

# Hands on, hands off

## How Bowen opens the door to self-healing

How's a bodywork therapy supposed to work when the practitioner keeps leaving the room? The Bowen Technique continues to amaze and mystify. To celebrate publication of Britain's first book on Bowen, we asked author Julian Baker, Europe's most experienced practitioner and teacher of the technique, to explain.

The Bowen Technique is fast becoming one of the most popular complementary therapies in the UK. Given that Bowen only arrived here in 1993, this is a remarkable feat, so just what is it that gives this technique such pulling power?

The technique itself is one of marked simplicity and a casual observer would remark that the therapist performing a treatment has done very little in the way of hands on work and this would be true. For many therapists used to a high degree of physical work, this comes as a refreshing change. The work is gentle, easy on the therapist and the client, has no contra indications and can even be used in acute cases as well as with small children and the elderly. From foetal to fatal as one wag described it!

Bowen is called after the man who developed it, Thomas Bowen of Geelong, in the Southern Australian state of Victoria. Bowen left school at fourteen and in spite of having no further formal education, by the mid seventies was one of the busiest therapists in the country, treating by his own estimates, over thirteen thousand clients a year. As remarkable as this is in itself, the claim that 90% of people only required one or two treatments is even more astounding.

This kind of statistic however does hold up even today, as most busy Bowen therapists will tell you that the average number of treatments required by clients will be between two and four.

The treatment consists of a series of gentle moves performed with the thumbs and fingers, over muscle, tendon ligament and skin. The pressure that is applied by the therapist is very little and is referred to as eyeball type pressure, that is the type of pressure that could be applied to the eye, without causing pain or damage to the eye.

The therapist uses the slack skin to access the tissue, applies pressure and then makes a rolling type of move over the area. Although not a flick, the movement of the muscle creates a sort of alarm in the brain, which in turn triggers a neural response in the body.

## Brain and Body, How Bowen Works

There has been much speculation over the years regarding how Bowen works and much of what will continue to be written will remain in this speculative state. The reason for this is that we have a very limited understanding of the workings of the brain and as a result are unable to ascertain how most of our system is operated. In addition there are those who simply aren't that bothered why or how it works, as long as it does.

There are however some clear ideas for us to demonstrate how certain parts of the brain might respond when asked to interpret a Bowen move. For this example we can look at the function of the primary motor cortex (PMC) and its role in mechanical movement. If the PMC receives a message telling it to move a hand or an arm, the signal is sent to the specified part of the body via the nerve endings in the spinal cord. In order for this to be monitored however, there needs to be a corresponding signal that returns to the brain and the movement is then adjusted via the parietal lobe. Thus a kind of loop of information is created giving a flow of information from the brain into the body and back again. The process is naturally a very rapid one and the brain sends out over 600,000 signals a second in this manner.

A Bowen move interrupts this flow and creates a blip, which the brain in turn needs to interpret. In the process of this interpretation, a point of reference is created and blood is sent to nerve endings in the areas being worked. It's as if the brain is asking "What happened?" and when not given a reasonable answer, tries to recreate the parameters of the move. It is common for the client to comment that "It felt like your hands were still on me" when the therapist has left the room. Or "I felt a tingling or warmth in that area". Both of these suggest a reaction in place, but also demonstrate another important element within Bowen.

## Learning to Leave

A key feature of The Bowen Technique is that of the therapist leaving the room in between certain moves in order to allow the work to take effect. With the move being as subtle as it is, the body and the brain need time to establish a) what has happened and b) what action if any needs to be taken as a result.

The therapist leaving the room allows for this to happen and far from being a passive action is actually allowing the work to start to take effect. In addition an advanced therapist is not simply using a set of pre determined procedures, but is actually working according to the energetic and physical changes of each client and the breaks allow the therapist a space from which to make effective comparisons. In essence any treatment that claims to be Bowen but doesn't put in breaks where the therapist leaves the room, is not Bowen. As with any rule there are some occasions when the therapist will stay, but these are the exceptions.

The key to Bowen's success was his principle that very little needed to be done in order for the body to start the process of repair. In addition it was clear that he had the remarkable gift of being able to 'read' bodies. Put simply he could walk into a room, identify what a problem was and where it came from. Then he would put some gentle moves in and leave the room to allow the work to take effect. On his return he would also be able to see the effect of his work and, reading the body again, decide what should be done.

The key element within all of this however, is the need to understand that it is not the therapist that is doing the repair. The principles of Bowen start with the understanding and conviction that the body is capable of repairing itself, given the right time and conditions. As there is no physical adjustment or high velocity thrust movements, Bowen is a treatment, which creates a set of parameters whereby the body's own restorative ability is accessed.

## Research and Dilemmas

Another interesting element to Bowen is its ability to 'access all areas'. Although a client might present with a conventional shoulder, neck or back pain, it is a common occurrence that when they come back the following week, other things not mentioned have changed or resolved. A good example of this was an eighty-year-old man who came to see me with shoulder pain. On presentation for his second treatment, he was very excited, as not only had his shoulder pain disappeared, but his haemorrhoids, a problem for over forty years, had also vanished.

This follows the belief that we as complementary therapists should not set about treating specific conditions, but should instead treat the person as a whole. As Patch Adams says in his book *Gesundheit*, 'Treat the disease some you win some you lose, treat the person and you win every time.'

Researching anything is a time consuming and expensive exercise, but in the case of CAM it raises several other issues. If we are to treat the individual as a whole, then it follows that the treatment given will vary from one client to the next, as different needs and abilities to respond arise. How then can this be put into the rigid format that would fall into the category of 'scientific' and therefore be acceptable by the medical profession?

In order to get around this, I decided that we would run a study using one procedure only, in combination with some other moves. In addition we would also examine a control group, who would think that they were having treatment, with the therapist simply touching in certain areas. The procedure we chose was frozen shoulders, as this is traditionally a difficult area to treat, but was relatively easy to measure in terms of condition and change.

Helen Kinnear a sports scientist came up with the protocol and over one hundred people were treated. The results were remarkable. Over 70% of the treated group reported improvement, even though one could be reasonably sure that there would have been other factors involved in their condition. Some of the placebo group also reported an improvement, but this was statistically insignificant.

It was in effect a double whammy as we had not only proven the effectiveness of a particular technique, but had also blown out of the water the assertion by many in the conventional medical field, that treatments such as Bowen were mere placebos and unscientific.

The Bowen Technique is without doubt a phenomenon. It bridges the gap that exists within modern medicine that exists between the self healing ability and interventionist drug therapy. Modern medicine has to change if the world is not going to face a health crisis of its own making. Perhaps the crisis has already started. Tools such as Bowen show that the body has the mechanisms already in place to heal itself and that these processes need nurturing not suppressing.

When health minister Alan Milburn announced more money for cancer care, more surgeons, hospitals, better detection, he was applauded. We were promised that from this the rate of cancer would fall. The analogy I use is that of the mayor of a town built of straw, announcing that there would be greater investment into the fire brigade.

There needs to be a fundamental shift away from the mind of intervention and over to the view that the body has the answers first and the doctors second.

Julian Baker is credited with having brought Bowen Technique from Australia to England in 1992. He is director of the European College of Bowen Studies, where he not only supervises practitioner training but also has set up an extensive teacher-training programme. With his, then, partner Louise Atwill, he co-founded the Bowen Therapists' European Register.

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## Freeing Up Frozen Shoulder

European College of Bowen Studies research director Helen Kinnear and director Julian Baker organised the six-week research project, with 100 patients being treated by different Bowen therapists throughout Britain. Patients were randomly assigned to either a treatment or placebo group. Highlights:

• treatment group showed a significant increase in overall range of motion (ROM) and shoulder function compared to the placebo group. Average ROM improvement was 23° for the treatment patients and only 8° for the placebo group. This was the average improvement over all the shoulder movements: some movements improved considerably and others did not respond so well.

- Shoulder abduction, flexion and horizontal abduction showed most improvement. Most patients achieved ROM in these movements after only three treatments.
- ROM of shoulder abduction improved in 78% of patients compared to 22% of the placebo patients. Treatment group improved by 40° while the placebo group showed an improvement of 9°. These two results are statistically significant ( $p < 0.05$ ).
- Shoulder flexion ROM improved by 28° in the treatment group and only 7° in the placebo group. This was statistically significant at  $p < 0.05$  and "shows that Bowen is an effective way to non-invasively increase functional range of motion in the stiff and painful shoulder".

Details of the frozen shoulder treatment can be found on the website at [www.thebowentechnique.com](http://www.thebowentechnique.com)

That website also has a paper by Dr JoAnne Whitaker, MD, of the Bowen Research and Training Institute in Florida ([www.bowen.org](http://www.bowen.org)). Patricia P Gilliam, MED, MSN and Douglas B Seba, PhD on the effects of The Bowen Technique on Fibromyalgia and effects on the autonomic nervous system as measured by heart rate variability and clinical assessment.

*"The Bowen Technique, a gentle, hands-on method, as used in this study, clearly had a positive health effect, particularly on fibromyalgia subjects. These results were documented by measuring changes in the ANS balance by HRV and clinical assessment. Thus, it is reasonable to conclude that similar studies would support many of the claims made for The Bowen Technique. Further, the measurement of shifts in the ANS by HRV studies is a powerful tool and could be used for investigation into other environmental issues."*

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