

# Massage & the sexes

## Part Two: men working with women

### Peter Mackereth interviews Gerry Pyves

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*In Part One, Peter Mackereth interviewed Sue Hampton about working as a female therapist with male clients. Sue's main focus was on the issue of protection and role of supervision in helping practitioners to maintain effective and safe boundaries. Gerry Pyves, who is also an experienced bodywork practitioner, psychotherapist, teacher and clinical supervisor, talks here about his views, experiences and practical management of being a male therapist working with women. The summary and recommendations made are based on both interviews. It is important to acknowledge these two interviews were initiated to raise and begin an exploration of the issues, and may prompt others to conduct a more formal research project.*

#### Introduction

Gerry Pyves is an experienced massage therapist with over 20 years in practice. He is one of the UK's most respected teachers on massage, the psychology of touch and the dynamics of the client-practitioner relationship and runs professional development and supervision groups for qualified bodyworkers around the country. He is responsible for the development and dissemination of the 'NOHANDS' method of massage and bodywork. Gerry has a growing body of publications, including a book on 'NOHANDS Massage' and numerous articles examining issues related to healing for both client and practitioners, and safety and therapeutic intention in bodywork practices.

#### Interview with Gerry Pyves

**Peter (P)** Could you tell me something about your own experience of training around gender issues and massage?

**Gerry (G)** For me it was so long ago, you're talking about twenty years ago now – and, to be brutally honest, the whole culture and ethos of massage training twenty years ago, is totally different to what it is now. So I'm not sure I can really remember anything that's going to be much use to this particular question. I can certainly talk about

more current issues and I can certainly talk about training issues that many of my students have come up with. My own personal issues from what was the first of over twenty different training courses are hard to remember.

**P** Were you the only man in your group, because that can be a common experience?

**G** It is common but I wasn't. There were four men and there were about eight women, as I recall.

**P** Did they seem comfortable with working on men and for you working on women?

**G** As far as I recall most of us men started off wanting to be worked on by women, and a little bit cautious about working on each other.

**P** So there was more concern for the men working with other men?

**G** Yes, I think so, but by the end of the training I think we'd appreciated the value of having a man work on you as opposed to having a woman, there were differences and some distinct advantages, as men were often more inclined to work deeper into the tissues. By the end of the training I think we'd had a bit of an education in touch and possibly in whether it was okay to touch another guy, without fear of being accused of some kind of homosexual preference – underneath there was quite a homophobic

issue, that I think was probably not ever spoken about in the whole training. When I look back on it now, with the awareness I've developed about myself, I think probably I was a little bit scared of touching other men.

**P** So it wasn't made explicit during the training, you just got on with it?

**G** You have to understand that in my training, twenty years ago, we were still in the 'post hippy era' of massage training. Clients got on the table naked – so I was massaging naked bodies from day one, and you either did it and dealt with the issues or you left the training; our trainers were fairly firm about that. That's a scenario that just wouldn't even be allowed today and certainly there would be lots of arguments against such an approach! So the whole culture was 'so okay lets have the human body in your face' quite literally, and we had to confront very early on the issue of, not just gender but our sexuality, and sensuality. I never recall it being discussed specifically as an issue of gender. What I do recall being discussed, is what I think is the core issue which is of intention, and being clear about our intention. I'm very grateful for that training. That taught me that whatever the specific client issues that I'm currently dealing with, clarifying

and being sure about my intention was the key. And to be fair in all my regular, monthly Continuing Professional Development (CPD) work with graduates, I find that the issue of intention is what we come back to, again and again. That's the learning tool I think, when we really start examining what our conscious intention is and maybe be willing to explore our unconscious intention as well.

**P** Intention – how would you explain intention?

**G** Well I think it's knowing within myself what my purpose in doing massage is – knowing it really deep down at my core.

**P** So being really clear about why you're there, what you are doing and why you are working with people, irrespective of sexuality or gender?

**G** I don't think you can be irrespective of either sexuality or gender – I think my intention exists for myself as a therapist towards the work that I'm clear and willing to do with other people

**P** Honouring the work?

**G** Well honouring the intention within me to help others, that's what I'm getting at here. So my intention is to facilitate all the potential effects that massage can create in people, all the beneficial ones. Now I think you have to lay over that, how that works out in terms of different cultural groups of clients, different genders and sexual preferences as well. I think there is such a variety of different ways that our intention works itself out with different clients – that's part of the variety of our work, isn't it? Part of the diversity and fun as well!

**P** Have clients responded in a sexual way to the work despite your intention?

**G** I think one of the things massage does is put sexuality very much in your face. Certainly when I started training, it was very visually in my face as well because the clients were naked! There are different kinds of responses in clients that indicate what their intention is. So if a client's

intentions are for example to receive healing or therapeutic benefits from massage, then sometimes along the way, I can become aware of some sexual arousal but that merely becomes part of the therapeutic journey. I'm not saying that sex is part of the therapy, let's be very careful here.

**P** Do you mean sensuality?

**G** Well sensuality and sexuality. No one as far as I know has drawn a dividing line between the two, I'm not sure you can.

**P** Your suggesting it's part of body awareness?

**G** Yes, that's what I'm saying really. I suppose what I'm trying to say here, because I'm clear that my intention is not to have sexual relations with clients, or to engage in any kind of social relationship with my clients – that if my clients start indicating an intention to do just those things, either to get involved with me in relationship terms or even wanting to invite me into some sort of sexual activity, then before that even becomes an issue, I've already become uncomfortable with that client. And I've probably indicated to the client that our work is not okay proceeding, that probably they need to find another therapist that can do the things they want to do.

**P** So you would close down the session?

**G** Yes, and more specifically, there have been occasions, for example with men who are gay who have been aroused, who are quite happy to understand that's not what we are here to do.

**P** So they haven't been shamed by that?

**G** Well I have set out not to shame them, and they did not appear to be shamed ...

**P** So again that comes back to intention?

**G** Yes, and to be fair if we go on to male sexuality, I believe in the massage world that in fact men get quite a raw deal in this. On the



table, male sexuality is I believe, much more likely to trigger a very obvious sexual response, that may not indicate intention of having sex with practitioners. I believe there is (again I haven't studied the research, but over the years based on my own experience of receiving and giving massage and particularly of massaging men) in fact sometimes a very physical trigger.

**P** A primitive response?

**G** Yes, a trigger to erection is what we are talking about, let's be explicit. Now that is often interpreted as a desire to have sex or want a sexual contract with the practitioner and very often that's not the case. And very often what needs to happen here is for some acknowledgement that this is merely the result of a physical trigger.

**P** An awareness?

**G** Yes, and for a whole load of energy not to be put there. I often say to female graduates who I work with, if they feel that there is an intention on the client's part to require sexual services, then the session should be stopped immediately. But if they sense that this is part of that person's physical response to the massage, then simply moving to the neck or the feet causes the physical issue to be resolved, once the physical trigger is removed. Very often it happens specifically with massaging around the thighs or when there is work on the hip. So that's an issue, I believe that often gets misinterpreted in a very female dominated profession. Because of the nature of male sexuality an erection does not necessarily mean a request for sex with the practitioner! On the other hand, once the massage has moved to non-trigger areas like the feet or neck, if the erection remains for more than a few minutes, you can probably surmise that the intention is for a sexual encounter, either real or fantasized. There will be other

signs and discomforts as well – the self-aware practitioner will also have experienced all sorts of unease and discomfort well before this. Sometimes, however, it is useful to have a practical 'rule of thumb' such as I have described above to go by.

**P** When it comes to the question of females not being comfortable working with men, and actually advertising that they don't work with men. There doesn't seem to be the reverse for men saying I don't work with women, which seems to be a bit of an anomaly.

**G** It is interesting, I'm not sure why that happens, but I do believe the incidence of men wanting or inviting sexual services from women is a much more prevalent social activity e.g. with prostitution. In some cultures it's even considered highly acceptable. I think it's probably much less prevalent that male therapists will find women requiring sexual services, although that has happened to me in a session. This was a very successful woman who simply asked when I was going to start doing the real stuff! I was so desperately naïve and a bit 'green' that I had to ask her what she meant – so unsuspecting was I! I had obviously missed all the somatic and 'micro-clues' to her intentions. Once I realized what she was asking, I had to suggest a few of the local Kentish Town massage 'parlours' might be more suitable and terminated the session. I think one of the difficult things for a male therapist dealing with a woman, or indeed a female therapist who is dealing with a woman who is gay, is that there is not such an obvious sexual signal as an erection. So, for a woman, the apparent lack of any overt sexual signal can often be falsely misinterpreted as a lack of any sexualisation of the massage. So I think that's what we are talking about here, it's the fear of sexualisation of the massage by the client. There seems to be a myth in



our profession that, because women don't have overtly and visible erections, they don't get sexually turned on during massage. If anything is admitted, it's the 'sensuality' of the massage that is discussed. As I said earlier, sensuality can just be a socially acceptable way of talking about sexuality.

The other area that this brings up is how does a therapist know what the client's intentions are? If there are no visible signals, what does the therapist have to go on? That's a whole other area – as a practitioner gets more experienced, I believe there are very subtle clues, sometimes in the 'micro-signals' of the client's body – tone of skin, depth of breathing, subtle patterns of postural holding, sometimes signals can be experienced in the practitioner's own body, if there is any sexualisation of the massage going on. So for example, as a practitioner, I might find myself unaccountably noticing sexual arousal in me. And yet, logically, and rationally I am aware that I have no conscious sexual intention with this client. That can often be an indication, so then I ask myself the question: Is this client sexualising the massage? Are they receiving the massage with the intention – there's that word again! – with the intention of therapeutic benefit, or are they in fact using the massage for some other intention?

**P** So that's some sort of somatic resonance (1) in you that you are picking up?

**G** Yes, I call that somatic transference.

**P** So you see it as transference?

**G** Yes, a physical transference to my body. Sometimes it can be the transference of the conscious intentions of the client, sometimes of their unconscious intentions. If I believe the conscious intention of the client is to receive therapeutic massage, then I just can just acknowledge that there may be some unconscious sexuality that is being worked through in that client, but there's no issue, there's no need for any overt reference to it.

**P** There does seem to be some fear around this, particularly for women working with men. Codes of Professional Conduct usually state that that practitioners should not discriminate on grounds of gender, so if therapists advertise or say they don't work with a specific gender that contravenes their professional practice.

**G** Well I don't know who writes some of these codes of conduct! For example some codes of conduct say practitioners should behave in a professional manner that is respectful of the client's modesty and decorum. I think if we are going to talk about whether we touch genitals or not, that's what we should be saying in our codes of conduct. I think if we are going to be talking about if we are going to expose or reveal areas of the client's body to practitioners 'sight lines' or not, then that's what we should say! And then how we actually police such a thing is another issue altogether. I believe there's an anachronistic nineteenth century 'politeness' in the way these codes of conduct have been written that leaves a lot to be desired in terms of clarity and professional precision.

**P** So they should be made more explicit?

**G** They should be one hundred percent explicit, because our students when they qualify need guidance on these issues. How can you follow or adhere to a code of ethics that does not even have the

courage to use the word 'genitals'? In the same way, I believe every code of conduct should insist on students having regular supervision with an experienced and appropriately accredited therapist. That's why I run my monthly CPD group to support practitioners in their professional growth and development. I still find it amazing that we can throw practitioners into the deep waters of full practice with only the most perfunctory of preparation – and almost no life-line. We talk in our profession about CPD, but you look at what CPD is to most professional associations – it's just more training. There is nothing about actual professional development in such trainings – normally just a bucket load of more techniques.

**P** There's nothing about individual scenarios and clarifying intention?

**G** Exactly. What most practitioners need after they qualify is not more techniques and the odd rushed bit of clinical advice at the beginning and end of teaching sessions. Mostly they need help in how best to use the techniques they already know. They also need a chance to explore issues that their work is raising so they can grow and develop as true masters of touch. The trouble with our profession is that so many senior practitioners have left either because of injury or because of exhaustion. Very few trainers have the confidence or the expertise to be able to let the students set the agenda for the day – it is the nightmare scenario for most trainers!

For example, you raised the important issue just now of advertising and the codes of ethics, and this is a fascinating area, because at the end of the day, who has the right to tell a practitioner what they can be safe doing? Now my whole emphasis is, if I come across a practitioner who has a prejudice, whether it's a racial prejudice, a gender prejudice, or sexual prejudice, then I am far

happier with that practitioner not working with the people for whom they have prejudice, than following a code of ethics and potentially 'dumping' their prejudice either verbally or physically onto the client.

**P** So using the supervision space to examine it?

**G** Absolutely, and becoming aware of our fears and our prejudices, is a life long journey and not something that should be dictated by the people who often set up these codes of ethics and who seem to me, in many cases, to be as far removed from the practical realities of running a clinical massage practice as is humanly possible!

**P** Have you come across particular issues where students, perhaps in a teaching scenario or supervision scenario who have had some resistance around working with the opposite sex?

**G** Yes I have. You see one of the great anomalies of training is that we train people in a group setting, yet we expect them to go and practice in a completely private setting, behind closed doors in a treatment room where anything could happen. Well, what goes on in a public group, and what can develop in a private scenario, are just two different things. For example, in my work as a psychotherapist, I could do stuff around touch in a psychotherapy group, that I would never dream of doing in an individual private session. Because if I'm in a public group then there are witnesses to what happens. If I'm in a private room the client can say anything went on that they like and there's only my word against the client's. Group settings provide all sorts of protection to therapists. Now, in our training of therapists, what may be safe in a group could be highly risky in an individual one to one setting, and this is again where the issue of individual therapists'

supervision comes in where those issues can be discussed. Without the support of monthly CPD in the true sense of the word, it could be argued that therapists are neither trained nor qualified to deal with the issues that arise in one-to-one treatments – i.e. the bulk of how massage happens! It's an interesting thought – that we haven't actually trained our students to give private one-on-one treatment.

Regarding how I deal with people who recognize their lack of safety around working with certain groups of clients, I have always maintained that the autonomy of each human being to make a clear contract as to what they do and do not want to do is sacrosanct. So if I'm training someone in massage and they say, "I don't like touching bodies" (!), then I'm not going to force them to touch bodies, but I'm certainly not going to qualify them.

If someone goes through the whole training struggling with massaging any men, at all, providing that this student was clear that they weren't then going to go ahead and massage men in their professional practice, I would be comfortable qualifying them. Because I believe they are qualified to do that which they intend to practice. Of course the truth is we are qualified and trained in general massage and then we go out and do all sorts of specialist massages that we've never experienced in our training – working with disability, cancer, mental problems etc.... Again, that's the reason for the ongoing monthly professional development groups that I run – without such support and on-going clinical training we are leaving practitioners completely on their own in what is, frankly, a jungle out there.

I think that when we qualify and start massaging, what we know is probably about 4% of the knowledge that there is out there to know about massage and touch. What we know that we actually

don't know I would put at another 10%-15%. To me that leaves another 80% of knowledge out there that we don't even know we don't know about. Now as you go through the profession, like I've done for twenty years, you discover vast chunks that you didn't know, you didn't know. Maybe now, I believe I know another 20-30% of that which I didn't know I didn't know, and that's twenty years in. So thinking we can train people and set them off without ongoing profession development to me is probably one of the greatest crimes of the profession towards our students and our practitioners.

So, to be honest, I saw no difference between a man who said "I don't want to work with another man" to a woman saying, "I don't want to work with a man" to a student saying "I feel a bit sick I don't want to work with anyone!" To me it came under the same contractual approach to training that was very important to me, because after all the essence of body work and touch is about respect. Respect for the other person's right to "yes" and to say "no." So, although I understand it may look 'unfair' for someone to advertise that they are not massaging men, I think that's perfectly fair because that's someone who would potentially be unsafe in their touch with men. And it's like they are saying, "Look I have a wound" or "I have a difficulty", or "I have a problem" and they are making it very public, and they are saying, "Look, I don't want to work with this group of clients." So to me, it reflects more on the advertising practitioner ...

**P** To be up front and honest?

**G** Yes, it says they are aware, it says they are honest and open about their difficulties. What worries me most is the practitioner who is unaware of some of their motivation or unconscious motivation, who doesn't do developmental work on

themselves, and advertises to work with everyone.

**P** That's the biggest risk?

**G** Yes, lack of awareness is always risky.

**P** How do you think practitioners can best protect themselves and their clients?

**G** In three words, "CPD." Work regularly in a safe and supportive group with someone who is experienced, whose been there and done it, made the mistakes, and worn the T-shirt and is not afraid to admit it! Also, work with someone who is qualified in the psychotherapy aspect of client work, because you've got to work with someone who understands the psychology of touch. Even the psychotherapy world is only just beginning to understand the depth and power of healing touch.

**P** And so you're saying that basic training in massage doesn't sufficiently cover that, even today?

**G** Absolutely not! It's only a 'Rookie' training. In the medieval system of education I believe the basic training is your apprenticeship level. Then you have the journeyman status to go through, where you act as a professional, and you work on the practice of doing it, and if you do the journeyman stuff for twenty years you maybe reach the stages of mastery. And to be fair no one is accrediting you for that, as this happens with life. Life teaches you to move through the stages of apprenticeship, journeyman and master using that medieval system. And I believe that the journey can be twenty years or more. I believe that personally I have just begun to obtain that level of mastery. But no one is telling me that! It's just that I've noticed people asking me for training and teaching who are themselves very experienced. When I started teaching I used to teach inexperienced practitioners. I now work and teach a much wider range of people – people who've been doing it for fifteen years are



coming to me now. And that's the whole issue in my opinion, at the heart of this discussion – of seeing the profession as a developmental profession, not as a university style 'get your qualification and go out there and do the job'. More like the awareness training of a Samurai warrior than a university don!

**P** Continual insightfulness and to practice reviewing the intention and maintaining it?

**G** Exactly, and I believe that's what gives our work true meaning. And all the great psychologists have understood that the thing that we all need, whatever our work, is meaning. If you can't find meaning in this work, this touch work, this massage work, this healing work, then it's best to leave straight away. Because there's oodles of it, meaning and learning for ourselves, about ourselves, about the human condition, about why we are here. That's the reason I'm still here, 20 years on and not regretting a single day of it!

*(1) Somatic resonance – the therapist tunes into their own emotional responses and 'use this resonance as countertransference to address the client's internal process' (Eiden, 2002)*

*(2) Somatic or physical transference – unexpressed emotional and psychological issues [which] can be manifested in the tissues of the therapist (McCrohan, 1999 p.17) for example a therapist may become aware of their held in breath and notice that the client is also restricting their breathing. Encouraging a deep exhalation and checking how the client and therapist are both feeling can provide invaluable information for the therapeutic work.*

*NB see Part 1 for definitions of 'transference' and 'countertransference'*

## Summary

Although the interviewees in Parts One and Two are of different gender they share common views on the importance of protection and clarity of intention in working with clients. Both are concerned about the quality of training in this area and have had experience of supporting practitioners to better manage issues around safety, sexuality and therapeutic boundaries.

The requirement included in many Codes of Professional Conduct (CPC) to not discriminate on ground on gender was hotly debated by both interviewees, the conclusion being that protection of the practitioner has to come first. There is a need here for the professions to consider these concerns when writing and interpreting CPC, and in particular consider in more detail the moral and legal perspectives.

Both Sue and Gerry, having read each other's transcript, expressed to the author the need for therapists to monitor the therapeutic relationship and engage in dialogue with client about the massage contract, and if in doubt about the a client's motives for seeking physical contact, trust your instinct and protect the work. Recommendations for managing these situations in practice are detailed in Part One. Gerry, in a recent email on the topic, suggested: "If in doubt, speak it out." (Pyves, 2003). Tree Staunton (2002), writing about sexuality and body psychotherapy, believes that supervision can be a place to pick up and explore these issues so that the sexual dynamic in therapeutic work 'can be embodied and contained'. She acknowledges that touch can speed up processes internally in the client and interpersonally between the therapist and client. In examining the issue from an analytical perspective, Staunton raises concerns

from some theoretical orientations that the erotic potential of touch can create distance in the relationship and with self. Rejecting this stance, Staunton supports focussed awareness and inclusion of the body in therapy, which may in fact diffuse erotic charge and encourage a 'related' state with regard to the client's own body. In turning to the therapist's body, she also acknowledges that, as therapists, we need to be in contact with our bodies in the work, re-learning 'to trust what is under our own skin, the knowledge in our bones, the feeling in our guts'.

In the interviews, concepts such as countertransference, transference and somatic resonance were

identified as important to examining therapeutic work and relationships. In many form of massage training these terms may not even be mentioned or discussed. In the light of the limitations of training and literature in this area of bodywork practices, both Sue and Gerry emphasised the importance of therapists being committed to ongoing supervision and CPD. Gerry is keen to point out that post graduate training should not be viewed as merely learning and advancing clinical skills, but developing therapeutic work through supervised reflection.

It is important to acknowledge that the two interviewees were sharing their views and experiences

on this topic, and they do not claim to represent any institution or professional body. In preparing the two papers for publication it became clear that the subject needs further investigation and exploration. Recommendations have been made in Box 1 for readers to consider as teachers, researchers and practitioners.

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## References

- 1 Eiden B (2002) Application of post-Reichian body psychotherapy: a Chiron perspective. In: *Body Psychotherapy* (Ed. T Staunton) Brunner-Routledge. Hove East Sussex.
- 2 McCrohan D (1999) Physical transference – a reason for supervision. *The Journal of the Association of Holistic Biodynamic Massage Therapists* 3(1):17
- 3 Pyves G (2003) re: interviews. Personal email communication 3rd February 2003.
- 4 Staunton T (2002) Sexuality and body psychotherapy. In: *Body Psychotherapy* (Ed. T Staunton) Brunner-Routledge. Hove East Sussex.

### Box 1. Recommendations /issues for consideration

#### Practitioners

- take responsibility for obtaining supervision/further training to safeguard their practice
- reflect upon their personal histories with regard to deciding to work with clients of a different gender or sexuality
- establish clear boundaries within their clinical work. This might include deciding not to work with a client that raises concerns about their protection and safety as a practitioner

#### Providers of training, CPD and supervision

- include examination of the issues of gender, sexuality, protection and supervision
- engage with students about their concerns about gender and sexuality in bodywork
- support students/qualified practitioners in protecting themselves, this could include role playing scenarios and providing clear guidance on how to prevent difficulties occurring in setting and maintaining boundaries in practice

#### Researchers

- gather information about the prevalence and types of difficulties around sexuality and bodywork practices through – possibly through confidential use of questionnaires
- explore this complex area through further interviews possibly adopting a grounded theory approach
- analyse and disseminate the findings to inform practice and improve practitioner safety and the protection.