“New from Australia! The Bowen Technique!” My chronic tennis-elbow pain led me to read on. “Not like massage, or chiropractic or acupressure,” the brochure continued, “or neuromuscular re-education or fascia release”—or any of the other modalities that had failed to give me even temporary relief. I was skeptical, but also curious enough to try it.

By the end of my first Bowen Technique session, my elbow was almost pain-free. What had the practitioner done?

First, as I lay fully clothed face down on a massage table, he performed four gentle moves on my lower back and gluteals. He said my nervous system needed time to incorporate that new information, made sure that I was comfortable, and left the room. When he returned, he worked on my legs and back, disappearing again after every few moves. He did a few moves around my neck as I lay face-up, and many on my shoulders, elbows, forearms and wrists as I stood. Afterward he taught me a simple arm exercise to do with my better arm first. He told me to drink lots of water to flush out the toxins my now-relaxed muscles would continue to release. He advised me to have a follow-up session a week later and not to have other hands-on work in between.

The elbow was so much better after the second session that I didn’t need a third. Within a few weeks it was as good as new. I was amazed by this result—especially because it fulfilled the brochure’s claim that most musculoskeletal problems resolve after two or three weekly Bowen Technique sessions.

Roots of the technique

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

By the early ’50s, his wife, Jessie, had been hospitalized several times with severe asthma. Bowen developed a soft-tissue manipulation procedure for it. The combination of this procedure and the restricted diet he developed kept her asthma under control thereafter. In 1957 he began treating people...
in the evening at the home of friends Stan and Rene Horwood. Bowen soon gave up his day job, rented office space, with Rene as his office manager. He called himself an osteopath, a title that was not regulated in Australia at that time.

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

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

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

After Bowen’s death in 1982, Kevin Ryan (the osteopath) kept the clinic running for two months. He and Romney Smeeton (one of the chiropractors) continued the free Saturdays for the handicapped for another 12 years. They and chiropractor Keith Davis still practice Bowen’s technique in their busy clinics. Of the other chiropractors, Kevin Neave retired in 1989, and Nigel Love died in 1999. Oswald Rentsch (the massage therapist) opened a Bowen Technique clinic with his wife, Elaine, in 1976; they have taught seminars in their interpretation of the technique since 1986. Ryan teaches occasional workshops to Bowen practitioners and, since 1998, has taught a 26-contact-hour Bowen course to osteopathy students at a university in Melbourne. Rene Horwood, who, in addition to running Bowen’s business, helped him develop some of his procedures, passed away at 93 in September 2001.

Bowtech

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

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

“At Tom’s suggestion, we didn’t advertise,” recalls Ossie. “By the end of six months we were booked solid. Many professionals came to watch us work, and they kept asking us to teach, saying, ‘If you don’t teach this, Bowen’s work will disappear.’ Finally, a fellow in Perth got a group together and we went there to teach.”

Through the Bowen Therapy Academy of Australia, the Rentsches have taught “Bowtech,” as they call their interpretation of Tom Bowen’s technique, to more than 15,000 practitioners throughout the world. They began training instructors in 1994: 70 people now teach Bowtech in 20 countries and in six languages. Professional certification in Bowtech requires a minimum of 14 days of instruction and assessment; 100 hours of anatomy and physiology; 20 hours of business training; and current CPR certification.

How Bowen works

Several mechanisms have been postulated as to how the Bowen Technique works. The basic Bowen “move” distorts a muscle or tendon that is not under load and then rolls over it at a precise location without sliding on the skin. As a result, the spindle cells and Golgi tendon organs down-regulate the muscle’s resting tension level via the central nervous system. The surrounding fascia becomes less solid and more fluid, allowing greater movement of blood and lymph through the tissue,
and enhancing nutrition to and waste removal from the site of injury. The lack of distracting skin stimulation and the limited number of precise moves focus the nervous system’s attention on the essential points. Pausing at certain crucial times in a sequence of such moves allows time for the nervous system and fascia to respond and begin the healing process. The body continues to respond for several days afterward unless interrupted by injury or strong external stimulation, including trauma, heat and bodywork.

**Integrating Bowen with massage**

“As a massage therapist, I hadn’t heard of Bowen before, so I went to the 10-minute demo at [a] health conference,” recalled Alexia Monroe, who lives in Prescott, Arizona. “That little demo removed a chronic shoulder pain that I’d had since I was a child—and, as it turned out, removed it permanently.

“At the time, I had been a licensed massage therapist for eight years,” she continued. “I was dedicated and popular, with a full-to-bursting practice. My clients were satisfied, but I was not. I saw conditions relieved temporarily. I saw overall well-being develop gradually in long-term clients who learned healthier habits, but I did not see the dramatic healing effects that I now see routinely with Bowen.”

After Monroe studied Bowtech, she followed Tom Bowen’s example and set up space for multiple clients right away. “When two or more clients scheduled appointments together, I gave them each $10 off,” she said. “They became even more excited about Bowen when they saw each other’s results, and they told others, too, which multiplied the promotion. Working on two or even four Bowen clients at a time requires less hands-on effort than a single massage.”

Bay Area massage therapist and Bowtech instructor Kevin Minney said he cut 25 percent of the physical strain out of his practice by suggesting that his weekly massage clients have a Bowen “tune-up” session once a month.

Says Katharine Hunter, director of Applied Kinesthetic Studies Massage School in Herndon, Virginia, “[Bowen Technique] protects the therapist from overuse injuries while providing positive effects for the client.”

Client Donna Mittenthal, of Austin, Texas, said receiving Bowen Technique sessions had an immediate effect on a problem toe: “My right big toe was immobile, inflexible, swollen and painful. I got more relief from my first Bowen session than I had from a year-and-a-half of regular acupuncture and myofascial release work.” She added, “In three more sessions, [my therapist] worked the whole body, with focus on my toe and right knee. I have no pain in my toe now, and the knee rarely bothers me.”

Julia Kreer, a Bowen Technique client in Leesburg, Virginia, shares her experience with the technique: “I had a bad limp and muscle pain due to severe osteoarthritis in my left hip, [and] the bone doctor told me that only a hip replacement would help. My physical therapist did everything she could and then referred me to [a practitioner] for Bowen.

“At first I thought, ‘Something this gentle, this calming, this alternative won’t help much,’” she recalled. “But after the second visit, I noticed a lessening of the severe muscle pains in my leg, and my limp improved. I get occasional arthritic pains now, but no more muscle pains.”

Massage therapists generally find that clients seeking pain relief are more willing to try Bowen Technique than are clients seeking relaxation massage. It is not uncommon to develop separate clienteles for Bowen and massage. Some practitioners establish a “first Bowen session free” policy or run specials for particular complaints.

“As students’ understanding of the Bowen Technique deepens,” notes Monroe, now a senior Bowtech instructor, “their sessions become shorter, more focused and more effective.”

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Learning the Bowen Technique

I took my first Bowtech seminar in North Carolina in November 1995. It was a typical class—mostly massage therapists plus a few physicians and physical therapists. I was the only non-bodyworker in my class.

All the students vied to be chosen as the volunteer “demo client” for each procedure that was taught. Lower back pain and headaches vanished in minutes. Frozen shoulders unfroze, knees stopped aching, tight hamstrings softened, uneven pelvises leveled out, jaws stopped clicking and opened freely, unstable ankles stabilized, and hammertoes touched the floor for the first time in years. The class coordinator told me how, after her first Bowen session the year before, her post-mastectomy lymphedema had drained away within two hours—and stayed away for two months.

The seminar included enough practice and feedback that we all learned the anatomical landmarks and hand positions. The Bowen instructors I interviewed for this article, who have taught the technique to more than 1,600 students, observe that massage therapists are often more comfortable using touch than some of their more medically trained classmates. Massage therapists have a good head start on developing the palpation skills that Bowen requires for assessing tissue tension and for varying the pressure appropriately for infants, trained athletes and the frail.

The rolling motion of the basic Bowtech move is different from any massage stroke or other manipulation. Learning it requires the letting go of skills and expectations learned elsewhere. Also, the muscles may take a day or two to respond to the signals.

“In Bowen classes,” notes Sandra Gustafson, a senior Bowtech instructor from Santa Rosa, California, “massage therapists often use too much pressure and expect the instant gratification of feeling the muscles relax under their hands. Accustomed to remaining in constant contact with the client, they often find it difficult to step away and disengage themselves during the mandatory delays.”

It is obvious that no one can learn in a few weekends everything that took Tom Bowen’s students years of weekly one-on-one practicum to learn. Bowtech provides a sound foundation upon which to build. Students acquire competence through practice and attention to detail. The more they practice, the better their results and the more confidence they gain in the technique.

—Vicki Mechner

To Learn More …

For information about Bowtech practitioners, instructors and/or courses in 30 countries, including the United States and Canada, visit the official Web site of the Bowen Therapy Academy of Australia (BTAA) at www.bowtech.com.

Information may also be obtained from the BTAA’s U.S. Bowen Registry in Prescott, Arizona. Call 1-866-862-6936, or email usbr@bowtech.com, or write to 337 North Rush St., Prescott, AZ 86301.

The chapter titled “Bowen Technique,” by Patrik Rousselot, in Mosby’s Clinician’s Complete Reference to Complementary & Alternative Medicine, provides an overview of both the technique and research conducted into it (Mosby, 2000).


Tom Bowen, shown above working on a young client in 1979, provided free bodywork to children, football players, pregnant women, and poor or physically disabled people. After Bowen lost a leg to diabetes, he continued his work from a wheelchair.

Part of the upper back procedure. Seminar demonstrations and practice are done on bare skin for instructional purposes even though the work itself is often done through light, non-restricting clothing.

Part of the ankle procedure.

Clients and therapists alike describe the Bowen Technique as gentle and calming; the technique can be used on infants, as shown here, as well as adults. [Senior Instructor Sandra Gustafson performing the procedure used for infant colic.]