

The Evolving Practice of Breast Massage

By Kate Jordan, NCTMB

I was intrigued by a course entitled: "Making the Case for Breast Massage" at the most recent annual meeting of the California Chapter of the American Massage Therapy Association. Intrigued, I confess, because I didn't know that a case needed to be made.

In my own practice, I regularly perform therapeutic modalities on the breasts of pregnant and nursing mothers; on women who have had breast reduction or augmentation; and on women who have endured mastectomy or breast cancer treatment. However, since my early days as a massage therapist, it had never occurred to me that there might be a rationale, much less a mandate, for well-breast massage.

The issues surrounding the applications of breast massage are numerous, ranging from legal to medical, to therapist comfort and competence, to protection of the consumer. These issues also spotlight some of the confusion in our emerging profession about the purpose and scope of practice of massage therapy and bodywork.

When I was first introduced to massage in the early 1970s, two mass-market books, George Downings' *Massage Book* and Gordon Inkeles' *The Art of Sensual Massage*, described the use of gentle effleurage strokes over undraped breasts as a part of relaxation massage on the anterior torso. This approach was also used at the Esalen Institute in Northern California. When I began to practice, however -- at a medical clinic and a health club in Phoenix; in a spa in Honolulu; and later in the decade, when teaching at a new massage school in San Diego -- it was a given that the breasts would be draped, primarily to conform to local and state regulations.

Over the years, and with continued training, I developed expertise in treating various dysfunctions related to the breast, but never taught any form of breast massage to students -- it seemed to be an area of the body riddled with pitfalls. When Dianne Polseno Crawford surveyed a representative sample of massage

therapists in 1997, she found that while 45% reported receiving some training in breast massage, only 9% reported performing it on a regular basis. In an informal survey of massage schools throughout the country, Crawford reported that only 10% were teaching any kind of breast massage.

One of the primary barriers to the teaching of appropriate breast massage is the prohibition in state and local laws in most jurisdictions of any touching of the breasts. Some states, like Washington, do allow therapeutic breast massage with informed client consent. In my own city of San Diego, recently enacted legislation specifies no prohibited body areas for practitioners who have more extensive training than the minimum required for a massage license. These legal barriers to breast massage result from massage therapy's shadow-side -- its link to prostitution and adult entertainment. Hannah Hanlon, who teaches breast massage courses throughout the United States, caused such controversy in advertising her course in North Carolina that she was banned from teaching in that state. As standards for the education and practice of massage therapists are elevated, it's possible that there will be more latitude given in state laws to appropriate touch in currently restricted anatomical areas.

The American Massage Therapy Association does not have a specific policy regarding breast massage, and Associated Bodywork and Massage Professionals "discourages" its members from providing breast massage unless they have advanced training and work in a jurisdiction permitting it. The National Certification Board for Therapeutic Massage and Bodywork addresses the issue of breast massage in its *Standards of Practice*. It provides that certificants can "only provide therapeutic breast massage as indicated in the plan of care, and only after receiving informed voluntary consent from the client." This position provides an ethical framework and scope of practice for those individuals who become nationally certified, but is irrelevant in states that restrict the practice.

What is the status of breast massage in the United States? Who is using it, and for what purpose? I did an internet search for "breast massage" and found, along with the few "adult" sites that appeared, that there were sites that promoted breast massage as a cancer preventive; "wellness" breast massage; massage for breast augmentation; breast massage to prevent adhesions after implant surgery; self-massage to promote lactation in nursing mothers; and therapeutic lymphatic massage to treat lymphedema. These sites ranged from do-it-yourself websites, to plastic surgeons, to the American Cancer Society.

In Europe, where breast exposure is not taboo, lymphatic drainage massage and Bindegewebsmassage are used on the breasts in clinical settings. It is the rare therapist in the United States who does so.

In Canada, where massage training in most provinces is more extensive and clinical than in the U.S., therapists are taught protocols to deal with breast discomfort, dysfunction, trauma, and disease. Debra Curties, the executive director of the Sutherland-Chan School in Toronto, has been one of the leading proponents and teachers of clinical breast massage in North America. She has written extensively about the many potential barriers that may face therapists contemplating providing breast massage as a client service. They may, for example, feel personal discomfort with manipulating breast tissue because of its sexualization in American society.

Hannah Hanlon has reported that when teaching co-ed classes in breast massage, men and gay women seem more comfortable with the learning experience than heterosexual women, who may feel embarrassed and squeamish about touching either their own, or another woman's breasts. Many men, however, are understandably concerned about boundary issues in cross-gender massage. There is considerable uncertainty among many therapists about the purpose of and potential value derived from breast massage, especially the "wellness" or prevention model.

Public perception of the components of a massage therapy session, and individual client issues and concerns, can impact a therapist's desire to perform breast massage. Does the client have adequate boundaries? Has the client been sufficiently informed about, and is able to consent to breast massage? Does the therapist feel safe in providing breast massage for the particular client?

Hannah Hanlon has written that "breast massage has been regarded at best, as an integrative measure in a holistic alternative therapy, or at worst, as an invasive and abusive undertaking, if offered without informed consent in the hands of a therapist lacking experience or integrity." This is the crux of the issues surrounding breast massage. Breast massage administered by massage therapists will be more readily accepted by the public if its medical rationale and physiologic basis are spelled out for clients, and if therapists receive adequate training in its psychological ramifications and the appropriate use of specific techniques to promote breast health and address dysfunction.

This kind of educational outreach can only be provided by therapists who receive comprehensive training in breast massage. Unfortunately, even the most competent, effective practitioners will not be able to address the needs of the female population in the presence of laws that prohibit touching of the breasts.

In my next column, I will address the indications for breast massage and the specific techniques that have been developed to address both "normal" and dysfunctional breasts.

In the interest of a national dialogue, I would like to hear the experiences of therapists who currently practice breast massage (as a part of a full-body session or as separate modality), and the reactions and comments of therapists who do not.

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