

by Ben E. Benjamin, Ph.D.

In May I organized and moderated a panel on "Sexual Abuse in the Health Care Field" at the Boulder AMTA conference. In preparation for that panel, several colleagues and I began to develop educational materials for practitioners and massage/bodywork students. What follows is the result of our efforts to date.

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

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

The Guidelines for Safe and Ethical Contact were written for the massage/bodywork student just beginning his/her training or school experience. They make explicit some of the ethical and sexual issues which the therapist must understand and deal with. They were prepared by Ruth Marion and amended by Debra Curties and myself, who are all members of the Sexual Abuse

Task Force of the AMTA Council of Schools. The Code of Ethics, a work in progress, was written to make explicitly clear what is and what is not appropriate professional behavior. It was an attempt to state the obvious for all to see and to clarify the gray areas where there may be a fuzzy boundary between what's right and what's not. The Code of Ethics was prepared by the entire task force, including additional members Allison Owens, Togi Kinnaman, Judy Dean and Catherine Osterbyte.

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

Guidelines for Safe and Ethical Conduct

Humans are sexual beings. Because massage therapy crosses the normal boundary that exists between most people, it is important that the boundaries between client and therapist be clearly defined and understood. Since the professional touch of the massage therapist can easily be confused with sexual touching there is great potential for confusion, discomfort and inappropriate behavior to occur during a massage session. During massage therapy training and in professional practice, we need to do our work in a safe and comfortable environment that engenders trust and mutual respect. Indeed, it is only in such an environment that health-giving treatment can be given and received.

Recent developments in the field of psychology indicate that millions of Americans have been sexually and/or physically abused by parents, relatives,

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

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

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

It is important to keep in mind at all times that whether the person you are treating is a friend, partner, family member or clinical client, there is a power difference because you are the therapist and clothed, and the other person is undressed

and on the receiving side of treatment. As the therapist it is your responsibility to remain aware of this power differential and ensure that you never misuse it.

The following guidelines are intended as a framework to help you recognize unethical, disrespectful or inconsiderate treatment. You should be aware that while these guidelines are not all inclusive, they will help you become sensitive to and respectful of your clients. Adherence to these guidelines during your training will prepare you to conduct yourself in a professional manner and to help prevent sexual abuse in the future. As guidelines such as these are adopted by the profession of massage and bodywork therapies and by other helping professionals, opportunities will expand for healthy touching, treatment and healing.

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

1. No sexual contact or intercourse between practitioner and client before, during, or after a treatment session.
2. No sexual contact or dating between practitioner and client during the course of treatments.
3. If the practitioner and client want to have a romantic relationship, the professional relationship must be terminated first.
4. The practitioner is responsible for maintaining appropriate boundaries even if the client is perceived as being seductive.

5. Client undresses and dresses in private.

6. Client has a clear choice as to whether he/she is nude, wears underwear or a smock during the treatment.

7. Practitioner never works on or in the genital area or anus.

8. Practitioner never works on the nipple area of a client.

9. Practitioner uses only the hands, arms, elbows, and feet to massage a client.

10. Practitioner uses only the knee, lateral aspect of the hip and lower leg for bracing.

11. Practitioner never uses the chest, head, face, lips or breasts to massage a client.

12. Practitioner does not use inappropriate parts of the body for bracing, i.e. front of the pelvis, face.

13. Appropriate* draping procedures will always be observed.

14. The practitioner refrains from flirting with clients verbally or otherwise creating a flirtatious atmosphere.

15. The practitioner uses appropriate clinical terminology when speaking about body parts to the client.

16. The practitioner does not make remarks about the client's body which contain sexual innuendo.

17. The practitioner does not probe intrusively for information about the client's emotional/sexual history, or in any way imply that the client much give such information.

18. If information about the client's emotional/sexual history is communicated, the practitioner does not offer judgments or diagnoses.

19. In cases where the practitioner suspects a sexual abuse history but this is not perceived by the client, the practitioner refrains from

imposing his/her opinion on the client.

20. The practitioner must remain within his/her scope of practice and training when dealing with sexual issues. This includes referring to, or working in conjunction with, other practitioners when appropriate for the well-being of the client and the bodyworker.

21. Practitioner seeks informed consent from the client to work on certain parts of the body. For example high on the thigh, on the chest around breast tissue, buttock, front of the hip near genital area, and stomach.

Components of Informed Consent

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

* This point needs a more exact definition which we are working on.

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