



# Inner Journey

A Personal Path to Myofascial Release

By John F. Barnes

One  
moment  
I was  
powerful.

The next, I felt  
myself falling  
backward, and  
my ability to move  
freely was taken  
from me in a flash.

I felt a crushing force as my pelvis hit the floor. Everything went quiet, and I lay there stunned, gasping for air. As awareness flickered back into my body, I felt numb. I couldn't move my legs. Eventually, the numbness wore off and the pain began—horrible pain in my back, pelvis, and legs.

I was training for an upcoming weight lifting and karate competition and had gone to the gym to work out. There was no one else there to “spot” me, a safety precaution when lifting weights. I was doing high repetition squats while lifting more than 300 pounds.

At last, my muscles were so exhausted I couldn't get up from a squat. I had been a gymnast when I was younger, so I decided to do a “back roll” to get out from under the weight—forgetting that when your hands are grasping a bar with more than 300 pounds on it, they can't let go. I crashed on the ground with tremendous force, herniating the disc at L5 and ripping my lumbar ligaments.

But it wasn't just my body that had been broken. In the days and weeks to come, my previous beliefs about healing would also be shattered, and my mind would be expanded in ways I could not then envision.

Life became a struggle. I tried every form of therapy available, only to be disappointed with temporary results. I desperately wanted to get better, but I felt trapped by the pain.

An orthopedist recommended spinal surgery to fuse my L5 area. The surgery decreased the intensity of my pain, but didn't dissolve it. My fatigue and limited motion remained as well.

Eventually, I realized that nobody was going to help me but me. I started to treat myself.

I found that if I was to lie on the floor and put pressure on the areas that hurt or felt hard, I could relieve the pain. But my own considerable strength proved a hindrance. I was trying to force my way



John F. Barnes, creator of the Myofascial Release Approach.

through the restrictions. Over time, I learned to be gentle and patient.

As I continued to treat myself, my recovery was dramatic. I realized I had stumbled onto something very important. I started to have strange sensations that went far beyond the origin and insertion of a particular muscle. My self-therapy was also impacting the connective tissue—the fascia.

### FASCIA—THE BODY'S SPIDER WEB

Fascia is an incredibly tough connective tissue that spreads throughout the body in a three-dimensional web. Built much like a spider web, it extends from head to foot without interruption, surrounding and attaching to all bodily structures.

The fascia serves a vital function: it permits the body to maintain its normal shape and allows the body to resist mechanical stresses—both internal and external.

Fascia envelops, protects, supports, and becomes part of the muscles, bones, nerves, organs, and blood vessels—from the largest structures right down to the cellular level. When all is well, the body functions harmoniously, and the fascia is relaxed; it can stretch and move without restriction.

When injuries occur, however, the fascia loses its pliability. Physical trauma from accident, injury, or surgery can cause the fascia to tighten in an

involuntary attempt to prevent the body from further harm. Inflammation and infection, as well as structural imbalances, can create fascial strain patterns.

### **OLDER FORMS OF MYOFASCIAL RELEASE, CRANIAL TECHNIQUES**

Humans have been using soft-tissue manipulation to deal with the fascial system for eons. But when applied regionally, symptomatically, too aggressively, and/or too mechanically, such manipulation simply becomes an attempt to force a system that cannot be forced. It's painful for the client and difficult on the therapist, yielding only temporary results.

As I gained experience with the myofascial system, I found that it responded quite differently from what the earlier research on fascia seemed to show. That research, done on fascia in cadavers, suggested that you couldn't release the three-dimensional web of fascia. I agree that the normal boundaries of the fascial system cannot be altered except surgically, or from the enormous force of trauma, but what earlier research overlooked was the importance of the *ground substance*, the gel-like intercellular material in which the cells and fibers of connective tissue are embedded. When exposed to trauma, the ground substance tends to lose its fluidity, and solidifies. I equate it to pouring glue or cement into the interstitial spaces.

It is this dehydration of the tissue, with the accompanying development of cross-links at the nodal points, that can put enormous and excessive pressure on pain-sensitive structures and limit the fascial system's ability to glide. This enormous pressure, approximately 2,000 pounds per square inch, can produce symptoms of pain, including headaches, fibromyalgia,

and limited motion. Interestingly enough, myofascial restrictions do not show up in any of the standard tests (X-rays, CAT scans, myelograms, electromyograms), so myofascial restrictions are being completely missed and/or misdiagnosed.

Only a portion of the fascial system had been studied by the time of my injury in the 1960s, and it was as if the scientific mind did not understand that comparing living fascia to cadaver fascia is akin to drawing conclusions about trees by studying a telephone pole. Many people are now realizing the ways in which we have been limited by these erroneous assumptions of historical science.

### **A DIFFERENT APPROACH TO MYOFASCIAL RELEASE**

After more than a decade of tending to my own injury, I developed my own approach to myofascial release, moving away from the aggressive, sometimes painful manipulative techniques of older methods. I stopped sliding over the fascial restrictions. I slowed down and waited for the restrictions to release. I let unwinding occur. By unwinding, I mean the spontaneous moving of the body into positions that allow hidden memories and learned behaviors associated with past trauma to surface to the conscious mind. Once these subconscious memories and patterns rise to the level of conscious awareness, clients can express their emotions, insights, memories, and thoughts in a way that allows them to resolve the trauma.

Today, the John F. Barnes Myofascial Release Approach is marked by gentle, sustained pressure directed at changing the viscosity of the ground substance and releasing the cross-links that lie within the natural boundaries in the fascial system. My experience demonstrates that the myofascial system is not only moldable, it is full of awareness, emotions, life, and memories.

## Consciousness is not limited to just the brain; it flows through every cell of our bodies.

Consciousness is not limited to just the brain; it flows through every one of our cells.

What results is true, authentic healing that is remarkable in its consistency and degree.

### SHIFTING THE TRADITIONAL HEALTH-CARE PARADIGM

The universe, as perceived by Sir Isaac Newton and René Descartes, is a giant machine that functions precisely, logically, sequentially, and correctly. This model of classic physics, which is the basis of our current paradigm, is characterized by arrogance, because it allows for only one correct solution.

In the field of medical science, this same paradigm has reduced human illness to the “biochemistry of disease,” saying that brain function and the feelings of fear, joy, and sorrow are nothing more than chemical reactions. It completely loses sight of the fact that disease or dysfunction is part of a whole person.

Descartes, the philosopher and founding father of modern medicine, was forced to make a deal with the Pope to obtain the human bodies he needed for dissection. Descartes agreed he wouldn't have anything to do with the emotions, mind, or soul; science would study only the physical realm.

To be fair, the divisions created by Newton, Descartes, and others did prevent one organization from establishing total control and allowed for diverse ways of expanding knowledge. But the pendulum has swung too far. Modern medicine too often loses sight of the whole being, and we erroneously believe the human being can be fragmented and treated as such.

### A NEW MYOFASCIAL RELEASE PARADIGM

The newly emerging views on holistic health care complement, rather than refute, the reductionist view, expanding rather than replacing it. My personal experience led me to a paradigm for myofascial release that has to do with wholeness and connectedness and complements the modern views of quantum physics. It allows for multiple possibilities and multiple responses.

My approach encompasses the concept of piezoelectricity, which is derived from the Greek word *piezein*, meaning “to press or squeeze,” and refers to the electric currents generated by pressure on certain crystals—including the cells of our body, which have some crystalline characteristics.

The fascial system is comprised of piezoelectric tissue, so when the therapist applies gentle, sustained pressure into the fascial system through compression, traction, twisting the fascial system, or moving a particular body part (taking gravity out of the system), it creates a flow of the body's bioenergy.

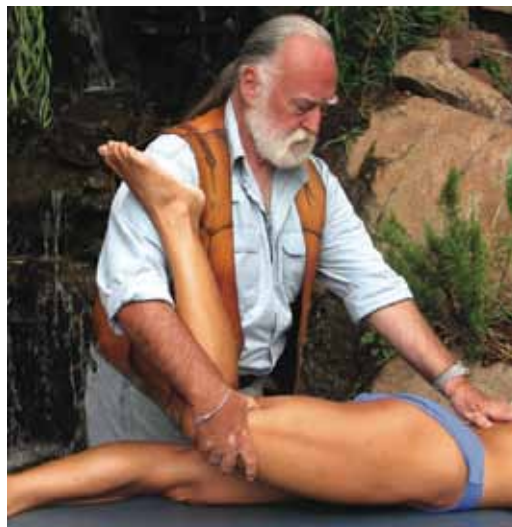
This flow triggers the mind-body complex into spontaneous therapeutic motion, allowing the body to assume positions in space that represent positions of past traumas. These positions of trauma represent one's subconscious fear, negative memories, and/or pain that have created patterns that impede progress of the traditional therapeutic approach. It is these positions in space and the re-experiencing of this pain memory, which is never injurious, that takes the threat out of the system and allows the mind-body complex to let go so that healing can commence.



## Myofascial Release Approach Basics

With relaxed hands, slowly stretch out the elastic component of the fascia until you reach a barrier and stopping point. At that point, maintain sufficient pressure to hold that stretch and wait a minimum of 90–120 seconds, usually longer. Do not try to force through it. Prior to the release, you may perceive (with your proprioceptive senses) a heat buildup or a throbbing or fluttering sensation. The client may also notice a heat buildup, a throbbing sensation called therapeutic pulse, or a temporary increase in pain. As the restriction barrier releases, you will feel motion under your hands. Go with the motion. Your client may notice the pain subside and you both will begin to feel a softening effect. Continue your pressure as long as the motion persists.

There may be multiple barriers, so continue to hold, going through barrier after barrier until they release one-by-one. Be gentle. Do not try to force the client or aim the direction in any way. Merely engage the barrier, wait, and go with it—wherever it takes you.



## COMBINING THE INTELLECTUAL AND CREATIVE MIND

What we usually call consciousness is, in effect, the sleep of daily life. We go through the motions of life in a daze. We are on automatic pilot through habitual patterns that cripple us and keep us from healing and functioning at our maximum level. Viewing ourselves as “thinking brains”—whose job it is to figure our way through life—has mesmerized us.

In fact, we are “feeling minds” who perceive sensory information through the microtubules of the myofascial system into our “computer,” the brain. The brain converts this information into symbols (words and thoughts), and then sends information (energy) through the nervous system, converting these symbols into action.

Our intellectual side is an important but tiny part of our mind-body awareness and wisdom. Neuroscientists estimate that our mind-body wisdom’s database outperforms the intellectual, linear side on an order exceeding 10 million to one. Science, traditional therapy, and medicine have focused on the smallest part of who we are. The aim of my work is to include all aspects of our mind-body’s creative healing potential.

## DEEPER, LONGER-LASTING RESULTS

This approach to the body is not intended to replace all the valuable massage and bodywork techniques you are currently using. It is an added dimension.

Other forms of massage, bodywork, and the older, more aggressive and painful form of myofascial release do not stop at the fascial barrier—that is, at the point where the client feels resistance to the

stretch—and the stretch is not held long enough at the barriers. They don’t engage the collagenous barrier long enough.


Gentle, sustained pressure of 3–5 minutes at these barriers gives restrictions time to release and provides enough time for the piezoelectric phenomenon to occur.

The ancient Greeks described collagen as the “glue producer,” and this is the feeling one perceives during myofascial release. As the release occurs, it feels like glue stretching. The therapist follows this sensation with sensitive hands as it twists and turns, barrier through barrier, until an increased range of motion is accomplished.

In addition to increases in range of motion, the enormous pressure on the fascial restrictions are eliminated from pain-sensitive structures, alleviating symptoms and restoring the quantity and quality of motion as well as our bodies’ ability to absorb shock.

The effectiveness of releasing the fascia can be understood by viewing the fascia as a handle or lever that seems to profoundly influence the Golgi tendon organs, the lymphatic and circulatory systems, the muscular component of spindle cells, and the position of osseous structures, as well as all the organs of the body and the central, peripheral, and autonomic nervous systems.

Health care is undergoing a massive shift, and you and I are the pioneers of an exciting change that will lead to a higher quality of care. While I certainly would not have chosen all the pain I had to endure, I now realize it was nature’s way of helping me look deeper into myself. That trauma, so long ago, initiated a journey. This fascinating “inner journey” continues even today to take me to a deeper level of consciousness. **m&b**

 John F. Barnes, PT, LMT, NCTMB, is an international lecturer, author, and expert in the area of myofascial release. He has instructed more than 75,000 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* (Myofascial Release Treatment Centers & Seminars, 2000). He is an advisor for the American Back Society and is also a member of the American Physical Therapy Association. For more information, visit [www.myofascialrelease.com](http://www.myofascialrelease.com).