

Massage & the Sexes

Part One: Women Working with Men

Peter Mackereth interviews Sue Hampton

This paper examines the issue of sexuality and safety in working with the different genders in bodywork practices. In Part One, Peter Mackereth interviews Sue Hampton, an experienced bodywork practitioner, psychotherapist, teacher and clinical supervisor, about her views, experiences and practical management of this complex and important area. In Part Two, he interviews Gerry Pyves about his experiences as a male bodywork therapist.

Introduction

Massage and indeed other forms of bodywork have been linked with the sex industry; often this is done in a humorous or salacious way in the media. So how is it for therapists when they are asked to provide this powerful form of touch to members of the opposite sex? Parkin (2000) in developing a private practice has reported her concerns about working alone as a woman and the potential risk from male clients. This is also evident when you look at advertisements for professional massage services, as many female therapists either do not accept male clients or will only take them under certain conditions, for example in a clinic where other practitioners are present. In my experience in hospital settings I have not so far encountered women who said 'no' to massage because of my gender. However a few male patients have said to me they would prefer a female therapist. This has been requested with reference to it being a pleasurable or even sexual experience and often said in a jocular manner. It could be argued that a uniform, (and the fact that I am also a nurse) may have made it acceptable to women patients to receive touch from a male therapist or it might be that sexualising massage is largely peculiar to the male gender. To simply ignore these issues undermines the professional status

of massage and other body therapies in healthcare. There are also concerns about safety and trust in bodywork, with assumptions being made about masculinity and perceived threat of sexual assault or exposure.

In my supervision arrangements, participants have shared experiences of men requesting sexual activity or behaving in a sexual manner during treatment. These events have prompted reflection on the clarity of the therapist's initial contact, future arrangements in working with men, and even questioning our ability to assess and maintain protection in the work.

To examine the issue in a more detailed and practice related manner, the journal has thought it useful to draw on the experience and skills of two practitioners, of different gender, using the format of the taped and transcribed interview. Each interviewee was sent, via email, a series of questions to consider prior to the arranged interview (*see box 1*). These questions were developed from reflecting upon my own experience of these issues as well as hearing from others in supervision.

Sue Hampton graduated with a degree in biochemistry and soil science prior to training from 1988 in remedial massage, counselling, stress management, Post-Reichian Body Centred Psychotherapy and

Box 1. Questions sent to both interviewees prior to interview

- 1 Could you tell me something about your own earlier experience of gender issues in training as a therapist?
- 2 How has that advice and guidance been useful over the years of your practice?
- 3 Can you give an example(s) from your own practice that raised issues for you with working with a member of the opposite sex?
- 4 What are your views about female therapists choosing not to work with men or only under certain circumstances (You may want to bring in discussion around assumptions made about sexuality and orientation)?
- 5 Codes of Conduct for healthcare practitioners usually include a statement that we should not discriminate on grounds of gender, sexuality, race, colour, religious beliefs etc, how does this fit with practitioners opting not to work with men (or women)?
- 6 Have gender and sexuality issues arisen in supervision and training work? (For example students not wanting to massage or be massaged by students of the opposite sex...you may have other examples) – From these experiences/ discussions what advice and guidance do you have for practitioners and trainers?
- 7 Considering some of the issues that have arisen in this interview, how can a practitioner best protect themselves and their client?

is currently undertaking advanced Transactional Analysis training. Her private practice includes working with clients, couples and groups with a range of issues, such as: stress at work, eating disorders, alcohol abuse, sexual abuse, self harming, relationship difficulties, social phobia, gender issues and victim support. Sue also has experience of working for public services, including working with children who have behavioural difficulties. She currently supervises massage practitioners, trainee counsellors and body workers. Sue also runs training groups for practitioners who want to learn about Body Psychotherapy

Interview with Sue Hampton

Peter (P) Could you tell me about your own earlier training experience in relation to gender and massage?

Sue (S) I will talk about this in relation to safe practice. I've had three types of training. The first one, which was in massage I went to a school that was very structured in its way with working with people, very much working with the physical side of massage rather than the emotional/physical connection. We were encouraged to wear uniforms and to use towels to keep people covered. So we were given very structured guidelines and I certainly as a massage therapist very much appreciated that, because I felt that I could be very clear with people and if anyone asked me- man or woman – to do something I was uncomfortable with, I was able to explain why I did not to it.

P So it was a good start, you felt safe?

S I felt very safe, very clear and for me it was a very comfortable way of working and I was able to maintain that.

P So for that training it was easy and straightforward?

S Very easy and straight forward. After that I did two psychotherapy trainings one of which was body psychotherapy. When I did these I had already learnt to work with

clear boundaries.

P And there were men in your training group.

S Yes.

P So you had opportunities to work with men?

S Yes I also felt happy with the boundaries that were set up in those trainings too. Whenever I got into uncomfortable situations, I could explore these issues with my training group.

P So all of that made it possible to be professional.

S Yes. I can go on and say other things. My experience as a supervisor for some massage therapists who have had other trainings is that they have less clear information about these issues.

They have got into difficult situations with their clients. I am concerned actually about how unclear these supervisees were about their own rights. My stance is that a practitioner should be able to protect both themselves and their clients. So my recommendation to them is; 'if you are not comfortable about working with somebody or what they want you to do then it's important to address that openly with your client in a respectful way and to stop working with them if you can't maintain the protection'. So the fact that supervisees haven't been trained to consider their own needs is a major concern for me.

P Their attention was focused on the client rather than their own protection?

S Yes, which I am concerned about because I believe as therapists we need to be very clear about protection as a way of supporting our clients.

P In your training, your early training were these things discussed, or was it just a matter of course?

S It was accepted, it was the way it was done.

P Matter of fact – this is how it's done – no discussion?

S No, this is how it's done. It wasn't that type of training, it was very practical training and I don't recall ever having an open

discussion as a training group about those sorts of things. Certainly when I did my Reichian Body Psychotherapy training, we talked about the issue of touch and the safety of touch, and there was exploration around that, so what I took on board in this training added to what I had already established with my clients.

P So you had a firm base in which to start from?

S Yes. Protection has been a key thing for me throughout my work, particularly when I do emotional release body-work. I work with people who were sexually abused as children. There is also the issue of gender and sexuality. For example, I work with gay women. So as a woman therapist as with my male clients I need to be aware of the fact that there might be sexuality issues between my client and myself and I would need to be willing to explore these issues if they occurred in our work together. With body psychotherapy the transference (1) and counter-transference (2) process can be very intense.

P So we tend to focus on men and women, when we think about sexuality?

S Yes, I believe that is true.

P So that wasn't broached during your early training – no?

S No, not in my massage training. It was discussed extensively in my Reichian training.

P So it's something that you would like to have looked at during your massage training?

S Yes, these areas need to at least be talked about in massage training. I know that massage therapists are not psychotherapists and I would discourage them from doing this without the appropriate training. But I believe they need to know that their clients can form strong and sometime complex attachments to them.

P Have you at any time questioned your early training?

S With hindsight only on the last

point – otherwise no. They were clear about that they were training me to do remedial massage and they were clear about the protective boundaries that we needed to set up. My experience of the clients who wanted to push the boundaries and the emotional release work they experienced was the reason I went on to train as a body psychotherapist. For the reasons I have discussed so far I do recommend that massage therapists do get supervision. I remember one male client insisted he wanted me to massage him without towels. I said no I don't do that. I felt very uncomfortable with this man and discouraged him from coming back. I used supervision to process my experience with this man. I think I've presented as a therapist who works professionally and I aim to offer a straightforward therapeutic relationship. My intention is not to give off sexual messages. I use supervision when this area gets unclear for me.

P Why then do we get into a situation where people only work with their own gender?

S I have worked with supervisees who only work with their own gender and it is because they have not felt safe working with men. I believe their decision to work with women only is the right one for them. Often they have personal histories that mean that they don't feel secure around men. They have issues about self-protection and their ability to support themselves.

P Their own ability to support themselves, to assert and enforce their boundaries?

S Yes, I remember going to a women's self-defence workshop when I was in my twenties. I went because I wanted to improve my fitness. I remember being quite shocked at the number of women there who felt really threatened being around men. My learning edge was to recognize how some women seem not to have that sense of self-protection. Their level of

vulnerability was quite alien to me in those days. I am much more aware of my own vulnerability these days. However, I believe that I have always a strong sense of self.

P So in your role as a supervisor you would have to question what you thought was a given?

S Yes, so that's been quite an eye opener for me when my supervisees were unclear about self-protection.

P How did you feel about that?

S Fortunate, very fortunate that I had a way of being in this world that meant I knew how to take care of myself. It's been my way of coping in life. So, as a supervisor, I have learnt to develop the understanding that some women don't have that level of self-confidence around personal safety. I have also discovered in my work how vulnerable men feel too.

P It seems that some people make this decision to be gender specific when it comes to practice after a bad experience.

S Yes, I have found this in most cases.

P And so it sounds as though they're entering into their work in sort of a naïve way.

S Yes I think that is true. With my supervisees, I question how they support themselves. Particularly if they make the clients needs more important than their own. That's the worrying bit for me, that they haven't even considered this issue.

P Is it from your experience more common than your perspective on it?

S I have come across other women who have the same sense of solidness in themselves, as I do, physical and emotional. So I know many other women who do that, so I don't want to comment on whether its normal or not as a general overall thing, all I can say is that I've been surprised at the number of practitioners who haven't felt that in themselves.

P It's interesting because Codes of Professional Conduct say that we shouldn't discriminate on grounds of gender, so it does make it

difficult if some practitioners say that they don't work with men.

S I think that what people should have a choice about who they work with particularly on the grounds of safety and personal comfort. So if someone doesn't feel safe with a client, then I think they should not work with them, man or woman.

P But that doesn't come through on Codes of Conduct does it?

S I don't know. The codes of conduct I use do not have this clause.

P So your view is that within codes of conduct protection has to be?

S Yes, the ultimate issue.

P So again it comes back to how professional codes ignore the needs of the practitioner.

S Yes, if that is the case then to me that is alarming, it sets off a very mixed message to the practitioner, if people buy into that and I'm not sure if people do actually. I don't think they are asking people not to be safe. I think practitioners have the right to choose who they work with even if it sounds like discrimination because I think its important that they feel safe.

P And also advice is given if you do feel uncertain, or about working with someone of the opposite gender of perhaps someone with a different sexuality, that there are ways of doing that such as working in a group practice. What do you think of that?

S Before I go on to that, I don't think I've read that in any of the ethical guidelines I've had, in terms of therapeutic ethical guidelines, not discriminating on grounds of gender, I don't think I've seen that before, so I'm interested.

P I've reviewed a number of Professional Codes of Conduct on this issue.

S Well I don't think I've seen that in psychotherapeutic ethical guidelines, which are the ones I use because I think they emphasise more on the ethics of safety and protection.

P So perhaps we need to think about Codes of Conduct protecting the practitioner?

S Yes both practitioner and client. It's a parallel process. If the practitioner can protect himself or herself then they can protect the client. If the practitioner doesn't know how to protect him or herself, then they don't know how to protect the client.

P Both otherwise they are going to get themselves into difficult situations.

S Yes, and that can be self harming and harmful to the client, if they don't do that.

P So I come back to the previous question that if someone was to set up a practice or plan their practice around other people working in a clinic, as a way of feeling safe, would you say that that was a patching up job?

S Protection is important whether you are working in a practice or not. And I do think working in a practice is a good idea because you do have that extra protection. It can give a more professional image to the client. It would be a patch up job however, if the person did not address their personal issues around self-protection.

P So if you were to give some very quick sure fire protection suggestions what would they be?

S Trust your body sense.

P From what point?

S As soon as the prospective client phones up – as soon as you make first contact trust your instinctive physical response to that person. You can pick up a lot during first contact. Get curious about what is happening, ask questions.

P Can you tell me of a time when you've immediately had bells ringing?

S Oh yes. Someone rang up. I don't know how to describe it but I could feel something very strange in the initial contact and I trusted my instinct and within a few minutes I made the decision not to work with this person. I was sensitive about it. I wasn't going to be damning or harsh about it. I just said actually I'm not taking anyone for massage at the moment and I

can take your name and number. He refused to give his number.

P So things like asking for telephone numbers, contact details?

S Yes – so I ask questions like “who's given you my name?” I don't advertise in City Life (a local magazine) or anything like that, particularly for massage.

P You'd advertise in a therapeutic journal?

S Yes. The first thing I'd check – who they've got my number from. If it's someone I know and I feel okay I then ask for their number.

P Some therapists ask for a reference.

S No, I've never done that.

P You wouldn't think that would be useful?

S It could be useful – I'd feel uncomfortable doing that actually. I'm usually happy with details like, who's given them my number, checking my sense of the person and their telephone number. I think we can be vulnerable particularly as massage therapists. So it's important to trust our instincts, and if we deny them then we get into trouble.

P You say from your experience that meeting different practitioners there's very variable examination of this issue.

S In psychotherapy no, in massage yes.

P So you think on the massage course curriculum this is needed?

S Yes

P How would you suggest it is dealt with in a classroom situation?

S Make the issue overt and talk about the reasons why we need to know about it, which are some of the reasons we have discussed today. Protecting yourself is important, because it's what we model to our clients. What use are we to them if we are not taking care of ourselves in that way? So encourage trainees to have a discussion about it.

P The fact that it isn't covered – what might be the reason behind it not being fully covered – do you have any thoughts in that, about

why it's not fully addressed in massage training?

S Again it's hard – because I don't know what's going on in peoples' minds, when they don't do it, and I don't know if that's the case – so I'm taking your word for it, that it is the case that people don't do it, these days – I've been talking about practitioners who have been trained a while ago, so I guess I'm assuming that trainers are more alert to this now, but if you are telling me no then I'm surprised.

P Or possibly the training is so short.

S Okay

P I'm just thinking about the variability of the training currently in the UK.

S Okay – I think it's the number one agenda on the training that you talk about this. I find it hard to believe that people don't know that this is an important issue, so if they don't then I imagine that it's through ignorance or complacency.

P I'm just thinking about training courses where practitioners might be operating in a salon situation and they then go to work in their own homes. The training may not have prepared them for some of the realities of working.

S If that's the case then it needs to be addressed, it really does. It alarms me that it's not being addressed.

P In your experience in training and supervising have you come across a situation where students or supervisees are uncomfortable being massaged by other students of the opposite sex.

S Yes I have.

P If that occurred – how would you react to it in a training situation?

S Encourage them to talk and be open about it. Encourage open communication rather than be judgmental. I see this as honouring both parties. I wouldn't want someone to adapt and have a massage from someone where they weren't comfortable with because

they're not doing themselves or anyone else a favour. So I would encourage open communication – it's modelling something anyway – that they can use in their practice.

P Rather than just going along with it.

S I wouldn't encourage people to do that.

P So would you want to know that sort of information when someone had just enrolled on a course – or come to you for supervision that they were uncomfortable? Would you ask questions around that?

S If I was in that position I would let people know what the general idea of the work is.

P That it would be a mixed group.

S Yes I would let people know that and then I would make it clear in training or supervision that people need to let me know if there is anything that they are uncomfortable with. I would check that.

P The issue of shaming. I have come across this as a supervisor myself, that people have described scenarios where usually typically men have in some way exposed themselves or been sexual and the practitioner has responded in a shocked way, or done something or demanded something – I was just wondering if you had heard of those situations?

S Yes I have heard of those situations. I have worked with my supervisees on these issues. I've been fortunate that this type of shocking experience hasn't happened to me – maybe fortunate is the wrong word – I believe it's something I've set up.

P You've taken responsibility for that not happening.

S Yes, I think I've put a lot of measures in for it not to happen. What I tend to do with supervisees that this has happened to is, first I'd absolutely support their feelings, so that they can explore them openly. People often feel shocked and feel very bad. Then I encourage them to move into a proactive phase around this so that they come out of the victim stage as soon as possible. So

that they can then look at how they can protect themselves from this happening again. What they could have done in hindsight. Various people have had different responses, they've either ignore someone who has done that or they've said don't come back again. I'm very keen to support people to put a stop to it quickly. They have issues that need to be worked with which is what I do with them in supervision. As much as possible I'm very keen not to shame the person because of course we do these things in an unconscious way. When I make a mistake I know from experience that I can with my supervisor's support learn from the experience. So I'm very keen not to shame but to support the person to move into an empowered place. Asking questions such as what have you learnt about yourself? So that mixture of support and protection is important because I do want my supervisees to come in and talk about what's happened and I don't want to make them wrong for what happened.

P One of the things that prompted this interview was that these things are not fully discussed – not talked out because there is a lot of humour around it – the sex industry and massage, which often can be confusing to the public – what responsibility as professionals do we have to try and educate the broader population?

S I don't know how we can do that actually apart from encouraging clients to take our profession seriously. I think what we can do as trainers is to produce people who can protect themselves and have very clear boundaries. But I don't think we can do very much about the sex industry. It's too vast an issue. I don't think it's our job to do that. It's our job as trainers to educate and support the people we train.

Summary of key themes arising from the interview: protection, codes of conduct, shame and supervision

In this interview Sue focussed on the key theme of protection for women working as massage therapists. Reflecting on her own training she valued the importance placed on establishing maintaining professional boundaries, using towels to protect dignity and clarifying with clients their expectations from the treatment. As a supervisor she has become aware that some practitioners have difficulties in working with men, often originating in their personal histories. In discussing how their decision not to work alone with men conflicts with Professional Codes of Conduct on not discrimination on ground of gender, Sue supports the right of practitioners to put their own protection first. It is important to recognise that the stance is fully supported by the AHBMT Code of Ethics, which states that:

'If a high sexual charge occurs within a session, this should be contained, clarity sought through clinical supervision and, if necessary, termination of the therapeutic contract considered' AHBMT (1997).

Crossman (1966) includes protection as an integral part of therapeutic work and this links well with Sue's view that protection is a parallel process saying 'If the practitioner can protect himself or herself then they can protect the client'.

Another key issue explored were reactions to men sexualising the massage or exposing themselves. Again this identified a concept, that of shaming, being of relevance to both the client and practitioner. Here Sue uses the issue to examine the valuable and supportive role of supervision in working through the feelings of shock, and importantly

helping the practitioner to move into a proactive stage by learning from the experience.

On a practical level practitioners need to be clear about their professional boundaries and intentions of the work from first contact. One way of sending a clear message to clients is to offer an assessment session, where they can discuss the massage contract and within that meeting limit the physical contact work. For example massage work on the head, hands and feet can be very therapeutic and not require removal of clothing. Fritz (1995), in her book 'Therapeutic Massage', reminds us that massage is an intimate act and practitioners need to have an understanding of the physiological and psychological aspects of sexual arousal, both in the client and themselves. For some individuals this might trigger a longing for intimacy with the therapist, for others they might withdraw out of shame or embarrassment, not returning for further sessions. Fritz (1995) recognises that clients can be shocked and confused by their sexual arousal that can occur when relaxed by the massage, and has suggested ways of diffusing sexual arousal (see box 2). One of the activities is the incorporation of forearm work in the massage. Gerry Pyves, who is interviewed in Part 2, has developed a system of working with the forearms and the body, called 'NOHANDS'. This not only helps to reduce practitioner injury and strain, but also has a role in protecting the intent and focus of the work (Pyves & Mackereth, 2002).

In summary, recommendations for therapists in best managing the issues discussed in the interview and commentary on the key themes, include:

- monitoring responses in themselves and their clients
- putting the issue in perspective by understanding and explaining

Box 2. Steps to diffuse sexual arousal

- Recognize the physiology and interrupt it. Change what you are doing.
- Be aware of your own psychological state
- Adjust the session intent to stimulate a more sympathetic output response by using stretching, compression, joint movement and active client participation
- Change the music, lighting, conversation, position of the client.
- Stop working with your hands and use forearms.
- Explain the feelings in a professional manner and clear the air by using clinical terminology.

Fritz (1995 p34)

the physiological aspects to clients in a professional and careful manner

- maintaining clear boundaries through clear contracting, respect for privacy and maintaining professional space i.e. physical contact confined to massage work within the treatment room
- If the therapist concern and discomfort continues that discontinuation of the therapeutic relationship must be considered. Ideally this should be done with guidance in clinical supervision.

(1) Transference is the 'experiencing of feelings, drives, attitudes, fantasies and defences toward a person in the present which are inappropriate to that person and are a repetition, a displacement of reactions originating in regard to significant persons of early childhood' (Greenson, 1991, p.33)

(2) Countertransference has a number of meanings and 'is used in several ways – as a reference to all the feelings a therapist has towards a client, as the therapist's reactions to a client's transference, or as the therapists own transference feelings toward a client (Kottler, 1993, p.116)

References

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