

# Bowen News

February 2022 – Issue 84



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## Editor's Column

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Last edition's front page showed a view of the horizon with some danger in the foreground, and I talked about seeing a pent-up demand for complimentary therapies exploding. I don't know about you but I haven't seen that explosion for physical modalities but rather it's been about the mental side. The mentalists(?) in my therapy centre are maxed out.

I think, in part, that this is happening because of the sustained highlighting in the media of the need to pay attention to one's own mental wellbeing - Naomi Osaka and Simone Biles being clear role models.

The power of social media and the press to make change is clear. That's why I'm disappointed that no-one, to my knowledge, from the BA UK got involved in the Long Covid Study that ran last year. This was a clear opportunity to present the results of a well-formed study and capitalize on the outcomes, to the benefit of us all.

The membership of BA UK is approximately 450. 1, maybe 2, practitioners got involved in the study. I was going to equate this to risk but got caught up reading this book instead, which everyone should read before watching the news: "[Know your chances: Understanding Health Statistics](#)"

### Long Covid Study

Preliminary results are in and looking good. Now going through the lengthy process of writing it up. A summary is presented later in this newsletter.

### "I believe I had Covid therefore I now have Long Covid"

I came across this interesting study while looking for Long Covid studies to reference in the Bowen Long Covid Study.

Basically, people who thought they'd been infected with SARS-CoV-2 had more persistent symptoms than those whose infections were confirmed by antibody testing in a recent study.

The analysis of some 27,000 adults in France, "suggest that physical symptoms persisting 10 to 12 months after the COVID-19 pandemic first wave may be associated more with the belief in having experienced COVID-19 infection than with actually being infected with the SARS-CoV-2 virus".

From this study, my takeaway is that, if people haven't been tested and shown to have contracted Covid then perhaps that's a good first step when they come to you presenting with Long Covid symptoms, especially if you've been treating them with little results so far.

The paper is [published](#) in JAMA Network and authored by Anita Slomski, 4<sup>th</sup> Jan 2022.

### Contra-indications

Included at the end of the newsletter, is a table of the contra-indications and precautions that BA UK and BTPA have submitted to the CNHC. Worth printing it off double-sided and laminated.

### Summer Prize

The prize is donated by Helen Perkins. 200g Bexters Soda Crystals and 10ml Bowtech Ease oil for bunions and painful joints RRP £18.94 Trade £9.00.



### By the way...

As this newsletter will be available only electronically, any time you see underlined words you'll find they are a link to other material. So just click the link to find it.

*Dave Riches*

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## *Bowen Association Chair Report*

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The intensity of workload from the effects of the Covid-19 restrictions was significantly less in the second half of last year and a slow, but steady return to how we live and work has been much appreciated.

A few of our older members decided to retire come their September renewal, some felt at too much risk to see clients again, others appreciated the time for themselves the lockdown periods gave them. No doubt they are all now so busy with other things they can't understand how they had time for work! We wish them all the best in their retirements.

Our second online AGM on 2nd October was well attended and several of us benefited from Richard Kelly's Drama Triangle workshop. There will be more offerings from Richard this year.

I had to focus on my duties as an executor of my mother's estate the last few months and this coincided with a quiet time for the Association and Committee as a whole, post September renewals and everyone's focus moving towards Christmas and family time. It feels good to be able to pick things up again now after a couple of years of hiatus with Covid-19 and being in the early weeks of a new year.

One thing I do want to mention is your Practitioner Listing(s) on the website. I have had a couple of new clients recently who chose to come to me for their Bowen treatments rather than other practitioners nearer them. This was because I had written a short description in my Listing about me and how I help people, while many of my closer colleagues have a blank space under their details. Having finally got my own website for clients to click through to is also paying dividends for me; it has already paid for itself several times over since launching last Spring.

One of my new clients said this, "If you believe in what you do, then say it, write it.

If you say nothing, how can I believe you are really interested enough to help me?"

There will be many potential clients out there who think the same as she does. How many possible new clients have you unknowingly lost? I encourage you to write a couple of paragraphs about yourself into your Listing, upload a photo and see what effect it has on your client base over the next few months. It is the easiest, quickest and cheapest way to increase your income!

**Important:** there is some confusion between a Profile and a Listing. The Profile is for use by the Office. The Listing is what you present to the public.

So, your public description (Listing) needs to be added within My Account/My Public Listing/My Listings to be visible for the public.

If you want help with this, contact [admin@bowen-technique.co.uk](mailto:admin@bowen-technique.co.uk).

If you want to create a straightforward website, our webhost company, Cravenplan, can help you with this – see the Members Area/Marketing & Promotions/Personal Website Design & Hosting Offer page for more information. Wix and other companies also provide a simple template to create your own site.

### **Thoughts from the Chair**

I have spent much of the last few months in the Drama Triangle which Richard Kelly's post-AGM workshop took us through. For quite a while I failed to acknowledge it, however, when I did, the relief such awareness brought was tangible. I have become better at managing my thought process, although I admit it has been exceedingly hard to be Adult in what is a very deeply emotional family situation.

It is always easier to run our habitual patterns rather than implement new ones. I realised a lot of my Persecutor thoughts about others was really an avoidance of allowing myself to fully acknowledge and experience my own feelings and then share them honestly. It takes courage to be completely honest and yet being so expends much less energy in comparison with not speaking our truth, the consequence of

which goes on and on, as certain politicians discover!

One revelation in all this was that I experienced Charlie Brown's Posture Philosophy for real. This is a cartoon which I have used in presentations and with clients but has only been a mental thing for me until recently.



"This is my 'depressed stance.' When you're depressed, it makes a lot of difference how you stand. The worst thing you can do is straighten up and hold your head high because then you'll start to feel better. If you're going to get any joy out of being depressed, you've got to stand like this."

## Charlie Brown

My Persecutor chunterings were worse when I was poo-picking at the field. I realized that bending over the scoop, raking the dung into it, meant my sternum and heart were towards the ground ('down-hearted'). When I lifted my sternum and heart ('up-lifted') I felt better and my thoughts quietened down too! I now have a very simple, subtle solution to use if my internal Persecutor starts up and for when I am dealing with people I find challenging. I share this in case it is also of use to you...

I wish you well.

*Fiona Webb*

*Chair of BA UK*



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## Committee Report

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We had our first Committee meeting of the year in January and welcomed three new members to the Committee.

**Treasurer:** Tracy Anderson has taken over the role of Treasurer from Rob.

**Legal & Arbitration:** Veronica Horgan has taken over Legal & Arbitration from Sheila.

**Website Administrator:** I am delighted to welcome Kasia Dudek onto the Committee to take over from me as of 7th February, and I will continue to cover where required.

Remember, as members, you can edit most of the information visible to the public yourselves. Login to the Members' Area/Member Admin/How to Update My Details to see how to do this. If you need any help with access or updating your information please send your request to: [admin@bowen-technique.co.uk](mailto:admin@bowen-technique.co.uk).

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### Other Committee Changes

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**Vice Chair - outgoing:** It was announced at the AGM that, after invaluable support to me as Vice-Chair and Co-Website Project Manager, Shirley Strickland stepped down from the Committee last summer to concentrate on caring for friends and family.

Shirley has been an absolute rock for me in so many ways since June 2017 and continues to be my go-to 'Wise Woman' for personal support and guidance. Thank you, Shirley for all your time and support to BAUK. I could not have done the last few years without you.

Shirley spent many weeks and months devoted to the website project, including creating many of your entries on the Find a Practitioner database, often late at night after a full day's work. She will be enjoying perusing her local garden centre to spend her vouchers given from all of us at BAUK in appreciation of her work supporting you all.

**Vice Chair - incoming:** Paul Dunn kindly accepted my request for him to become Vice Chair, while remaining as Strategy/Marketing lead. Paul continues to bring great experience to the team and is actively

involved in getting Bowen more widely appreciated in the medical world. I look forward to continuing to work closely with him on more strategic matters.

**Sheila Whyles** has stepped down from direct involvement in the BAUK Committee, however she remains Office Manager/ Current Membership Secretary and much appreciated Wise Counsel 😊

**New Member Support:** Kim Shepherd has had to step away from this role due to family commitments. Kim has been a kind and supportive contact for our new and recently qualified members; thank you Kim, we appreciate your time and care for others.

## Vacancies

We have the following vacancies both on and off Committee:

**New Member Support (on/off Committee):** mentoring new members, offering a specific contact for support and advice as they build their Bowen clientele, support and encourage Associates finishing their A P&P studies prior to becoming Full members.

**Facebook (on/off Committee):** upload posts on behalf of BAUK to general Facebook page, manage and coordinate BAUK members' Facebook page.

**CNHC Validation Role (on/off Committee):** Diana Menzies-Smith will not be able to continue with this role after April. Ideally, we are looking for a BAUK member who is also a member of CNHC. This role is very ad-hoc, it involves validating the application and documentation of any Bowen practitioner, whether a member of BAUK or not, who is applying to the CNHC for membership. There have only been a few applications in the last year or so.

If you are interested in any of these roles, please contact Fiona Webb.

## AGM

After discussion, the Committee voted unanimously to keep this year's AGM online. The online AGM has been very well received. It was felt there could still be uncertainty over new variants going into next Autumn/Winter and we wanted to avoid a committed booking. It was felt

members may still prefer to prioritise personal, family socializing in a few months' time and there could still be a reluctance to gather with colleagues from all around the country. There was unanimous agreement to make 2023 a face-to-face AGM.

This year's online AGM will take place on Saturday 17th September so book it in your diaries now!

## Magazine

It was agreed by the Committee that this edition of the magazine would be online and that the next one would most likely be a return to a paper copy.

## Honorary Member - Rob Godfrey

Rob Godfrey has now fully retired from his role as the Bowen Association UK Treasurer.

This was previously notified in the last magazine (August) however Rob remained in the role until recently while we waited for someone to come forward to take over the role. Tracy Anderson volunteered to step into his much-esteemed shoes at the AGM and they completed their handover in December.

Rob has been our Treasurer for around 16 years. We have certainly 'treasured' his careful management of our finances and keeping a steady hand on the wheel, especially the last couple of years. His calm demeanour and dry wit have enhanced the work of the Committee over this time, and we will miss him immensely.

We are awarding Rob an Honorary Life Membership of Bowen Association UK in recognition and appreciation of his many years of service.

We are also helping him 'fly off into the sunset' with a voucher for a helicopter ride as his gift from all of us here at BAUK.

I know you will want to join with me to wish Rob all the very best in his retirement.

## **Barts Health NHS Trust, London, Seeks Complementary Therapists**

Barts Health NHS Trust is looking for complementary therapists who are willing to volunteer their time within the NHS.

The post is voluntary, however, in exchange for working outpatient and inpatient clinics you will:

- Gain extensive experience of working with NHS patients
- Gain experience working with an NHS multi-disciplinary team
- Have full access to certificated CPD and other training free of charge.
- Have in-house supervision via case conferences

This is an emerging area of medicine and NHS experience and a good reference may help with longer term career prospects.

If you, or someone you know, are interested please contact Neil Browne, Lead Clinical Therapist, for advice on how to apply:

- [neil.browne@nhs.net](mailto:neil.browne@nhs.net)

Telephone – 020 8539 5522 extension 5840

[*Ed.* You can find this and other volunteer roles in the Members area. Last menu item under the Members' menu. These roles are usually open permanently. So, always apply.

If you'd like to ask someone what to expect in the role then look no further than our very own [Paul Dunn](#) who has done this for many years.]

## **Scottish CAMS – Retail & Close Contact Guidance**

Following the First Minister's announcement, on 24<sup>th</sup> January, regarding changes in distancing measures, updated guidance and checklist for close contact services has been published on the Scottish Government's website. Please be advised that this guidance is an annex to the safer businesses and workplaces guidance, which should continue to be practitioners' primary reference.

Your committee is here to support you. Do contact us if you have any queries or concerns.

## *Bowen Association Executive*

Fiona Webb	– Chair
Paul Dunn	– Vice Chair & Strategy, Marketing
Tracy Anderson	– Treasurer
Veena Lidbetter	– Events Coordinator
Veronica Horgan	– Arbitration, Complaints
Raluca Lupu	– Overseas Links
Kasia Dudek	– Website Administrator
Vacancy	– Facebook & Marketing support (Committee)
Vacancy	– CNHC Validator (non-Committee, although you can join us!)

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## Dog Tails

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CCMRT- A little miracle worker.

My husband is a dog breeder of 60 years. We breed working HPR (Hunt, Point, Retrieve) dogs called Brittany's. Yes! they



originate from France being a very popular dog over there. Here they are worked on game birds, Falconers dogs, dog agility, Cannicross etc. They are not great pets if not worked as they have a very high work ethic.

This year we had a litter of 10 pups in July 2021. This is my bitch's second litter and no

complications expected. However, it was quite a long labour and the last little bitch born had been stuck up high in the ribcage for a long time. She appeared breathing but was tiny. She didn't have a lot of suck mechanism so after day 1 we would put her on the bitch away from the other pups, perched on a cushion with support. This was so she wasn't fighting her bigger brothers and sisters for milk.



She still wasn't great so I gave her some CCMRT moves and her suck improved. I gave her a few little treatments and then at 4 weeks when they are put on soft meat and small, wet biscuits we noticed she didn't eat up very fast. So, more treatment, she yawned and yawned and put lots of weight on. She is always going to be small but has a lovely home with the owner of the stud dog, making his life difficult. She is a great little character.



As often happens a day or two prior to the pups going to new homes at 8 weeks old they play very boisterously with each other. The little girl kept out of the way but we had some other casualties. A very lame pup, due to go to her new home 5 days later, couldn't stand and kept falling over. Now pups are like children - everything is a bit dramatic. So, we brought her into the house, gave her a treatment and put her on some bedding in a cage with her mum who had already weaned herself off them. The next day she was right as rain.

We had 3 in total like that and the sooner I treat them literally within an hour of injury they all are fine the next day.

The last dog tail is my husband's working and top stud dog, Toby aka 'Hawkwise Land Agent'. He has Lymes disease. The vets did not give him the required Doxycycline Antibiotic in time and the consequences are we have to manage Lymes Disease in this dog. He is a great communicator so if we put his breakfast down and he doesn't eat it he comes and sits on my feet for a treatment.

He had a lymph biopsy taken in his left hamstring area and this is now weak as it damaged the area. Therefore, the other hind leg overworks. Its lucky for him as sometimes he needs a little treatment up to 3 times a week.

He is a fabulous dog and lets us know if he has any problem, including not being fed exactly at 5pm in the evening!!



*Sue Connelly, West Midlands*

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## Lucky Prize Winner...

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...is Sarah Baglin, who will receive her prize very soon. Contribute an article to the next edition and you'll be in with the chance of winning.

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# Long Covid Study – Update

## 4<sup>th</sup> January 2022

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Project Managers: Dianne Bradshaw & Jo Wortley

### Overview

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In 2020 Jo and Dianne embarked on developing a study to provide anecdotal evidence to demonstrate the replicable efficacy of Bowen therapy on Long Covid symptoms, with the aim of producing a publishable paper.

Therapists were invited from all Bowen schools and were accepted from all professional associations. In total over 75 Bowen therapists were trained online and accepted to participate in the study which took place across the UK. Jo offered a prize of a two-day workshop worth £245 to the therapist who submitted the most pieces of useable data. The prize goes out to Jane Grimes who submitted data for five Long Covid participants, well done Jane! Jane is booking her free Fascia Bowen workshop in Bristol next year.

Therapists from the US, Canada and Switzerland also came forward and requested the online training and Long Covid study package so that they could carry out the Long Covid study within their own countries. Jo has yet to follow up with them to see how they are getting on.

### Setup & Challenges

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Therapists were required to provide 6 Bowen sessions to participants, and one follow up at week 7.

At times the process has been a long and challenging one, for everyone involved. For example, over sixty Long Covid participants came forward and went through the process of registering and being accepted onto the study, then thirty of them didn't attempt to make any contact with their allocated therapist. Then, having completed all 7 weeks of work, a small percentage of data received from therapists could not be used as unfortunately the documentation had not

been completed correctly which invalidated all of the data they had meticulously collected. Despite this, there are now over 25 pieces of usable data which is deemed acceptable for the intended purpose.

The writing up and analysis will take some time yet due to its complexity, but therapist Linda Graham, who has some experience in this field, has kindly offered to assist.

### Preliminary Results

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At first glance it can be revealed that the results appear to be quite positive, so far over 91% of participants state that they are 'very likely' or 'extremely likely' to recommend Bowen to other Long-Covid sufferers, with the overwhelming majority being 'extremely likely to recommend Bowen' based on their experience (rating it 10 out of 10). In addition, there are some improvements in symptoms which can be seen over the seven-week period.

In the coming weeks we will be collecting data to understand what happens when there are no therapeutic interventions at all.

Jo is aware that this has been a very, very brief overview and she is sure you will have lots of questions. Please be reassured that all your questions will be answered once the results are officially published.

You may have heard that Dianne Bradshaw sadly passed away in 2021 following a period of illness. Our thoughts are with her family, friends, clients and colleagues at this time. It was Dianne's wish to complete this study and for it to be published in the hope that it will help those suffering with this horrible condition. On behalf of Dianne, Jo would like to thank each and every person who has contributed in whatever capacity, to making this study possible. It is lovely to see Bowen therapists coming together for this regardless of their background or Bowen school, as it is only when we unite and shout with one loud voice, that will we ever be truly heard! Let's hope that this study will play some part in paving the way for the future of Bowen as a mainstream 'go-to' therapy. Again, thank you!

*Dianne Bradshaw and Jo Wortley*



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## *The Drama Triangle*

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Are you or people around you stuck in the Drama Triangle?

Following the AGM this year there was a 2-hour workshop presented by Richard Kelly about the Drama Triangle, which is based on the work of Stephen Karpman in the 1960s.

The Drama Triangle is a model which looks at the dysfunctional roles that can be played out particularly in times of high emotion/stress and conflict situations.

There was a lively discussion around the topic and some suggestions for how to break out of the Triangle.

The following are some of the characteristics and how they can affect those stuck inside the Triangle; I am sure you will be able to identify, to some degree, with each role and be able to add a few characteristics or adjectives of your own:

### **Victim – Poor Me**

- Negative, under valuing self
- Helpless, needy and clingy
- Stressed out, complaining / moaning
- Not wanting to take responsibility

### **Persecutor – It's all your fault**

- Aggressive, angry
- Looking to blame someone else
- Judgemental and overbearing
- Critical, controlling

### **Rescuer – Can I help you?**

- Likes to be involved, feels important and needed
- Tries to help
- Feels responsible for others
- Makes sacrifices for other

Since attending the work shop it is interesting to realise how many times you can apply these roles to your own and other people's behaviour - if you take a breath, step back and recognise what is going on.

Key learnings from the workshop were to recognise when you are in the drama triangle and try to move out of it:

- Change your posture/breathing
- Create options; "what else?"
- Be clear about what you want:
  - Slow down
  - Don't rush in

Remember you cannot change someone else's responses or reactions; you can only manage your own emotions and responses.

But you can look at things from a different perspective, use facts not emotions, be more aware, listen more and understand.

The victim needs to become the survivor, the persecutor the challenger and the rescuer the coach.

*Sarah Baglin, Wakefield*

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## *Nobel Prize*

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Paul Dunn – no he hasn't won one...yet – submitted a press release article that was a short description of the research that won the 2021 Nobel Prize in Physiology or Medicine. It answers the long-standing question of: "how are temperature and mechanical stimuli converted into electrical impulses in the nervous system?", which sounds quite relevant to us, doesn't it?

Sadly, the article is too long for the newsletter, however, it has been added to the website where you will find it at the bottom of the public [About Bowen/Research](#) web-page in the Articles section, "Light Touch Therapy Research receives 2021 Nobel Prize" and also within the Members' Area in Marketing & Promotions.

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## Case Study

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AR has been seeing me for a Bowen session every three weeks for 13 years! When he first came, he was walking a little but arrived in a wheelchair with his mum. He has neurological conditions and mental challenges and is lovable although disruptive; noisy, apart from when he has the Bowen Technique, during which he relaxes so deeply he dozes off.

He also presented with regular seizures, limited bowel movement and incontinence due to not being able to use the toilet properly and still wearing incontinence pants. The main purpose of his visit was the condition scoliosis, which was making walking difficult, a painful upper back and a weakened leg after seizure. His mother had heard about the Bowen Technique and wished to give it a try rather than have her son go through an operation to fit a rod to the spine; she felt this would be difficult for him to cope with.

AR was 20 years old when he first came to see me, still living with his mum and about to go to live in a special residential home offering 24-hour care for learning difficulties and special needs.

At our first consultation, it was important for him to 'connect' and like me if the sessions were to go ahead. Mum lay down on the bed so he could see me making some moves. I asked if he would like to try and he said yes. He was able to lie on his front with his feet off the bed. We did not remove any clothes and I was able to lift his jumper and work on skin where possible.

I planned for weekly sessions to begin with and just did BRM 1 on the first session to see how he responded. Mum reported back that there was no immediate change although he was more relaxed. I knew then that he could have more procedures.

Session 2: I completed all BRMs (Bowen Balance) and noted the tension areas. Some muscles were very tight and rigid and there was a definite curvature on his upper back, making his shoulder lift on one side. After this session, his mum reported that he had

more dry nights, he was more relaxed, confident, and less aggressive.

Session 3: I repeated the Bowen Balance, and he became very sleepy and curled up. We covered him with towels and blanket and sat with him for half an hour before he woke up. This appeared to give him 'time out' and is a big factor up to the present day. He does have ADHD, self-harms, is constantly on the move, shouting his many catch phrases, he does not speak in regular conversation although he has over the years been able to say 'thank you Helen' upon leaving. He does sometimes start singing deeply and loudly and swears when he is unhappy and cannot express himself - see following character analysis.

He returned after a three-week break and was pleased to see me, walking in without the wheelchair. This time I carried out all BRMs and added shoulder procedure. There was a lot of tension in his arms and of course he did not understand 'how to relax his arm', I used words such as floppy and let my arm drop so he could see what I meant. It is still difficult today and it helps when the support worker can be the assistant and distract his attention with humour. I repeated the shoulder procedure the following week and then there was another three-week break over the Christmas period.

This next session, AR seemed more confident and was able to get onto the couch without assistance and knew what to do, just relax. The following sessions were fortnightly and the next procedures were TMJ and shoulder protocol.

As the sessions became a regular part of his routine and he was more comfortable with me, we discussed the bed wetting procedure and with his mum and carer present, I explained to him where I wanted to place my hands and he gave his consent. This was a success and the team at the home started toilet training with him, he now signals when he wants to go to the toilet. After those sessions, the staff and his family started to notice that he was standing taller and walking faster. I carried on seeing him every fortnight for the next nine years, never doing too much Bowen and adding pelvis

procedure to help his balance; knees, ankles, hammer toes, etc.

Significant procedures: he did start having seizures again after a few years and I was able to repeat the seizure protocol successfully. He has not had any seizures since.

Maintenance sessions are thoracic on its own or BRM Balance with kidneys and respiratory to help keep his spine straight. I might add other procedures such as shoulders, hamstrings, TMJ, Vagus Nerve from time to time.

During Covid, he did need to isolate and, when I saw him, we had weekly sessions to catch up. He now sees me every three weeks, often walks from the home with his support worker and we have found that the longest he can go without Bowen is about six weeks, when his shoulders start to rise and he walks unevenly. I do have another colleague he sees and accepts when I might be away on holiday. I have kept his file of all sessions with me, and he is a remarkable young man, now 33 years old and surpassing all life expectations.



*Helen Mary Perkins BTAA BAUK  
Instructor and Therapist*

### **Character analysis of Case Study AR**

I am a professional actress and trained with Helen Perkins in Peterborough. One day on a clinical supervision with Helen, I was allowed to observe a session with AR.

What began as shyness from AR soon morphed into unreserved curiosity. He was watching me, this strange lady and assessing me. Although AR's conversational skills were limited, like that of a child in reception class, he understood everything that was said in the room. He simply couldn't join in with the casual everyday 'chit chat' that most of us take for granted, due to his own limitations.

As AR grew more confident with my presence and more relaxed thanks to his treatment, he began to quote catchphrases from TV programmes and childrens' films. Helen had told me about these and how he sometimes attaches unique phrases to certain individuals. A little bit like his own code or signature for that person, Helen being one of them.

His confidence growing, these catchphrases became louder and more frequent. Then he began to 'act' on top of them. I saw friendliness, charm, humour and finally flirting! Not in the words used, but in the way they were spoken. For example, let's say AR wanted to flirt with me. He would take a sentence like 'lovely weather for ducks' and become an amorous 40 something with deep voice. He created a character and performed. Each emotion had its own saying. His charming self would have a different catchphrase and a different vocal tone to his humorous self. I was reminded of Jim Carey's 'The Mask'.

At drama school we were taught the importance of expression. What you say sometimes takes a back seat to HOW you say it. AR seems to have found a way to overcome his language barrier. He uses 'TV talk' and attaches his emotion, his own expression, to an otherwise mundane sentence. Quite a skill. Whether he is acting or finding his own unconventional way of communicating, AR is certainly a fascinating young man.

*Nicola Light qualified in Bowen  
Technique, September 2021*

# *PSB Bowen response to CNHC request for Contra- indications. November 2021 (Edits Jan 2022)*

## **Bowen Technique Contraindications and Precautions**

Bowen Association UK (in consultation with BTPA)

The following contraindications and precautions are largely shared by the International Bowen Technique formal associations and recognised in the UK by Bowen Training UK and Bowen Association UK. **Precautions shown are indicative** of condition-types but this is not an extensive list. Therapists are advised to collect a full client history to determine what treatments are appropriate and seek help when uncertain.

<b>CONTRAINDICATIONS</b>	
C1	Coccyx moves – during All stages of pregnancy
C2	Breast Procedure – where implants are present.
C3	When provided as a complementary therapy to Medical (allopathic) or other primary health treatment and the primary provider has not given approval that Bowen Technique may be undertaken.
C4	Client has admitted to or clearly used alcohol or other substances in a quantity immediately prior to a session to make the outcome unpredictable and create possible safety concerns for both client and therapist.
<b>PRECAUTIONS and Local-Contraindications</b> (a broad spectrum of conditions to guide therapists of potential caution, consider red flag conditions and proceed only when confident to do so). Conditions may require medical approval or require a full disclosure of the potential affects with a client prior to engagement)	
P1	DVT (Deep Vein Thrombosis) and Aneurysms. Seek medical guidance.
P2	Clients taking pharmaceutical drugs that may lead to tissue damage/breakage (e.g. Warfarin, Steroids) see also P10 below
P3	Infection presented: topical or otherwise (e.g. cellulitis, impetigo, TB, Fever). The therapist should understand the nature of the problem and act accordingly (e.g. deny treatment, wear gloves, seek guidance)
P4	The TMJ move (Temporal Mandibular Joint) – following extensive dental or facial restorations the therapist should discuss possible impact of the Bowen work and proceed as appropriate in relation to the nature and timing to the restoration work.
P5	Fibromyalgia, CFS and ME. Assessment of client tolerances needed.
P6	Over or around immediate Post-Surgical wounds (avoid spreading tissue damage or infection)
P7	In the local area of an implant (that is, it may be safe to work on another area of the body e.g. the Hamstring procedure given to someone with a Deep Brain Stimulator DBS located in the chest area. If unsure, seek guidance from trainers or a medical practitioner
P8	Local conditions (such as Varicose veins, Oedema, new burns, potential of a broken bone etc.) where a procedure may cause bodily damage.
P9	Client with hip replacement. General guidance is for no ‘Straight leg’ tests, extension/flexion of joint over 90 degrees and caution on any treatment using a leg-lock. Forgo any of these protocols and actions until the surgery consultant can provide range of movement guidance.
P10	Caution for the Posterior Tibial nerve at the ankle, used in the Knee protocol, See notes.
P11	Any procedure over an implant and/or its related components – this may include silicon implants, mechanical implants and wires etc
P12	<b>Pregnancy general.</b> Patient is best treated laying on the left side and only if there are no other reported flags (e.g. pre-eclampsia, painful urination, history of miscarriages)
<b>This list is not exhaustive and Red Flag signals/indicators should be understood.</b>	

**NOTES for the above CONTRAINDICATIONS and PRECAUTIONS/LOCAL-CONTRAINDICATIONS**

C1	Certain points on the body are connected to beliefs of being 'evacuation' points (e.g. Shiatsu) and Bowtech Training advises against the Coccyx Procedure if a client is or could be pregnant; NB. may be used to correct dilation if approved by the primary care giver.
C2	The content of cosmetic implants cannot be known and because there is a low risk of rupture it is a contraindicated procedure...
C3	Where treatments are given as a Complementary therapy the primary provider must approve of the complementary treatment and know that it will not interfere with the primary treatment. This can apply to treatments such as for palliative patients, dental reconstruction and other works or those receiving a prior 'Alternative' therapy (e.g. acupuncture)
C4	Though Bowen Technique is gentle the outcomes will not be predictable where there has been substance use and therefore, for both client and therapist safety, treatment should not be given.
P1	Medical guidance should be sought for clients with DVT or an Aneurysm. Provide information on the Bowen Technique procedures and the pressure used (e.g. eyeball pressure) to assist safety assessment by medical advisor.
P2	Certain drugs and supplements can weaken vessels and increase risk of bruising or bleeding; other drugs are taken to control conditions (e.g. blood pressure) and Bowen may affect the levels of control. Therefore seek secondary assurances or be aware of the drug relating risks prior to a session.
P3	Some infections are only infectious if directly touched or may be respiratory and so precautions can be taken to allow working in risk-free areas of the body.
P4	As stated.
P5	Clients with neurological conditions can be easily affected and may have greater sensitivity to touch. Therefore, work with caution and possibly using fewer protocols per session. Prior extensive guidance given to clients on what can be expected and treatment management guidelines for during and post treatment.
P6,7,8	Obvious local contraindication but this would not in itself prevent Bowen Technique application to other parts of the body.
P9	To protect the integrity of the artificial joint, seek medical guidance relating to the range of motion the joint provides otherwise work within the stated cautionary limits.
P10	The tibial nerve (activated at the ankle in the Knee protocol) runs along the knee and into the lower back via the sacral nerve plexus (shared with other nerves, including bladder & bowel). Although this is not identified as a caution by Bowtech Training and the College of Bowen Studies, an American Bowen author has identified this as a caution for its potential to affect pregnancy and heart rhythm. (N.B. the potential and any related findings are based upon electrical stimulation (PTNS) of the tibial nerve, not Bowen moves.) A Therapist may wish to show caution or 'ghost' moves for clients in these medical categories.
P11	Mechanical implants (e.g. deep brain stimulants, pace makers) may have near surface parts and connections that are not perceivable. Disruption to any implant or related component may be fatal to the client. Consideration therefore to protocols such as Breast. Vagus Nerve and neck moves and substituting 'ghost' touches where appropriate to do so
P12	At each session the client's condition should be reviewed to ensure there are no other conditions that may be indicating a need for medical referral (Red Flags etc.)

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## Workshop: Intuitive Tools for Therapists

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Imagine enhancing the results of your Bowen treatments with MORE tools so you can help your clients even more, they tell more people how amazing you are! When you tune into your Intuition it will Supercharge Results! Make 2022 even more successful!

These tools will help you every day to tune into your client's needs but also help you in all areas of your life. Your Intuition can help you make the best choices.

Imagine if you had extra tools that could enhance your work each day, if you could tune into the Information field and just KNOW what your client really needs.

Well, this 2-hour workshop will show you the possibilities! You will go home with a few tools you can begin immediately with, as well as a lovely Meditation to help you get more answers. In the workshop I will also do an Energy Clearing, which means I will clear the collective energy of all the people on the call. I will identify some of the negative emotions and replace them with the opposite Love-based frequencies.



Hey, I am Jacqui Hoitingh, I have worked with Energy for 25 years or so. I am a Bowen Therapist and Instructor.

It always intrigued me how the body was simply trying to show the emotions that are unacknowledged. If you didn't realise and acknowledge the emotions, then they manifest in the body. This led me to learn Kinesiology, Pendulum work and working with the Super Conscious and the Information Field.

I find this work fascinating and I LOVE helping people realise and become aware of their limitations and move beyond them. We are, in fact, limitless and it's part of the Human journey to discover this. That's my mission, to Empower as many people, women in particular, along the way.

So, I wish to invite you to this Workshop where you will learn:

- How the Information Field works
- Frequency and Resonance
- Daily Practices to help you tune in
- Humans and what's our biggest obstacle (limitations)
- Demonstration of an Energy Clearing (so you can benefit and feel it)
- Pendulum Work and a variety of ways it can be used
- How to use Muscle testing
- How to test for the best Crystal to enhance treatment



When you register you will be sent a Workbook for this Workshop and a Meditation for your daily practice PLUS a Manifestation Workbook as a gift (retail value £50)

**Wednesday 9th March 19.00- 21.00 GMT**

Places are limited to reserve your place with an email or text [Jacqui.hoitingh@gmail.com](mailto:Jacqui.hoitingh@gmail.com) or text 07801 279255. **Your Investment is £20.**

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