Setting the Record Straight

Our October 2016 issue included the article entitled “Do Go Gentle,” which we had found on the website of the British health magazine, What Doctors Don’t Tell You. Immediately we began receiving complaints about factual errors in the article. We were embarrassed at having republished the article without first vetting it. Now we are pleased to be able to set the record straight. We hope that having access to accurate facts will give you more confidence when you represent Bowenwork to clients and potential referral sources.

The original article is still available at www.wddty.com, though under a different title, “Gentle moves that offer giant pain relief.” Since it’s possible that the title will be changed again from time to time, we will refer to it in this paper simply as “the article.”

Before we begin correcting the errors, we wish to acknowledge the article’s strong points:
• five references to published research documenting the effectiveness of Bowenwork,
• information about Julian Baker’s work on “alternative anatomy,”
• five references regarding the importance of fascia in understanding how “Bowen” works, and
• several new anecdotal reports of dramatic Bowen results.

In this paper, we will indicate quotations from the article in dark blue, highlighting the most misleading words or phrases in bold type. In order to help you keep track of the points we make, we use a, b, c, etc., in various ways to refer back to the problematic words/phrases in the quoted text.

A few relatively minor errors are contained in the first paragraph, where the ® indicating registered trademarks is shown only for Bowenwork®. Bowtech® and Smart Bowen® are also registered trademarks. NeuroStructural Integration is incorrectly abbreviated as NHT instead of NST.

The most significant errors in the article are contained in three consecutive paragraphs in the middle of the article’s “Touch is not just touch” section. These paragraphs confuse what Tom Bowen did in his Geelong clinics (between 1959 and his death in 1982) with what Oswald (“Ossie”) Rentsch, the co-founder of Bowtech Pty Ltd and the Bowen Therapy Academy of Australia, did in his own clinic in Hamilton (1976 – 1990) and in teaching his interpretation of Bowen’s work (1986 – present).

We’ll examine those three paragraphs one at a time.
Instead of formalizing his work by writing books or leaving a written record of his work, Bowen taught classes in which participants could become proficient in the movements in as little as four days. In 1975 the government-instituted Webb Committee of Inquiry into Chiropractic, Osteopathy and Naturopathy in Australia investigated Bowen’s practice and found he was seeing an estimated 13,000 people a year, achieving an 80 percent success rate in improving their conditions.

This paragraph confuses Bowen (who didn’t write books or leave a written record of his clinical work) with Rentsch (who began teaching “Bowen Technique” classes in 1986). It then returns to the mid-1970s, misnames the committee that reported on (but didn’t find) the scope of Bowen’s practice, and under-reports Bowen’s success rate by 9%:

a. The main way that Bowen “taught” was by allowing practitioners, including Rentsch, to observe him, one at a time, as he worked in his clinic. Of the dozens of observers between 1973 and his death in 1982, Bowen asked most not to return. The six whom Rene Horwood, Bowen’s long-time office manager, affectionately called “Tom’s Boys” spent between two and nine years observing Bowen’s clinical work.

b. In the mid-1970s, Bowen responded to two different government surveys by two different committees:
   – The State of Victoria joint parliamentary committee (often called the Ward Committee for its chair, Hector Ward) began its investigation in 1973 and issued its report in 1975. It was the Ward Report that listed Tom Bowen’s “13,000 patient visits” along with the practice size of other practitioners.
   – The (federal) Webb Committee began its investigation in 1975 and issued its report in 1977. This report named the practitioners who had responded to their survey but did not include information about practice size.

c. The Ward Committee asked hundreds of lay and college-trained practitioners to report the number of “patient visits” completed in the survey’s 17-week period. It’s 1975 report simply published those figures. Apparently Bowen mistakenly extrapolated the number he reported to an annual figure of 13,000; at his well documented rate of 60 patient visits per day, in the 17-week period he would have seen 4,590 (60 per day x 4.5 days per week x 17 weeks). At that rate, in a 48-week year (allowing for vacations) he would have seen 12,960, which rounds up to the 13,000 he reported.

The article’s “13,000 people” would be accurate only if Bowen saw each of those patients only once; if he saw patients an average of twice each, he would have treated only 6,500 patients per year, not 13,000. And so on.
d. Bowen himself claimed an 88% success rate, not the 80% cited in the article. According to the transcript of the
Ward Committee’s deposition of Tom Bowen on October 8, 1973:

Q: How would you estimate your success rate?
A: I would have to be quite modest about this. I would say my success rate would be 88 percent.

2.
Word-of-mouth referrals increased rapidly. In response to an ever-growing client load and general interest in his
technique, Bowen, who was too busy in his practice to formally record his work, began teaching his bodywork
movements in Australia in the late 1980s.

It was Rentsch who began teaching in the late 1980s, not Bowen, who had died in 1982 -- something the article had
already mentioned several paragraphs earlier.

3.
For a year, he invited six men to separately observe his work one morning each week. Ossie Rentsch, an Australian
osteopath, was the foremost of these observers. After Bowen's death in 1982, Rentsch and his wife Elaine went on to
found the Bowen Therapy Academy of Australia (BTAA), and in 1987, they began teaching The Bowen Technique.
After partnering with Julian Baker, The Bowen Technique began to flourish in the UK. At that point the technique
could be taught by anyone who, after taking a single course, decided to hang out their shingle and become a
teacher.

a. The period over which the best-known six men¹ observed Bowen ranged from two to nine years, some for only half
a day, others for the full day, two hours each morning and afternoon. And they all asked to observe him; he didn't
invite them. (More practitioners asked to observe than Bowen accepted. Neave and Ryan explained how they
convinced Bowen to let them continue observing beyond their first visits.) In addition to those six, In historian Shirley
Strachan's Healing Hands: Unsung Voices, an anthology of reminiscences by over sixty of Bowen’s patients, clinic
associates, friends and relatives, Brian Anderson and John Garner say that Bowen had directly invited them to
watch him work and learn from him, but they were unable to take advantage of the offer. After the publication of
Healing Hands, Strachan interviewed football masseur Doug Sells, whom Bowen had seen working at a football club
and invited to work with him; Sells spent a few years working in Bowen's clinic in the 1960s.

¹ These were: chiropractor Keith Davis (1973-82), sports masseur Oswald Rentsch (1974-76), chiropractor Kevin Neave (1976-82),
b. In the years these six men observed Bowen, Rentsch was a massage therapist (not an osteopath); four were chiropractors; one was an osteopath. While Rentsch eventually became foremost in spreading an interpretation of Tom Bowen’s work, during those years he was just one of “Tom’s Boys.” Only Ossie Rentsch taught in 1986; Elaine did not begin teaching until the mid-1990s.

c. The flourishing of the Bowen Technique in the UK began in April 1994 with the publication of an article in the Daily Mail. At that time, in order to be certified as practitioners, Bowtech students worldwide were required to complete a second course – a “Refresher” taught by Ossie and Elaine Rentsch -- six months to one year after an initial four-day course. Having observed experienced practitioners at least annually in such Refresher classes, the Rentsches had recently begun inviting a few of them (including Baker) to teach for them. Ordinary practitioners were not allowed to teach the work; indeed, all students and practitioners were required to promise, in writing, that they would not teach the work to others.

There are additional misstatements in other sections of the article:

4. Developed in the 1950s and 1960s by the late Australian sports massage therapist Tom Bowen, Bowen therapy attempts to address the underlying relationship between musculoskeletal and neurological conditions that, for centuries, has remained something of a mystery. After years of research into various healing techniques and exploring treatment options within his own practice, Bowen identified the soft tissue, or fascia, that covers all the body’s muscles, ligaments, tendons, nerves and organs as the integrating factor (see box, page 66).

a. There is some evidence that Bowen became aware of his gift in the early 1940s, when he served for 15 months in the civilian militia during World War II before being discharged as medically unfit. Bowen neither served in active duty nor went abroad; he was stationed an easy commute from legendary sports masseur Ernie Saunders, whom many sources credit with having influenced the development of Bowen’s work. There is much more evidence that Bowen did not stop developing his work by the end of the 1960s but rather continued refining his work until shortly before his death in 1982. Neave, Smeeton and Ryan have all described how, after Bowen’s left leg was amputated in 1980, Bowen had to depend on assistants to manipulate his patients’ legs (something he had previously done himself), and how being able to work with both hands on the body instead of only one led Bowen to new discoveries and the further development of his work.

b. Although Bowen was known in the community as a sports masseur, at the time he opened his practice in 1959 Bowen considered himself to be an osteopath. This fact is made clear in the transcript of his testimony before the
Ward Committee, in one of the first questions after they asked him to state his full name, private address, business address and age:

Q: When did you finish your course in osteopathy?
A: Actually I am self-taught.

Q: What were you doing before you took on the profession?
A: I was an ordinary labourer, put it that way, and different ones were coming to me for massage and what have you.

Q: How does it happen that they were going to you for massage? Were you involved with sporting clubs?
A: Yes, football clubs, the little clubs and junior leagues.

Q: How did you come to do massage in the clubs?
A: I joined the clubs and watched the other fellows doing it. It was in 1959 and it got that big I had to do something about it. I went to Melbourne to the Department of Health in William Street and asked them for permission to practice. They said they did not care what I called myself as long as it was not a physiotherapist.

Additional evidence of Bowen’s focus on osteopathy can be found in his business cards and membership in professional associations, for example, the group of “Specialist Osteopaths’ to which he belonged, according to testimony before Parliament when two politicians, Ministers Mackenzie and Roper, lobbied for the 1978 Victoria Chiropractors and Osteopaths Act to be amended to allow grandfathering. Unfortunately for Bowen and many of his peers, the assessment procedure for practitioners seeking registration under the grandfather clause was onerous; they failed the Board's examinations.

c. Although we now know that fascia has an important role to play in the effectiveness of Bowenwork, there is no evidence that Tom Bowen “identified … fascia … as the integrating factor.” When the Committee asked about his method of treatment, he did not mention fascia but only muscles and nerves:

Q: What is your method of treatment?
A: Through my fingers and nerve pressure.

Q: How do you know you are on the nerve?
A: I get the vibration from the nerve.

Q: You pick that up through your fingers?
A: Yes.

Q: Do you treat any special parts, such as the back?
A: Mostly the back and the neck.

Q: Whereabouts do the patients have the troubles in the back?
A: Mostly in the lumbar area.
Q: Do you find that the greatest majority of your patients have trouble in the cervical region of the neck?
A: Yes.

Q: You say you have this feeling in your fingers. Does that mean you mainly treat muscles?
A: Muscles and nerves.

Q: I am intrigued how you find the nerve situation.
A: You go for the nerve pressure on the sacroiliac. One finds that the sciatic nerve jumps and you go for it.

Q: There must be very few nerves that are big enough.
A: You receive the contraction from the muscles.

Q: It is an inference rather than something actually observed?
A: Yes.

The information provided about fascia in the article (a section containing six footnotes) is very interesting; however, the topic of fascia is beyond the scope of this article, as there is no evidence that Bowen discussed fascia with anyone during the 26 years of his practice.

5. Confusion between Bowen’s own work and that of “Bowen therapists” persists throughout the article. For example:

…so loose were the criteria for becoming a Bowen therapist and so open to interpretation was the technique itself after Bowen’s death in 1982 that some of his followers developed procedures that relied on ever-deeper work, trigger points and even overt manipulation.

There were no “Bowen therapists” at the time of Bowen’s death. As documented earlier, he considered himself an osteopath from 1959 until his application to be grandfathered as an osteopath was denied in 1981 and he changed his business card to “Natural Therapist.” From its inception in 1976, the Rentsches’ clinic had been called simply “Rentsch Clinic” – no mention of Bowen. The rest of “Tom’s Boys” continued their practices as before: all four chiropractors, who had completed their college training and maintained chiropractic practices, were automatically registered as chiropractors when the Victoria Chiropractors and Osteopaths Act took effect in 1979; Ryan registered as an osteopath in 1982. One thing is certain: What Tom Bowen did in his clinic was never called “Bowen Technique” or “Bowen Therapy.”

So, what was Tom Bowen doing in his clinic? According to the article:
6.

Working with upward of 60 clients a day, Bowen developed a unique series of extremely gentle, rolling moves specifically aimed at inducing what is now popularly referred to as ‘myofascial release.’ Using only the thumbs and fingers, these moves were applied to different points on the body—points that had only a vague relationship with some known acupuncture points and meridians.

a. Present-day Bowen therapists may describe their objective in that way, but it is extremely unlikely that Tom Bowen did. Refer again to the long excerpt from his 1973 deposition, quoted above on pages 5-6, regarding his objectives.

b. As for Bowen’s “extremely gentle rolling moves,” several of Bowen’s patients in Strachan’s Healing Hands describe Bowen’s touch as far from gentle. And some of “Tom’s Boys” describe Bowen’s “moves” as quite different from the rolling moves taught by Rentsch and the offshoot schools that began proliferating in the 1990s.

c. In his 2012 book, A Textbook of Bowen Technique, Graham Pennington documents, point by point, that almost every Bowen move is done directly at or very near to acupuncture points, most of which (unsurprisingly) have the same indications as the Bowen procedures in which they appear. Tom Bowen himself mentioned his interest in acupuncture in the 1973 deposition:

Q: Have you done that much study yourself outside?
A: I only study the books I find are useful.

Q: You still follow it through and attend lectures?
A: I am hoping to receive a book on acupuncture.

Strachan says the evidence so far is that “Tom was just being a practitioner of his time, taking an interest in acupuncture; after all it became famous with Nixon’s visit to China in 1970 and a bit of a fuss was being made on [Australian] TV too in 1973. With Bowen’s sensitivity to nerve activity he probably didn’t need any maps to the terrain he worked with, either.” The recent emphasis on meridians and acupoints are current understandings, retrospectively applied to Bowen’s work. [It is even possible that Bowen exaggerated his interest in acupuncture in order to impress the members of the Ward Committee.]

Chiropractor Romney Smeeton (Bowen’s student from 1977 on), told a group of practitioners a few years ago that Bowen had once said, “This is what we are doing,” while showing him a book about shiatsu (Japanese acupressure) written by Tokojiro Namikoshi. Strachan continues, “Romney has repeatedly told me that he felt that Tom showed the book to him as a way of appeasing his questions; it was more like ‘This is the basis of the work, Lad’… to brush off further inquiry that Tom wasn’t able to answer...Two others in Bowen’s circle, John Garner and Doug Sells, have
different recollections: John says Tom thought Chinese acupuncture was rubbish, and Doug Sells remembers Tom saying it was interesting but couldn't make much of it. Tom's elder daughter, Pam, was quite adamant that there was no evidence of anything Chinese in Tom's work, though the younger daughter, Heather, remembered a book on shiatsu on his shelves.

Although our historical review has focused primarily on events in Australia, one paragraph in the article about events in the UK doesn't jibe with our knowledge of events in the Bowtech international community around and after 1998:

7. The Rentsches ... changed the name of their Australia-based program first to “the Original Bowen Technique” and eventually to “Bowtech” ...

The article has the sequence exactly backwards:

a. “Bowtech Pty Ltd” was founded by the Rentsches in 1986. Beginning in 1987, and for the next 10 years, every one of the colored pages that served as his manual contained this heading: “The Bowen Technique – an interpretation by Oswald Rentsch.” and this footer: “© Bowtech Pty Ltd.”

b. The Rentsches began using the tagline “The Original Bowen Technique” in 2000. That tagline can be justified in the context that Bowtech courses, Rentsch’s interpretation of Tom Bowen’s work, predated the many “Bowen Technique” spin-offs that began proliferating soon after 1987. “The Original Bowen Technique” refers only to the work that Rentsch teaches, not what Tom Bowen did in his clinic.

c. We agree with the article’s discussion of Julian Baker’s disagreement with Bowtech’s claim that its teachings come directly from Tom Bowen:

… the Australian Bowtech website claims that only Bowtech Accredited Instructors can teach the basic, specialized and masters’ procedures, “all of which we received directly from Mr. Bowen, who asked us exclusively to document and chart his amazing techniques.” . . . However, Baker maintains Bowen’s work is not a series of procedures, but rather a system of bodywork, the pieces of which were never given exclusively to anyone.

d. Evidence of this lack of exclusivity is that in 1979, three years before Bowen’s death, Bowen encouraged Davis and Neave to present his approach at a chiropractic conference to large groups of chiropractors. Neave presented at the conference the following year before giving up as hopeless the attempt to teach Bowen’s approach by demonstrating and explaining it.
Two final notes depart from our focus on correcting the historical record about Tom Bowen and the development of Bowen therapy:

1. We were perplexed that, in two places, the article mentions the importance that Bowen therapists place on taking “occasional breaks” from Bowenwork in order not to create “dependence” in their clients. None of the senior U.S. instructors, including Sandra Gustafson and Alexia Monroe, who have trained with Ossie at least annually since 1991 and 1993, respectively, recalls having heard about either concept. In her classes on chronic conditions, Monroe teaches Ossie’s version of what he heard Tom Bowen tell his patients: “I don’t need to see you until you need to see me,” which would usually be after a re-injury. This example of how current instructors attempt to answer students’ unanswerable questions is best understood. Strachan summarizes the experience of Bowen’s patients: “For practical reasons, Tom sometimes would see his patients once only (especially those who travelled long distances and for whom a follow-up visit wasn’t convenient), but most often it was twice, the second time to ensure the structural fix had ‘locked in.’ Ostensibly he didn’t encourage multiple visits, except for his disabled clients, who were regulars until he got to the point, with some, where he felt he could do no more for them. Far from being swift treatments, some of the treatments of his disabled clients could take much longer.” Although Bowen’s ability to assess the source of his patients’ problems far exceeded what can be taught, the point remains that the needs of clients for additional care will vary greatly from person to person and that formulas, however well intentioned, are at best a first approximation to what might best serve a particular individual.

2. Since WDDTY is published in the UK and all of the interviewees reside there as well, please note that the article follows British usage, referring to “Bowen treatments” (as does Strachan. an Australian), whereas we in the U.S. refer to “Bowen sessions.” It is in order to avoid even the appearance of practicing medicine without a license that we make such a point of explaining to clients and students how, as Bowen practitioners, we neither diagnose nor treat any condition but rather assess and address them. We continue to make these points even though (a) we are powerless to enforce our word choices on anyone and (b) clients who feel so much better after a few Bowen sessions than they had after weeks, months or years of medical treatment often say their “Bowen treatments" were successful.

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Postscript: It is our hope that “Bowen" someday soon will be so well known and understood that people in pain will think of it as first resort rather than last resort. . .

We welcome your participation in making this happen.