Myofascial unwinding is the movement-facilitation aspect of my myofascial-release approach. I believe that the mind-body’s ability to self-correct via myofascial unwinding has been around since the beginning of humankind. Unfortunately, traditional health care has degraded to the point where it has ignored consciousness. Physicians are taught a paradigm of reality that views the human being as a mindless machine.

Some interesting thoughts from Arthur Koestler’s book *The Ghost in the Machine* may be relevant to this topic. He states that science is based on monumental superstitions and argues that the pillars of science are cracked, revealing themselves as hollow. Moreover, science considers terms like “consciousness,” “mind,” “imagination” and “purpose” to be unscientific, treated as dirty words and banned from the vocabulary. Koestler goes on to state that the initial intention was to exclude consciousness as an object of study, but later implied that the excluded phenomenon did not exist.

Albert Einstein speculated that rational science reveals only the external appearances of some deeper reality. I believe that myofascial release allows us, now, to deal with that deeper reality. Traditional therapy missed a key component for lasting effectiveness, the treatment of the myofascial system—the conduit of consciousness.

**Our survival mechanism**

My experience has shown that when a trauma is too painful, too fearful, or so intense that...
we go into shock, our subconscious activates our survival mechanism and pulls our feeling intelligence out of our body. This survival mechanism numbs us so we can survive the ordeal. However, because science has ignored consciousness, most of you and your clients are trying to function or heal in this state of disassociation.

In other words, your subconscious perceives that the truck is still crashing into your car, you are still falling down the steps, the surgical knife is still cutting you or you are still being attacked.

The subconscious tightens against the unresolved trauma like a broken record that plays all day and all night. It does not matter how intelligent you are, how strong you are or how hard you are trying to get better. It is not on the conscious level. Ignoring the subconscious’ “bracing patterns” has thwarted health care’s ability to help people truly heal.

You cannot consciously control these subconscious “bracing patterns,” and this chronic tightness, throughout time, begins to solidify the ground substance of the fascial system, creating and perpetuating structural fascial restrictions that result in pain, headaches and restriction of movement. These holding patterns also create a state of mental and emotional hypervigilance and anxiety.

Throughout many years, I’ve seen that nature wants us to learn from our experiences. However, when we have to dissociate to endure pain or to survive, we are left with a fragmented experience. Myofascial release, unwinding and rebounding allow us to access the tissue memory that creates and stubbornly maintains these subconscious bracing patterns, so that resolution is possible.

Myofascial release, unwinding and rebounding are the safe, efficient and highly effective methods for releasing the structural fascial restrictions and subconscious holding patterns, hypervigilance and anxiety, allowing the individual’s self-correcting healing capacities to function properly.

**Missing links**

Myofascial unwinding can be initiated by the therapist who gently touches the painful or injured body part and lifts until gravity is eliminated and the client trusts enough to release control. The mind-body spontaneously begins to move into positions of past unresolved trauma. The two huge missing links in health care are the proper release of the structural myofascial restrictions and the positions in space where trauma occurred—and where, to survive, the client’s subconscious pulled his or her feeling intelligence out of the body.

Our mind-body remembers everything that ever happened to it, especially those events with a high emotional content. Therefore, as the therapist removes gravity from the body and the client lets go of control, the subconscious moves the body, with the therapist’s help, into positions of past trauma.

The mind-body stops when all of the information from the past trauma, which has been buried in the subconscious, billows forth in the form of sensations, pictures, emotions and memories. As this sensory information enters the conscious mind, the tightness from the bracing patterns softens and healing commences. Now that these repressed tissue memories have been retrieved, the subconscious releases its iron grip on the structures. Now structural work will be successful and lasting. The subconscious rules!

Why haven’t different forms of massage, bodywork and energy techniques achieved this? Because the paradigm you and I were taught uses the intellectual aspect of our being.

Clients are referred to my treatment centers from all throughout the world when medicine, surgery or therapy has failed to produce the desired results. The average patient we treat has been in severe difficulty for five to 10 years, seen an average of 10 to 15 physicians and therapists, and has taken every test and treatment known to mankind—except for myofascial release. The client experiences our Myofascial Release Intensive Treatment...
Programs for three treatments per day for two to three weeks. In this short amount of time, the vast majority of our clients’ lives have already turned around. We then send them back to their referring physician or therapist with follow-up suggestions.

The speed of recovery initially confuses our clients. They liked their health-care providers and they appreciated how hard those providers tried to help them. Yet, despite all the money, time and hard work, they did not make much progress with traditional therapy. They say, “How could I have improved so fast? I don’t understand it.” I explain it to them this way: “In health care, we were taught that the healing show was on Channel 5, the intellectual side, and we have learned everything we could about Channel 5—but too often these techniques produce limited, temporary results.”

The healing zone

Myofascial release has shown us a different path. Myofascial release allows us to switch channels to the subconscious, the channel of our sensitive, feeling, intuitive, instinctive and wise side. The subconscious creates the potential for healing. We can look at and use intellectual techniques forever and no healing will occur.

Myofascial release safely, efficiently and highly effectively moves us naturally into the subconscious healing zone for authentic healing to occur. Another way of describing this healing zone is our intuitive, instinctive state. The hypnagogic state is the state of consciousness just before you go to sleep or wake up, when you feel as if you’re slightly floating, but aware. I teach therapists and clients how to achieve this healing zone to maximize effectiveness and enhance the quality of their lives.

This is why myofascial release, unwinding and rebounding will greatly enhance all you do. The techniques you are skilled at will move into an even more productive dimension.

In fact, there is nothing esoteric about myofascial unwinding. It is the dream state.

This is when your mind-body is processing information and experiences its self-correcting process. The problem is if you had a car accident or fell from a tree, you need the help of a trusted therapist to eliminate gravity to find the positions of past trauma and support you as you release tissue memory.

No one can force someone to unwind. The client always has control, so unwinding cannot be used for inappropriate purposes.

The key to unwinding is letting go of the control of the intellect. It is all about trust. As clients take off their brakes, the therapist follows their motion until they stop in a particular position. The therapist never leads or forces; therefore, there is never injury. The client’s mind-body complex will never allow injury during the unwinding process.

During unwinding, when patients experience the flashback phenomena, they may experience therapeutic pain or fear. This is a memory. Memories never injure. It is the lack of expression of tissue memory that perpetuates the holding patterns that inhibit our ability to heal.

The scientific rationale

New neurobiologic research and Selye’s classic work are concerned with the phenomenon of state-dependent memory, learning and behavior. State-dependent memory, learning and behavior make up the general class of learning that takes place in all complex organisms that have a cerebral cortex and a limbic-hypothalamic system, and Pavlovian and Skinnerian conditioning are specific varieties of it.

Memory and learning of all higher organisms fall into two classes of internal responses:

1. There is a memory trace on the molecular cellular-synaptic level.
2. An involvement of the amygdala and hippocampus of the limbic-hypothalamic system in processing,
encoding and recall of the specific memory trace may be located elsewhere in the brain. 6, 7

The limbic-hypothalamic system is the central core to Selye’s general adaptation syndrome, the three states—alarm reaction, state of resistance and state of exhaustion—of which take on a profound significance.

The hormones responsible for the retention of memory, epinephrine and norepinephrine, are released during the alarm stage by the activation of the sympathetic branch of the autonomic nervous system.

**Position-dependent memory**

I believe the missing element in state-dependent memory theory is the position of injury in space. I have expanded this theory to include position-dependent memory. The state, or position, the person is in at the moment of trauma is encoded into the system as the person progresses into the stage of resistance. The system adapts and develops strategies to protect itself from further trauma, fear or memories by avoiding those three-dimensional positions.

The emotions communicate this mind-body information through its network by way of neuropeptides. This creates a vicious cycle of interplay among the endocrine, immune and autonomic neuromyofascial systems and the neuropeptides.

If this cycle continues too long, the person enters the exhaustion stage, in which the body’s defense mechanisms expend enormous amounts of energy, thereby depleting one’s reserve and perpetuating, or enlarging, the symptomatic complex.

Selye frequently described this type of resistance as being “stuck in a groove,” something we have all experienced. When something familiar happens, we react subconsciously in a habitual pattern before we are aware of it consciously to control it.

For example, if you were injured in a car accident, every time you see a car coming too fast you tighten and brace against the possible impact. People replay these incidents—and the autonomic, habitual bracing patterns associated with them—subconsciously until these hidden memories and learned behaviors are brought to the surface. Myofascial unwinding brings this information to a conscious level, allowing clients to experience it safely for resolution of trauma.

Why do normal bodily movements or daily activities not reproduce these memories, emotions and outdated beliefs? I believe that in an attempt to protect itself from further injury, the subconscious does not allow the body to move into positions that re-enact past traumatic events. Instead, the body develops strategies or patterns to protect itself.

These subconscious holding patterns eventually form specific muscular tone or tension patterns, and the fascial component then tightens into these habitual positions of strain as a compensation to support the resulting misalignment. Therefore, the repeated postural and traumatic insults of a lifetime, combined with the tensions of emotional and psychological origin, result in tense, contracted and painful fibrous tissue.

A discrete area of the body may become so altered by its efforts to compensate and adapt to stress that structural and, eventually, pathological changes become apparent. Researchers have shown that the type of stress involved can be entirely physical (e.g., repetitive postural strain such as that adopted by a dentist or hairdresser) or purely psychic (e.g., chronic repressed anger).

**Reversible amnesia**

Working in reverse, myofascial release, rebounding and unwinding release the fascial-tissue restrictions, thereby altering the habitual muscular response and allowing the positional, reversible amnesia to surface, producing possible emotions and beliefs that can be the cause of the holding patterns.

It doesn’t have to be complicated. It is actually quite simple to learn or achieve.

It is important for the therapist to quiet his or her mind and feel the inherent motions. Quietly following the tissue or body part three-dimensionally along the direction of ease takes the client into the significant restrictions or positions.

With myofascial unwinding, the therapist eliminates gravity from the system. The felt sense of myofascial unwinding is a spiraling energy, a vortex. This unloading of the structure allows the body’s righting reflexes and protective responses to suspend their influences. The body then can move into positions that allow these state- or position-dependent physiologic flashback phenomena to reoccur. As this happens within the safe environment of a treatment session, the patient can facilitate the body’s inherent self-correcting mechanism to obtain improvement where all else had failed.

We cannot separate the mind from the body. Myofascial unwinding allows the individual’s consciousness to initiate the healing process.

Myofascial release creates a whole-body awareness, allowing the massage therapist, energy therapist or body-worker to facilitate change, growth and the possibility for a total resolution of structural restrictions, emotions and belief systems that impede a client’s progress. This is authentic healing.
REFERENCES:

John F. Barnes, P.T., L.M.T., N.C.T.M.B., is an acknowledged expert in the area of myofascial release. He has instructed thousands of therapists worldwide in his Myofascial Release Approach, and he is the author of Myofascial Release: the Search for Excellence (Rehabilitation Services, Inc, 1990) and Healing Ancient Wounds: the Renegade’s Wisdom (MFR Treatment Centers & Seminars, 2000). Barnes is on the Counsel of Advisors of the American Back Society; is an editorial advisor of the Journal of Bodywork and Movement Therapies; and is a member of the American Physical Therapy Association. For more information, visit www.myofascialrelease.com.