

Exclusive Interview with John Barnes - Part 2

John Barnes Part II
Founder of Myofascial Release
By Robert Calvert

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The following is the second in a two-part interview with John Barnes P.T., the founder of the myofascial release technique. The first part of the interview appeared in the Jan./Feb. 1993 issue. As the last interview left off, Barnes talked about how his occasional seminars became a full-time venture. During the interview, John Barnes worked the entire time on Judi Calvert, who occasionally commented about the work he was doing.

How long did it take before these occasional seminars turned into a real job? You must have done several years of teaching there in the locality?

Barnes: "No, I immediately started going around the country."

Primarily marketing to physical therapists?

Barnes: "Initially it was to PTs, physicians and dentists, TMJ specialists. Back in those days, I had not had much experience with massage therapists."

Judi: "I can tell that you're a very persistent man in what you believe in just by you working on me right now. You haven't given up. You haven't let go of this area that you're working on. You just move around, unwind, go in, move around, just go with it, but you don't let go and you just keep the pressure on steady and it shows in your character."

Barnes: "I think we talked about challenge before and maybe it's a blind spot I have, but it never occurs to me that if I've decided I want to do something that it can't be done. I know there's a way. You go around it, you go over it, you go through it. There's always a way."

Do you think there's an intelligence, a consciousness that you're contacting when you touch a client?

Barnes: "Yes."

Do you think that it's aware of your persistence and your challenge to it and that in some cases it may give in and in other cases it may challenge you back?

Barnes: "Yes. I think it's almost like a cat and mouse game sometimes. It's your mind and their mind. You've got to convince them that you mean business you're there to help them. You're a friend and maybe they need to face this difficulty of their pain to really go through it, learn it and grow from it."

Do you think that's a process of communication with the intelligence of the tissue or the brain as a part of the body as a whole?

Barnes: “Well, I feel that the brain is a tool of the mind and the mind is in every cell of the body and probably even surrounds the body. So the mind functions through the body and the brain in different ways. It is our mind that interconnects and communicates to each other with these techniques and then allows for a physical/emotional response or gets into belief systems better, impeding progress basically.”

So you're directly communicating with the central nervous system then?

Barnes: “Yes.”

Is a lot of your success a direct function of your persistence in challenging that?

Barnes: “Yes. I think it has to do with patience, persistence and silence, silence enough to be able to feel what's going on and not to force the system but to support it and facilitate it and go with it. There's a communication and a rapport that develops. I think that there's a resonance that occurs if you think of us on a vibratory level. We all have a unique vibration as human beings. A unique energy. And what seems to happen is that when a human being touches another human being with love and with positive intent - and these techniques can be viewed as tools then - over time a resonance occurs where the vibration becomes similar and allows for an energy flow which then allows for the tissue to release or a healing and a balance to occur.”

You said two things. You said to ‘be silent to find out what's going on.’ And then you said ‘to nurture and support.’

Barnes: “What I see happening a lot of times is that when we're injured, whether it is a current injury or a past experience, even back into the childhood or birthing experience, it seems that many times if we have not completed, the experience as a part of our awareness disassociates from that part of the body.”

“What happens then is that disassociation probably minimizes the amount of energy that's flowing through that area and then the tissue begins to solidify in those areas according to what we would call restrictions or symptoms.”

“One of the many techniques we use besides sustained pressure with our hands is physical support and also providing energy to the system. It's almost like a coaxing back into the body in a very nurturing way that part that had to leave because of fear or pain or whatever...[In] advanced courses we get into a lot of this much more. It's just such an art that it just keeps growing by quantum leaps and we all do this. So I'm sort of giving people the real basics to get them started here. Palpation, and from that we'll grow...”

Judi: “And the consistency. You stay with the area that you're working on, supporting it nurturing that part. I felt from the other students in the class that they'd start to give it...but they didn't stay with it...but that's part of learning.”

How is your work related to Rolfing?

Barnes: “I've been Rolfed twice by advanced rolfers. Rolfing is a very good soft-tissue mobilization technique...We teach similar-type techniques the first day. A lot of the other similar-type therapies,

deep tissue work, are excellent, but it goes through the tissue too quickly and it does it in a relatively mechanical way so that it doesn't release the entire myofascial complex. While it's incredibly valuable, it really needs to be complemented by the more sustained fluid techniques that we use with myofascial techniques."

Are there any waste products that are created from the disentanglement of these bound tissues that you're freeing up by this persistent pressure that you apply?

Barnes: "Yes. What seems to happen when you think of the fascia on the cellular level is that when you get fascial restrictions there's not very good circulation, respiration, elimination or fluid flow on the cellular level. So the area tends to encapsulate like an inflammation and toxins build up in their systems, their structures."

You said, 'like an inflammation.'

Barnes: "Yes. Or it can also become inflamed. As you release, many times the toxins will come to the surface, which may show up in welts, because there's also histamine embedded in the fascia and then others may actually show up as pimples. So we suggest that everybody drink a lot of water to help purify the system during the process in case that could happen."

In the colloidal fluid system that solidifies and crystallizes, right?

Barnes: "Yes."

When you apply pressure, is there any fallout of that crystalline material within the colloidal fluids and within the connective tissue as opposed to the waste that you talk about in the venous system?

Barnes: "Well, again, I can only speculate. There must be. However, I've never seen it be deleterious in any way. I think that part of that whole process probably has to do with the piezoelectrcal effect. It's a well-known fact that when you compress connective tissue, mineralized, and non-mineralized, which would be the soft tissue, it creates an energy flow within the tissues."

"It seems to create probably some of these transformations. It's not just compression. There's a time factor. That's the key element that too many other approaches have missed. I'm not saying that the other approaches aren't incredibly valuable because they certainly are. It's just that we have a missing link that when appropriately added to these other approaches will make all the difference in effectiveness."

Why do you think that the slow timing of this approach is more effective, that it is the missing link?

Barnes: "Again, I think the piezoelectric effect, the electromagnetic forces of the body simply take time to allow for tissue to change its form and structure."

What about the conscious component? Does that also take more time?

Barnes: "It certainly seems to. It seems that you have to be able to spend a little time with the system to be able to really get into the deeper levels and really let that communication happen...It's like when

we get injured a lot of times, it seems like an indelible imprint is made in our entries when there's high emotional content and somehow that gets locked into the tissue memory system."

"I think what happens is that our needs to survive and to protect ourselves gets shoved down and we tend to disassociate from them. Which is fine for a while as a coping mechanism, but the problem is that because we were taught to mask symptoms or run from our problems the fascial systems slowly tend to tighten around those areas and then create restrictions."

"It seems that one of the missing links that I've found was a theory called state-dependent memory learning and behavior, which is the experience we've all had if you're ever walking down the street, let's say, and you smell a cookie and all of a sudden you have a remembrance of your mom cooking for you, making cookies for you, it brings back the whole scene."

The smell and everything.

Barnes: "Every experience you had at the moment is replayed for you in incredible vividness as if it's happening right there. Or you hear an old song and you remember an old boyfriend or girlfriend and all those feelings come flooding back into your system. So that's state-dependent memory learning behavior."

"One of the missing keys I found in that theory was positioning. What's important about the larger version of myofascial release is myofascial unwinding where with your help the body spontaneously takes itself back into significant positions. When it hits that exact position, then these memories are also elicited which had been disassociated like a reverse amnesia. All of a sudden they come up to your conscious level."

"What's good about that is you are then put into a position of choice, because when it's in the subconscious you can't really deal with it. So once it's back into a position of choice, then insights begin to float in, the tissue can begin to release or then counseling has some really relevant information to begin to deal with in a very meaningful way."

It sounds then like myofascial techniques would be very valid for psychotrauma as well as physical trauma?

Barnes: "Yes."

We're still operating with the same tissues traumatized no matter from what source.

Barnes: "Yes. It's very hard to separate the two. It just can't be done. We tried to do it. You know, we were taught that the structure is a totally separate entity from the emotions and in my mind they're two sides of the same coin. It's just an arbitrary separation that has limited our abilities to help people and we have to begin to deal with the reality of the situation."

How difficult of a challenge do you think it is to bring this work to a greater audience, to bring more awareness to the medical and the psychological communities?

Barnes: “Well, it’s a tremendous challenge. We talked about the resistance of people to new ideas before. I’ve been able at this point to train over 15,000 health professionals, so that’s a pretty big chunk and it’s rapidly growing...”

“There’ll be a certain critical point when all of a sudden it’s going to be available to everybody’s consciousness and there’ll be tremendous shifts that’ll occur recognizing that this is a very cost-effective way of helping people in a very non-traumatic way.”

“I just feel that it’s got to happen that way, and it’s just a matter of being persistent and hanging in there. I think it’s through the example of the various health people who are touching other people with various techniques. It’s through that example that things are going to change. So my sense is that we all have a responsibility to just be our very best in all ways and have our intentions good and things are going to continue to happen. Because they really are in the process of tremendous change right now.”

Do you see us approaching that critical point?

Barnes: “I feel we’re very close to it. I’ve seen a big change in the seminars just in the last couple of years, particularly last year. People used to come to the seminars incredibly skeptical and it would take me a day or two to get them turned around. It was through the experience of what was happening in their own body that they started to realize how valuable it was what we were doing.”

“In the beginning, most of the people who came to our seminars came through advertising. Now the majority of people come through word of mouth. A lot of times therapists will come in and say they work in a large hospital and one or two therapists will take the course, go back and start to do the work and all of a sudden all the patients will demand that they only see those therapists who do the work because it works so well. That throws the hospital into chaos and they’re forced to send the rest of the team.”

“The other thing is that doctors all over the country are now referring to that ‘myo stuff.’ Its effectiveness is making big changes. I think any physician who is really concerned about getting his/her patients better will look into that and will go with what is obviously working for them.”

Have you seen much of an impact in the PT world? Is there a lot of dialogue? Is there much literature being written about these techniques? Is it a subject of common discussion?

Barnes: “There’s been a big change in the PT world. Of course, there’s always going to be factions out there that demand proof before they do anything. There will always be people who prefer to be on a technician level and throw hot packs on somebody’s back and think they’re really doing something of value.”

“But I’ve seen a big turnaround in the physical therapy profession in that they’re becoming very open to hands-on techniques and there’s certainly a lot of dialogue going on. There are a lot of other courses that are coming out with the title myofascial release.”

“I’m being asked to speak all over the place. I speak regularly for the American Back Society, which is a group of the leading orthopedists, neurosurgeons, therapists from across the country talking about leading edge methodologies. American Academy of Head, Neck and TMJ orthopedics ask me to talk to them regularly and they are very open to myofascial release and cranial work.”

"The various massage organizations, the California Massage Therapy Association just asked me to speak to their state convention. I've spoken at the massage convention down in Florida (FSMTA) a number of times. There are just more and more groups of people that touch or are interested in touch opening up and wanting to hear about this stuff."

You say a great deal about and give a lot of credibility to other modalities. What do you really think about some of these modalities?

Barnes: "I think they're excellent. I can't say that I have a deep knowledge in some of the techniques. I have experienced Rolfing a number of times. I know a number of people who are Rolfers and they do excellent work. I know Paul St. John very well and he's an incredible teacher and is really very insightful in what he does."

"I have had Trager sessions done to me by one of the leading Trager practitioners in the country and I've sort of learned it through that experience. I think that is really important work and I try to include that in what I do. I do various forms of massage and deep tissue work along with manipulation, verbalization of muscle, energy techniques with the work that I do. Of course we also teach people various exercise and movement therapies, NDT and facilitation type techniques..."

"I really believe that we as human beings are multi-faceted, multi-dimensional and we need a multitude of techniques. You know, Abraham Maslow said that 'If your only tool's a hammer, you look at every problem as a nail.' So I think it behooves us as therapists, no matter what the initials behind your name are, those of us that choose to touch other people and try to help with the best of intentions, to learn every possible technique that you can because not any one person responds to just one technique. It really needs to be a judicious combination of techniques and that's what I try to do as best I can."

"I've done my best to try to experience as many techniques as I can because I think that's the only way you really learn, particularly bodywork. So I look at all those techniques as excellent and I just believe that what they need is to add in the myofascial component, the missing link that will just further enhance the effect on us in lasting capacities of what they're doing."

Does that have to do with the fact that the fascia is this whole-bodied network that affects, supports, binds, is so interconnected?

Barnes: "Yes. It just can't be ignored. It has to be dealt with. The myofascial techniques that we've developed, the refinements that we've put in there, end up treating the whole complex along with the other techniques. We also have to begin to pay attention to the emotional content, the intellectual belief systems that may many times no longer be relevant and are impeding a patient's progress."

"We need to look into patients' lifestyles, environment, nutrition. We need to provide them with proper exercise, flexibility programs and we need to be a caring human being who is there to support them and not judge them. And be able to basically nurture them and allow them to be a partner in a treatment program to help them help themselves. We can't help them unless they're ready to help themselves. We don't fix anybody. We just are there to help facilitate and support them and allow the healing process to commence."

How much of disease, so-called disease, do you think is actually myofascial dysfunction?

Barnes: “Well, it’s interesting. There’s some recent research that’s just come out where every cell of the body has within it what’s called a cyto-skeleton. It is made of fascia, which is essential for its proper shape, and they have determined it is essential for the proper health and functioning of every cell of our body. Then in between each cell of the body, the fascial system acts in addition to (providing) support and protection. It acts as a network of information carrying messages from cell to cell.”

“It’s felt that when you get these fascial restrictions, information is no longer being carried along properly and may have something to do with abnormal cell growth, which would have something to do with disease and cancer-type situations so it’s being look into at this point and could be very important information. It’s very possible that a lot of things in the past we thought couldn’t be helped have to do with the fascial system and possibly there’s something we can do with our hands in a very non traumatic way.”

How does stress affect the fascial system?

Barnes: “There’s an elastic component in the fascial system and also the skeletal muscles and smooth muscles lie within the fascial system. What I see happening over and over again is that from all the stresses of our life, over time we tend to tighten up. We resist so many situations in our life and there’s a constant tension in our bodies, which means that the musculature, the elastic component of the fascia stays in a chronic shortened state”

“This means that the plastic or collagenous component, the ground substance tends to solidify and shorten to add further support because the muscular component and elastic component over time fatigues. What happens is that when that shortens, we lose our voluntary control to lengthen those areas and we literally then remold into positions of our stress, pain or fear. What the myofascial release technique allows us to do is literally become plastic sculptors with our hands and remold their body back into a more healthful, functional and comfortable position and space.”

Does it also repattern the thinking, too?

Barnes: “Yes, because what comes up so often throughout the myofascial techniques and myofascial unwinding process is we become aware of past traumas that basically set us up for the prison we view life in, and see the various emotional patterns that we’ve gotten stuck in or the belief system that developed around it...”

“That’s what seems to happen with the unwinding. It creates a shift in awareness where all of a sudden, it’s like you’re looking down at the whole problem, not just getting lost in that piece. It helps you to bring up solutions because that awareness is there and you can then make behavioral changes and lifestyle changes along with structural changes.”

What about intellectual awareness having an effect on the physiological system? How about a change in attitude affecting the physical dysfunction? Is that in turn going to impact the physiological dysfunction?

Barnes: “Yes. Many times, good counseling, talking to a friend, proper dialoguing will hit an emotional trigger that will allow tremendous changes both emotionally and also structurally. What happens is on a subconscious level many times and we get stuck into holding and bracing patterns. Sometimes simply the right word, a hug, good counseling will get into those areas and allow for those holding patterns to

let go Sometimes when that doesn't happen again, we have to get in there and create a physical intervention with our hands to be able to get into the structures that are beyond the conscious or subconscious control and need our help to facilitate that process."

Why do you think, then, there's not as much emphasis in the bodywork field on the psychological dimensions of therapy as there is on the applications of technique to the body?

Barnes: "Oh, pretty much because we were told that the domain of the mind and the emotions was strictly for the psychologist and that we just stick with pushing around the body a little bit and mind our own business "

Do you think psychologists are having good results or are they missing something?

Barnes: "Well I think they're missing dealing with the body."

So it sounds like what you're really saying is that we need to deal with both.

Barnes: "Yes, and they need to be dealing with both. Otherwise, we severely limit ourselves and we don't need to do that anymore. Psychologists can learn and should learn to do bodywork or they should work with a person doing bodywork and we need to be able to have good communication between psychologists and psychiatrists so that they can help us out, too. No one person can do it all. Obviously there is a place for medicine and surgery, too. They all have value..."

"I really think that we've had the cart before the horse and I think we really need to get back and simplify things. We need to do these techniques that do no harm...The worst thing that can happen with myofascial release is it may not work. As long as you're straightforward and honest with the person. You give them no guarantees and say, 'Let's give it a try. We'll work together on this.' And that way, if it doesn't work, then is the time to look toward medication or some of the more invasive therapies or surgery and that type of thing. But let's try this first because it's cost-effective. It works most of the time. If it doesn't work, nobody's been hurt "

What paradigm are bodyworkers stuck in?

Barnes: "The paradigm bodyworkers are stuck in is that they're just dealing with a slab of flesh that lies on the table and all you need to do is rub it or push it around a little bit and that emotions are not our domain. I believe that many bodyworkers are coming around to this point of view now, that you're dealing with a human being that has emotions, has an intellect and that cooperates in their healing process. We need to look at it more from the whole perspective and not get so lost in the bits and pieces. We need to understand that we're more than just a body. We're electromagnetic energy, we are consciousness and probably bottom line is these techniques when done properly are dealing with that consciousness on a very essential level."

What about the higher self, the so-called spiritual aspects of one's self, the ethereal body and astral body? Do you believe that you're impacting those too and that you're dealing with those issues too? Are those factors?

Barnes: "Well it certainly seems so and that would be my gut reaction to it. Let me just say that if people aren't comfortable with that, that's understandable. I don't try to ram my theories down

anybody's throat I let them just have the experience and they can make up their own minds. The nice thing about myofascial release is that it can be done on many levels. You can keep it strictly on the mechanical level if that's what you're good at and most comfortable with, or you can allow yourself to get into more of the esoteric aspects."

"My gut reaction is that yes, we are dealing with the most essential part of the human being and when you become silent that intuitive part of you, the higher self, whatever label you want to put on it, comes flowing through you. If the person's open and trusts you, then that somehow creates a communication between the two of you that allows for a healing response that can occur both in the patient or client and the therapist at the same time. So that has to do with trust and openness and intention. Techniques then become the tool to allow that to happen."

What connection do we as physical energetic beings have with some greater unknown whole that we call the cosmos or the universe?

Barnes: "Well, I feel that that connection is always there, but too many of us have shut down. I believe it's our fear that encases us and if we get locked in fear it can become a barrier or shell that blocks that connection to the universal energy or consciousness. The important part of this work, both as a therapist and in what you're doing with your clients, is to get them down to a point where they're in touch with their most basic fears."

"As they're willing to open up and learn from them (fears), their bodies not only open up, but then their mind opens up and allows for the transmission of that universal energy to come flowing through. That's really what your intuitive side, your healing side, is all about."

"This is so natural to all of us except we weren't trained in this area at all. So we go through life in a very linear fashion and unfortunately in a very fearful way most of the time and it becomes our way of life. We're blocked in the most important part of who we are, the most essential person, essence of us."

What is that essence? Who are we, really?

Barnes: "Well, believe that we're spiritual beings. I believe that our bodies are just the hardest part of our spirit...I believe many times our fear has blocked us from universal consciousness or God or whatever name you choose to put upon it, and that's really what is our life force. That's what guides us. That's where intuition comes from. I think that basically we're using the physical body as a handle or lever to then be able to access into the deeper and higher realms of our beings."

Do you feel those aspects of a person's being when you touch them?

Barnes: "Yes, I do, and I don't have to touch them. I can just be close to them and get a sense. I literally feel it. I can feel when a person is emotional. I can feel it in the tissue. I teach people how to do that. I can feel it on and off the body. I can feel where lesions lie in the body by the energy being emanated by the body. I can see it. Basically, anybody can be taught how to do that and it makes you very effective as a health professional. Again, you can stay right on the mechanical level if that's where you're most comfortable. But you'll find most people after a while open up because there's so much goodness and they just begin to blossom as human beings."

Do you think there's any way in which technology can offer us replication through machinery and devices to help us utilize or gain benefit from the therapeutic process?

Barnes: "Well, I think machines have benefit, but I don't see how there will be any machine that can reproduce what the human touch and mind can do nor do I think it's necessary. I think it is such an important thing for one human being to touch another. It's so nourishing and it is so helpful."

"I just think we're the most amazing biocomputers in the world and there's no machine that'll ever be able to replace our ability to perceive and to help other people through the use of touch. I feel that the warm tingly feeling I feel through my hands is basically the spirit reaching out and offering to help somebody else. The nice thing is that this can't be thrust on anybody else. It won't happen unless they're open to it and but you and are asking for help, but it can't be used for improper purposes."

Do you think this therapeutic process that you're engaged in has anything to do with your own evolution, your own spiritual being?

Barnes: "Yes. I do."

How is that?

Barnes: "Well, a lot of people who meet me say that I'm an ancient soul and I get a sense of that. I feel that there is a mission that's being accomplished here. I believe I'm part of that. I had an experience, during an unwinding. A lady had sent to me from Hong Kong for treatment. She had growths all over her body that looked like cysts, big cysts. She had been to so many physicians and therapists for years. She was really very angry at the way that they had treated her, the way they had insulted her. She was a very intelligent woman."

"The first treatment was sort of like a get-to-know-you treatment and it was pretty mechanical and there was a lot of chit-chat going on by the patient. The second treatment, she quieted down and she began to unwind and her eyes began to flutter. She began to go into some rapid eye motion. After a while, all we could see was the whites of her eyes. Her body started to move, and there were a couple of therapists in the room with me. We started to let her body go through space and positions that she needed to go into."

"All of a sudden she started to cry and she had a vision of molten lava spewing forth from a volcano. That was representing her anger, fury. All of a sudden a beautiful young bird flew out of there. That represented her new life, her inner child, her freedom"

"She continued to unwind for a while and all of a sudden her body language completely changed, her voice changed and this lady knew nothing of me at all except she'd been told to go see me, that maybe I could help her. I remember she said in a very strange way, 'John, you're an ancient soul. You're on an important mission. You've been through much controversy and resistance for your ideas. Those people associated with you or your partners are on that mission with you. You must not give up and starting in 1993 there will be a tremendous turnaround and acceptance of your ways and ideas so you must persevere.'"

"There have been numerous incidences like that and they are certainly interesting. I don't know if there's ever going to be an adequate explanation, but there's a real sense of things happening for the

good and I do believe that many of us are here to help other people. A lot of people think health professionals are in it because, 'Well, you're a health professional because you're a damaged person. You're in it to help yourself.' Certainly that's a part of it. But I think there's a deeper thing going on. I think it's the spiritual motivation that has taken these people, finding these very special people to help other people grow."

You seem very comfortable with what you said about the part you're playing.

Barnes: "I really like to touch people. It makes me feel good to watch them evolve...I also like to teach..."

Do you find your students open to this, too?

Barnes: "They've come with some experience and while that's good, unfortunately, I see them sometimes going through the techniques they already know instead of doing it the way we're suggesting. I've found myself it's always a valuable experience to enter every situation as a beginner. The expert is really limited."

"While routines in massage have tremendous value, there's a whole spectrum of touch, and one spectrum of touch has been massage, routines in massage, soft-tissue mobilization, manipulation, muscle energy techniques, which have to do with mechanically taking people and trying to have something accomplished."

"Then there's a whole other spectrum of touch, where myofascial release tends to lie predominantly, where when you quiet down, you basically trigger the system, you initiate a response and then you silently facilitate or follow where the system wants to go. And the system invariably takes you into positions where it is significant for you to release."

"This whole other realm of silence and allowing something to happen versus trying to make it happen makes all the difference in the world. Where intentions have been good and we've tried to make something happen on a subconscious level, too many times the body has viewed these interventions as intrusive, its protective responses have been elicited and they basically have had to fight us off. And that's why too many times we have poor temporary result."

"Now while they have great value we also have to pay attention to the quieter myofascial techniques because the body then does not view this as intrusive because we're going where their system wants to go. It then can look at us as assistants and allow many times for corrections and healing where the other techniques may not have always accomplished them. So it's not either/or. It's that they need to all be dovetailed or all appropriate and we just need to be able to judiciously figure out what that body needs. There's many ways of reading the body that will allow you to know exactly what depths of pressure need to be done, what technique would best help that individual."

How's it been working on Judi while you're answering these questions?

Barnes: "I'm pretty used to doing that. Like I do this during the seminars. I do this when I'm doing a clinical training program in our treatment center. There are usually two or three therapists there with me talking. I can do my linear thing and I can do my creative thing too. It comes down to getting out of your own way and letting it happen..."

Well, I really appreciate your time, John.

Barnes: "Both of you have been wonderful to be with"

No References.

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