

Bringing Boundaries to Bodywork

by Ben E. Benjamin, Ph.D.

Introduction

Five years ago, my wife Lea and I began working with a supervisor to help improve the quality of our work with our students and faculty. We found this supervision to be of great value on many levels both professionally and personally. We felt so much better about the way we were able to address the needs of our students and faculty as a result of supervision that two years later we began having the entire faculty meet with a supervisor on a monthly basis to guide their work with students. They, too, benefited enormously from this regular guidance and commented on how much more successful and satisfied they felt with their work at the school.

Finally, two years ago, we began offering clinical supervision groups to our students as a part of our regular two- and three-year training programs at the Muscular Therapy Institute (MTI). They have been the most effective tool in helping the students to develop good relationship, building skills and an appropriate sense of boundaries with clients.

In this article, I discuss the concept of supervision in several ways. First, I have asked two talented individuals to contribute a piece to this article which will focus on the importance of clinical supervision for bodyworkers. They each come to their understanding from different vantage points and experiences. Estelle Disch is a psychotherapist, teacher and supervisor with extensive

experience in working with sexual boundaries and Daphne Chellos is a massage therapist, sex educator, and psychotherapist. Following their segments I will describe our experiences with supervision at MTI in more detail, with some contributions from individual students.

Why Might a Bodyworker Want Clinical Supervision?

By Estelle Disch, Ph.D., C.C.S.

As a clinical sociologist/psychotherapist with a keen interest in the therapeutic relationship, I have great respect for the healing capacity of good bodywork. I write this piece in support of bodywork, which is as responsive to clients' needs as it can be.

Every now and then I wonder what it might be like to be a bodyworker. I imagine the range of needs clients might bring -- the wish for a relaxing experience, for relief from physical pain, for help with emotional troubles. I imagine the kinds of people who might come, thinking not just about the demographic differences they would bring, but their personalities -- people who are friendly, angry, lonely, hungry, depressed, forgetful, in touch with a reality different than my own, etc. And as I think about what it might be like to offer bodywork to this wide range of people with their wide range of needs, I begin to feel a bit nervous.

For instance, I wonder how I would handle the deep emotional pain that many clients carry, if my contract were to attend primarily to their

bodies. I wonder how I would integrate talking with bodywork, and if it made sense to do that. I wonder where I would get adequate training to address both physical and emotional issues simultaneously. I wonder how I would handle situations in which a client looked upset at the end of a session and never came back. And I wonder how I would handle my own feelings toward my clients -- the loving, angry, overprotective, impatient, rescuing, sexual and other feelings which normally emerge in the course of getting to know people, especially people in some kind of pain.

Given that I am a clinician, my mind moves easily to supervision as a response to many of the needs I imagine I would have as a bodyworker. My own experience has taught me that clinical supervision, if arranged in a supportive, honest way, can be one of the best parts of a career in clinical practice. It offers each of us -- psychotherapist and bodyworker alike -- an opportunity to think creatively with a supervisor and/or colleagues about how best to help a client. It offers all of us an opportunity to discuss basic issues of practice such as informed consent, clients' rights, and the use of touch.

Clinical supervision also benefits and protects our clients. When we as practitioners are in trouble in our work, supervision offers the opportunity to sort through the difficulties with a neutral party, and hopefully come to a solution about how to handle it. We can talk about our feelings toward that client, can discuss ways we might feel stuck, can call for help if we

feel like the client's needs are too great or too complex for us to handle, and can hopefully get some clarity about how to change things or how to end the relationship as therapeutically as possible if that makes the most sense.

I know of bodywork clients who have drifted out of treatment because something wasn't quite right in the professional relationship. (I am not talking about abuse here; I am talking about communication problems.) Because the practitioner did not provide a space in which the client could give feedback and negotiate a somewhat different treatment plan, the helping relationship was lost. Sometimes clients walk away hurt and never discuss what happened with the practitioner. It seems to me that clinical supervision could help to prevent these kinds of occurrences by supporting practitioners to carefully watch the emotional and communication side of the professional relationships, and to directly address tensions and issues that come up. In my opinion, both parties would be better off if this were done.

An effective clinical supervisor will have in-depth knowledge about human psychology and mind-body connections. S/he should be able to teach about what happens when clients become emotionally dependent on professionals with particular attention to transference and countertransference (1). The supervisor should be aware of the typical physical and emotional aftereffects of common traumas such as debilitating pain, death, divorce, child sexual abuse, rape, battering, and war, as well as addictions, various physical disabilities and illnesses. S/he should also be aware of the effects of various negative social realities such as poverty, racism, sexism and other prejudice and how they might impact the relationship of

clients to their bodies and to their practitioner.

Clinical supervision also offers the bodywork professions a focus for expanded discussion of what their work is all about, what its boundaries should be, and how best to train professionals in the field – both new professionals and seasoned ones seeking continuing education. Bodyworkers are beginning to join the wave of attention to boundaries – establishing guidelines for ethical behavior and grievance procedures for clients. As someone who has worked with survivors of sexual abuse by professionals I welcome these efforts. I have watched survivors of bodywork abuse struggle to find justice where there are often no ethical guidelines and no grievance procedures.

Most bodyworkers I know would agree that the body can be an emotional minefield. Sometimes the work done on the body will trigger those mines . . . unlock blocked feeling . . . offer people access to emotional parts of themselves that have been walled off. A successful course of bodywork will in many cases leave the client feeling more free, more relaxed, more at home in his or her body, and hopefully free of the kinds of pain that are caused by accumulated tension and other emotional issues. But what happens when the mines are large and deep? What happens when a bodyworker unequipped to deal with deep emotional pain encounters a client for whom the treatment was profoundly upsetting? What happens when the practitioner is so moved by a client's pain that s/he has a difficult time working with that client? The more bodyworkers begin to attend to these kinds of questions, the better they will serve their clients, themselves and their professions.

(1) Transference refers to feelings which clients bring to a relationship with a professional which originate in other (usually earlier) experiences. The professional can seem like other people at different times (parents, teachers, etc.), simply because s/he is in the role of an authority figure in relation to the client. Often these feelings occur and persist no matter how hard both parties work to establish a non-hierarchical relationship. Countertransference occurs when the practitioner has feelings for the client which originate in the practitioner's other experiences. For example, a practitioner might feel overly identified with a client whose struggles are a lot like those of the practitioner. Or a practitioner might feel like fixing the client's life, rather than supporting the client to fix his or her own life. A practitioner needs to be able to understand both of these phenomena in order to work effectively with clients.



Supervision in Bodywork: Borrowing a Model From Psychotherapy

by Daphne Chellos, M.A.

Throughout my professional life, I have been intrigued by the disciplines of psychology, bodywork and sexology and the ways in which each discipline can inform and benefit the other. As a psychotherapist, for example, my massage training makes me aware of the physical components of one's psychic life. As a massage therapist, my psychotherapy skills have enhanced my ability to communicate with clients and to offer cognitive concepts that may describe their physical experiences. As a sex educator and counselor, I have recommended massage as a vehicle for clients to better inhabit

their bodies and to receive nurturing, nonsexual touch which in turn can allow for a truer expression of one's sexuality.

Each of these three fields has its own forms and structures. Each is based on particular theoretical models, each has developed various techniques which bring theory into practice, and each prescribes certain protocols for a course of treatment, including individual treatment sessions.

All of this has raised some interesting questions for me. In what areas might one field be more advanced than another? How can a form from one discipline be adapted to another? Specifically, can the strengths of one help make up for the deficiencies of another? In this spirit of questioning, I would like to suggest that we as massage therapists might adopt a specific form from psychotherapy that could greatly enhance our work. That form is clinical supervision, a relationship between one practitioner and another who is more experienced and knowledgeable.

Psychotherapy has a long tradition of supervision. In its broadest sense, supervision helps the therapist determine an accurate diagnosis and appropriate treatment. Supervision also helps ensure the integrity and success of the therapeutic relationship. Originally, supervision in analysis was used to explore transference and countertransference that arose between client and analyst. From there the purpose and function of supervision has evolved to include case management, diagnostic assessment, review of technique, and opportunity to integrate theory with practice.

Clinical supervision is also a place where therapists can reflect on their relationships with their clients in an environment of support and objectivity provided by the supervisor. This is perhaps the

most important reason for supervision. Research of psychotherapeutic effectiveness suggests that techniques used in therapy are not as important to therapeutic outcome as are certain conditions offered by the therapist. In other words, what is healing is the relationship between client and therapist. Therapeutic benefit comes not from what a therapist does, but how s/he does it. A therapist who understands his or her strengths and limitations, biases, and responses to the client is more likely to provide the safety and objectivity necessary for the client's healing process.

Additionally, supervision is a preventive measure against abusing clients. Abuse can be unintentional as well as intentional, subtle as well as blatant. As humans, all of us can be "victims" and all of us can be "aggressors." Our tendency is to remember violations against us and to either forget or ignore our aggressive acts. This blind spot exists as well in therapeutic relationships. A competent supervisor will notice when a therapist is being inappropriate or abusive, no matter how subtly or unintentionally, and bring it to his or her attention.

How does the supervisory model get translated to bodywork? There are two forms of supervision that can easily be incorporated into massage therapy: one-to-one supervision and group supervision.

One-to-one and group supervision are very similar, with a few distinctions. Each assumes that one person, the supervisor, takes a more authoritative role based on his or her training, experience and expertise. In a sense, one-to-one supervision is a mentor relationship that reflects the apprenticeship model found in some massage therapy training.

Group supervision simply extends the one-to-one model to include more practitioners. Supervision

can be enriched by having a wider variety of client issues to draw from, and by the opportunity for therapists to learn from each other. Although group supervision requires a greater willingness to be vulnerable amongst our peers, this vulnerability can be a safeguard against unrealistic or excessive confidence and isolation in our work.

For the past six years I have supervised massage therapy students from the Boulder School of Massage Therapy who have provided massage to my psychotherapy clients. These students have had a particular interest in working with clients who are in psychotherapy to heal physical and sexual abuse, body image distortions, and sexual concerns. This experience has led me to believe that the supervisory model is underutilized in the massage therapy profession and because of this, we lose an opportunity to enrich ourselves and to offer safeguards to our clients.

Normal personal boundaries and cultural taboos of touch are automatically transgressed in massage. For this reason, massage is a relationship in which therapists need to be cognizant of transference and countertransference, boundaries, abuse, and therapeutic dynamics. From my experience and observations, I believe that supervision from a psychotherapist who is knowledgeable about bodywork can help a massage therapist understand and manage the potent interplay of touch and physical vulnerability that is inherent in massage therapy.

In my most ideal vision, the inclusion of psychotherapists in our professional domain would provide an opportunity to educate psychotherapists to the theories, treatments and outcomes of bodywork. In this way, massage therapists can broaden the perspective of psychotherapists

about the interplay between psyche and soma. In return, massage therapists would gain greater clarity about their relationship with clients. Therapeutic relationships that are unencumbered by unconscious feelings and motivations are creative, energetic and healing. Integrating the supervisory model into our professional life is a way to commit to high quality care for each of our clients.



Discovering the Value of Supervision at MTI

by Ben E. Benjamin Ph.D.
and Lea Delacour Benjamin

Types of Supervision

There are two types of supervision. The first is technical supervision, which is done by a bodywork practitioner or instructor knowledgeable in the massage or other hands-on techniques utilized by the student or supervisee. This supervision might include things like how to plan a treatment, how to work with a particular injury, how to work with a person who has tension headaches and so forth. At our school we have courses called "Client Questions" and "Treatment Planning" where students ask all sorts of questions related to their work with the clients that they are practicing on in our clinic and elsewhere.

The second type of supervision is clinical supervision. Here the focus is on the dynamics of the relationship between the practitioner and the client. In this setting the practitioner can explore uncomfortable situations and feelings that may come up during the course of working with clients. Issues dealt with in supervision might include: dealing with a client who asks you personal

questions you don't know how to respond to, comes late all the time, doesn't pay you, comes on to you sexually, asks you about other clients of yours who are friends of theirs or how to deal with your desire to help the person more than is appropriate, your desire to give unsolicited advice, or your own sexual feelings for a client.

The supervision model we use at MTI is based on the idea of helping the student or practitioner define the problem and the question s/he has. This can be a surprisingly difficult job for both the supervisor and the student. The student knows s/he is disturbed by something and the task becomes naming that something precisely and figuring out which kind of help is wanted. Sometimes just naming the real problem is enough and the solution becomes quite clear, as in the second example described below. In our model we make a distinction between how the student sees the problem and how the supervisor does. When the student first describes the situation, the supervisor and the other students tend to hastily form their own ideas of the problem and frequently become filled with the desire to give advice, which we usually find to be not helpful. We try to hold back these impulses. Rather than tell the students what to do and give the "answers", the supervisor helps the students explore what is happening inside of them, where the appropriate boundary might be for them and/or the client, and what action might correct the situation.

In general, it is found that these techniques, which draw on and validate the supervisee's problem solving skills, lead to a more effective and empowering resolution for the student. Therefore, the supervisor's view is not imposed unless the student asks directly and specifically for it. Instead, the student is encouraged to state as clearly as possible what

s/he wants help with and receives only the help that has been solicited.

The supervisors spend a great deal of time and energy creating a class environment where students feel safe sharing their uncomfortable and confused emotions with others. Students do not necessarily assume when they go to massage school that they will have to share personal issues and feelings in a class. After trust has been established students learn from listening to the stories of their peers and observing the supervisor help the student make sense of the feelings they are struggling with. Students report that the safe atmosphere for sharing is an important component of supervision class.

Student Reactions to Supervision

Here are a few comments students have made about their supervision classes.

"Supervision classes enabled me to clear up some old miscommunications that I had with clients and friends that kept coming back to haunt me. I learned a very valuable skill that helped me become a better listener and allowed me to begin to guide others toward making better choices in their lives without getting myself involved."

"My self-confidence was improved, and I resolved issues with clients more effectively when I brought my concerns to supervision. There, I was encouraged to listen very clearly and deeply to myself, which allowed me to find the answers within myself, rather than from outside."

"Muscular Therapy can be isolating work. With supervision, I have been able to explore professional as well as personal issues in a forum that is supportive, non-judgmental

and validating. I am then able to see these issues in a light of clarity and perspective that allows me to be a more effective and honest practitioner."

"I feel that supervision is a responsibility of any person working with other people in a therapeutic environment. This has become very clear to me through several troubling experiences with clients and coworkers that were turned around only through the support of the supervision group."

Two Students' Experiences

I asked a student to write about one experience she had in supervision.

"A client of mine who came every week for a month started asking me if I'd like to go to lunch. I explained very nicely that I never dated my clients under any circumstances and that I found it inappropriate to have lunch with him. I explained that I really enjoyed him as a person and felt we had a good working relationship that would be jeopardized if we changed it.

This was not enough for him and he continued to ask me to go to lunch. I repeated my response. His persistence troubled me a great deal so I brought this confusion to a supervision group. With the support of the supervisor and the group, I decided upon what I felt was the best action for me to take. I confronted my client and told him that I could no longer see him for treatment at all. I explained that I felt he had other feelings for me that I could not respond to and that I could not be effective as a therapist with the knowledge of his feelings. I explained that I did not have romantic feelings for him and that I viewed our relationship as strictly professional. He said "fine" and the conversation ended. Three weeks later he called and we had a long conversation. He said he wanted to return as a client because

his body was in pain. He said that the time away allowed him to gain a perspective and that now he felt differently. He thanked me for my professionalism and said he appreciated my honesty. He is still my client and comes every week for treatment. There has been no other incidence of inappropriate behavior. For me, this relationship was very confusing and painful while it was happening. The supervision group really helped me sort through my feelings and needs and then directed me towards a decision that worked for me. It helped me to see my needs and responsibilities as a therapist clearly in this particular relationship. I believe the supervision I received helped me to do the right thing that in the end saved me my client and my personal integrity at the same time."

Another student in supervision with limited experience working on clients asked for help with her inability to use the medical history form. When the supervisor asked her what kind of help she wanted, she said that she wanted to be compelled or convinced to use the form. She felt guilty that she wasn't using it and felt that she should. After gentle exploration, the problem she was having emerged in a new light. The issue was not her failure to use the form but rather her profound discomfort with sitting and talking with her clients in general and in particular with one who was in a great deal of emotional pain. She did not know how to "be" with her clients, especially considering the pain they stirred up in herself. Talking about her discomfort and listening to her peers express similar feelings relieved her and put the issue of using the medical history form in a new light. This student also began to realize her pattern of skipping over her feelings when she tried to solve problems and saw that this was part of why she could not truly solve certain problems.

Components of Supervision at MTI

The clinical supervision group, in the way we have been using it, has four functions. First, as stated above, it addresses the relationship issues that come up between the client and practitioner. Second, it functions as a support group for the participants. Third, it is a forum for didactic instruction on important psychological concepts, (Projection, transference, reaction formation, etc.) Finally, it trains the participants themselves in the skills of supervision so that they can continue this type of helpful coaching by themselves at a later date without the supervisor.

We have been using this supervision model in our training for two years and find it invaluable. We will soon be offering ongoing clinical supervision groups for our graduates, for bodywork practitioners who have attended other schools as well as for those practitioners who are self-taught.

We are so excited about the results we have been seeing with supervision that we want to spread the word. Through this article and a symposium I am organizing this spring, also titled "Bringing Boundaries to Bodywork," I hope to encourage school owners and directors to seek out this type of supervision in their training of students in all forms of bodywork. I also hope that practicing bodywork therapists will seek out supervision on a continuing education basis to inform and enrich their work.

Finally, I would like to thank Daphne and Estelle for contributing so generously of their time and energy to this article. My thanks also to Nancy Angelini and Tracy Walton for their contributions. I am grateful to my wife Lea for recognizing the need for supervision, for her hard work as the first supervisor at MTI and for her help in editing this and other

articles for the Massage Therapy Journal. Lastly, I would like to thank Dr. Sonia Nevis, with whom my wife and I have worked for the past five years, for her knowledge, her invaluable help and her generous spirit in bringing this form of supervision to our school.

Daphne Chellos, M.A. is a massage therapist, psychotherapist and sex educator. She has taught at the Boulder School of Massage Therapy for six years, where she has developed courses in Sexuality and Ethical Issues in massage therapy, Psychology and Communication Skills. Daphne also teaches and consults at massage schools nationally.

Estelle Disch has practiced for over 20 years as a clinical sociologist and psychotherapist, she teaches sociology at U.Mass/Boston, and has conducted workshops, trainings and supervision groups for many years. Estelle co-directs BASTA! - Boston Associates to Stop Therapy Abuse, where she has worked with survivors of sexual abuse by helping professionals for almost seven years.