

The Bowen Technique:
A study of it's prevalence and effectiveness

by

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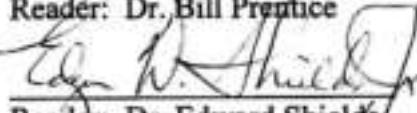
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Chapter One:

The Introduction

The alternative modality, Bowen Therapy, has been found to be a noninvasive technique that originated in Australia. Tom Bowen was the founder of the Bowen Technique. After World War II, Bowen became interested in finding ways to alleviate human suffering. He began to notice when he made certain moves on the body, it had particular effects. He frequently stated that his work was a gift from God (Dobkin, 1995). The Bowen Technique has been implemented all around the world to treat conditions ranging from lower back pain to colic (in babies). Although many practitioners and lay people have performed research relating to this technique, most of the research has been anecdotal. Most of the information has defined the technique and given ways to contact a practitioner. The newness of the technique has contributed to its anecdotal nature. Most individuals have attempted to “get the word out” and the true research end of Bowen has been limited. The following implementation of a true research study has revealed the efficacy level of the Bowen Technique.

Statement of the Problem

The purpose of this study was to reveal the prevalence of the Bowen Technique and to reveal the efficacy level of the Bowen Technique. Research involving the Bowen Technique has been quite limited. The majority of information that was available was anecdotal in nature. I have implemented a non-experimental

method, the survey design. The variable was the reduction in the client's level of pain and the response of the practitioners relating to how often they have implemented this technique. The data analysis has revealed how often this technique was used and how effectively it reduced pain.

Research Questions

The following research questions were developed based on my review of the Bowen literature, mainly the Bowens Hands Journal. The time that I have spent observing various Bowen practitioners and clients has also enabled me to develop these questions.

1. Did the responses of the practitioners slightly differ from the responses of the clients?
2. Was the Bowen Technique more effective for acute conditions than chronic conditions?
3. Did the data reveal that the Bowen Technique was a prevalent modality and was it well known throughout various cities in North Carolina and other cities in the United States?

Delimitations

1. A high survey return was expected due to our enclosing a letter from a Bowen practitioner within each packet. The Bowen practitioner requested that the practitioners and the clients complete and return the surveys. The letter was intended to add credibility to this study and motivate the

practitioners to participate. The practitioners were also motivated to participate in the survey because the study would spread the word of the Bowen Technique and each participant would receive the results of the study, if requested.

2. The practitioners and clients had adequate time to complete the surveys.
3. The practitioners were encouraged to photocopy the material and send to other good contacts. This was to promote a larger survey return, thus a larger subject pool.
4. The client's survey consisted of predominantly closed questions therefore reducing the amount of variability in the client's responses.

Limitations and Basic Assumptions

1. Despite efforts to increase the number of surveys that were returned, this study had a low survey return.
2. The participating practitioners completed the surveys and ensured that their clients completed the surveys as well.
3. The participating practitioners encouraged other Bowen practitioners and their clients to participate in this study.
4. The responses of the clients coincided thus providing for an easier analysis of the data.

Chapter Two:
Review of the Literature

Introduction and definition

History

Thomas A. Bowen (1903-1982), an Australian chemist with a strong engineering mind, developed the Bowen Technique in Geelong, Victoria. After serving in World War II, Bowen was motivated to discover a way to alleviate human suffering. He began to notice particular effects when certain moves were made on the body. The Bowen Technique was unique in that it was developed without Mr. Bowen having any prior training in any modality or therapeutic discipline. He frequently stated that his work was a gift from God ("The Australian Miracle," www.bowtech.com). Many Bowen practitioners reported that Bowen saw up to 13,000 patients a year. Bowen authorized Oswald and Elaine Rentsch to document his work. He had notes, charts, and manuals that the Rentschs copied, thus producing a true representation of Bowen's original technique. The Rentschs utilized Bowen's methods in their own clinic in Hamilton, Victoria, Australia. At his request, it was not until Bowen's death, which was in 1982, that the Rentschs began teaching his technique (Dobkin, 1995). Many believe the technique has been effective in reducing or eliminating pain from a variety of illnesses and ailments and for this reason it has been embraced by a broad spectrum of people ranging from physicians, to physical therapists, to massage therapists. The capabilities of a Bowen treatment and the range

of problems that it addresses have impressed a variety of healing professionals. The technique has been so successful that in 1994, the Rentschs implemented a Teacher Training Program, with seminars now held regularly ("The Australian Miracle," www.bowtech.com).

What is the Bowen Technique and How does it work?

Various Bowen practitioners have analyzed the many facets of the Bowen Technique and developed outlines, question and answer formats, and essays that attempt to define the Bowen Technique. The following is an excerpt from the Bowen Technique webpage:

"Understanding Bowen"

- 1) Bowen Therapy is safe to use on anyone, from newborn babies to the elderly.
- 2) Bowen addresses many conditions ranging from sports injuries to chronic and/or organic complaints (see sub-heading on Indications for use/Conditions responding well).
- 3) There is no vigorous manipulations used with Bowen.
- 4) The gentle moves stimulate energy flows, empowering the body's own natural resources to heal itself. Bowen improves joint mobility and clears the body of debris, balancing cellular physiology and tissue integrity.
- 5) Utilizing Bowen Therapy produces an integrated body response thereby improving circulation, improving lymphatic and venous drainage, and helping assimilate nutrients and eliminate toxins.

- 6) Bowen promotes homeostasis at the cellular level.
- 7) This technique allows the body to re-pattern energy fields to address physical, mental, and emotional issues.
- 8) Substantial relief is frequently achieved after only one session.
- 9) The precise location of each Bowen move correlates with the latest research on the meridian energy system, acupoints, and trigger point therapy.
- 10) Certified practitioners of Bowen stringently adhere to a professional code of ethics.

("Understanding Bowen," www.bowtech.com)

The overall goal of Bowen treatments has been to restore the body processes for self-healing. The technique has used a series of gentle muscle and connective tissue manipulation procedures, which realign the body and balance and initiate energy flows. The technique has informed the central homeostatic awareness of minute muscle tensions and unsound relationships between muscle groups that have upset the overall balance. Therefore it has been vital for the practitioner to develop a keen sense of "tissue tension sense" and correctly assess both when these subtle imbalances exist and when they have been resolved (Dobkin, 1995). The energy flows then affected the body's autonomic nervous system, creating homeostasis at the cellular level ("Bowtech Official Website," www.bowtech.com).

Bowen practitioner Gene Dobkin revealed that "there are 'positive' moves and 'neutral' moves in the Bowen system" (Dobkin, 1995). The positive moves excited energetic movement in the body and the neutral moves blocked or reflected it. A

target area was isolated from the rest of the body with blockers. Blockers were moves that were applied to the body that in turn acted as stoppers of the vibrating energy. The specific "blocker move" prevented the vibrating energy from dispersing and becoming less effective. It enabled the energy to stay within one area and therefore be concentrated and more effective. The blockers were allowed to "set" for a minute or two. Then when a positive move was done in between sets of blockers the energy reverberated between the walls until the unnatural tension was gone. Variations of this form were discovered for each section of the body (Dobkin, 1995). The flows of energy that were produced by this technique produced a deep sense of overall relaxation. Once the body was relaxed, the restorative process began and continued as the body allowed.

Dobkin reported research concerning the Bowen Technique and its recalibration of the autonomic nervous system. The sympathetic branch of the autonomic nervous system functions to protect the body against perceived danger. The body tenses its major muscle groups, secretes adrenaline, raises blood pressure, etc. The problem is that in 'civilized' society mental and psychological predators regularly trigger this same mechanism. There is often nothing to signal that the danger has ended and it is time to relax. Therefore, a strong physical response that would discharge much of the tension rarely follows. The end result is that a number of people spend their waking hours in a sustained hypervigilant state, bolstered by coffee and muted by tranquilizers whenever the pace waivers too much. When the

nerves and adrenals have been whipped to their limit, the vehicle physically and emotionally shuts down, fueling a burgeoning antidepressant market (Dobkin, 1995).

Many practitioners stated that the key to success of the Bowen technique was the previously mentioned release of toxins (Dobkin, 1995). The release of these toxins, coupled with Bowen moves accomplished the body's holistic balance. The Bowen Technique addressed the body as a whole and many practitioners believe this technique may be one of the single most important tools to facilitate healing of the whole body ("Bowen Work is Holistic," www.bowtech.com). When Bowen addressed the body as a whole unit rather than a single presenting symptom it embraced the physical, chemical, emotional, and mental aspects of each person. The ailments triggered by "civilized" society can finally be released by the body healing itself. The Bowen practitioner was merely a catalyst that set the stimulus in motion for the body to heal itself. Oswald and Elaine Rentsch have stated the following guideline for practitioners to follow: Keep it simple (Bowens Hands Journal, 12/96). Self-healing has not been hard to imagine and has often been achieved with minimal outside influence because the human body is so amazing. The previous information solidified the "Bowen belief" that a Bowen treatment, whether to address a specific problem or maintain a healthy body, was the essence of simplicity ("Bowen Work is Holistic," www.bowtech.com).

Mirka Knaster, the author of Discovering the Body's Wisdom, made an analogy between a Bowen move and a gentle pluck of a guitar string. A Bowen practitioner gently plucks certain patterns of tendons, nerves, and muscle fascia to set

up a vibration that imparts new information to the body and releases a cascade of neuromuscular reflexes. These reflexes work to free joints, relax muscles, improve circulation of blood, lymph, and energy, and balance organ systems (Knaster, 1996).

Bowen has often been defined by what it is not—neither massage nor chiropractic, Trigger Point Therapy, fascia release, lymphatic massage, energy work, or neuromuscular education. There has been no pounding, stroking, rubbing, force adjustments, or deep pressure with a Bowen move. Bowen has been a study in delicacy. It was never sharp or shocking and has not probed deeply into the muscles or joints. In fact, Bowen used no more than “eyeball pressure” (what one could tolerate on closed eyeballs (Knaster, 1996). During a Bowen session practitioners applied a three-part sequence of moves along the spine, back, and neck, then followed with the arms and legs. Additional procedures addressed particular difficulties. The sequence was similar to the way a piano tuner works, adjusting a few strings to lead to overall harmony. Practitioners synchronized the moves with one’s breath, and for greater relaxation they encouraged one to sigh as he or she exhaled. After each series of moves, there were frequent important pauses, which gave the body time to benefit from each set (“How does Bowen Work,” www.bowtech.com). The practitioner then left the room and allowed the body to receive the “signals” and drop into a deep state of calm and ease. The signal in turn produced the energy flows that resulted in the previously mentioned homeostasis at the cellular level. After the session, the client was instructed to drink plenty of water and walk (no vigorous exercise). This was to promote the removal of metabolic by-products and to help them stay flexible. One

was also instructed to avoid “other” systems for a week because they could interfere or negate the effects of a Bowen session, which continued to act in the body for five to ten days after the session. The Bowen Technique was referred to as a “complimentary” modality (“How Does Bowen Work,” www.bowtech.com) because it enhanced and complemented—does not interfere with—other medical attention. However, doing other manipulative therapies (“other” systems) immediately after a Bowen session could undermine the effectiveness of the continuing Bowen work. Bowen has been wonderfully complimented by many non-manipulative regimes, such as postural and movement training, non-strenuous exercise, nutritional counseling, herbs, and especially homeopathy. The key to these compliments was that they were all non-manipulative (Dobkin, 1995). A second or third session fine-tuned and reinforced the benefits of the first session and only extreme or chronic disorders required extended treatment (Knaster, 1996).

To get a sense of how the Bowen move feels, put the thumb of one hand on the center of the biceps muscle of your opposite arm. Make sure the biceps is relaxed. Moving horizontally, draw the skin back toward your chest. Then push against the muscle for a few seconds. Using gentle pressure, roll over the top of your biceps until you feel the muscle return to its original shape. Do not rub the skin, but rather drag it completely across the muscle (Knaster, 1996). The previous experience allowed for a practical Bowen experience. The practicality of the technique has been one of its strong points.

The Bowen Technique has been useful for everyone from newborn infants to the elderly. Many chronically ill and disabled individuals have benefited as well. The technique provided lasting relief from a wide variety of ailments and discomforts and it has been a highly unique system that has impressed practitioners of all modalities. About 80% of problems that were helped by the Bowen Technique were resolved within two or three sessions. The next 15% may have taken several sessions, 3-10 or more. The last 5% were often long-term degenerative conditions that could only be helped with symptomatic relief, if at all. The last 5% also included the mysterious illnesses that may have persisted for emotional reasons, etc (Dobkin, 1995). The following are problems that Bowen has had consistent success with.

<u>Condition</u>	<u>Percent Success</u>
Low back pain.....	close to 100%
Digestive problems/Indigestion.....	close to 100%
Shoulder/Neck junction.....	close to 100%
Hay Fever/sinus.....	close to 100%
Migraines.....	90%

(Dobkin, 1995)

The following are many problems (but certainly not all) that Bowen has addressed:

Abdominal Pain	Dyslexia	Liver Problems
Allergies	Ear Problems	Lymphatic Drainage
Angina Pain	Emphysema	Menier's Disease
Ankle Problems	Eye Problems	Menstrual Problems
Asthma	Frozen Shoulder	Migraine
Back Pain	Gall Bladder Pain	Muscle Problems
Bedwetting	Glandular Fever	Pelvic Tilt
Bell's Palsy	Groin Pull	Plantar Fascitis
Breast lumps	Hammer Toes	Pregnancy (discomfort)
Breast pain	Hamstring Tension	Prostrate
Bunions	Hay Fever	Sacral Pain
Bursitis	Headache	Sciatica
Carpal-Tunnel Syndrome	Heartburn	Scoliosis
Chest Pain	Hernia	Shin Splints
Coccyx Pain	Hiatal Hernia	Sinus
Colic	Hip Restrictions	Skeletal Problems
Constipation	Ileo-Cecal Valve	Sprung Ribs
Deafness	Incontinence (adult)	Sternal pain
Diaphragm Pain	Infertility (M and F)	Tennis Elbow
Diarrhea	Influenza	Vomiting
Digestive Problems	Irregular Milk Supply	
Distension	Jaw (and TMJ)	
Dizziness	Kidney Problems	
	Leg Cramps	

Has the Technique proven effective ?

Many practitioners implemented the Bowen Technique after "all else failed" and their clients received some relief. Bowen has often been described as a unique and remarkable technique. This "alternative" label was what probed most individuals to learn and practice the technique (Jarvis, 1997). Ann Charles, a certified Bowen practitioner, stated that she searched for years for a therapy that would provide relief for various back problems that she had experienced. When she was introduced to the Bowen Technique she could not keep it to herself and therefore became certified to

practice this “remarkable and highly effective system of healing” on others (Charles, 1996).

One practitioner related how her client had problems with visits to the dentist due to an inability to open her mouth more than one finger width. After two sessions of Bowen the client reported a significant increase in her ability to open her mouth. When the client came in for her third Bowen treatment, she could place two fingers in her mouth. Another practitioner reported of a 75 year-old client that had a broken arm that had been incorrectly set. The arm had been set for approximately 40 years. This had given him a lot of pain over the years and after four Bowen visits he was pain free. The client said he had repeatedly been told that nothing could be done for him (Bowens Hands Journal, 7/97). A 45 year-old female who had countless operations yet continued to suffer with a musculo-skeletal pain imbalance (mainly in the knee region) received her previous vitality after only three Bowen treatments. Her knee pain was completely gone giving her full walking ability.

The following are short quotes from various Bowen clients and practitioners:

“I have had chronic back and shoulder pain for many years...the application of Bowen Therapy has resulted in a significant reduction in pain. Unlike other treatments, the results were permanent. It has also helped lead to the resolution of some underlying emotional issues....” (Dobkin, 1995)

“...I first saw Gene Dobkin (Bowen Therapist)...when I had constant pain in my shoulder that radiated down my left arm and left me with a couple of numb fingers.

A chiropractor's treatment did not bring relief. After two Bowen sessions, my pain was gone and has not returned." (Dobkin, 1995)

"I made myself take time...to experience their (Oswald and Elaine Rentsch's) 10 minute demo session. Imagine my astonishment when that little demo removed a chronic pain from my shoulder I had since I was a child."

(Bowens Hands Journal, 6/96).

Training Involved

The **Australian National Training Authority** was established to mainly set up and oversee the implementation of the principles of the **National Framework for the Recognition of Training (NFROT)**, and maintain a **National Register**. The National Register has listed courses which were "accredited" as having been developed to achieve defined learning outcomes which meet required standards of job competence specified by the industry and various branches of its respective profession (in our case, the modality of Bowen Therapy) ("Bowens Hands," 12/96). The Bowen Technique has experienced the difficulties of many natural and traditional therapies of being discredited and sometimes subjugated by some factions of 'western' or conventional medicine. Inclusion on the National Register has been Bowen's single largest asset for promoting the name, the benefits, and the credibility of Bowen Therapy (Bowens Hands, 12/96).

A basic Bowen Therapy Seminar usually consisted of four days, or 28 hours. There was a minimum of lecture and philosophy hours involved. The majority of the

time was spent in demonstration, hands-on practice, and discussion of practical uses of the technique. There was sufficient charts and printed back-up material given in the seminars thus allowing for the development of a complete working knowledge of the technique. Student networking, organized practice days, and phone consultation assured that one would be able to stay on track (Dobkin, 1995). After joining the Bowen Academy and spending two months in practice, one was eligible for two-day refresher courses taught by Master Trainers Dr. Oswald and Elaine Rentsch. Then one was certified as a practitioner and for entry into the Bowen Therapy Academy referral Registry (Dobkin, 1995).

The Survey Design

In an effort to study the Bowen Technique a survey has been developed. Many pain surveys have found the Likert scale to be an effective tool that allows patients to rate their level of pain. The Likert scale in this survey allowed the client to rate their level of pain reduction. The practitioner completed their own survey as well. The practitioners were asked to indicate how effective he or she found the technique to be and how often they have used it for various conditions. Problems with past research studies have stemmed from their unclear objectives. The previous fact may account for why survey research has often been held in low esteem (Thomas and Nelson, 1990). The variables in this study have been defined as the reduction in pain and the prevalence of the use of this technique by the practitioner. The details of the survey methodology is discussed in the next chapter.

Chapter Three:

Methodology

I have found the majority of research concerning the Bowen Technique to be quite anecdotal in nature. Many definitions have been given and testimonials voiced to display the supposed value of the technique. However, the value of the Bowen Technique was better displayed by conducting this non-experimental research design. This information was obtained by distributing surveys to a specified sample population (explained in detail later). It was discovered how often the technique was used and how effectively the technique reduced pain, not what one move best reduced pain. In addition, the variable of pain reduction was studied by implementing a non-experimental research design, using a survey.

The Subjects

The subject pool consisted of approximately 20 Bowen practitioners from approximately 7 different states within the United States. The names and addresses of the practitioners were obtained through the Bowens Hands Journal. I requested that each practitioner distribute a client survey to 5 clients.

The Apparatus

A survey was used to discover how often the technique was used and how effectively the technique reduced pain. This apparatus actually consisted of a packet. The packet included a letter of explanation, a letter from a certified Bowen Therapist, a practitioner survey with return postage paid, and five client surveys with return postage paid. Information was received that related to the efficacy level of the

technique from both practitioners and clients, thus helping to eliminate practitioner bias.

The Protocol

The primary objective was to receive information that indicated how widespread the use of the technique was and how effectively the Bowen Technique reduced pain. The client recalled their level of pain prior to receiving the treatment and then rated their current post-treatment level according to the scale on the survey. A Likert scale was implemented for the clients to rate their pain levels. The questions were answered by circling the appropriate response on the Likert scale. Various open-ended questions were included in order to receive more detailed descriptive information. The background information of the client was also obtained. They were asked if other therapies had been implemented to treat their condition and if so how long they treated it? They were then asked how long they had been receiving Bowen treatments and were requested to list how effectively the Bowen Technique relieved their pain. They were asked if the level of pain had decreased and then rated this on a scale of 0-10. They were then asked to rate their short-term relief and long term relief (see Appendix D).

The background information of the practitioner was also obtained. They were asked how long they had been practicing the technique and how often they used the technique (for practitioners that do not exclusively use Bowen). They were also inquired as to what were the most prevalent conditions they treated with this

technique? They were asked to rate the client's reduction in pain based on their perceptions of the client's condition (see Appendix C).

Analysis of the Data

The survey design employed the Likert scale. The Likert scale allowed the practitioner and client to rank their responses. These rankings were converted into percentages and used for descriptive statistics. The responses of the practitioners were then compared with those of the clients. It was expected that the practitioners would believe the Bowen Technique to be very effective in reducing pain, but the efficacy was actually measured by comparing the responses of the practitioner with the responses of the client.

Chapter Four:

The Results

The practitioners and clients provided responses that related to the effectiveness and prevalence of the Bowen Technique. The responses were divided into four categories: the most commonly treated conditions, the effectiveness of the Bowen Technique, the average number of sessions needed to reduce the pain/alleviate the problem, and the practitioner and client's level of satisfaction with the results.

Ten out of the twenty practitioners (50%) participated in the study. The average age of the practitioners was 42.3 years old. Eighty percent of the practitioners were female while twenty percent were male. One hundred percent of the responding practitioners were certified to practice the technique. Sixty percent practiced the technique in combination with other therapies while forty-percent practiced the Bowen Technique exclusively. The average number of treatments that the practitioners administered each month was 34.5.

The majority of practitioners listed back pain as the most commonly treated condition (26%). See Figure 1 for other commonly treated conditions. The percent effectiveness for the most commonly treated conditions can be viewed in Figure 2. Based on the practitioner's experience with treating back pain, they rated back pain treatments as producing an 85% reduction in pain/alleviation of the problem. The average number of sessions for each of the most commonly treated conditions can be seen in Figure 3. The most treatments were required for fibromyalgia. The practitioner's percent satisfaction was relatively high with an overall average of 82%

for the four previously mentioned conditions. Figure 4 illustrates the specific percent satisfaction for each commonly treated condition.

It was interesting to compare the practitioner's responses, which were their perceptions of how well they believed the technique worked for the client, with the actual client responses. Twenty-seven of the one-hundred clients responded. The average age of the responding clients was 51 years old. The client pool was 77% female and 13% male. The average length of infirmity for the clients was 7.9 years. The client responses revealed that back pain was the condition most often treated by the Bowen Technique (29.6%). The other commonly treated conditions revealed by the clients are shown in Figure 5. The client data revealed that the Bowen Technique most effectively reduced pain for TMJ problems (Temporomandibular joint). The Bowen Technique was 95% effective in reducing pain for the TMJ clients. See Figure 6 for other conditions that received high ratings for effectiveness. The clients average number of sessions needed to reduce pain/alleviate the problem varied depending on the type of condition and the condition's severity (see Figure 7). The conditions most often listed by the clients included: TMJ, hip pain, back pain, stress/tension. The number of sessions ranged from 4 to 8 and the average for all the other conditions listed was 5.8 sessions. The client's satisfaction with the results they received from the Bowen Technique ranged from 77%-100% (see Figure 8). The highest rating was given for the results with treatments for TMJ problems and hip pain.

The practitioners and clients were also encouraged to provide additional information that would help reveal the efficacy level and prevalence of the technique.

The majority of the practitioners stated that Bowen was an innovative, relatively alternative technique that helped to reduce pain worldwide. The practitioners also stated that Bowen was not to be used in conjunction with any other manipulative therapies. The majority of practitioners revealed other facts relating to: treating chronic versus acute conditions, Bowen's ability to trigger the body to heal itself, Bowen's motto of "less is more," Bowen's ability to provide a sense of well-being, and they discussed how the effectiveness depends on the specific client and his/her condition.

The client's additional information consisted of topics such as: Bowen allowing them to become more functional, Bowen lessening but not totally alleviating the pain, instant versus delayed relief, Bowen's mind-body connection, and the physical and emotional benefits of Bowen. Several clients also revealed that they truly did not know if Bowen was what helped to reduce pain because they were receiving various treatments at the time of their Bowen treatments.

Figure 1

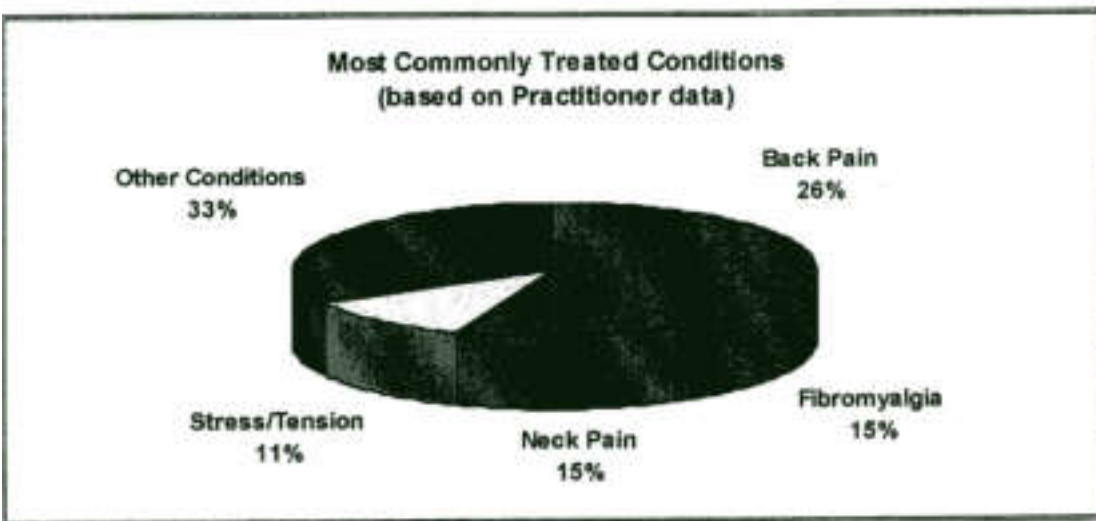


Figure 2

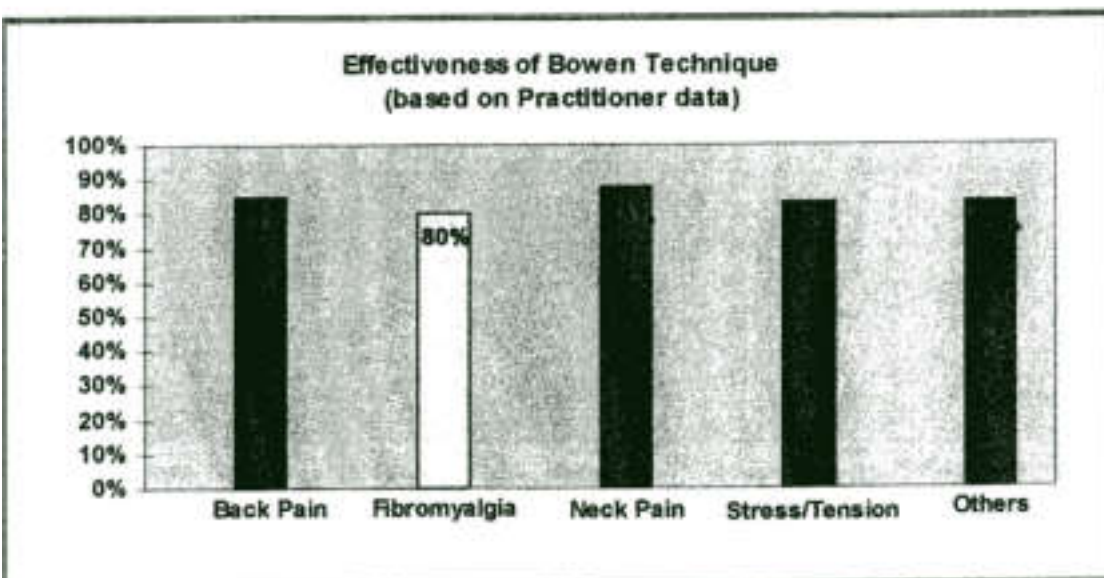


Figure 3

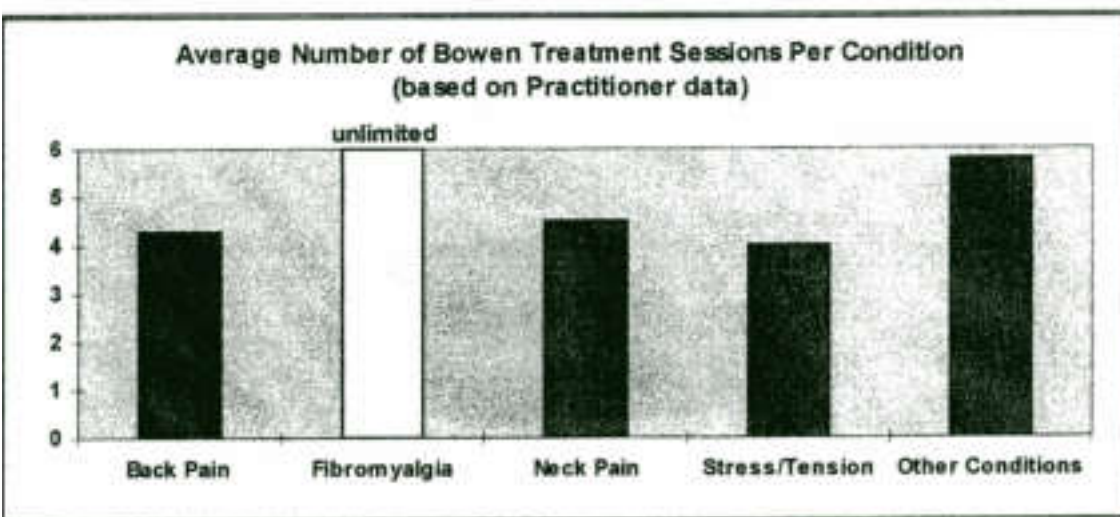
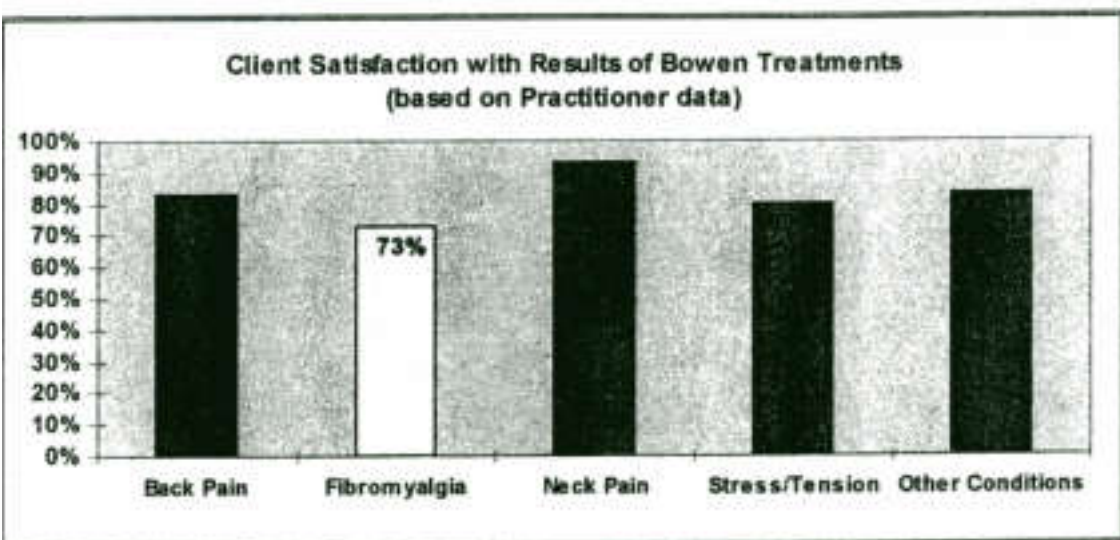


Figure 4



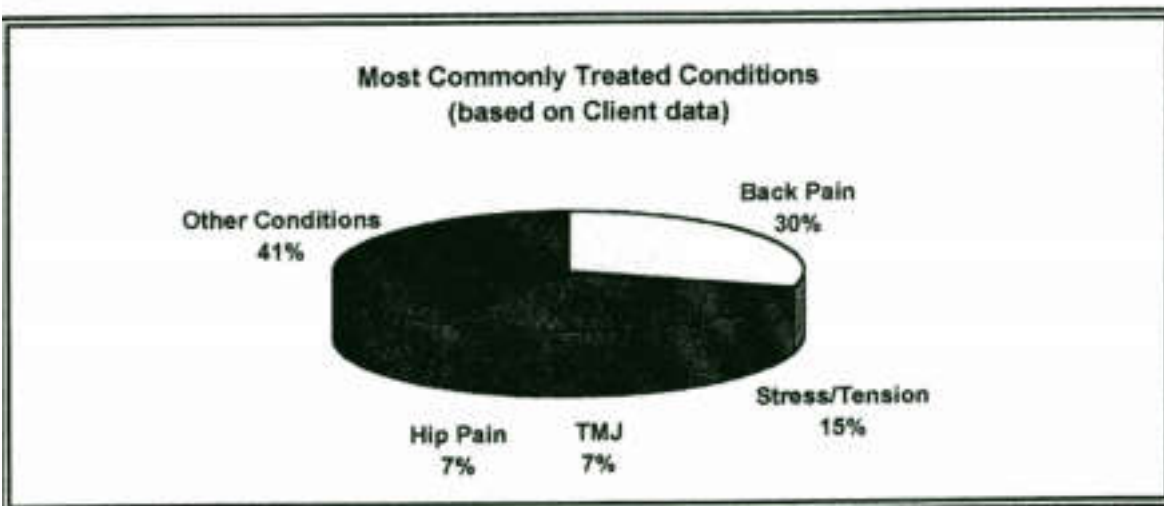


Figure 6

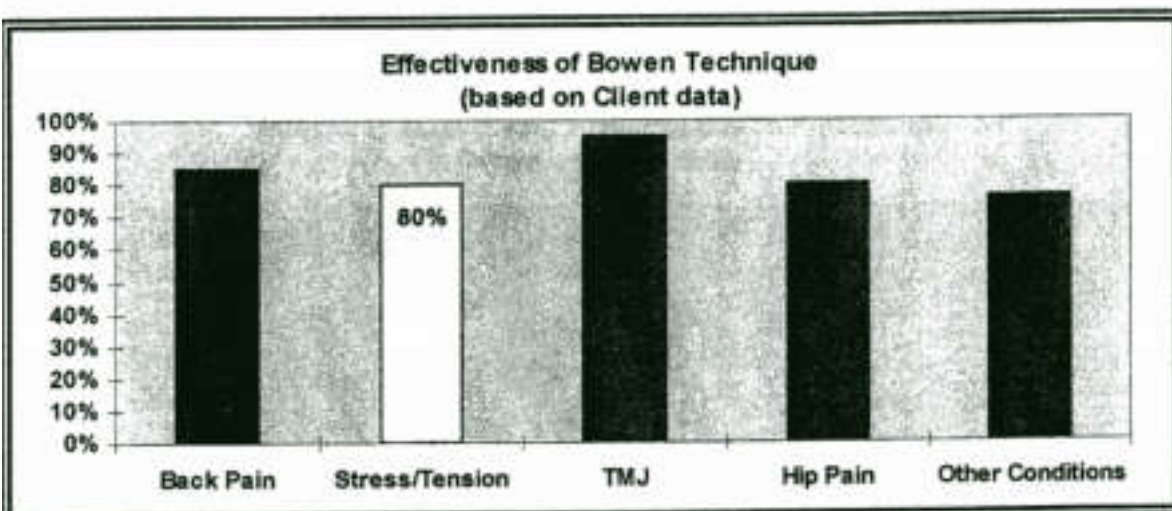


Figure 7

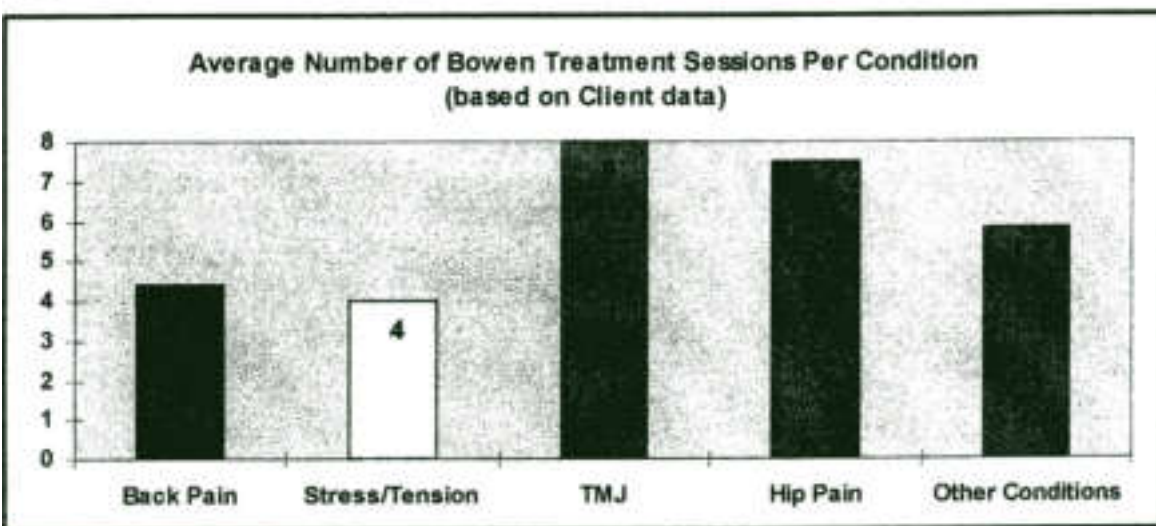
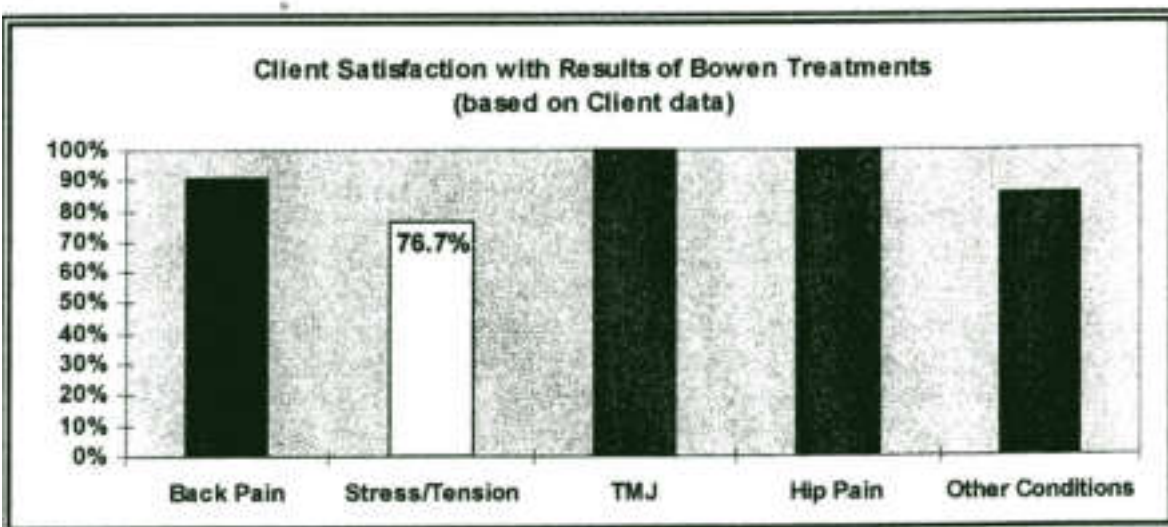


Figure 8



Chapter Five:

The Discussion

The survey design allowed for a collection of detailed responses and specific numerical data that revealed the efficacy level and the prevalence of the Bowen Technique. Biases were reduced in the study because the practitioners and the clients both commented. The question of whether the practitioner responses and the client responses would differ slightly was previously asked. The data revealed a slight discrepancy. However, the majority of the data has revealed that the Bowen Technique has been an effective modality that helps to reduce pain. The data also revealed that this was not a well-known modality. This may stem from the alternative nature of this technique. Many individuals that know of the technique, excluding practitioners, have been hesitant to spread the word of the Bowen Technique due to the alternative nature of the technique. It was certainly not found to be an unheard of technique through the surveys. The data also revealed that the Bowen Technique was more effective for acute conditions than chronic conditions.

One interesting finding was that seventy-seven percent of the clients that participated in this study were female. This may be explained by evaluating the overall nature of females. Females may be more willing to try new ideas and new techniques. Females are usually very in tune with their bodies and they may realize that a treatment is necessary before a male would. Another possible reason may be that women usually seek out therapies for their infirmities because they have a lower

tolerance to pain. These statements may be stereotypes but they may explain why female clients were more prevalent users of Bowen.

The data revealed that back pain was the condition/type of pain most often treated by the Bowen Technique. Approximately 26% of the practitioners stated back pain as the most commonly treated condition. Eight out of the twenty-seven clients involved in the study were receiving Bowen Therapy for problems associated with their back. However, the practitioners and clients responses slightly differed for the other commonly treated conditions. For example, the practitioners listed other commonly treated conditions as: fibromyalgia, neck pain , and stress/tension. The client's data revealed that other commonly treated conditions included: stress/tension, TMJ problems, and hip pain. This was an example of how the practitioner's responses slightly differed from the client's responses. However, it was important to remember that the practitioners were not commenting on the specific clients that participated in the study. This may explain the discrepancy.

The practitioners revealed that the technique was 85% effective in treating back pain. The client data also revealed an 85% effectiveness level with the treatment of back pain. Other similarities existed between the practitioner's perceptions and the actual client data concerning stress/tension. The practitioners revealed the Bowen Technique to be 83% effective in reducing problems associated with stress and tension while the actual client data revealed the technique to be 80% effective. However, there were other discrepancies between the practitioner data and client data. The practitioners listed the treatments for fibromyalgia and neck pain as

being 80% effective and 88% effective, respectively. The client data did not reveal that the technique was highly effective for fibromyalgia and neck pain. However, the clients responded positively to the treatments for TMJ problems and hip pain. It was important to remember that the effectiveness that one client received may differ drastically from what another client received. The effectiveness depended on the severity of the condition, the length of time the client had the condition (acute problems usually receive better results than chronic problems), and if the client followed the necessary guidelines given to them by their Bowen practitioner. The guidelines included: drinking plenty of water in order to release toxins, avoiding any heavy or vigorous exercise immediately after the Bowen session, and avoid receiving other manipulative therapies while you were receiving Bowen treatments.

It was important to compare the findings of this study with the previous research. For example, previous research revealed that Bowen has had consistent success with back pain. The success was approximately 100%. The success for back pain treatments in this study was 85%. Previous research has illustrated that Bowen was approximately 100% effective for neck pain. This study revealed that Bowen was 88% effective in reducing the problems associated with neck pain. The results of this study have revealed a smaller percent effectiveness than the previous research but this may be due to the smaller sample size that was implemented in this study.

The average number of Bowen sessions required to alleviate the pain for various infirmities also depended on the type of condition that was being treated and the severity of the condition. The practitioners revealed that fibromyalgia was an interesting condition that often required several treatment sessions before pain was

alleviated. Many practitioners described the treatment of fibromyalgia as an ongoing process. This may stem from the fact that fibromyalgia is a chronic condition and the Bowen Technique may be implemented after many other therapies have failed. One practitioner stated that she received clients after "all else has failed." This illustrated that some physicians do not believe in the effectiveness of the Bowen Technique.

The physician often made referrals for other therapies first and then referred the patient to a Bowen practitioner if the other therapies were not effective. Practitioners and clients stated that relief from back pain was usually received within 4-5 Bowen treatments. Practitioners and clients also both stated that approximately 4 treatments were required to alleviate the symptoms associated with stress/tension. However, the following number of sessions differed between the practitioner's responses and the client's responses because they were discussing different conditions. For example, the practitioners stated that the Bowen Technique was effective for reducing neck pain within an average of 4.5 sessions. The clients described TMJ problems and hip pain as being commonly treated conditions and the average number of sessions for each were 8 and 7.5, respectively. The practitioners and clients responses were very similar when they were discussing the same conditions, back pain and stress/tension.

The clients were more satisfied with the results that Bowen provided for their back pain than the practitioners were. This may be due to the number of clients and conditions that the practitioners have treated. For example, the clients involved in this study may have received better results for their specific condition than the average client received. It is important to remember that the practitioner was responding based on the many clients that they have treated and their overall

perceptions of the technique's effectiveness. The client was responding based on his/her own specific case. The practitioners and clients percent satisfaction was quite similar for the results of the treatment for stress/tension. The practitioners then stated that they were 72.5 % satisfied with the results obtained for fibromyalgia and 93% satisfied with the neck pain results. The clients on the other hand described that they were 100% satisfied with the treatments for TMJ problems and hip pain.

Many practitioners and clients provided additional information that related to the efficacy level and prevalence of the Bowen Technique. One important finding was that practitioners continually stated the importance of abstaining from other manipulative therapies while one was receiving Bowen treatments. However, approximately 3 to 4 clients were unsure of which therapy actually helped their condition because they were receiving several therapies at once. This was also an important guideline mentioned in the literature. The practitioners and clients may have had a communication problem or the clients may have wanted immediate relief and tried multiple therapies at once. Another important concept stated by the practitioners was the Bowen motto of "less is more." One practitioner stated that the main problem with the Bowen Technique was convincing individuals that "less is more" in a health system based on "more is not enough." In addition to the alternative nature of this therapy, this may have been a reason why the technique was not readily accepted and well known. Individuals have a difficult time believing something that is relatively quick and simple can help them. This study has found, through past research and conversations with medical personnel, that the Bowen Technique is not well known throughout the United States.

The practitioner's responses differed slightly from the client's responses.

Slightly is an important word to consider because many of the percentages were similar between the two groups. The percentages given by the practitioners and the clients for the most commonly treated conditions and for the effectiveness of the technique were very similar. Similarities also existed between the practitioner's satisfaction and the client's satisfaction for the various conditions. However, obvious differences also existed between the two group's responses. For example, the practitioners listed two most treated conditions that the clients did not, fibromyalgia and neck pain, respectively. Therefore, obvious differences existed throughout the other responses because the two groups were discussing only two of the same conditions out of the total four conditions. As previously mentioned, this discrepancy may have emerged because the practitioners were not commenting on the specific clients that were in this study, but on the general cases that they had seen.

Many practitioners discussed the discrepancy that existed between the results obtained for acute conditions and those obtained for chronic conditions. The Bowen Technique alleviated the problems associated with acute problems more so than chronic problems. This made sense because degenerative chronic conditions were usually more severe and the technique may provide symptomatic relief, if any. One example of the difference involved fibromyalgia and back pain. The practitioners stated that both fibromyalgia and back pain were commonly treated by the Bowen Technique. However, the Bowen Technique was not as effective in reducing pain associated with fibromyalgia (a chronic condition) as it was in reducing back pain (an

acute condition). Back pain here was referred to as back spasms or a sudden onset of pain. The percent effectiveness was 73% for fibromyalgia and 83% for back pain.

These findings have answered the research questions concerning the differences in the practitioners and client responses, the popularity of the technique, and the effectiveness of the technique concerning acute versus chronic conditions. Other research may reveal different findings based on their sample size and population. The only surprise that has been encountered in this study was the low survey return. However, interesting and comparable responses have been received from the practitioners and clients that did participate in the study. The data revealed the Bowen Technique to be very effective in reducing pain for a variety of conditions, acute more so than chronic conditions. The data also revealed that many of the practitioners and clients have high regards for the Bowen Technique. However, while the technique is practiced throughout North Carolina and possible throughout the United States, it has not been identified as a well-known modality in mainstream medicine. This technique may be beneficial for many individuals suffering from various conditions. Therefore, more research is needed in the field of Bowen Therapy so others will at least be familiar with the technique and choose to accept it or reject it.

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Appendices

Dear Practitioners and Medical personnel,

This letter is to inform you of the nature and purpose of the attached surveys. I am conducting research in order to obtain information that reveals how widespread the use of the Bowen Technique is and how effectively the technique reduces pain. The past Bowen research that I have perused seems to be quite anecdotal in nature. With your help, I can conduct this study and in turn receive feedback that helps to indicate the prevalence and effectiveness of the Bowen Technique.

I would ask that you complete the enclosed Practitioner survey and have 5 of your Bowen clients complete the enclosed Client surveys. I have enclosed envelopes in case you need to mail the surveys to the clients. I also invite any additional information that you or your clients may want to comment on. Please write this information in the additional space provided. Also if you know of other practitioners or clients that would like to participate in this study, please feel free to photocopy these forms and give to them. By taking the time to complete and return these surveys you are not only assisting me with the completion of my Undergraduate Thesis, but you are also helping spread the word about the Bowen Technique. I would be more than happy to send the results of the study to those that request it.

Thank you for your time and consideration with this matter and if you have any questions please contact me at (919)-914-0053 or Ann Charles (a practicing Bowen Therapist) at (919) 929-4776.

Please return the survey by March 20th.

Sincerely,



Amy Norman

Dear Bowen colleagues,

Amy and I met after she contacted me concerning a project that she is involved in with the Senior Honors Program at the University of North Carolina at Chapel Hill. The project involves research concerning Bowen Therapy. Her study is designed to discover how widespread the use of the Bowen Technique is and how effective this technique reduces pain. The work that Amy is doing is of high quality and it could help to open many new doors for the Bowen Technique at the honorable university that she attends, and elsewhere. I certainly endorse her efforts. I believe this type of research can help continue the process of introducing Bowen into mainstream medicine.

Please fill out the surveys and return by the date indicated. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Ann Charles". The signature is written in black ink and is positioned above the typed name.

Ann Charles
(certified Bowen Therapist)

Appendix C
Practitioner's Survey

Directions: Please write your response in the space provided, or circle the appropriate response of those provided.

- 1) Age: _____
2) Gender: M F
3) A) Are you currently certified to practice the Bowen Technique? Yes No
B) If yes, when were you first certified (month/day/year)? _____
4) How long have you been practicing the Bowen Technique (months / years)? _____

- 5) A. Do you practice: (please check one)
_____ 1. Bowen exclusively?
_____ 2. Bowen in combination with other therapies?
B. Approximately how many Bowen treatments do you administer each month?

C. Approximately what % of the total treatments that you administer each month is Bowen treatments? _____

- 6) Please list and rank the three most treated conditions. Then circle the approximate % pain reduction for each condition (this will vary from client to client but please circle the approximate reduction in pain, on the average for all clients, associated with each condition for each of the number of treatments listed). (0=no relief, 10=100% relief)

- A) Please circle the approximate pain reduction each client experienced after 1 Bowen treatment (please remember to insert the top three conditions in the blanks).

1 _____ 0—1—2—3—4—5—6—7—8—9—10
2 _____ 0—1—2—3—4—5—6—7—8—9—10
3 _____ 0—1—2—3—4—5—6—7—8—9—10

- B) Please circle the approximate pain reduction each client experienced after 2-3 Bowen treatments.

Condition #1 above 0—1—2—3—4—5—6—7—8—9—10
Condition #2 above 0—1—2—3—4—5—6—7—8—9—10
Condition #3 above 0—1—2—3—4—5—6—7—8—9—10

- C) Please circle the approximate pain reduction each client experienced after the completion of all Bowen treatments.

Condition #1 above 0—1—2—3—4—5—6—7—8—9—10
Condition #2 above 0—1—2—3—4—5—6—7—8—9—10
Condition #3 above 0—1—2—3—4—5—6—7—8—9—10

7) Please list the approximate # of treatments usually needed to alleviate the pain/correct the problems associated with each of the three most treated conditions.

1 Condition listed in 6A number of treatments _____
2 Condition listed in 6A number of treatments _____
3 Condition listed in 6A number of treatments _____

8) Please circle your level of satisfaction with the results of the treatments for each of the three most treated conditions.
(0=no satisfaction, 10=100% satisfied)

1 Condition listed in 6A 0-1-2-3-4-5-6-7-8-9-10
2 Condition listed in 6A 0-1-2-3-4-5-6-7-8-9-10
3 Condition listed in 6A 0-1-2-3-4-5-6-7-8-9-10

9) Please answer the following questions for each of the 5 clients to whom you distributed the client surveys (ie. Survey 1-1, 1-2, 1-3, etc.). Please rank your perception of each client's % pain reduction by circling the appropriate number.
(0=no relief, 10=100% relief)

A) Please rank the % pain reduction of the following 5 clients after they received 1 Bowen treatment. Please write the corresponding condition for each client for 9-A only.

Client #1 _____ 0-1-2-3-4-5-6-7-8-9-10
Client #2 _____ 0-1-2-3-4-5-6-7-8-9-10
Client #3 _____ 0-1-2-3-4-5-6-7-8-9-10
Client #4 _____ 0-1-2-3-4-5-6-7-8-9-10
Client #5 _____ 0-1-2-3-4-5-6-7-8-9-10

B) Please rank the % pain reduction of the following 5 clients after they had received 2-3 Bowen treatments.

Client #1 0-1-2-3-4-5-6-7-8-9-10
Client #2 0-1-2-3-4-5-6-7-8-9-10
Client #3 0-1-2-3-4-5-6-7-8-9-10
Client #4 0-1-2-3-4-5-6-7-8-9-10
Client #5 0-1-2-3-4-5-6-7-8-9-10

C) Please rank the % pain reduction each client experienced after receiving all Bowen treatments.

Client #1 0-1-2-3-4-5-6-7-8-9-10
Client #2 0-1-2-3-4-5-6-7-8-9-10
Client #3 0-1-2-3-4-5-6-7-8-9-10
Client #4 0-1-2-3-4-5-6-7-8-9-10
Client #5 0-1-2-3-4-5-6-7-8-9-10

10) Overall, how satisfied were you with the results that these five clients received?
(0=no satisfaction, 10=100% satisfied)

Client #1 0—1—2—3—4—5—6—7—8—9—10

Client #2 0—1—2—3—4—5—6—7—8—9—10

Client #3 0—1—2—3—4—5—6—7—8—9—10

Client #4 0—1—2—3—4—5—6—7—8—9—10

Client #5 0—1—2—3—4—5—6—7—8—9—10

11) In your own words and based on your own experience and observations, please address the effectiveness of the Bowen Technique.

If you would like to receive the results of this study please provide your name and address on the "Receive Results" sheet enclosed in your packet. Thank you for your time and participation!

Appendix D
Client's Survey

Directions: Please write your response in the space provided, or circle the appropriate response of those provided. In order for your name to remain anonymous, a separate consent form will not be required for you to sign. By returning the survey, you are giving consent for this information to be used. Please complete the survey, fold and staple the pages together, and place in the mail by **March 20th** (the address and postage are provided for you on the outside of the survey).

- 1) Age: _____
- 2) Gender: M F
- 3) Diagnosis (condition for which you are receiving Bowen treatments):

- 4) Length of time you have had this condition (months, years, etc.):

- 5) Please list any other therapies that you have received for this condition/infirmity (please give name of therapy and length of time that you received this therapy):

<u>Therapy</u>	<u>Duration of treatment (months, years, etc.)</u>
_____	_____
_____	_____
_____	_____
- 6) Please list the # of Bowen sessions that you have had to treat the condition named in #3. _____
- 7) A. Have you received Bowen treatments for an infirmity other than the one listed in #3 (please circle one)? Yes No
B. If yes, please list the infirmity and the # of Bowen sessions that you were involved in to treat this condition.
Infirmity: _____
of Bowen sessions: _____

For the following questions please rank your % decrease in pain as relating to the condition listed in #3 above.
(0=no relief, 10=100% relief)

- 8) Please rank your % pain reduction after receiving 1 Bowen treatment.
0—1—2—3—4—5—6—7—8—9—10
- 9) Please rank your % pain reduction after receiving 2-3 Bowen treatments.
0—1—2—3—4—5—6—7—8—9—10
- 10) Please rank your % pain reduction after the completion of all Bowen treatments.
0—1—2—3—4—5—6—7—8—9—10

11) Overall, how satisfied were you with the results that you received from the Bowen treatments? (0=no satisfaction, 10=100% satisfied)
0—1—2—3—4—5—6—7—8—9—10

12) In your own words, please address how effective you believe the Bowen Technique was for the treatment of your condition.

If you would like to receive the results of this study please contact your Bowen Practitioner. The results of this study will be provided to each practitioner. Thank you for your time and participation!

Appendix E
Definition of the Terms

1. **Acupoints** are small areas that are close to the surface of the skin that can unblock and regulate the flow of chi (energy).
2. **Blockers** are moves applied to the body that act to stop the vibrating energy from dispersing throughout the body. Blockers provide for more concentrated energy due to the energy remaining in one area.
3. **Energy**, otherwise known as chi, is an element that produces life. Energy work relates to the electromagnetic field that is in and around the body. Zones of energy surround the body and energy work deals with these zones without touching the patient's body.
4. **Fascia** is connective tissue that appears throughout the body. It is a binding tissue that connects one type of tissue to another. Fascia release is the manipulation of the fascia as a type of massage.
5. **Lymphatic massage** provides a light, medium, or deep touch that directly affects the flow of lymph in the body.
6. A **neutral move** is a Bowen term that refers to a move that blocks or reflects energy and therefore allows for the vibration of energy within the structure. A **positive move** actually excites the energy itself and is known as the active move.
7. **"Other" systems** refers to manipulative therapies that practice 'hands on' procedures that may undermine the effects of a Bowen treatment.
8. **"Signal"** is a Bowen term that refers to a move on the body that promotes the production of energy flow and this energy helps to promote homeostasis at the cellular level.
9. **Trigger points** are localized areas of hyper-irritation in the muscle and trigger point therapy addresses these individual areas of irritation.

Appendix F

Practitioner #	Age	Gender	Certified Y/N?	Length of Time	Exclusive or Combo	# of Treatments per Month	Treatment #1	Treatment #2	Treatment #3
1	29	F	Y	1 yr. 3 mo.	E	135-140	Fibromyalgia	Cerv/Upper Thor.	Lower Back
3	55	F	Y	11 mo.	C	12	Back Pain	Fibromyalgia	Neck Pain
4	42	F	Y	1yr. 9mo.	C	8-12	Myofascial Pain	Fibromyalgia	Depression
5	46	F	Y	1yr. 9mo.	E	12	Fatigue/Tension	Low Back Pain	Joint Pain
6	50	M	Y		C	30	Back Pain	Shoulder Pain	Migraines
7	48	F	Y	1yr. 1mo.	E	48	Neck/Joint Pain	Low Back Pain	Chronic Pain
8	39	F	Y	2 yr.	E	1-2			
13	29	M	Y	4 yr.	C	20-40	Hip Pain	Back Surgery	Multiple Pain
16	53	F	Y	11mo.	C	60	Fibromyalgia	Stress	TMJ
20	32	F	Y	2 mo.	C	3	Back Pain	Neck Pain	Shoulder Pain
Mean=	42.3	4:1		18.6 mo		34.5			

Condition #1 Effectiveness	Condition #1 Effectiveness (2-3)	Condition #1 Effectiveness (all)	Condition #2 Effectiveness (1)	Condition #2 Effectiveness (2-3)	Condition #2 Effectiveness (all)	Condition #3 Effectiveness (1)
Soreness	6.0	7.0	4-5	7.0	10.0	4.5
		8.0			9.0	
7.0	7.0	7.0	7.0	7.0	7.0	8.0
6.0	7.0	9.0	8.0	9.0	10.0	7.0
10.0	10.0	10.0	5.0	7.0	9.0	8.0
8.0	10.0	10.0	7.0	9.0	10.0	8.0
2.5	4.5	7.0	2.0	3.5	5.5	2.0
8.0	8.0	9.0	9.0	9.0	9.0	8.0
		7.0			7.0	
6.9	7.5	8.2	6.1	7.4	8.5	6.5

Condition #3 Effectiveness (2-3)	Condition #3 Effectiveness/all	Total # Treatments (#1)	Total # Treatments (#2)	Total # Treatments (#3)	Pract. Sat. w/ Results of #1	Pract. Sat. w/ Results of #2	Pract. Sat. w/ Results of #3
9.0	9.0	continuous	8.0	7.0	4.0	9.0	9.0
	8.0	3.0	continuous	4.0	5.0	9.0	9.0
8.0	8.0	4.0	5.0	2.0	8.0	8.0	9.0
7.0	9.0	6.0	4.0	4.0	10.0	9.0	8.0
10.0	10.0	1.0	6.0	2.0	10.0	9.0	10.0
9.0	9.0	3.0	5.0	7.0	10.0	10.0	10.0
4.5	7.0	9.0	7.0	9.0	8.0	6.0	8.0
8.0	9.0	36.0	*	5.0	8.0	5.0	9.0
	7.0	3.0	3.0	10.0	9.0	9.0	9.0
7.9	8.4	8.1	5.4	5.5	8.0	8.3	9.0

Client # 1			Client # 2			Client # 3			Client # 4			Client # 5			Practitioner's Satisfaction					
1	2-3	ALL	1	2-3	ALL	1	2-3	ALL	1	2-3	ALL	1	2-3	ALL	2	3	4	5	1	
5.0	9.0	10.0	8.0	9.0	9.0	8.0	10.0	10.0	10.0	10.0	10.0	7.0	9.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
9.0	9.0	8.0	9.0	8.0	9.0	6.0	7.0	6.0	6.0	6.0	8.0	8.0	8.0	8.0	7.0	8.0	9.0	9.0	9.0	9.0
4.0	6.0	7.0	8.0		10.0	7.0	6.0	2.0	2.0	2.0	9.0	10.0	10.0	10.0	3.0	6.0	8.0	8.0	10.0	10.0
10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	3.0	7.0	10.0	10.0	7.0	9.0	10.0	10.0	10.0	10.0
10.0	10.0	10.0	10.0	10.0	10.0	8.0	9.0	9.0	9.0	9.0	9.0	10.0	9.0	9.0	2.0	4.0	10.0	10.0	10.0	10.0
7.0	6.0	7.0	5.0	4.0	6.0	7.0	4.0	8.0	8.0	7.0	6.0	7.0	6.0	7.0	5.0	3.0	6.0	6.0	7.0	7.0
8.0	9.0	9.0	6.0	8.0	10.0	8.0	9.0	*	8.0	8.0	8.0	8.0	8.0	4.0	6.0	7.0	10.0	10.0	10.0	10.0
7.6	8.4	8.7	8.0	8.2	9.1	7.7	7.9	7.5	7.3	8.3	9.0	5.4	6.4	8.4	9.5	7.7	9.3	8.8	8.8	8.8

Client #	Age	Gender	Diagnosis	Length of Infirmary	Other Treatments Received	Duration of other treatments
1-C	40	F	Fibromyalgia	10 years	Vitamins	6 months
1-E	12	M	Migraines			
4-A	65	F	Shingles	3 months	Medications	1.5 months
4-C	48	F	Asthma	1 year	Flaxoil	4 months
4-D	48	F	Spina Bifida	48 years	Chiropractor	6 months
4-E	51	M	Neck Pain	2.5 months		
4-F	40	F	Emotional Distress	40 years	Psychotherapy	3 years
4-G	34	F	Back Pain	9 months	Chiropractor	6 months
4-H	54	F	Pectoral Strain	2 months	Chiropractor	2 months
5-A	79	F	Arthritis	3 years		
5-B	74	F	Knee Pain	2.5 months		
5-D	49	F	Low Back Pain	2.5 months	Chiropractor	
5-F	63	F	Back pain	3 months	Physical Therapy	2 months
6-A	54	F	Pinched Nerve	6 years	Medications	6 months
6-D	32	M	Back Spasm	3 days	Physical Therapy	3 months
6-E	47	F	Back Pain	7 months	Physical Therapy	6 weeks
7-A	39	F	Neck Pain	10 years	Massage Therapy	6 years
7-E	50	M	Knee Pain	30 years		
13-C	54	F	Hip Pain		Chiropractor	
13-E	30	F	Lumbar Pain		Massage Therapy	6 years
15-A	63	F	Back Pain	9 months	Acupuncture	3 years
16-A	77	F	Tension	1 year		
16-D	42	M	Stress	4 years	Medications	5 months
16-E	75	M	Tension			
16-A	42	F	TMI	3 years	None	

# of Bowen Sessions for current infirmity	Any Previous Infirmity treated with Bowen?	Previous Infirmity	# of previous Bowen sessions	Treatment #1 Effectiveness
8	No			0
8	No			1
3	No			5
4	No			1
7	No			4
3	No			4
3	No			5
2	No			5
3	No			3
1	No			8
1				9
2	Yes	Low Back Pain	1	9
5	No			3
12	No			2
1	No			10
9	No			3
4	Yes	Hip Pain	4	9
3	Yes	Back Pain	2	2
10	No			3
9	No			4
3	No			10
	No			3
5	No			3
	No			7
	Yes	Business	47	8

Treatments #2 - #3 Effectiveness	Effectiveness after all treatments	Client's Satisfaction	Comments from Client
0	9	10	yes
3	7	8	yes
3	3	4	yes
3	8	7	yes
2	8	7	yes
3	5	8	yes
10		10	yes
5	5	9	yes
8	10	10	yes
		10	yes
		10	yes
10	0	10	yes
5	8	6	yes
4	8	10	yes
		10	yes
7	10	10	yes
10		10	yes
5	10	10	yes
5	6	10	
5	6	8	yes
10	9	10	yes
7		5	yes
7		8	yes
8	9		yes
0	10	10	yes