

Introduction

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.

The *First* approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to bawl:
"God bless me!—but the Elephant
Is very like a wall!"

The *Second*, feeling of the tusk,
Cried:"Ho!—what have we here
So very round and smooth and sharp?
To me 't is mighty clear
This wonder of an Elephant
Is very like a spear!"

The *Third* approached the animal,
And happening to take

The squirming trunk within his hands,
Thus boldly up and spake:
"I see," quoth he, "the Elephant
Is very like a snake!"

The *Fourth* reached out his eager hand,
And felt about the knee.
"What most this wondrous beast is like
Is mighty plain," quoth he;
"'T is clear enough the Elephant
Is very like a tree!"

The *Fifth*, who chanced to touch the ear,
Said: "E'en the blindest man
Can tell what this resembles most;
Deny the fact who can,
This marvel of an Elephant
Is very like a fan!"

The *Sixth* no sooner had begun
About the beast to grope,
Than, seizing on the swinging tail
That fell within his scope,
"I see," quoth he, "the Elephant
Is very like a rope!"

And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!

The Blind Men and the Elephant - John Godfrey Saxe (1872)

So it is with the Bowen Technique. Depending on which therapist you talk to, Bowen is sometimes described in terms of anatomical relationships in the connective tissue; some will explain that it works on an energetic level, some say it affects the sensory and motor feedback loops, some talk about its effect on the lymphatic system, others about how it affects the fascial network and still others about the meridians and chakra system (for example the nadis or subtle nerve channels of the ayurvedic system of medicine).

The truth is that, as the above poem points out, all these are true but none are singularly. This probably also explains the extraordinarily powerful effect of Bowen treatments on patients, as it undoubtedly affects the body on multiple levels at the same time.

Part of the confusion has arisen because Tom Bowen was not a good communicator, particularly when it came to explaining what he was doing. According to Romney

Smeeton, a student of Bowen, he did not 'teach' anyone, but just allowed a small number of people to observe him at work and ask questions. He was also working mostly with acute clients as were most of his students or 'boys' as he used to call them. As the technique was taught to a wider audience though, it became clear that Bowen's approach also had a powerful effect on the chronically ill, the terminally ill and the hyper-sensitive client as well. Treating these types of client needed a different approach – a lighter touch, longer treatment plans and longer treatments – something that was probably not part of Bowen's original way of working, but nevertheless a large number of therapists work very successfully in this way today.

Development of the Bowen Technique

Vicki Mechner writes:

Thomas Ambrose Bowen was born in Australia on April 18, 1916. An ardent sports fan, he spent countless hours watching the masseurs at local football games in Geelong, Victoria. He began massaging footballers' injuries, and then studied informally with Ernie Saunders, a legendary "manipulator" in a suburb of nearby Melbourne. Bowen studied anatomy texts and developed his distinctive technique through continual experimentation, mainly by treating the bad backs of his colleagues at the factory where he worked.

By the early '50s, his wife, Jessie, had been hospitalized several times with severe

asthma. Bowen developed a soft-tissue manipulation procedure for it. The combination of this procedure and the restricted diet he developed kept her asthma under control thereafter. In 1957 he began treating people in the evening at the home of friends Stan and Rene Horwood. Bowen soon gave up his day job, rented office space, with Rene as his office manager. He called himself an osteopath, a title that was not regulated in Australia at that time.

Bowen's uncanny assessment skills enabled him to address the root cause of patients' problems with very few moves. With an assistant in each treatment room to get patients ready, he worked at a prodigious rate. By 1973 he had a very large practice.

As his reputation spread, many health professionals wanted to learn his technique. Only six did so to his satisfaction. One soft-tissue therapist, four chiropractors and one osteopath completed two to three years of weekly individual study with Bowen. After several weeks or months of following him from room to room and watching him work, each was allowed to work on patients under Bowen's close supervision. They incorporated his technique into their own practices. Even after Bowen considered them ready, they continued to visit him regularly to learn his latest refinements.

Bowen wouldn't accept payment for treating children, football players, pregnant women and poor or physically disabled people. When Bowen lost a leg to diabetes in 1980, three of his students ran his clinic until he resumed work - at his former pace, although from a wheelchair.

After Bowen's death in 1982, Kevin Ryan (the osteopath) kept the clinic running for two months. He and Romney Smeeton (one of the chiropractors) continued the free

Saturdays for the disabled for another 12 years. They and chiropractor Keith Davis still practice Bowen's technique in their busy clinics. Of the other chiropractors, Kevin Neave retired in 1989, and Nigel Love died in 1999. Oswald Rentsch (the massage therapist) opened a Bowen Technique clinic with his wife, Elaine, in 1976; they have taught seminars in their interpretation of the technique since 1986. Ryan teaches occasional workshops to Bowen practitioners and, since 1998, has taught a 26-contact-hour Bowen course to osteopathy students at a university in Melbourne. Rene Horwood, who, in addition to running Bowen's business, helped him develop some of his procedures, passed away at 93 in September 2001.

Bowtech

Oswald Rentsch ("Ossie" to all who know him) undertook the study of massage in 1959 with the goal of easing his wife Elaine's unremitting pain. A childhood neck injury had damaged her spine severely, and she fully expected to become an invalid. Fifteen years later, still searching for relief for Elaine's suffering, Ossie began a weekly commute - two hours each way - to study with Tom Bowen.

Elaine soon became Bowen's patient. She recalls her first visit: "When he touched my neck, he said, 'It will take six months to get this right.' But even after the one treatment, I could feel energy moving in my neck." Elaine's health gradually returned. She continued accompanying Ossie to the clinic, where she sometimes assisted Bowen's patients and observed his treatments. In 1976, with Bowen's advice and blessings, Ossie and Elaine opened a clinic in Hamilton that was modeled after his.

"At Tom's suggestion, we didn't advertise," recalls Ossie. "By the end of six months we were booked solid. Many professionals came to watch us work, and they kept

asking us to teach, saying, 'If you don't teach this, Bowen's work will disappear.'

Finally, a fellow in Perth got a group together and we went there to teach."

Through the Bowen Therapy Academy of Australia, the Rentsch's have taught "Bowtech," as they call their interpretation of Tom Bowen's technique, to more to tens of thousands of practitioners throughout the world. They began training instructors in 1994.

One of the issues that many experienced teachers have is that it is easy for practitioners to adopt the 'procedural' way that Bowen is taught without using their palpation and assessment skills to adapt the work to suit each client individually. The fact is that many practitioners get extraordinary results from applying the 'recipe – type' approach to the work, (rather like one-size-fits-all) which means that is easy for a practitioner who is new to bodywork to apply Bowen formulaically and get remarkable results. Changes in posture, wellbeing, sleep patterns and emotional health are very common after applying the 'recipe' of what are called the Basic Relaxation Moves (or pages 1. 2 & 3 in some other schools).

For the therapist, there is something quite magical about observing the results of something so simple and yet something so inexplicable. Applying these gentle moves to the body in a pre-determined sequence just doesn't seem to add up to the profound effect on clients. This, in itself, understandably gives rise to a reluctance on the part of the therapist to change the 'recipe' or tinker too much with what they have been taught for fear of watering down the results. However, for many clients this procedural approach is not enough and we need to go deeper to find the origin of their problem and work on it. Without finding the origin of a problem we are unlikely to

get long-standing changes and the problem will keep recurring. This is the essence of the role of the therapist, but it must be borne in mind that the root cause of someone's problem might be physical (and not obviously connected to their symptoms), emotional or something they are doing in their everyday life that is exacerbating their condition. This is why this book concentrates on emphasizing ways of supporting clients through appropriate exercise, diet and adjusting environmental factors. This might be a question of changing something as simple as not carrying a wallet in their back pocket (you would be surprised how many clients complaining of sciatic pain do this and don't make the connection!) to looking at deeper emotional issues to their condition (which may need referral to someone qualified to work in this area).

The big issue that has made it more difficult to move forward with developing the Bowen technique is the lack of understanding and consensus of how Bowen works. There has been a lot of interest recently about Tom Bowen's interest in the meridians of Chinese Traditional Medicine (TCM) and Shiatsu in particular. Romney Smeeton, who worked closely with Tom, relates that in 1978, Bowen handed him a shiatsu book and said: "That's the whole basis of this work lad". Certainly, Ernie Saunders, Tom's mentor, travelled widely to the USA, South Africa and the UK and was exposed to the theories of Acupuncture and Shiatsu and undoubtedly shared these with his colleagues on his return. It is interesting that well over 90% of all Bowen moves are performed over known acupuncture points but practitioners point out that Bowen seems to have a different effect to traditional acupuncture. Many clients will have had acupuncture treatments that they have not responded to, but do respond with Bowen and vice versa, so there are clearly other mechanisms going on. However, there is a clear link between acupuncture points and places in the body where the deep

and superficial fascia connect that was researched many years ago. This is discussed later in this book.

There is no doubt that Tom Bowen discovered something extraordinary with his way of working and it is also clear that there is so much more to discover. It also seems likely that he didn't fully understand the depth of this work. Certainly his knowledge of anatomy and physiology was poor, at least in the sense of being able to name structures in the body, although his thirst for knowledge did extend to visiting the local abattoir to inspect the fresh cadavers, thereby obtaining a deep understanding of functional anatomy, particularly in relationship to the fascia, which is the fundamental tissue that we work on in Bowen.

In the sense of being able to 'read the body' and assess where areas of restriction were, he was legendary, but much of this was probably on a level that he couldn't explain or just didn't want to. From my experience, there is something about when a practitioner really 'sees' the origins of someone's problem, which can be highly complex and involve physical and emotional aspects all at the same time, it can often be too complex and too limiting to explain to someone else. This is possibly why he apparently used to turn off his hearing aid, maybe also partly because when he needed to concentrate intensely he didn't want to be distracted. Don't forget that he was also incredibly busy, seeing several people at once and wouldn't have had time to explain in any detail to those who were shadowing him in his work.

One other important thing to understand is that the origins of this work were primarily in treating sports people and acute situations (both Tom Bowen and Ernie Saunders

worked extensively with football teams), so Tom's way of working short treatments (some commentators estimate that his clients can't have been on the couch more than about 10 minutes) is not necessarily ideal for all practitioners and clients today.