Professional Background and Experience of Bowen-Therapists with Bowen-Therapy – a Quantitative Approach

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BACKGROUND: Some safe and effective manual therapies are not yet scientifically approved, like Bowen Therapy or Dorn Therapy. They are lacking research. Bowen Therapy (BT) is a fascia-related non-invasive manual therapy developed in Australia by Tom Bowen, and taught in Germany for about 12 years. According to the list of therapists provided by the two largest Bowen-schools in Germany approximately 900 Bowen therapists have been educated in the mentioned time frame. As BT is not yet approved, it cannot be reimbursed through statutory health insurances in Germany. Only six articles exist in pubmed until June 2011. Therefore the aim of this pilot study was to provide information about Bowen-Therapists, their clients and treated diagnoses in Germany. Furthermore therapists’ experience concerning the effectiveness of Bowen Therapy was of interest. METHOD A self-developed questionnaire was distributed to all participants of the Bowen-Congress November 2007 in Munich. The survey contained 18 closed and 1 open-ended questions, concerning working situation, basic profession and formal training of the therapists, frequency of Bowen-treatments in their clinic, treated diagnoses, features of patients and success of treatments. The response-rate was 24%, so data for 24 therapists and 103 patients were gained until February 29, 2008. Data were analyzed per SPSS16. RESULTS 62% of the therapists are naturopaths, 21% are massage-therapists, 12% are physiotherapists and 4% other health professionals. 67% are working in their own clinic. They conduct 4 to 15 Bowen-treatments per week. They had former education in Cranio-Sacral-Therapy (29%), Osteopathy, Manual Therapy, Massage, in Traditional Chinese Medicine, Dorn-Therapy, Homeopathy and others. Therapists did find it applicable for each patient. They evaluate BT as more effective than other therapies (81%), and 5% as less effective. The quick and sustainable effects of BT are considered unique in comparison to other manual therapeutic approaches. It is soft, economical in its application, safe and empowers the patients. The waiting period, an important component of BT is also seen as a unique feature. Patients’ age varies between 2 months and 90 years. Most treated diagnoses are of orthopaedic-neurological origin (83%). 64% were acute cases, others related to chronic conditions. 45% of the clients had between 1 and 3 Bowen treatments, 28% needed 4 to 6 treatments. 34% of the patients had no side-effects, 32% felt a transient increase of pain, 33% felt different vegetative reactions. The treatments were successful in 87% with complete freedom of symptoms or significant improvement, 0.9% showed an aggravation. CONCLUSION This study provides information about the practice of Bowen-Therapists in Germany. It will help to inform researchers, practitioners and potential funders about this relatively new therapy and its potentials estimated by experienced therapists. It also contributes information to the sparse literature about BT in Germany and can be used as baseline for more differentiated research about Bowen-Therapists, Bowen-Therapy and its potential benefits. Thence the results of the study contribute to research in BT worldwide.