

**Legacy Program – Autism**  
Compiled by Dan Amato, © February 2010

Two practitioners reported on their work with clients diagnosed with autism; one works primarily with children, the other primarily with adults. I will begin with some background information about autism.

Autism is listed as a pervasive developmental disorder (PDD). Due to the varied range in which autism presents it is now being referred to as autism spectrum disorder (ASD). “All these disorders are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior.” (1) “The pervasive developmental disorders, or autism spectrum disorders, range from a severe form, called autistic disorder, to a milder form, Asperger syndrome. These generally begin in the first three years of life. There are many different theories on the causes of autism, but I will not go into them here since they are mostly controversial. To complicate autism further, a number of other problems often accompany ASD: genetic disorders, mental retardation, seizures, metabolic defects (e.g., phenylketonuria), sleep problems and tuberous sclerosis. (1) (2)

**Working with children:**

The practitioner who works primarily with children discussed her belief that autistic clients are often in a “fight or flight” state. This observation is borne out as “Researchers at the University of Washington have discovered an increased pattern of brain activity in the amygdalas of adults with autism...” (3) The amygdala is associated with the “fight or flight response” and also functions in “identifying faces and situations and the evaluation of social information such as emotions.” (3) Over time, when a person is exposed to the same type of information over and over, and learning takes place, “habituation” takes place and the same information no longer stimulates the fight or flight response. In clients with autism, habituation seems not to occur as readily, resulting in the amygdala’s remaining in a hyper-excitable state much longer than in normal brains. (3) Without learning to recognize recurring patterns of events, perhaps the autistic client stays in a place of “fight or flight response.”

Bowenwork has the capability to balance the autonomic nervous system and take the body out of fight or flight. (4) This balancing can be very helpful to autistic clients, giving them some sense of peace or at least a relief from always needing to be “on.” It would be interesting to note if regularly balancing these clients over time might lead to greater habituation, freeing up the amygdala so that it can develop other of its functions.

This practitioner discussed some of the difficulties involved in working on autistic children. She noted that they do not like to lie on their stomachs right away, so getting them to lie down or even sit still is often not possible, at least in the first few sessions. She approaches clients from a more on-the-fly approach, often doing the Bowenwork procedures with the children seated. She cautions other practitioners to do less work than they ordinarily might, as she noticed these clients did not tolerate much work and get easily overloaded. The practitioner sometimes made use of a therapy ball, where someone would support the child (prone) over the ball; the rocking motion on the ball seemed to calm the children while she did the moves.

There are a number of issues that present in many children with autism:

- A tendency to walk on their toes, which creates tension in the gastrocnemius, hamstrings and Achilles tendon.
- Tension in the diaphragm, which might come from remaining in “fight or flight” for long periods of time. Some have a tendency to hold their breath. Clients may also have abdominal distention because of food allergies and an inability to digest food.
- Misalignment of the jaw and tooth grinding.

This practitioner reported that many clients with autism did not respond as well to the Respiratory Procedure as most other clients do. I think that this may be because autistic clients may have a need to recover from their “fight or flight response” before they can release the diaphragm. To reset the autonomic nervous system, the three BRMs need to be done all in the same session. It is also probable that due to the autistic tendency to have an over-stimulated amygdala, clients may need to be balanced periodically with the three BRMs throughout their lifetime.

The practitioner has utilized, the knee, hamstring, respiratory and TMJ procedures on her clients to address the presenting conditions listed above. She has also used the pelvic procedure because of the calming effect it has on some clients. Parents have noticed their children are calmer and more attentive after a session, but this can be undone if they are exposed to sensory information they are unable to process. The practitioner has noticed that the autistic children seem to become more tolerant of touch after a series of Bowenwork sessions. As a speech pathologist, she has also noticed an increase in the children’s ability to produce sounds especially after the respiratory procedure and the TMJ procedure. The practitioner states the number of Bowenwork session before seeing a difference varies from child to child and seems dependent on the severity of the client’s sensory processing disorder.

### **Working with adults:**

The practitioner who works primarily with adults sometimes spends a lot of time with the client before having the client get on the table. One autistic gentleman in his mid 40’s needed to use the bathroom first and would sit in a chair for a bit before she even began to touch him. The table was off limits due to his history of abuse; he felt vulnerable in any position other than seated. So, she did lots of seated Bowenwork for more than six months. Another autistic gentleman of the same age, who was deaf, felt the need to roam about her office, checking how the doors lined up, and required some time to organize some of the supplies — his way. After half an hour or so of getting settled, she would ask if he was ready for his work and on the table he would go.

In regard to the work itself, she starts gradually, with Lower Back procedure moves 1 and 2, and waits to see how the body processes these moves. That is sometimes enough for a first session. Then moving on to upper back procedure moves 1-4 and stopping there. Her goal initially is to complete the body balance (BRMs 1, 2, and 3). Following a gradual balance over a period of several sessions, she tries to complete the Respiratory procedure (for fear, grief, anxiety, and shock), TMJ (suppressed emotions?), Kidney (adrenal fatigue, chronic fatigue because she finds that sleep patterns are often disrupted in this population), and Coccyx (to reboot the nervous system). Other areas of concern need to be addressed, too — sprained ankle, sore shoulder or whatever is going on with the individual.

## Contributors to this report:

Maureen Flanagan [mflanaganspeech4kids@comcast.net](mailto:mflanaganspeech4kids@comcast.net)

Abby LaRock [rock.ot@comcast.net](mailto:rock.ot@comcast.net)

## Resources:

1. Autism Spectrum Disorders (Pervasive Developmental Disorders), National Institute of Mental Health, <http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>
2. Autism, <http://en.wikipedia.org/wiki/Autism>
3. Heightened Level of Amygdala Activity May Cause Social Deficits in Autism, 23.03.2009, [http://www.innovations-report.com/html/reports/medicine\\_health/heightened\\_level\\_amygdala\\_activity\\_social\\_deficits\\_129725.html](http://www.innovations-report.com/html/reports/medicine_health/heightened_level_amygdala_activity_social_deficits_129725.html)
4. The Bowen Technique, a Gentle Hands-On Healing Method That Affects the Autonomic Nervous System As Measured by Heart Rate Variability and Clinical Assessment. a paper by Jo Anne Whitaker, M.D. ([www.bowen.org](http://www.bowen.org)), Patricia P Gilliam, M. Ed., M.S.N., and Douglas B Seba, Ph.D.
5. Ayres, J.A. (1979). Sensory integration and the child. Los Angeles: Western Psychological Services. (Maureen Flanagan recommends Jean Ayres' book as "an excellent resource for anyone working with a child with autism.")