

# CLIENTS CROSSING BOUNDARIES

By Ben E. Benjamin, PhD

## in the Treatment Room

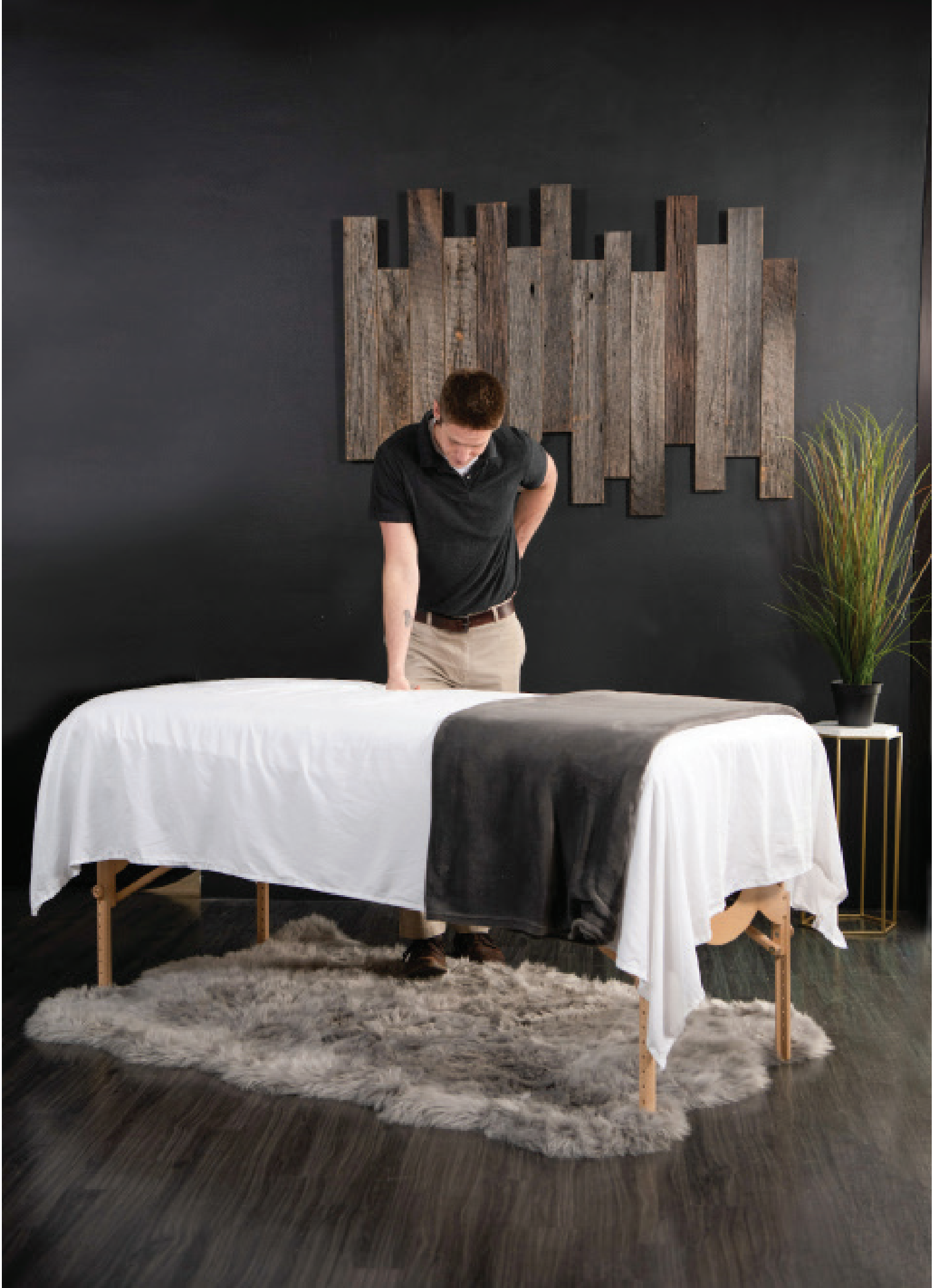
Thanks to the women of the #MeToo movement, who have courageously exposed rampant sexual harassment and assault, our society is being forced to confront this upsetting reality and change it for future generations. The massage treatment room is a microcosm of the greater society, so we sadly find the same types of issues there. Much like in the greater community, more attention needs to be paid to this phenomenon in the field of massage.

We typically focus on bad-apple therapists abusing clients, but it happens in reverse quite frequently. Almost every massage therapist, including myself, has at least one story of such harassment. Typically, the offenders are male clients who feel entitled to be abusive by saying inappropriate things, touching their therapist, or breaching social and physical boundaries in myriad other ways. While rarer, sometimes female

clients also behave inappropriately and ask for sexual acts from their therapist. Predatory sexual behavior by the client is a serious issue and not something you should ignore or try to manage on your own.

You are entitled to work in an environment free of sexual abuse. If violations happen, you have the right to make yourself safe, remove yourself from the situation, and take all available steps to have the abuser reported and made responsible for their actions. You are not alone, and you are not powerless. It is the responsibility of clinic and spa owners, industry leaders, and educators to expose these issues and devise ways to protect massage therapists from this mistreatment. One of the principle challenges to reaching this goal is that many people in power across our country are condoning and/or committing sexual harassment and assault. So it becomes particularly challenging to avoid replicating this in a given field, like massage therapy. This means it is all the more important for us to set clear boundaries in our field and support all our practitioners.

For you to be empowered when addressing any level of sexual harassment, you need an understanding of what forms it can take and how your colleagues have responded. Here is a compilation of personal accounts shared by currently practicing massage therapists that demonstrate different types of boundary crossings or sexual assault in the treatment room, followed by a brief discussion of potential effects, interventions, and prevention techniques.





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### **Arousal in the Treatment Setting**

While an erection is one of the most obvious indicators of physiological arousal, it doesn't necessarily mean emotional or sexual desire is also present. Touch itself on any part of the body can stimulate a physiological response that results in a partial or complete erection. Not all forms of (accidental) arousal or discussion of sexual anatomy are inappropriate. Practitioners need to immediately clarify with their client when instances of erections or other forms of arousal occur, especially to rule out whether the behavior was inadvertent and without sexual intent. Once one party is uncomfortable, the session isn't going to be truly beneficial because attention is diverted.

It is also important to be aware of clients who repeatedly expose themselves during the treatment. One or two episodes may be accidental, poor boundaries, or a lapse in judgment. Regardless of the reason, the practitioner needs to verbalize the physical boundary of draping at the first instance of self-exposure.

### **Boundary Crossings and Sexual Harassment/Assault**

Below are a few specific therapist accounts of what they've experienced in the treatment room, followed by a list of more general examples.

#### ● Therapist Experience #1

**Client:** I'm having fun at your expense.

**Therapist:** Oh? In what way?

**Client:** I've been telling everybody I have a young woman who comes to see me and tells me to get naked and get on the table (laughs).

**Therapist:** So, what do you think that costs me?

**Client:** What do you mean?

**Therapist:** Well, you said it's at my expense, so what do you think a joke like that costs me?

**Client:** Nothing. It's just a joke.

**Therapist:** Well, if it's at my expense, it means it cost me something, so let's think about it. Maybe my reputation as a professional? Maybe my safety in that somebody might think it's OK to try something with me? Maybe future clients who think I do sex work? So really, what do you think it costs me?

**Client:** (long pause) I was trying to be funny. I am so sorry. I never thought of it that way.

#### ● Therapist Experience #2

"A man took my hand while I was massaging his forearm, telling me how lucky my husband was. He attempted to kiss me after the massage while his bathrobe was untied. Then he made it clear (by stacking cash on the end of the bed and choosing only small bills) that I could have had much more money had I complied."

#### ● Therapist Experience #3

"I had this happen to me alone in my office for the very first time when I was fresh out of school. He was a returning client and I [would] just get into [a routine] . . . [until] I noticed when I'd move, he'd move. Took me a minute to realize he was grinding my table. I ended the massage, he left, and I

went to change the table and he'd left a mess! Didn't even bother to cover it or hide it."

#### ● Therapist Experience #4

"Male client in his 60s was face down on my table. He lifted his pelvis and reached his hand between his legs. He was trying to catch my hand, as I was working his leg, and he said he wanted to 'show me what he wanted me to do.' I told him this wasn't that kind of place, and he said, 'Everyone has their price.' He offered a thousand extra dollars, and each time I said no, he added a thousand, eventually offering \$3,000. He kept trying to 'normalize' it by saying, 'It's not sex, it's just the body. They do this at all the places in Europe.'"

Here are a few more examples collected by surveying dozens of currently practicing massage therapists:

- Client greeting them at the door naked or in bondage attire.
- Client asking for genitals to be massaged or a "happy ending," often for extra pay.
- Client arousing themselves on the massage table and/or ejaculating.
- Client grabbing therapist's legs or other accessible part of their body or trying to hug or kiss them.
- Client telling sexually inappropriate jokes, stories, or comments.
- Client making romantic or sexual advances.
- Client burying head in therapist's chest.
- Client not following therapist's instructions about draping.
- Client pushing the boundaries of what is appropriate as outlined by therapist.

### Effects of Inappropriate Client Behavior

In response to inappropriate behavior, therapists experience a range of emotions depending on their own personal history and the nature of the client interaction.

#### ● Therapist Reaction #1

"I was so upset and angry I closed my office for a week. I felt violated, confused, and angry. I questioned every person who was ever on my table and wondered if they had done the same and maybe I just didn't realize it. It damaged me to my core. I know we're trained to understand it will usually happen, but it rocked me. I never really thought it would happen to me. I tried to make my office as clinical as possible [after that]."

#### ● Therapist Reaction #2

"I was really stressed and scared, being a survivor of sexual abuse."

Therapists recall feeling:

- Anger/appalled
- Embarrassment/shame/guilt
- Shock/surprise
- Upset/shaken
- Violated

#### ● Therapist Reaction #3

"The feeling is that the person with the money is held in higher power by the spa."

Spa management often says they will support their therapists, but many therapists report not feeling like they have the authority to end an uncomfortable session. Some even fear that if they report a client's inappropriate behavior it will reflect poorly on them. This is not true in all spa settings, but should you be in this situation, know that it is your right to end a session at any time under any circumstance. When you are interviewing at a spa, you can ask them questions about their policies and the support they offer their therapists in these situations.

### For More Information

- National Sexual Violence Resource Center ([www.nsvrc.org/find-help](http://www.nsvrc.org/find-help))
- Me Too Movement ([www.metoomvmt.org](http://www.metoomvmt.org))
- Legit Massage Therapists Say Client Often The Aggressor: Survey ([www.patch.com/us/across-america/legit-massage-therapists-say-client-often-aggressor-survey](http://www.patch.com/us/across-america/legit-massage-therapists-say-client-often-aggressor-survey))
- Benjamin, B. E., and C. Sohnen-Moe. *The Ethics of Touch: The Hands-on Practitioner's Guide to Creating a Professional, Safe, and Enduring Practice*, 2nd ed. Tucson, AZ: Sohnen Moe Associates, Inc., 2014
- "Maintaining Sexual Ethics: Parts 1–4" with Anne Williams, [www.abmp.com/learn/course/maintaining-sexual-ethics-part-1-key-concepts](http://www.abmp.com/learn/course/maintaining-sexual-ethics-part-1-key-concepts)
- "Ethics: Preventing Sexual Misconduct in Massage Therapy" with Ben Benjamin, PhD, [www.abmp.com/learn/course/ethics-preventing-sexual-misconduct-massage-therapy](http://www.abmp.com/learn/course/ethics-preventing-sexual-misconduct-massage-therapy)





## Interventions

“If we are to be taken seriously and respected for our commitment, we must stand up and speak up to all inappropriate behavior,” as one practitioner said.

Here is what you need to say: “I’m not comfortable with what’s going on here, and it’s time for you to leave.” Depending on the severity of the situation, therapists describe doing the following when a client behaves inappropriately:

- Promptly stop massage, explain why through the closed door, and tell the client to leave.
- Tell a supervisor immediately.
- Call law enforcement.

There is also something called “The Intervention Model”—a communication model developed by Daphne Chellos for practitioners to use when verbal or nonverbal communication from a client is unclear or when practitioners feel their boundaries are being violated. The Intervention Model is a gender- and orientation-free process. Depending on the situation, you may be able to stop after one step, or you may need to go through all the steps.

1. Stop the treatment using assertive behavior. Assertive behavior means you address the client with body language congruent with what you say verbally. Make eye contact if possible, stand in a relaxed yet grounded manner, and use a firm voice. Do not shrink and get quiet (passive) or violate your client through yelling or touching inappropriately (aggressively).

2. Make sure the client is properly covered (i.e., re-drape the body part being attended, adjust client’s clothing/gown). This provides a literal boundary that reassures both client and practitioner. Additionally, if touch has contributed to a sexually aroused state, this ensures that you’re stopping a potential cause of the stimulation.

3. Maintain your safety. Store your belongings, including a cell phone, in an easily accessible place. If the client’s behavior feels intimidating, don’t stay too close to the client and position yourself so that you have easy access to your exit door. Leave immediately if the client actively threatens you and then call 911. If you’re in a spa or clinic with others on-site, go to the front desk. If you’re in your private office or doing an in-home or hotel session, leave the premises—you can return later, accompanied by someone, to retrieve your equipment and supplies.

## 4. Describe the Behavior(s)

Respond directly to the client’s verbal or nonverbal communication by verbalizing to them what you just experienced. Describing a behavior lets the client know you’re paying attention without judging the behavior.

Examples of this kind of communication are:

- “I notice you’re tightening your muscle and grimacing when I pass over this area.”
- “I am aware that you made a comment about my appearance, then made a sexual joke, and now you have an erection.”

## 5. Clarify the Client’s Intent

Once you state the obvious, ask the client a direct question as a follow-up. Something simple like “Tell me what’s happening” or

“What are you experiencing” allows the client to tell you what the behavior means.

#### 6. Educate the Client

Some clients experience unexpected, disturbing emotional and physiological responses during a session. When this happens and we become aware of their concern, we can share information. For instance, an educative statement for a client who has an erection and has expressed embarrassment is “Sometimes clients become aroused as a physiological response to touch (or movement). It is a normal body response.”

#### 7. Restate your Intent

This statement addresses and clarifies the therapeutic contract so that client and practitioner feel safe.

#### 8. Continue or Discontinue the Session, as Appropriate

You should terminate the session of any client who you decide has sexual intent or is behaving inappropriately.

#### 9. Refer Client to Other Professionals, as Appropriate

If it becomes obvious that a client could benefit from receiving professional help from a psychotherapist, counselor, or other medical practitioner, give this information to the client after they are fully dressed.

#### 10. Document the Situation

After the client leaves, document the occurrence and obtain supervision or peer support. Documenting the situation, and what you did to address the matter, is vital should a client decide to lodge a complaint against you. Demonstrate your commitment to ethics and professionalism by recording that you sought supervision or external support to address the issue.

### Prevention

“Allowing any boundary crossings makes sexual boundary crossings more likely,” as one practitioner put it.

Massage therapists have had success in reducing or eliminating client boundary crossings by implementing some or all of the following procedures:

- In a client’s intake interview, or even earlier in the telephone screening, ask what sort of work they are looking for, how they heard about the practice, and what their problem is.
- Trust your gut, and err on the side of caution.

- Ensure all intake forms and establishment websites clearly state that sexual inappropriateness results in immediate termination of service and full payment for time.
- Have clients sign a policy statement (when booking message and with email confirmation).
- Confirm that the client has read and agrees to your sexual conduct policy, either in writing or online.

If you model a healthy comfort level talking about all physiological changes a client might experience during a session, you have provided several things: an opening for the client to express concerns, an education for a client about how the body works, good boundaries, and a safe environment.

- Don’t allow any sexual conversation.
- Put up a visible camera system in the reception area.
- Let clients know their information can be provided to the state’s attorney’s office.
- Carry mace.


As Cherie Sohnen-Moe writes in her article “Desexualizing the Touch Experience,” therapists can take proactive steps to avoid client boundary crossings by doing the following: be prepared, be conscientious about your language and behavior, have a clinical-feeling office space, monitor treatment interactions, and be thoughtful about representation in marketing materials.<sup>1</sup>

It is essential that massage therapists feel safe in the work they do. It is our field’s responsibility to do all we can to educate about, prevent, intervene, and recover from boundary crossings in the massage setting. By explicitly naming the issues and offering up some suggested policies and procedures, we can contribute to minimizing these instances of sexual misconduct and their harmful effects.

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#### Note

1. Cherie Sohnen-Moe, “Desexualizing the Touch Experience: A Proactive Approach,” Sohnen-Moe Associates, Inc., 2011, [www.sohnen-moe.com/articles/desexualizing-the-touch-experience-part-1](http://www.sohnen-moe.com/articles/desexualizing-the-touch-experience-part-1).

 Ben E. Benjamin holds a PhD in sports medicine and owned and ran a massage school for over 30 years. He has studied under James Cyriax, MD, widely known for his pioneering work in orthopedic medicine. Dr. Benjamin has been teaching therapists how to work with injuries for over 35 years and has been in private practice for over 50 years. He works as an expert witness in cases involving both musculoskeletal injury and sexual abuse in a massage therapy setting. He is the author of dozens of articles on working with injuries, as well as these widely used books in the field: *Listen To Your Pain*, *Are You Tense?* and *Exercise Without Injury*.