

The importance of Compassion in Thai Massage

By Emily Canibano

Recitation of the Om Namoh to call forth the memory of Jivaka and Buddha helps in connecting to the long lineage of those earliest practitioners of Thai massage. It is a request for their guidance in helping to alleviate suffering, unhappiness and disease [1] in modern day clients. By bowing three times modern practitioners take refuge in the Triple Gem: the Buddha, the Dhamma and the Sangha [2]. Both of these rituals do not call forth compassion by name; however, as the Buddha taught,

Compassion is that which makes the heart of the good move at the pain of others. It crushes and destroys the pain of others; thus, it is called compassion. It is called compassion because it shelters and embraces the distressed. – The Buddha.[3]

Compassion as a modern noun means *to suffer together with*, it is a human emotion brought on by the pain of others[4]. In suffering together with another we remove ourselves further from the solitary ego and closer to the idea of interconnectedness among all living beings, the universal spirit. As we begin to see ourselves as less separate from others, it becomes more difficult to cause suffering to another, for we come to realize that this can only cause suffering to self. The desire to alleviate pain in others becomes almost innate because in doing so we lessen our own pain.

All major religions, many philosophies, and professions laud compassion as one of the highest, if also least abundant, virtues to attain. Clients seek out Thai practitioners to help remove physical suffering such as pain or tension. Based on the two rituals mentioned it is both the desire and the job to meet this suffering with compassion and help lessen, if not alleviate, the client's pain. Although the practice of Thai massage may cause discomfort similar to that of other physical exertions such as yoga, weight training or childbirth, the goal of the Thai practitioner should always remain one of compassion, removing pain and suffering not creating more. Due to the very nature of its ties with Theravada Buddhism and the physical nature of the practice compassion can be said to be the most important part of Thai massage.

Pain and suffering come in many forms and as a professional it is important to understand what is within the scope of practice for the work. In this way not only is a practitioner acting ethically and responsibly but is also being compassionate. In order to truly “destroy the pain of others” and “embrace the distressed” a practitioner must be aware of his own limitations then act and speak accordingly. There can be more compassion in silence than in words.

Thai Massage is a powerful healing practice but it has limitations and so should practitioners. Working with information gathered via observation is purely physical. Practitioners may be able to gather additional information during an intake discussion, but it is highly unlikely that a practitioner would get to know the deeper inner workings of a client's psyche or abstract concepts that are causing emotional and psychological pain. It is reasonable to assume that in some cases a Thai practitioner may have education, training and credentials to deal with a client's psychological state, but this would not be typical of the average practitioner. Physical pain can manifest from emotional and psychological pain, and vice versa, but it can be hard to determine which came first, and harder still to remove this type of trauma.

Viewing a client with lopsided shoulders and pain in the upper back may bring an assumption of tight pectoral muscles; this can be confirmed with palpation and gives the practitioner something to focus on to further aid a client in physical pain removal. Asking a client for information regarding the shoulder pain can prompt the client to discuss this physical asymmetry and provide insight into the condition. The practitioner may choose to verbally relay that stretching the pectoral muscles, switching the side a client carries items on, and being mindful of overstraining could help. There seems to be no harm in these words, no judgment about the client. At its root this type of observation and deduction appear within the Thai practitioner's scope to physically and responsibly remove pain from a client. The result should have no adverse impact; the words and actions are not based in judgment, they make no diagnosis of the situation only a simple suggestion which may help to alleviate pain and help further compassion.

If this same client starts discussing the physical asymmetry of his shoulders, and how it relates to working at a miserable job that requires him to carry a heavy bag, that he is depressed, thinking of leaving his family, or an array of other maladies it would not be within the scope of practice to counsel such a person on quitting work, how to relieve depression, prescribe supplements, etc. These types of issues are outside of the direct scope of practice in the West, relegated to individuals who are educated to handle such issues and licensed by the states to help with implementation of solutions. A practitioner can feel compassion for this client, and wish him to find peace of mind with his situation, or a solution for his suffering. A practitioner may want to personally help in some way but taking on such as task would be unethical, irresponsible and could cause more pain and suffering for the client.

Wanting to help clients is a positive attribute for a practitioner, it shows compassion. There are, however; other fields, such as psychotherapy, which also regard compassion as a key component in "connecting with the client's suffering and promoting change through action. [It] helps clients feel understood, and relieves symptoms. Hindering factors included ...violating boundaries; therapists having interfering personal issues... or having negative reactions to or not liking clients..."^[5] Just as a Thai practitioner can help a client with the release of tension and the lessening of pain, therapists working in their designated fields are properly equipped, trained and licensed to help clients, they have a delineated scope of practice and standards of care that must be met. To exhibit altruism, a true desire to help a client and compassion, the Thai practitioner needs to be humble enough to know when and which issues are not within the scope of the work.

Psychotherapy as shown above has outlined compassion to have three branches: mental, physical and verbal. In this same way the Thai practitioner should have a clear mind when working with a client, free of malicious thoughts and judgment ("interfering personal issues,"). Physically a practitioner should never seek to cause pain to a client; this action would not be compassionate by definition ("violating boundaries"). Practitioners that are free of judgment and physically working within their scope of practice should also take care of what they say and look to be verbally responsible and compassionate ("negative reactions to...clients") The idea of branches of compassion is also outlined in Buddhist thought as demonstrated by Elizabeth Harris in her article "Detachment and compassion in early Buddhism",^[6]

"The foundation for any spiritual progress within Buddhism is the Five Precepts...Compassion for the life, feelings, and security of others is inseparably linked with the first, second, and fourth precepts...3. I undertake the rule of training to refrain from false speech"

Life, feelings and security here can easily be seen to be the physical and mental branches of embodying compassion for others, and refraining from false speech can be seen to be the verbal branch of compassion for others.

Taking verbal responsibility for what one says as a Thai practitioner is deeply rooted in understanding professional ethics and scope of practice. Anyone working as a professional should refrain from giving out advice they are not trained to, from discussing subjects that are questionably uncomfortable to a client, and from topics that may cause emotional or psychological pain. “The first principal of nonviolent action is that of noncooperation with everything humiliating.” [7] Practitioners must be responsible for what they think, what they do and what they say, they should act and speak ethically within their scope of practice. Only then can they truly embody compassion.

The words compassion and ethics don't mesh well together. Compassion calls forth Eastern ideas of healing and the Buddhist underpinnings of Thai massage while ethics brings to mind the sterile nature of Western medicine. Why would Thai massage be in need of ethics when it has people acting compassionately? Part of this discord may lay in the uprooting of Thai massage from the East. In the West there is a distinct separation between medical (allopathic) health care, allied health care, alternative (osteopathic) health care and massage. Thai massage in the East, with its mix of spirituality, meditation, herbs, and manual manipulation through massage bridges many of these fields. In the West each field has its own education, credentials and scope of practice and is kept in check by regulatory boards, licensure and biomedical ethics. In the West “the "four principles plus scope" approach provides a simple, accessible, approach to thinking about ethical issues in health care. The approach is based on four common, basic prima facie moral commitments—respect for autonomy, beneficence, non- maleficence, and justice—plus concern for their scope of application.[8] As the West tries to blend ideas of compassion and Eastern practices into its model of care and massage there is a blurring of lines.

This is not to say that the East does not have ethics for care. Eastern medicine is not thought of as being cut and dry, clinical; it always seems to have an esoteric, deep spiritual practice that has no need for an ethics discussion, however; the earliest representation of medical ethics is recorded by Sun Szu- miao (AD 581-682) when he emphasized the necessity of thorough education, rigorous conscientiousness and self-discipline, and explained that compassion and humaneness were the basic values of medical practice.[9] His written work and others' provide the basis of what is known as ancient Chinese medical ethics (ACME). The result of research published shows that the concepts of respect for autonomy, non-maleficence, beneficence and justice are clearly identifiable in ACME, along with the key principle of compassion.[10]

The Western massage field itself also contributes to the confusion about ethics and scope of practice. Over the years it has failed to come up with a well outlined scope of practice and even when something can be found Thai massage seems to fall just outside of these delineated lines. The manner in which Thai massage service is carried out, its ties to a spiritual and energetic practice, allow it to fall outside of most states' legal definition of “massage” and therefore it outside of licensure and regulation.

This lack of a definition and regulation cannot be an excuse for a practitioner to take license and mete out advice, forgo ethics, responsibility and compassion either physically, mentally or verbally. It is not an open invitation to physically push clients past their edge and comfort under

the guise of healing. In fact it is the reason why Thai practitioners should be even more vigilant about maintaining compassion for clients, striving for new levels of introspection, self understanding and self policing. Thai practitioners undoubtedly have the power to help clients heal through Thai massage, but must always keep compassion close because “those in power need checks and restraints lest they come to identify the common good for their own tastes and desires.”^[11] Thai practitioners should take to heart their power and ability to heal and temper it with compassion because “all power is a trust; we are accountable for its exercise; from the people, and for the people, all springs, and all must exist.” ^[12]

^[1] Om Namo....What? Bob Haddad

^[2] What is Theravada Buddhism? John Bullit

^[3] Dp.A.193 from Buddhavacana.net

^[4] Brown, Lesley (2002). *The New shorter Oxford English dictionary on historical principles*. Oxford [Eng.]: Clarendon. ISBN 0198612710.

^[5] “Compassion in psychotherapy” Vivino, BL, et al. *Psychother Res*. 2009 Mar;19(2):157-71

^[6] Harris, E. Detachment and compassion in early Buddhism. Buddhist Publication Society
Bodhi Leaves Publication No. 141

^[7] Cesar Chavez (1927-1993) Civil rights activist

^[8] Gillon, R. (1994). Medical ethics: four principles plus attention to scope.
BMJ, 309(6948):184+.

^[9] Ancient Chinese medical ethics and the four principles of biomedical ethics.

D F Tsai *J Med Ethics*. 1999 August; 25(4): 315–321.

^[10] DF Tsai

^[11] William O. Douglas (1898 – 1980) United States Supreme Court Associate Justice.

^[12] Benjamin Disraeli (1804 – 1881) British Prime Minister