# Bowen And Osteopathy – the Missing Link

**by Julian Baker**

There is little argument that modern osteopathy is one of the widest ranging of therapies currently in practice in the world today. Encompassing as it does articulation, adjustment, massage, stretching, etc., there is, in theory, nothing that is missing from the osteopathic tool kit.

Important however is the need for the therapist to continue to expand in their view, to broaden their outlook in the search for more varied and appropriate ways of treatment. A therapy only recently introduced to the UK, The Bowen Technique is starting to make waves in the osteopathic and physiotherapy community.

In many ways this somewhat renegade therapy owes its roots to the same pioneering spirit of Andrew Still, coming as it does from an untrained and largely self-educated man from Victoria, Australia, Thomas Bowen. Bowen left school at the age of fourteen and started work as a labourer in various jobs. A keen sportsman he coached a boys swimming team and was involved in cricket, bowls and Australian rules football and it was this sporting interest that led him to look at ways of addressing physical structure quickly.

His major skill lay in his incredibly keen eye, which was able to spot imbalances almost instantaneously, and when these were detected the smallest and quickest of moves were applied in order to start the process of change.

Most of the few men he taught were conventionally trained therapists from the field of massage, osteopathy or chiropractic and Tom Bowen was very keen to be viewed in the same light, calling himself an osteopath until the profession was regulated in 1974. Indeed he did apply to register but was turned down, due to his lack of formal training.

Word spread and Bowen was introduced to the UK public in 1994 after an article appeared in the Daily Mail.

## So what is it?

The key to Bowen lies in its simplicity and ease of application. Neither the therapist nor the client is put under any sort of physical pressure, meaning that patient acceptance is very high. The moves are a series of soft tissue releases over specified areas, made by the therapist applying gentle pressure with thumbs or fingers.

The moves use the available skin to create a disturbance of connective tissue, which in turn has the effect of interfering with proprioception. The pressure used is described as being similar to that which can be applied to the eyeball and the moves are a roll rather than the flick that can be associated with other fascial release techniques.

The indication of movement external to the body requires a response from various parts of the brain in order to assess what action, if any, is appropriate. In many cases there needs to be no action on the part of anyone in order for a physical response to occur. For example, if I hold a brick above my head and indicate a desire to throw it at you, the limbic system prepares you for either running away or defending yourself.

In turn there will be a measurable galvanic skin response (GSR). Your heart will start pumping more blood, your temperature will rise and you will start sweating in order to dissipate the heat.

The brain at any one time is dealing with over 600,000 signals per second, in a frenzy of cerebral activity, much of which is being dealt with on a 'need to know' basis. A series of Bowen moves draws attention to a particular area and requires that priority of response be given. In order to do this the brain will often move to an alpha state. Alpha brain patterns vary from deep alpha, a state of deep relaxation often referred to as the "twilight state" between sleep and waking, to the higher end of alpha which is a more focused yet still very relaxed state. Bowen capitalises on this relaxed state through the use of a series of short breaks of approximately two minutes, when the work is allowed to take effect.

The key principle behind Bowen is that essentially the therapist is simply pushing the body to start the process of structural restoration, without having to do very much. The result is that a response is generally very rapid and results can be seen in a very short time, with the majority of clients reporting significant improvement or even resolution in two or three treatments.

In addition to the normal improvements observed, a common reaction is that the patient reports other changes unrelated to the original presentation. These 'serendipitous' outcomes are probably one of the most often reported reactions to Bowen. "Yes my shoulder improved, but my stomach cramps also went away."

Edward Hough qualified as a physiotherapist in 1966 and became an osteopath in the early 1980's. His successful practice was going well when he first heard about Bowen in 1995 and after making enquiries, completed the Bowen training in 1998. After four years of using it extensively, Hough estimates that Bowen now accounts for approximately 80% of his practice. His original approach was to use Bowen in place of massage for relaxation, but quickly found that he needed to use fewer techniques, with more and more resolutions coming from one or two Bowen treatments. He now uses Bowen for a first presentation, moving on to other techniques if there is no improvement.

He says, "I like the holistic aspects of Bowen very much. It can be a preventative treatment as well and, of course, the other tremendous bonus is that the patients are very relaxed: first because Bowen is such a gentle treatment and then because the Bowen treatment itself induces a profound relaxation in almost everyone."

Nowadays, Hough tries to keep the manipulation to a minimum as much as possible. "When you have a joint injury or strain and the joint rotates slightly or is misaligned, the muscles around accommodate it – some go tight and some stretch and hold the joint in that position. It can be painful but it is nature's way of holding the joint, nature's splint. So you work on the surrounding muscles first and relax them so the manipulation doesn't tear the muscles. The body strives to right itself and I find that often the Bowen Technique will stimulate the muscles to realign the joint on their own."

## Research

As with any modality, the need for 'scientific' research into the effects of Bowen has been called for. It could be held that science is a particularly blunt tool with which to dissect reality and that absence of proof does not demonstrate proof of absence.

In 1999 it was decided that at the same time as running a trial into the effects of The Bowen Technique, we would also test the oft-cited ‘placebo effect’ as being the cause of any improvements. A hundred people diagnosed with ‘frozen shoulder’ were given either Bowen or what they thought was a Bowen treatment. The results were remarkable, with the control group reporting improvement, but with no statistical significant improvement at all in their measured range of motion. The treated group had a significant response to treatment with an average 70% improvement in pain and range of movement.

In order to stabilise data, treating practitioners did not give exercises or address other conditions that might also have impacted on the shoulder. Because Bowen tries to treat as a whole, rather than isolating and treating specific conditions, the ability to run standard research protocols is restricted and other ways of demonstrating outcomes need to be found. In addition these also need to be acceptable to the communities for whom evidence based medicine is paramount.

The Bowen Technique is not an easy ride for many formally trained therapists as the training takes a fundamentally non-pragmatic view of diagnostics. The Bowen view is that therapists should avoid the diagnosis and treatment of specific problems. By focusing too narrowly on a certain area the clear danger is that we can miss other contributing factors, especially where there is a degree of obscurity, or the immediate relevance is not obvious.

Another key element is the need for time. It is not uncommon for a patient to leave a Bowen treatment with the same level of pain or discomfort as when they arrived, and the therapist must avoid the temptation of ‘pain chasing’. If, as we claim, we are asking the body to repair itself then a level of trust that this can happen is implicit as part of the process.

It is this element of trust required that makes Bowen a difficult modality for some to grasp. In addition, therapists who are accustomed to a deeper or more physical approach, find the gentle pressure and minimal moves require a radical change in the idea of what determines therapy.

As one osteopath struggling to come to terms with Bowen put it, “It just didn’t make sense. How could one perform these seemingly insignificant moves and expect to change structure? In the end I set out to disprove what my instructor was propounding. In a very short space of time, the results spoke for themselves. I was sadly a convert!”

On a practical level Bowen is ideal for the busy therapist. The nature of the work means that it can be performed through light clothing, making it ideal for use in situations where removal of clothing might be an issue, particularly children or the elderly. The series of breaks that define what is or is not Bowen, mean that two or even three patients can be treated simultaneously, although this does require a degree of practice.

Because the work being performed is very gentle, the therapist can maintain a high patient turnover, without detriment to his or her own physical state. After all who wants to retire tired?

***Osteopathy Today magazine - September 2002***