

Less is More



I began doing Bowenwork in 2000 which was the year I began training and was instantly hooked. I had practiced and studied many complementary therapies and used them as part of my nursing practice for many years. All were rewarding and interesting in their effects and had their applications. None of them really compared to what I saw happening with this new technique called Bowenwork. A friend who lived in Adelaide who was also a nurse emailed me and said she had experienced Bowen at a health fair in Australia and thought I should look into it. I signed up within a couple months. I knew right away that it was something I wanted to do.

What I have learned over the 14 years that I have been practicing is how little can be so profound. I have treated patients that never went beyond lower stoppers and their body continued to balance at a pace that was comfortable and effective. In fact, any more, even repeating the lower stoppers after a wait in the same visit, proved to be more than one patient could take comfortably. This is a client with multiple concerns both physical and especially mental/emotional.

Another example is when a person who responded to just lower stoppers was doing very well and when I added the lats to the visit because of her complaint that her knee pain was really bothering

her, she worsened and returned to taking Dilaudid for pain. She never returned for another Bowen session. Had I kept doing the lower stoppers only, her knee pain may have responded but the temptation to go directly to where the pain was even though she had responded to lower stoppers in the past was just too great. This is where assessing where the patient is in their emotional and mental state and ability to deal with any worsening of symptoms should really influence how much is done in a visit. This patient also had a history of severe pain throughout the body.

I've seen generalized pain respond to lower stoppers, even jaw tension release and not return with just these two moves. Why do more, when the lower stoppers are doing the work. I've also heard from students that they enjoy taking review days or Module 8 courses since they rarely get to use procedures simply because the BRM's in their practice seem to take care of most things.

In my own clinic, I rarely do more than BRM 1 and maybe upper stoppers in the first visit. And I emphasize this in my instruction as well. When you have no idea how a body will respond given they haven't received this work before, I always recommend going on the side of caution. There is, on occasion a situation where I know the person receiving needs to know they have received something profound. Perhaps I determine that they are very result oriented and need to feel an impact, even if it is feeling some detox over the next couple of days. In these situations, I would do more. Also if they are healthy in general with no major complaints or major physical or emotional trauma in their history - I might consider doing all the BRMs

but perhaps omitting 8a and 8b and 9-16.

When students are learning Bowenwork they often tend to over treat and it is almost always those that feel they need to treat the back pain, shoulder pain and digestive issues all in the same visit that get less improvement in symptoms in their patients. Another example is doing upper body work and shoulder procedure because they are coming in for shoulder pain and after 5-6 visits still haven't done BRM 1. Doing some lower body procedures at this point may move things along but the impact of those first visits cannot be overstated. It is often better to start slowly and holistically then have to back track because too much was done in the first visit.

I would encourage practitioners to take more time and step back to assess what does that person need and only need in this space and time. Remove yourself from the equation and let the body on the table determine what is needed.

As I like to say in class,

"It's never about us".

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