you advice while paying you for the time.

The truth is that we do have more power in our relationships with clients; recognizing that fact is being responsible, not arrogant. But having good boundaries doesn't mean that we can't be genuinely caring people in our practices. Authenticity is reassuring and appropriate when we are down to earth in how we present ourselves and when we do not mystify what we are doing or pretend to be all-knowing. It can be healing to allow clients to see the compassion we feel toward them. We can, for instance, let clients see that their stories have touched us, and we can sympathize with them about *their* concerns, but it's not appropriate to ask them to do the same for us.

Boundaries aren't elitist or intended to make a client feel "less than" us or disrespected. It's quite the opposite; boundaries are a gift to clients.

Misconception #2: "I'll Just Use My Common Sense."

We may think that professional boundaries are just common sense, but it's not that simple. Making good judgments doesn't necessarily come naturally. Especially when a therapist is fresh out of school and hasn't had the time in practice to be faced with real-life ethical dilemmas, it's easy to make errors in judgment. After we've practiced long enough, we can begin to look and feel like naturals, but that's not the same as "just being ourselves" or only using common sense.

Without clear, thought-out guidelines, our decisions about boundaries and ethics are likely to be based on a hodgepodge of conflicting influences. We are affected by what our upbringing has taught us about pain, dependency, sex, and intimacy. We're swayed by our own perceptions, biases, and prejudices. Our judgment can be clouded by our egos and by the all-too-human need to be in control, feel like we're right, or feel important. Or, we may imitate mentors and teachers who themselves didn't understand the need for good boundaries and may not have been the best role model for how to behave. We may rely on advice from our friends or partners.

And when in doubt, we may throw in a random piece of wisdom from the latest self-help book we've read.

If, for instance, our own boundaries have been violated as children—sexually, emotionally, or physically—then what comes “naturally” to us may be off-kilter.

To make good judgment calls, we need to know ourselves well. Unless we are self-aware, our personal histories or trauma can interfere with making wise choices. If, for instance, our own boundaries have been violated as children—sexually, emotionally, or physically—then what comes “naturally” to us may be off-kilter.

We all have blind spots that interfere with our effectiveness. Even if we have had no significant childhood trauma, we bring to our work all of our personal history. We have rough patches in our behavior in which we do things that don't make sense or fail to see what's in front of us. We may deny, rationalize, and project the things we dislike about ourselves onto other people. Such failings are just human nature.

- *After gaining unwanted weight, a colleague found himself mentally judging his overweight clients. When he realized what he was doing and how it was related to his judgment about his own extra pounds, he was able to address and eventually change his negative feelings.*
- *A massage therapist with a history of being sexually abused by a relative routinely overlapped her social and professional lives, often urging people she found attractive to come to her for massage so that she could get to know them better. Until she sought professional help, she didn't realize the connection between how her abuser had overstepped family boundaries and how she was overstepping boundaries in her practice. Because being careless with boundaries felt familiar to her, she hadn't been aware that it was a problem.*
- *A massage therapist who had recently gotten out of a physically abusive marriage found that she was not able to massage males without feeling anger at her ex-spouse. After the manager pointed out to her that although her female clients raved about her, male clients rarely booked a second massage with her; she realized that she had made inappropriate comments about her ex-husband and men in general during sessions, and that her angry attitude had carried over to her male clients. She joined a support group for survivors of abuse, but soon left her job to open a mobile practice and limited her clients to women.*

None of us is perfect, but it's our responsibility to learn what professional boundaries are and maintain them. Good boundaries are too crucial to leave to just our common sense.

Misconception #3: “I’ve Learned Technique, and That’s All I Need to Know.”

Actually, your ability to maintain boundaries and to clearly and directly communicate with clients in a professional manner is every bit as important as your ability to give a good massage. Until recently, medical schools focused on teaching only anatomy and medical techniques, as if human relationships with patients don’t matter. Perhaps, without thinking, we have used that same model in our profession. Many massage schools have stressed anatomy and technique, ignoring the importance of relationship dynamics. It’s important that we realize that there’s more to our work than physical mechanics. It’s heartening to see that many massage and manual therapy schools (along with many medical schools) have added courses on boundaries, ethics, relationship dynamics, and the importance of a healing alliance between practitioner and client. It’s hoped that we’re moving past the idea that a client is simply a mass of muscles to be manipulated.

As manual therapists, we may need to pay even more attention to boundaries than doctors do. People don’t expect to be able to let go and have a blissful, transcendent experience when they see their physician. But when people come to us (even if we work in a doctor’s office), they hope to be able to relax and drop their defenses. They want to leave feeling not only physically better, but also more centered, more alive, and more themselves. To set the stage for that experience, we need a good deal more education and training than just learning the name of the erector spinae, for example. No technique, no matter how state-of-the-art it is, can ensure that a client will trust us. (Impeccable boundaries will not ensure trust either, but they will improve the odds.)

How people heal is a mystery. Humans are a complicated mix of psyche, spirit, body, and emotions, and we can’t really know where one of these elements stops and another begins. We can learn a hundred new techniques and still not understand why people hurt. But we can create an atmosphere within which healing can take place.

Misconception #4: “I Don’t Need to Know Anything about Psychological Dynamics; I’m Not a Psychotherapist.”

Some of us feel it’s not our business to try to understand our relationships with our clients. Perhaps, we fear that it will lead to “playing psychologist” with clients or trying to analyze them.

We’re right to avoid analyzing clients’ psychological problems, which is not within our scope of practice, and airing our opinions—that would be intrusive and a violation of boundaries. However, it is very much our business to learn how to create a safe emotional environment for our clients. And we can do that without inappropriately dabbling in psychological counseling.

All health-care professionals could probably benefit from knowing more about their relationships with clients. Only by understanding the more hidden dimensions



of the client–practitioner relationship can we have a deeper appreciation for the vulnerability of clients and their need for safety. We don’t have to be psychotherapists to want to be sensitive to our clients’ needs.

Misconception #5: “I Have Needs, Too.”

A massage therapist who canceled a session at the last minute to attend to minor personal business didn’t appreciate why her client was so upset. The therapist said, “My clients have to understand that I have needs, too.”

Of course that massage therapist has personal needs—we all do. But there is a difference between *wants* and *needs*, and it’s inappropriate to allow those *wants* to interfere with our work. We’re there to focus on our clients’ needs, which means putting our personal lives aside at times. Although we cannot avoid the occasional intrusion of an emergency or a personal situation into our work, we have to realize that being *professional* means that the show must go on, and when it cannot, we let our clients down. (We can consider offering a free or discounted session when we are forced to cancel without the standard 24-hour notice.) For example, rescheduling a client because you’ve come down with the flu is protecting the client; you don’t want to make anyone sick. But rescheduling a client at the last minute because you just found out there’s a one-day sale on at your favorite store or because you got a lunch invitation from someone you’ve been wanting to go out with is not acceptable.

We all have practical business we need to handle. It’s a good idea to arrange your schedule, if at all possible, to have a regular day or half-day off during the week in order to be able to handle dentist appointments, going to the license plate office, or the other chores of daily living that must be done during business hours so that you don’t end up canceling appointments to take care of those things.

At the same time, it’s perfectly fine, and even desirable, to be concerned with our professional needs. We should ask our clients—or our employers—to treat us as

CONSIDER THIS

Most people seeking employment expect to be interviewed, and often fail to think that they should be asking important questions of the employer as well. For instance, what are their policies on cancellations and late arrivals? What are their policies on clients who make inappropriate sexual comments or gestures? You need to know that before you accept employment there. If you're self-employed, you're being proactive by deciding on your own policies before you open your business—and by informing clients of what those are. Clearly posting your policies on your website and brochures, having a sign in the waiting area, or giving clients an "Office Policies" sheet can help stop problems before they start. Here are some examples:

- Late arrivals will receive the allotted time left on their appointment. Full payment is expected.
- Arrivals that are more than 15 minutes late may be rescheduled at the discretion of the therapist.
- Cancellations with less than 24 hours' notice will be charged in full for the session.
- Anyone making inappropriate sexual comments or gestures will be dismissed immediately.

Remember, we're being kind to clients when we educate them about what we expect.

professionals and respect our professional boundaries. For instance, if we work for ourselves, we have the right to ask our clients to arrive on time, pay at each session, and give adequate cancellation notice. Ideally, we would want to work for an employer who upholds similar standards. If clients are allowed to take advantage of us, it can lead to resentment on our part and confusion on the part of the client.

Professional boundaries define the relationship as having limits and standards that both practitioner and client will honor. These standards benefit both parties by helping everyone feel more secure in what is a uniquely intimate situation.

Misconception #6: "My Connection with My Clients Is through the Healing Energy in My Hands, and That's What's Important."

Having "healing energy" is a vague enough term to begin with, and it's definitely not enough. Our work is intuitive, and sometimes our hands feel magically drawn to just the right place. We can have a subtle bond with our clients that is hard to define. But that isn't all there is to it. If we get too caught up in the mystery of our work, we can overlook our clients' basic needs. While you're working with your eyes

closed thinking about the magical connection you have with the client, the client may be wondering why the room is so cold, why you were 10 minutes late, and why you keep forgetting his or her name. That's not being client-centered. Avoid the "I am the healer" syndrome, and keep your focus on the client.

Misconception #7: "But I Know Practitioners Who Are Careless about Boundaries and Still Are Successful."

In a certain respect, this statement isn't completely a misconception; most of us know someone like that. It's true that there are successful practitioners who disregard many professional standards and boundary concerns—maybe they frequently make friends with their clients, they're careless about confidentiality, or their treatment rooms are a mess. Most of these are well-meaning practitioners who never learned the importance of good boundaries. They benefit from the fact that clients will forgive a great deal if a practitioner has a good heart and "good hands." A careful look at their practices, however, generally reveals that they could make their clients much happier and their work lives much easier by paying closer attention to professional boundaries.

- *A successful practitioner gave a great massage but was chronically late in starting her sessions. As her clients waited on the table sometimes 5 or 10 minutes, they could hear her making phone calls or talking with her business partner. Although many of her clients were annoyed, few said anything. The practitioner noticed how hard she had to work to help her clients relax at the beginning of each massage, but she didn't realize how much her own behavior contributed to their tension. She just thought that all her clients were very uptight.*

Coming of Age

Good boundaries don't occur naturally. They need to be studied and practiced in the same way that we learn anatomy, physiology, or technique. The art of setting boundaries is the intangible element that brings out the best in both practitioner and client.

Although setting clear boundaries may, at first glance, seem to distance us from our clients, the opposite is actually true. Good boundaries don't create walls between client and practitioner; rather, they create a safe space within which we can touch clients' hearts and ease their spirits.

Questions for Reflection

1. In as much detail as you can, remember a particularly great massage you have had as a client or imagine what one would be like. What elements made it (would make it) a great experience? Are all of these elements related to the practitioner's knowledge of technique and anatomy? How many components are related to the professional atmosphere and the attitude and communication skills of the practitioner? Did they really listen while you told them why you were seeking a massage?
2. Have you ever personally experienced a release of feelings and memories during a bodywork session or a massage? If so, was it surprising to you that it happened? Did you feel that the therapist had an appropriate or inappropriate response?
3. Misconception #1 is about the concern that keeping professional boundaries leads to a less natural relationship with clients. Think about what has been true for you as a client or a patient. Has a health professional (doctor, chiropractor, massage therapist, or other bodyworker) ever been casual with you or self-revealing in a way that wasn't helpful or that affected your confidence in them? Has the opposite ever been true for you—that a health professional's behavior wasn't strictly professional, but you found it to be helpful? If you've experienced both of these, what made the one helpful and the other not?
4. As you were growing up, did you come to believe anything about pain, dependency, or intimacy that might interfere with your having a nonjudgmental attitude toward your clients? For instance, perhaps you were brought up to believe that only weaklings complain when they are hurt or allow other people to see their vulnerabilities. How would that belief affect your attitude toward clients who (appropriately) tell you about their aches and pains or share something about what is causing them stress? How might you unlearn attitudes that aren't useful to you as a manual therapist?
5. How easy is it for you to set limits? Do you tend to give in to extra requests from friends and family or business colleagues? Do you dread having to tell someone that you can't do something they want you to do? Conversely, do you find it easy to set limits but find that you can sound critical or harsh when you do so? Try to observe your limit-setting style, and, if necessary, find a way to practice setting limits kindly but firmly.

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

Protective Circles: Boundaries and the Professional Relationship

Boundaries are like protective circles surrounding the professional relationship. Rather than being barriers that separate us from our clients, good boundaries safeguard both practitioner and client. Boundaries separate what is appropriate in professional relationships from what is not. When used well, boundaries clarify limits and expectations, helping to keep both client and practitioner secure.

In theory, the idea of staying within professional boundaries may sound simple. The client comes to us for massage therapy or bodywork. We do what we are trained to do and what we have contracted to do. The client pays an agreed-on amount or completes a prearranged trade. Although this may not sound complicated, it can be all too easy to lose our focus and overstep these boundaries. In understanding how to establish healthy boundaries, we first need to consider our role in the **therapeutic relationship**.

Therapeutic relationship:

A relationship between client and practitioner that is focused on the well-being of the client.

Understanding Our Professional Role

Taking on a role does not mean that we pretend; rather, it means that during our interactions with clients, we behave in ways that are appropriate to the **therapeutic contract**. The contract is determined by what we have been trained to do and, more importantly, by what the client is paying us to do. We may have training in clinical psychology, for instance, but if clients are coming to us for massage, we should not take on the role of psychological counselor.

Therapeutic contract:

An agreement between practitioner and client that is often implied rather than being explicit about what each will or will not do. An ethical contract must be within the bounds of the practitioner's training and the ethical standards of his or her profession. The client agrees to give specific fees, goods, or services in return and agrees to be respectful of the practitioner's guidelines for appropriate behavior.

We always have two roles with our clients: a specific role as a certain kind of somatic practitioner and a more general role as a professional. The first role—and the one most commonly recognized—is defined by our specific training, such as massage therapist, Certified Rolfer, or Trager practitioner. In this role, we use a certain method of massage therapy or bodywork to help a client. The broader role that we must learn is that of a professional person—that is the role that has been traditionally neglected and that can cause the most confusion. When we take on a professional role, for example, we need to keep our personal lives, opinions, and needs out of our sessions. Also, as part of that role, we expect to be treated as a professional with all that it entails. To have a solid and rewarding practice, every somatic practitioner needs to be comfortable in these two roles—both as a certain type of practitioner and as a professional. However, learning to be at ease with our roles takes time. We may be able to learn a couple of massage strokes in a weekend, but it takes a much longer time to develop a solid sense of ourselves as professional somatic practitioners.

The Professional Therapeutic Relationship: What Stays in

If boundaries form a protective circle around the professional therapeutic relationship, what is reasonable to include in that circle? The following sections give a brief description of the most basic elements of the professional therapeutic relationship, all of which are discussed more fully in later chapters.

Client-Centered Actions and Words

The concept of being “client centered” is central to the therapeutic relationship. Client centered means that our actions and words should be motivated by what is best for the client. Being client centered means that we put aside our personal egos, interests and needs, and likes and dislikes, and act in the best interests of the client. At the same time, this doesn’t mean that “the customer is always right” or that we should let clients take advantage of us. After all, it’s also in our clients’ best interests to provide them with clear limits.

Being client centered means, for one thing, that clients have a right to ask for what they want. We don’t want to become dictators, ordering clients to be quiet if we decide they’re talking too much or becoming upset if they dare to ask us to vary our massage routine or adjust the pressure for their comfort. Clients need to be free to make requests as long as the requests are not abusive, destructive, or inappropriate. They should be encouraged to make their needs and wishes known. When clients do speak up, it’s our job either to adjust and meet their needs or to explain why what they are requesting is not appropriate, in their best interests, or within the scope of our training or abilities.

Boundary Lessons

Therapists often overstep boundaries with clients, without even realizing they're doing it. It may come from a genuine desire to help someone, and still be wrong. We are supposed to do what the client has contracted for—and refrain from doing something just because it's our own desire, or because we think they need it. If a client states that he or she doesn't want a deep massage, but just wants a relaxation massage, imposing deep tissue work on him or her is not being client centered and not giving the client what he or she contracted for. If a client has not requested energy work, and you do that just because you want to do it, that is not being client centered and not giving the client what he or she contracted for. A new client once said to me that she had been to a therapist who hurt her during the massage, and I asked if she had spoken up and told the therapist that the pressure was too much. She stated that she had asked the therapist to lighten up, and the therapist responded with "I can't do that because this is what you really need." That's not being client centered in any way, and that therapist lost a client.

- *A practitioner complained about a client: "When I came back into the room after giving her time to get undressed and on the table, she had taken all the pillows in the room and arranged them around her on the table—under her knees and her neck and different places."*

In this story, one wonders why the therapist is complaining; it sounds as if the client is doing the practitioner's job for her. Unless the client was destroying property, there's no reason why she shouldn't make herself comfortable. We can't let our own control issues take over.

There are instances when we would not want to adjust to clients' wishes or automatically honor their requests. If the client's arrangement of pillows might interfere with the session in some way, the practitioner could always explain why the arrangement needs to be altered and ask the client's permission to make the change. Or, for instance, if a client has a pain in his or her neck and asks that we spend the whole hour working on his or her neck, we might want to suggest that because neck pain often reflects tension throughout the body, he or she might receive greater benefit from a more complete massage—but the bottom line is, unless it's harmful to the client, we should respect their wishes.

Confidentiality

If we want to be respected as professionals, we have to honor our clients' privacy and confidentiality. We cannot gossip about what they said, complain about what

Confidentiality is at the core of professional relationships. It begins with the first phone call and continues for the entirety of the relationship.

they did, brag about how much they liked our work, or in any way discuss or relate what clients said or did during our sessions (or during any professional contact). Confidentiality is at the core of professional relationships. It begins with the first phone call and continues for the entirety of the relationship.

A friend relates this breach of confidentiality:

► *I recently received a message from a practitioner I hadn't been to before. I was surprised when she began telling me how one of her clients, a man we both knew, was responding well to her work.*

She talked about the physical problems he had had and what relief he'd gotten from her massage. I think I was supposed to be impressed by this report, but all it did was make me uncomfortable. I thought, "What will she say to other people about me?"

If you work for someone else, a problem can arise if your employer doesn't enforce confidentiality. Here's how one massage therapist dealt with that issue:

► *After I began working in a spa, I discovered that it had the atmosphere of a gossipy beauty salon—both the owner and other massage therapists chatted casually about clients and repeated personal information clients had told them. I was tempted to join in, but I found that when I did, I didn't feel good about myself as a massage therapist. It also colored the way I felt about the clients when I saw them again because I felt guilty. Now I stay away from those discussions. I don't want to work in that atmosphere and am looking for a job in a more professional setting.*

Consistency

When asked what keeps clients coming back, many experienced therapists put consistency high on their list. Clients are reassured by consistency and reliability (assuming that we are consistently good about professional standards and not, for instance, consistently flaky or insensitive). After clients have gotten used to our settings and styles, they can be rattled by changes in routine, in the office space, in session times, and in any other part of our work with them. For instance, if a client has a regularly scheduled time slot, it's important to try to keep that time slot for him or her and not move him or her to a different time, if it's avoidable. If we do have to move our office or change a regular client's hour for good reason, we can be careful to keep other elements of our work the same. That doesn't mean you do the same exact routine every time; that will vary according to the client's circumstances

CONSIDER THIS

Breaches in confidentiality are running wild in massage therapy due to the Internet, and social media in particular. Hopefully, you don't post it on Facebook whenever you massage Mrs. Hoffman who attends your church, so why do some people think it's okay to post that they're massaging a celebrity? Every time the Super Bowl or some other big sporting event rolls around, Facebook posts start sprouting up: "I massaged Tom Brady yesterday!" or "Guess who I'm doing an outcall for? Venus and Serena Williams!"

The same happens with performers, artists, politicians, and other people in the public eye. If Christina Aguilera saw it on Facebook that she has a massage appointment scheduled with you, do you think she'd keep it? No, she would not. She'd look for another therapist who has the ability to be discrete. If a celebrity (or anyone else) posts on his or her own social media that he or she received a massage from you and it was great, that's not a problem. If he or she allowed you to take a selfie with him or her, then he or she has the expectation you're going to share that. Otherwise, keep your mouth shut about it.

Keeping confidentiality includes not only social media, but also avoiding privately telling friends and family, before or after the fact. People talk—including people who say "I won't tell anyone!" That's particularly magnified if you live in a small town. You may think it's innocent to excitedly tell your neighbor you have an appointment with a movie star—and the next thing you know, your parking lot is full of fans hoping for an autograph and a media frenzy waiting for them to exit the building! You'd better not risk that happening.

It is also a violation of confidentiality to mention people in a way that enables anyone with an Internet connection to find out who they are, even if you refrain from stating their name. For example, "I just massaged the CEO of Google!" or "I'm massaging the pitcher of the Yankees!" I've witnessed people who should know better, including massage school owners and instructors, doing this very thing. There is no gray area here; it is a blatant violation of professional ethics.

such as pain, injury or stress, and tension level. For example, if a client appreciates the fact that you use a lavender lotion, and all of a sudden you switch to something that's unscented, or vice versa, it could be stressful to him or her.

Of course, if we work for others, we don't always have control over when a client is booked, what lubricant is used, or even what therapy room we will use. Moreover, even practitioners who work for themselves have to make changes. (Helping clients adjust to changes is discussed further in the next chapter under "Sessions

Occur at the Same Time and Place at Regular Intervals.”) Clients can trust us if we are professional and attentive to the details of their comfort, and they can relax more deeply if they can trust us.

Informed Consent and Right of Refusal

Informed consent may be withdrawn at any time, including after it has been given, whether verbally or in writing. If a client begins to feel uncomfortable with

Informed consent:

It is a formal term meaning that clients have a right to understand all that is involved in our work with them, and we must have their educated, informed consent for our work with them to be ethical. It means that there should be no surprises for our clients.

something you are doing, address it in the moment. They may feel nervous about telling you that they don't want you to touch a certain area, so be tuned in to body language and nonverbal clues. If they're flinching every time you touch a certain area, asking them if it's because that area is painful, or if they would prefer not to be touched in that area (and you don't have to know their reason), and adjust accordingly.

There are also certain circumstances that may require more specific written, informed consent, and this is addressed in some, but not all, state board regulations. For example, performing lymphatic drainage on breast tissue, or performing pelvic floor work on clients. We have to keep in mind that many clients are ignorant of anatomy, and they don't *know* that the attachment of that sore leg muscle you're working on is in the pelvic area. Don't just surprise people by touching them in an intimate area; explain to them while you are at the insertion of their gracilis muscle where it originates (on the ischiopubic ramus, but you may say pubic bone to the client) and ask if you have permission to touch them there. There are a couple of states that allow massage therapists to perform internal work in body cavities (my state, North Carolina, is one of them). Specific written consent is required—and may still be withdrawn at any time.

As much as possible, we should spell out verbally and in writing our contracts with clients. They need to know what our training is, what methods we will be using, and the possible benefits and risks of those methods. We also have to let clients know that they can ask us to stop at any time and for any reason. They have what is formally called the **right of refusal**. It's never appropriate for us to be impatient

Right of refusal:

The right to refuse or withdraw informed consent to any aspect of treatment.

or annoyed by clients who question our work or credentials or who don't want to take part in any aspect of our work. Clients need to know that we are offering our expertise but that they are ultimately in control of the session.

Our Rights As Professionals

Along with spelling out to clients what they can expect from our work and getting their consent, we need to be clear about what we expect of them. Upholding our

REAL EXPERIENCE

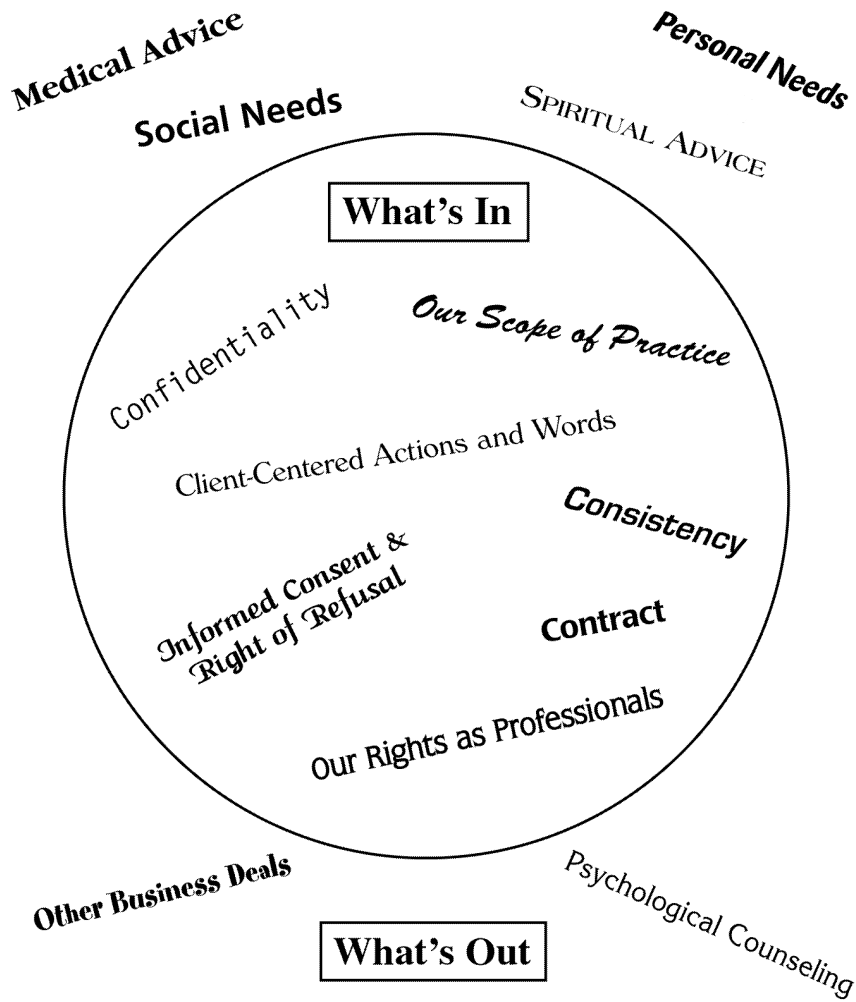
A massage-seeking client booked a session with a therapist he had never visited. He was escorted to the room and given instructions about being supine, and the therapist left the room. He was relaxing with his eyes closed when he heard the therapist reenter. After a few minutes, when the massage therapist had not yet touched him, he opened his eyes to see the therapist hovering over the table, with her arms sweeping back and forth over the client's body, and he asked what she was doing. "I'm clearing your negative energy," she replied. The therapist then proceeded to pick up a little gong and walk around the table several times banging on it. The client was incredulous but said nothing. After taking up about 10 minutes of the massage time with these ceremonies, the therapist finally got down to doing what the client had thought he was signing on for in the first place—a massage—and the next time, the client sought another therapist.

rights as professionals is an important basic principle for a healthy therapeutic relationship. We can, for instance, expect our clients to show up on time and leave when sessions are done. We can expect them to give us adequate cancellation notice and pay our fees on time. We should not work with abusive or disrespectful clients, and, indeed, we can decline to work with any client when we do not feel it is in our or their best interests to do so. (However, we need to be familiar with the codes of practice in our state or province that pertain to refusal to work with a client.) Also, those who wish to work for a spa or for another professional need to find out in the interview process their prospective employer's policies concerning the rights of massage therapists.

The Professional Therapeutic Relationship: What Stays Out

As somatic practitioners, we have to stay within the limits of our scope of practice, that is, the traditional knowledge base and standard practices of the profession. Staying inside those boundaries sometimes requires us to walk a fine line. Is it psychological counseling when we comfort a recently divorced client? Are we giving medical advice when we suggest that a client might not need his shoe lift anymore—one that was prescribed for him by an orthopedic doctor? Would it make a difference if it was prescribed by a chiropractor, or purchased over the counter at the drugstore? When are we crossing the lines of diagnosing or prescribing? When are we overstepping the line between friend and client? When are we giving too much personal information? If there is *any* doubt, that's a good sign you're about

to cross the boundary line. Unfortunately, not everyone has the same ethical compass—which is why we have a code of ethics to point us in the right direction.



It's fair to assume that every somatic practitioner has violated boundaries, if only in some small way. Keeping good boundaries is a little like steering a car—it takes constant correction. Just when we think we're on a smooth path, we hit a bump. It's not a question of whether we make mistakes; we're human and we're bound to make mistakes. It's more a question of knowing when we've made mistakes and then being willing to change our behavior.

- *A colleague who often gave advice to an unhappily married client realized that he was in over his head. He told the client he would gladly continue to be a sympathetic ear for her, but if she wanted to work on changing her relationship with her husband, he would help her find a good marriage counselor.*
- *A bodyworker became aware that when he talked too much during a session, he literally would have a bad taste in his mouth. Now when he gets that taste, he knows it's time to be quiet.*
- *After a too-short vacation, a colleague realized she was dragging in just a few minutes late to all her sessions. As soon as she noticed this, she began making extra efforts to be on time and to take better care of herself.*

The challenge is to be aware of boundaries and value them, yet be tolerant of our own imperfection. However, because our mistakes are usually at the client's expense and can hurt our practices, we don't want to be too tolerant of our shortcomings.

There are three common ways that we venture outside the safe boundaries of the professional relationship: bringing in our social and personal needs, going outside our scope of practice and expertise, and mixing our work with other businesses. The following sections give a brief overview to highlight these major problem areas. All of these areas are discussed in more detail in later chapters.

Social and Personal Needs

Perhaps, the most frequent boundary confusion is between our professional and our social lives. Ways that we can overstep those boundaries range from the relatively harmless, such as an occasional lapse into too much chatting during a session, to the more problematic, such as socializing with clients and befriending clients, to the downright unethical, such as dating a client. Some of us don't understand why it's important to draw a boundary between our social and professional lives. What's wrong with sharing something personal about ourselves with our clients? What's wrong with a friendly cup of tea with a client? Maybe nothing is, but these actions might interfere with our professional relationships with our clients. Our boundary slipups usually have an innocent motivation. Some common reasons that we may want to bring our social needs into our professional lives are discussed in the following sections.

The Need for Social Interaction

Probably, the most common complaint clients have is about practitioners who talk too much. Clients are trying to relax and drift away into their own world, and we keep pulling them out of that world with our demands for their attention. Clients

rarely ask us to be quiet. They won't say "I don't want to hear another word about your new boyfriend (your divorce, your new baby, or whatever it is)." Clients are both too polite and too influenced by the power imbalance inherent in the relationship. Rather than asking us to stop talking, they usually respond politely and then perhaps complain to their friends—or worse, not come back.

On the other hand, we don't want to have a rigid "no-chat" rule. Our main goal is for clients to trust us and feel comfortable working with us. In some instances, clients themselves have a need for social interaction with us. Here's an example from a colleague:

- *I work with a chiropractor who is warm, friendly, and very informal with his patients (whom he often refers to me). He has known many of these people for a very long time, and during his treatments he talks with these patients as you or I might talk with a coworker—sharing stories, information, or opinions about family, vacations, politics, and others.*
- *When I began working in his office, I tried to maintain a firmer professional and personal boundary, keeping my conversation with patients focused strictly on the work. This confused and baffled many of them, as they were accustomed to a more chatty level of interaction, and some of them misinterpreted my behavior as emotional distance, personal coldness, or a rejection of their desire to get to know me. In the end, I have chosen to adapt my style so that it more closely matches the doctor's. I still maintain a professional demeanor, honor patient confidentiality, and uphold ethics and standards of practice; at the same time, I have come to realize that every clinic or group practice has its own distinct dynamic, and there are many ways to express professionalism and maintain good boundaries.*

This is a great example of adjusting one's style for the sake of the client. The key here is that the therapist didn't lose sight of her professional role and her focus on the client's well-being. When you step outside boundaries, be careful that your aim is to meet the client's need for social interaction and not your own.

The Need for Friends

Some practitioners may say their clients are like friends. We may be on friendly terms with our clients, but are they really like our friends? Do we have friends who come to see us and immediately throw off their clothes and describe all their aches and pains?

There's a difference between a client and a friend. (And if our friend becomes our client, then the client role comes first during the session hour.) Personal friends put up with our lapses and our flaws; they listen patiently while we go on for 10 minutes about what somebody said to us and what we said back. They can let us

know—and forgive us—when we hurt their feelings. Friends aren't paying us to be their friend—but we should respect the boundaries of the therapeutic relationship when a friend becomes a paying client.

As soon as someone becomes a client, we need to be aware of our therapeutic role, both in and out of sessions. The more we muddy the waters between the social and the professional, the more likely we are to do or say something that will interfere with having a professional, healing relationship.

- *A female bodyworker used a male client's sessions to lament the woes of her divorce and the problems of being single. This was confusing to the client—he wondered if she wanted a romantic relationship with him. When he asked her out on a date, however, she refused him. He felt hurt and rejected and stopped making appointments with her. This client ended up feeling wounded or betrayed by a relationship that should have been therapeutic. We usually cheat our clients when we put the focus on ourselves, when we ask them to listen to us and take care of us.*

The Need for Romance and Excitement

There's another reason to avoid the temptation to socialize with our clients. Let's be honest—when the wish to socialize is there, isn't it sometimes because we're attracted to that client? Or perhaps the client has a crush on us that we are enjoying. If we socialize with that client, what kind of message are we sending? Even if we are not flirting, the client may think we are. Because it's unethical to date clients or even to flirt with them, we'd be better off keeping the relationship strictly professional—and perhaps seeking some outside advice or discontinuing our work with a client for whom there is a strong attraction. The majority of state board rules address the issue of dating clients, even going so far as to spell out that you must terminate the professional relationship and wait x amount of time before pursuing a romantic relationship with someone.

Some of us can't avoid social interactions with clients. Those of us who live in small towns or are involved with small communities within a large town may have a difficult time keeping that boundary firm. We may frequently run into clients at outside events, friends and acquaintances may become clients, or clients may become friends. How to navigate these different relationships is discussed more fully in Chapter 10 on dual relationships.

Going Outside Our Scope of Practice or Expertise

We go outside boundaries when we make exaggerated claims about the effects of our methods or when we behave as if we are experts in areas in which we have either no training or only a relatively small amount of training. For instance, we are

REAL EXPERIENCE

I'm inserting my own real experience here because it's very relevant to this topic. In 2013 and 2014, I was hospitalized for serious illnesses (pneumonia both years; a urinary tract infection that went systemic into my bloodstream, and a diseased gall bladder). In late 2014, my husband was diagnosed with Stage IV cancer of the tonsils, which was further complicated by his life-long condition of chronic thrombocytopenia (extremely low platelet count). While I was ill, my husband posted updates about my condition on Facebook, and I posted updates about his condition, and our struggles in dealing with it, while he was undergoing the cancer treatment.

The out-of-scope, and in many cases, ridiculous and even harmful advice we received—95% of which came from massage therapists, was very distressing to me. I want to give people the benefit of a doubt, and believe that they have good intentions. However, when a massage therapist said *"Do not under any circumstances allow your husband to take chemotherapy!"* I was mortified to think that any client would forego medical treatment on the advice of a massage therapist!

Unfortunately, that incident was only one of many. We got advice to use essential oils, including swallowing them internally, from people who have no training other than the packet of sales pitches they got from their multilevel marketing company. We got advice to take colloidal silver, use clay baths, take the same clay internally, and make appointments with people who were holding themselves out as all manner of healers, among other things. I also received over 100 solicitations from massage therapists who were selling something. When I gave a simple "No, thanks" to one massage therapist regarding the (overpriced) supplement she was urging me to buy, she responded with "Well, okay, if you really don't want to help your husband." If she had been standing within my reach when she said that, I would probably have gotten arrested for aggravated assault. There is zero integrity in that kind of behavior, and I have no doubts that if they are acting this way with me, they are acting this way with clients. Such behavior is unethical, unprofessional, and does not belong in a therapeutic relationship. I feel sorry for—and fear for—the clients who see these massage therapists.

on thin ice if we guarantee that massage will lower a client's cholesterol level. Likewise, if we tell clients what foods to eat or why they should divorce their spouses, we have ventured into territory for which we have neither training nor contract.

Perhaps, the wish to inflate our work comes from the general insecurity of the profession. We don't live in a culture where ads on the bus read, "Got aches and pains?"

Consult your bodyworker first.” The benefits of massage are becoming more widely known, but many people still don’t know how it can help them. For the most part, manual therapies are relatively unacknowledged by a culture accustomed to a traditional medical viewpoint. For many of us, there is a vast gap between what we know to be the value of our work and the value given to it by much of the public. Perhaps in our frustration with the lack of recognition, we swing the other way and promise too much.

Bragging, promising too much, and inflating the merits of our brand of work are all signs of insecurity . . . So is being insulting about the massage therapist up the street from you because she practices relaxation massage, while you perceive yourself to be superior to her because you specialize in deep tissue work. Our motivations for becoming somatic practitioners are complex, but generally, we have a desire to help people feel better. It can be difficult to tell them the simple truth—to say to someone who is in pain, for instance, “I can’t promise this is going to get rid of your problem. You might even feel sore for a few days before you start to feel better.” It may be harder to say, “I don’t have enough training (or skill) to help you. Let me refer you to a more advanced practitioner (or another kind of health professional).” Sometimes, it is even necessary to say “I don’t think massage is appropriate for you due to your medical history (contraindications, current illness, current or recent medical treatment).” But all professionals, no matter how advanced their skills and knowledge, need to know their limits—and stick to them.

The Weekend Workshop Syndrome

Many of us are constantly looking for ways to advance our knowledge of ourselves and our work. We go to workshops to add new techniques to our repertoire; we attend seminars that help us with personal discovery and spiritual growth.

Weekend workshops can reenergize us and give us new ideas and techniques to explore. Personal growth workshops can free us to have healthier relationships with ourselves and our clients. But these short courses can also give fresh meaning to the phrase “A little knowledge is a dangerous thing.” Sometimes weekend workshops produce “instant experts.” I’ve seen people with a weekend workshop or two under their belts doing cervical adjustments, giving advice on neurological problems, practicing pseudo-psychology, or claiming to understand the causes of cancer. These are dangerous presumptions of expertise.

We need to feel secure in the value of our training and our work. We need to realize that the ability to give a good massage or bodywork session is as good as gold and a good somatic practitioner enhances the quality of clients’ lives every day. We don’t need to embellish our skills or knowledge. If we do what we’re trained to do competently and with compassion, it’s more than enough. Some examples of what should stay outside the therapeutic circle are provided next.

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Medical Advice

Pain science has advanced rapidly in recent years. There are more research studies on massage therapy than ever before, although assuredly, not everyone keeps currently with that knowledge—but they should. Training for massage therapists has become somewhat more standardized as more states have become regulated, although there is still a lot of variance in education from one school to another. Testing for a massage license is meant to insure that an entry-level massage therapist has basic knowledge required to safely practice massage. Because of these advances, we can be confused about our role in dealing with medical situations. True, sometimes somatic practitioners have resolved physical problems that have stumped physicians, but that does not mean that we are medical experts.

A group of bodyworkers were discussing a colleague's prospective client who had a rare disorder of the thoracic spine. Much advice was given about which vertebral muscles to work with, which to avoid, and how to help the client. Everyone's intentions were clearly good, but all these suggestions came from practitioners who had never seen the client and knew nothing of her history or the severity of her problem. Nor did any of them have the required training to work with a client with this rare disorder! It seems to be a phenomenon on social media that any time anyone says "I have such-and-such condition," or "My client has such-and-such condition," the advice—again, much of which is absurd and some of which is potentially harmful—starts rolling in—regardless of the fact that the people giving that advice know nothing more about the client, the medications they might be taking, the underlying pathology, the contraindications they may have, and so on. It seems that everyone thinks what they do is the best thing for it: "Get a Bowen session!" "She needs craniosacral!" "One session of (*insert modality*) would fix that!" Again, people have good intentions—and in many cases—very misguided good intentions.

Within the profession, there is concern about practitioners who treat medical issues without sufficient training or without consultation with the client's doctor or other involved practitioner. Such boundary violations can be as simple as giving advice that is traditionally in the medical realm; for instance, advising a client to give up an ankle brace or to cut back on medication. Or, these violations can be as dangerous as working with a client who has a serious medical condition, without permission and input from the appropriate medical practitioner. If medical doctors saw even a tenth of the advice given out by massage therapists on Facebook, none of them would ever make a referral to a massage therapist—particularly those who feel compelled to slam the medical profession and/or pharmaceuticals at every turn. Brent Jackson, program director of a massage therapy program that includes hospital-based massage, related the story of a therapist who was being interviewed for a job by hospital personnel. When asked about her motivations for doing this particular type of work, she responded with "I can't wait to get in the room and tell those patients what kind of poison the doctors are putting in their bodies!"



No, she did not get that job—hardly surprising! One therapist, in regard to the claims she was making about the essential oils she sells, when I mentioned the fact that the company she represents was reprimanded by the FDA for making false medical claims in their advertising, said “Of course the FDA will never approve of anything that actually helps people.” Why would a doctor want to make a referral to someone like that? Very simple—they don’t.

If we give an opinion, we need to identify it as a personal opinion unless it is within our scope of practice and training. Also, we need to take care how we state an opinion. “I’ve been using vitamin C for my own colds for years and its helped me,” is safer to say than “You should take vitamin C.”

Beyond a concern for staying out of legal hot water, we want to honor the dictum “First, do no harm.” Although we can sometimes relieve a condition that wasn’t helped by the usual medical regimen of drugs or surgery, that doesn’t mean that we can hang out a shingle that reads, “The Doctor Is In.” Most clients already give us more authority than is rightfully ours. It’s up to us to stay honest and within the bounds of what we know and are authorized by the law to do.

Psychological Counseling

The hardest judgment calls to make about boundaries are those that concern psychological and emotional issues. When are we being friendly, and when are we making a mistake by acting like amateur psychotherapists? As practitioners, it’s appropriate to be sensitive to our clients and supportive of them. It can be helpful to get to know them. Such information as whether a client exercises regularly, is happily partnered, or has a stressful job can give us a broader picture of the client and help us know how to work with them better. Except for obtaining information necessary for treatment, though, it’s never appropriate to pry into a client’s private life.

Many clients volunteer information about their lives and concerns, making it difficult for us to know how to respond. But we have to watch that we don’t stumble into the role of psychotherapist or counselor by giving advice or counseling when we don’t have the training. In general, anytime our response goes beyond good listening, we’re probably heading down the wrong road. An exception would be if someone tells you they are being abused; then a comment such as “Are you aware of the Women’s Shelter on 4th Street? They can help you get out of the situation you are in,” and *stop there*. If someone confides in you, he or she is seriously depressed and doesn’t know how to cope with it, then a comment such as “Dr. Collins has helped my friend deal with her depression. His office is in the Medical Building beside the hospital,” is appropriate. It’s always a good idea to know other professionals to refer to.

Counseling is more than just common sense. Without the appropriate education, we can’t usually tell the difference between, for instance, a mentally disturbed person and someone who is reacting to a momentary or temporary crisis. We also

don't usually have the training and fine-tuning it takes to keep our own biases and emotional reactions out of interactions with clients.

It can be easy to fall into the trap of naively giving advice about personal matters. Our motivation is good: we want to help our clients. After all, we have our accumulated personal experience, we've read books, and maybe we've been in therapy ourselves. We may have had emotional openings that were useful or even profound. We care about our clients; we see their unhappiness and want to share our experiences and philosophies with them.

Despite their good intentions, somatic practitioners who try to act like counselors are often clumsy—doing things that a good (trained) psychotherapist would not do, such as giving advice, confronting clients bluntly, or making hasty interpretations without really knowing a client. Even if we have training in these areas, we must look at the reason the client has come to us. If he or she comes to us for a painful lower back, it's not our business to tell him or her that he or she may be angry with his or her boss. However, in our role as educators, we could say, for instance, “Muscle tension is often related to our anxiety about a problem. Perhaps, you've been under stress at work or at home.”

On the other hand, sometimes we interpret our unspoken contract too strictly. For instance, some practitioners are uncomfortable when clients want to talk about their personal lives; they believe it isn't their job to listen to even the minor issues of a client's daily life. They want to interpret the contract very narrowly and say, “I only work with muscles.” But isn't it part of our professional role to provide an atmosphere within which clients can relax those tight muscles? Some clients unwind by talking. This may be especially true of those who live alone, and maybe lacking in social interaction. Although it's not our job to give advice or counseling, we can provide a sympathetic ear.

Spiritual Advice

- *A client who was going through a rough time in her life complained to her new massage therapist about how difficult things were for her. The next time she saw the massage therapist, she was startled and a little put off when the therapist handed her a religious pamphlet of inspirational stories.*

Regardless of how meaningful a spiritual path or religious group has been to us, it's not appropriate to set ourselves up as spiritual advisors. That's not part of our job description or our scope of practice. If a client is on a much different path than you are, even having a conversation about it in the treatment room can be divisive and make for bad feelings on the part of either or both parties. What if the client is a fundamentalist Christian, and you are an atheist, or vice versa? That conversation is probably not going to work out well. Having a religious debate in the massage space is not going to be a relaxing experience for the client—or the therapist. One

therapist related the story that a new client asked her right after the massage began if she was “saved.” When the therapist answered that she was a nonbeliever, the client started crying and praying aloud that the therapist would accept Jesus. The therapist continued on with the session, which in reality, was uncomfortable for both of them.

Some people deliberately seek health-care providers or service providers of the same faith, or even the specific church they go to, while to do so may never cross the mind of others. People have the right to seek services from anyone they choose, but it would be discrimination on the part of a therapist to limit his or her clients only to Christians or any other group. You can hardly hang out a sign that says “Pagans Only” on the front of your business. Nor should you try to talk to clients into adopting your own spiritual or religious belief system (or lack of one)—ever.

In the same vein, some therapists may not realize that even the atmosphere in their office may be off-putting to some clients. If you walked into a business you had never patronized before, and all the artwork was religious in nature, and the table in the waiting room was covered in religious pamphlets and a stack of pocket-sized Bibles with a sign encouraging you to take one, would you feel comfortable? What if there was a huge statue of the Buddha in the waiting room, a pentagram, or representations of symbols you don’t know the meaning of painted on the walls? Would you feel comfortable, or would you feel that you might have chosen the wrong place to spend your money? Put yourself in the client’s place. You’re not going to a doctor to get spiritual advice, and the public is not coming to you to get spiritual advice.

Mixing Other Businesses with Our Practice

- *A massage therapist who had an outside part-time office job gave her boss a massage, not knowing that he was having marital problems with his wife, who also worked in the office. As clients sometimes do, during the massage, he began to confide in her about his unhappiness with his wife. The massage therapist felt awkward about hearing these confidences and didn’t know if the boss was subtly expressing interest in her. After that encounter, she became uneasy in a work situation that had previously been comfortable.*

Problems can arise from mixing business transactions—either taking on business associates as clients or trying to involve our clients in other kinds of business transactions. The former can lead, as it did in the above example, to a confusion of roles, and the latter can have results that are harmful and even unethical. We might sell a supplement to a client who then has an allergic reaction to it, or sell a weight-loss product to a client who doesn’t lose any weight (never mind that they might not have seen the tiny print that tells them they have to exercise and stick to 1,000 calories a day, too). Or, more likely, we may lose a client because he or she

doesn't like being pressured to buy our magnets, supplements, or whatever other product we might be selling. Unfortunately, some employers ask (or even require) their massage therapists to aggressively sell products to clients—going so far as to give them scripts to repeat to the client and training in how to sell. Be sure you know company policies on this issue before you sign a contract.

The most serious consideration is that it's unethical to use our relationships with clients to benefit ourselves in ways other than our standard fees. Clients make themselves vulnerable to us and appreciate us because of the unselfish role that we take on as their practitioner. We take advantage of that vulnerability when we try to use our influence to persuade clients to buy certain products or engage in business with us in other ways.

Boundaries Aren't Barriers

Boundaries aren't barriers between practitioner and client. Every relationship in our lives has boundaries. These limits tell us what to expect and what's appropriate in a particular situation. Boundaries are a natural part of everyone's world. The old adage, "Good fences make for good neighbors," can be paraphrased here: *good boundaries make for good therapeutic relationships.*

Boundaries help keep us within the limits of our training. They keep our egos in check and our insecurities out of our sessions, and they keep us honest. By maintaining good boundaries, we can show the best of ourselves. Good boundaries are at the heart of being a skillful and compassionate practitioner. They are what makes us professional in the eyes of the world and bring respectability and credibility to our work.

Questions for Reflection

1. Make a case for why keeping good boundaries helps clients feel safe and comfortable with us and why it matters that clients feel safe. If you don't believe that clients need to feel safe or that good boundaries help, defend that position.
2. A client tells you that she has been having an affair for the past several years with a married man who has repeatedly promised to leave his wife but has never done so. She says she doesn't know what to do and seems confused and upset. As her massage therapist, how can you respond without crossing boundaries?
3. Think back to your first professional massage. (If you haven't had a professional massage, stop right now and go get one.) Were you nervous? Did you know what to expect? Is there anything the practitioner could have told

you either on the phone or when you first arrived that could have made you more comfortable or that would have helped you know what to expect?

4. Has a professional of any kind ever given you advice that was outside his or her level of expertise and also unasked for? How did you feel about that? Did you address it with him or her in any way? Did you return for another visit?
5. A client who has never had a massage before has low back pain. You failed to explain to her that the session would involve working on the gluts. She seemed to be enjoying the massage until you touched her gluteals, at which point in time you felt her flinch and stiffen up on the table. What will you say to make up for your previous lack of clear communication? What if she is uncomfortable with you working there, even after you have explained how the gluteals are involved?

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