

EXCLUSIVE INTERVIEW

John Barnes — Part 1

Founder of Myofascial Release

by Robert Calvert

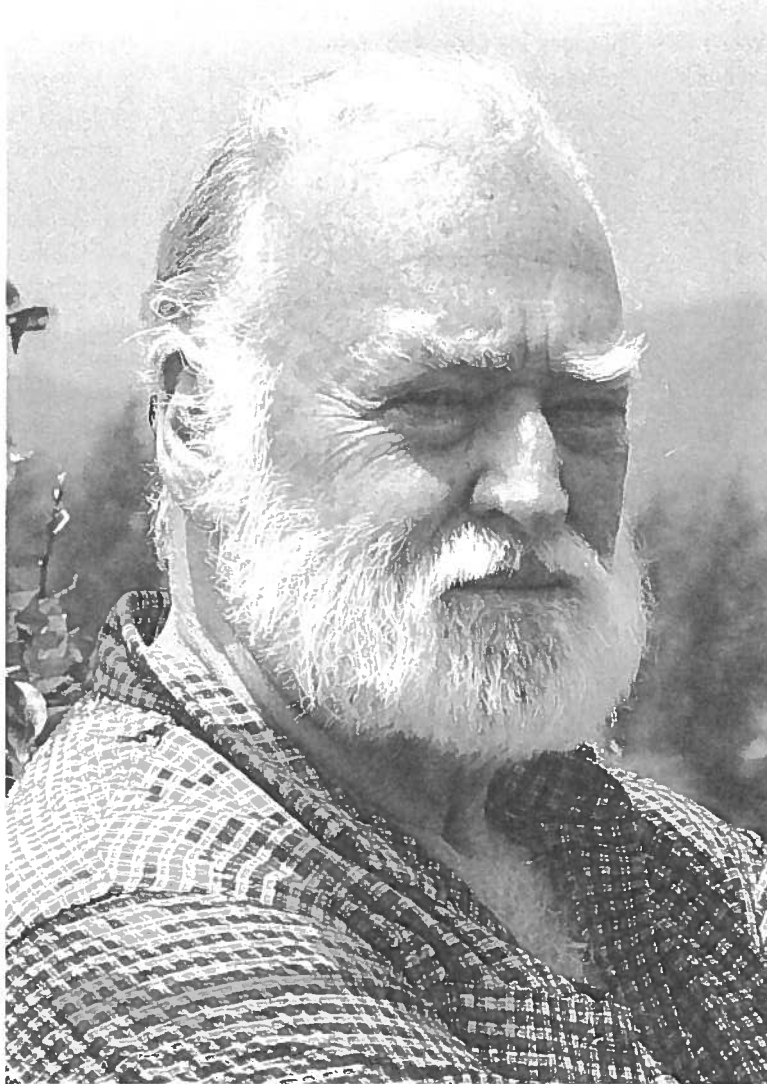
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I think you'll be pleased with this look at John Barnes, the person, and his work. Barnes is not a massage practitioner, but his nationally-offered seminars draw many body workers and massage therapists interested in learning his special brand of myofascial release.

He is an unassuming and gentle man. His barreled chest and neatly trimmed white beard present a most impressive sight, almost in contradiction to the soft-spoken man that he is. On stage he appears taller than he is and speaks with eloquent authority about his own healing and his adventures as a physical therapist heretic in the medical community. He's received a lot of flak from his peers, but because he strongly believes in the value of all hands-on bodywork he has persisted, just as he does with every patient he touches. He is a man who is keenly aware of, yet remains undaunted by, criticism.

He lives in a log cabin in Pennsylvania and is himself a rustic man with an air of sophistication. In a group, he might well be the quiet one, but once engaged in a conversation, he's very talkative and loves to tell stories about his work and his personal healing journey.

I'm pleased to offer you this look at the man behind the work: John F. Barnes, physical therapist, father, nature lover and practitioner extraordinaire.



Our gratitude is extended to his staff for their cooperation in helping make this interview take place. Our thanks also go to the training staff at the Spokane, Washington seminar, who were friendly and open to our questions. This first part focuses primarily on Barnes' upbringing, background and how he got started teaching myofascial release. In the second half of the interview, scheduled to conclude within the March/ April

1993 issue, Barnes shares techniques and compares them with his own system, and talks about the challenge of bringing his work to a larger audience.

John, I'd like to know a little bit about your parents and upbringing. What part of the country were you raised in?

Barnes: "I was born in Philadelphia, lived in the suburban part of the Philadelphia area most of my life . . . My father died when I was three years old. I was an only child. My mother took care of me, worked, helped get me through college."

So you didn't know your father very well at all?

Barnes: "No. I have a couple visual memories of him. Although I would probably say, in an interesting way, my father was my mentor, or one of my mentors. My mother would always speak of him in a very positive manner and

whenever we would run into people who knew him, they would present a very consistent picture of a man. I think most children mimic much of what their parents do, particularly a boy with his father. Somehow having more of an open-ended picture, a visualization so to speak, it allowed me to sort of find my way in a rather individual way and created a strong sense of independence and responsibility early on."

Your mother raised you as a single parent during the 1940s and 1950s?

Barnes: "Yes."

That must have been difficult for her because she was working full time, and you were still young.

Barnes: "It was. We lived well. He'd left her some money. He had been very successful. The problem came when insurance coverage had lapsed on one of the buildings that he had owned, and it burned down to the ground one Christmas Eve when I was young. We lost a lot of money."

Did that change your life?

Barnes: "Not that I knew of. I'm sure that there was some effect, certainly upon her. I think what it meant is that she had to go back to work, while maybe she would not have had to work."

What was she doing?

Barnes: "She was a legal secretary. We lived out in the suburbs and she'd take the train to work into Philadelphia for a very large law firm. She recognized early on that I had quite a fierce independence yet she was kind of a worry wart type. She learned to sort of trust me and stay out of the way a lot. I never really got in a lot of trouble to create too much hassle."

How would you characterize yourself as an adolescent?

Barnes: "I had a lot of friends, but I enjoyed my alone time a lot. My father had bought what you called a gentlemen's farm before he died, where he would go up on weekends and things like that. So after he died, we still had the farm so I'd go up there for summers."

You and your mother?

Barnes: "Yes, and her friends. So I found myself without much to do. It was at the top

of a mountain within thousands of acres of just forest. So what I did was just go out in the woods by myself and I learned to be real quiet. I used to try and get lost and find my way back. I'd learned mostly to get real quiet because I found if I got real quiet and sat near the bottom of a tree, the animals would start to come around. I think early on that developed in me a sense of also liking to be alone at times."

"When I was an adolescent back in the days when I crashed parties and gangs and things like that, I never was interested in being a member of the gang. Fortunately, I was a competitive lifter, played football and threw the shot put, so I was pretty strong early on. Somehow they just tolerated or respected me so I could go in between all those groups and get along without getting beat up. I found school to be pretty boring. I got good grades without too much effort. I didn't find it real stimulating. I think I was fortunate. I knew what I wanted to be as a junior in high school."

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that there was something
very powerful happening
here well beyond me
as an individual.**

And what was that?

Barnes: "A physical therapist. My mother wanted me to be an engineer because I

was really good at mathematics . . . My remembrance of physical therapy school on the first day was walking in and looking around and seeing that I was the only male in the class. I had this instantaneous shock of, 'Oh my God, I've picked the wrong profession. Is this a woman's profession?' and then a couple minutes later, a couple other guys came straggling in and I thought, 'Oh good.'"

Just like in nursing classes, I'm sure.

Barnes: "Well, that's where the physical therapy profession came from. Then they treated us like we didn't exist in class. They had these old-time, old guard physical therapists who loved the lectures where you want to make sure your nail polish is on correctly and that the seam at the back of your stockings is straight. And we're all looking around like, 'What the hell are we, dog meat?'"

What year was this, when you started?

Barnes: "It was probably 1956. I graduated in 1960. They got pretty frustrated with me because back in those days when you went to college you wore a suit and tie, shaved. I would show up in Levi's and a flannel shirt with three days' growth of beard and they didn't like that at all. I'd show up for tests late. I'd been out late partying the night before and I'd end up with the better grades. They couldn't do much about it, but they didn't go for it."

"When I entered physical therapy school, one of the things they said to me was, 'If you ever expect to make more than \$5,000 a year, you're in the wrong profession.' I didn't know anything about money in those days, but it seemed to me that, 'Gee, what value could this profession have if there's no advancement,' and I said, 'Well, I heard truck drivers make pretty good money, especially if they haul dangerous loads, so I'll give this a year and if I'm not making more than that in a year, then the hell with it I'll just do something else.'"

How long of a course was it?

Barnes: “It was a four-year course for a bachelor of science degree.”

You must have been very disillusioned during that first year. What kept you going?

Barnes: “Well, I’m not sure exactly. All the physicians who would come in and talk to us used to bother me, too. They were so demeaning and would talk down to us. We were pretty much told back in those days that ‘You’re not to think. You’re to do exactly what the doctor says.’”

“I think what kept me going was the rapport I developed with people felt so good, that they needed help so much that it was worth it. I really hadn’t gone into it for the money, although I think that people should be adequately paid. When I got out, I actually took a lower-paying job in my first job than I could have because I felt I’d get better experience where I went. I was making \$4,200 a year, which is \$2 an hour.”

A little bit less than the \$5,000.

Barnes: “Yes. So I had something to grow into. I had to work every other Saturday for that, too. I remember going in one early Saturday morning and picking up the paper, and I read where the garbage men had just gotten a raise and were making more money than I was. I thought, ‘There’s really something wrong with this picture here.’ Then one day a doctor came in and he said, ‘Would you like to do a house call?’ And I said, ‘What’s that?’ I had never heard of such a thing. He said, ‘Well, you go in the home and you treat people.’ I said, ‘Do you make money?’ And he said, ‘Yes.’ And I said, ‘How much?’ He said, ‘Five bucks.’ Well that was double what I was making. All of a sudden the cash register went off in my head.”

“The first one was dragging some lovely little old lady in a walker down the hall with her catheter. I realized that within a short period of time with a couple patients after

work I was making almost as much as I was at the hospital. So I could see that there was potential there to help people and make a decent living if you wanted to be a little creative and work a little longer hours.”

What in your childhood provided you with such a strong impetus to overcome those initial obstacles?

Barnes: “I’m not sure, because there wasn’t a lot in my childhood that really related to that. There was just sort of an inner sense that it was right and that it was something about who I was.”

Were you chasing that vision from high school when you realized you wanted to be a physical therapist? Were you an idealist?

Barnes: “I don’t know. I think I’m more of a realist. I might be a combination, if there is such a thing. I’m more of a realist, but I remember as a young boy, my mother would have a party and I’d have to sort of be there. It was so boring listening to the adults talk. All of a sudden, I would hear statements coming out of my mouth, and the whole room would stop. Did you ever see that commercial with the stockbroker where everybody stops?”

E.F. Hutton.

Barnes: “Everybody would stop and turn around and think, ‘Where did that boy get that statement? And when I said it I’d never thought it before. I just found it coming out of my mouth and felt with a certainty that what I was saying was correct. So I’ve always felt there’s some form of inner guidance that was sort of pushing me on or dragging me along sometimes. That was very prevalent in my life, early on and into my teen years. Then I think at some point I kind of got dampened down a little bit with my schooling and things like that. I started to think I was a little bit weird and different and maybe it wasn’t right. It wasn’t until later on that I found out that it was a very good thing.”

You’re probably the age where you missed the military, didn’t you?

Barnes: “Yes, I was in between wars and I never went in. I don’t do real well with authority anyway . . . I had injured myself pretty badly when I was lifting. I was about 16 or 17 and one day I had gone down to the gym by myself and I was doing squats. I had about 300 pounds on the bar and got to about 15 reps and I couldn’t get up.

“There was nobody there to help me and I had been a gymnast before that, so I thought, ‘Well, I’ll just do a back flip and get out of this,’ not realizing that when you have 300 pounds in your hands, your hands don’t release. So I ended up landing on my sacrum-coccyx and with 300 pounds. I laid there on the floor stunned for a while. You know how a 17-year-old is, you eventually get yourself up, you’re sore for a couple days, figure no big deal.”

“The first time I realized that I was having a real problem was a couple weeks later. I was going out with this beautiful young lady and I really felt like she was just the greatest thing in the world. In those days you didn’t usually kiss anybody until about the third date. You had to establish that you respected them. So it was about the third date and I was really looking forward to this. The typical date then was going out to dinner and maybe to a movie and then park somewhere. So it came time for the first kiss and I turned to put my arm around her and my back locked on me. I was stuck there for a couple hours.”

“The most upsetting thing was not the back, but the fact that it screwed up the whole evening. So that was my first inkling but then back in those days, you just worked through things and burned through them and I kept lifting and doing different things.”

“I pretty much was in agony most of the time. My profession and the medical profession basically let me down. The last five years, which now we’re up to when I was about 25, from 25-30, I could not sit for more than two or three minutes. I could barely catch my breath.”

“I was in worse shape than most of the patients I was working on. At that time I was doing a lot of rehabilitation work with CVAs and paraplegics so we would try and get them up on the parallel bars. I would use one arm to support my back and hold them with the other arm. But then I went skiing one weekend and dislocated my shoulder so my arm was in a sling for six weeks. It never occurred to me to take time off. So I could no longer use my arm to support myself and I think that was the final straw. When I lifted patients, it was just agony.”

“I had a radiologist friend who I spent the weekend with once at his mountain house and he said, ‘You can’t put up with this any longer.’ He said, ‘I have a friend who’s a neurologist. Why don’t you go see him.’ So I did, and I had a neurologist and an orthopedist work on my back. My disk was crushed all the way around because I didn’t have a lot of radiating problems down my legs. It was focused pretty much in my low back and sacral area.”

“They took the disk out and fused me in the L-5 area. It really did make a world of difference. I still have problems, but that at least took the intensity out of it. I think it was through my frustration in trying to help myself over the years that I developed a number of techniques on myself that later on led into all this and gave me a total understanding of what it’s like to be trapped in pain.”

“I’ve always said, and I don’t really mean this, but in the way that it should happen. Every physician or therapist should be severely injured, and not just hurt for a week or two or a month but a couple years. It’s a whole different story when you are a prisoner in your own body. I felt broken and I was broken and it was a horrible, horrible experience. I can see now as I look back, as so many of us have had bad experiences, that it was really a catalyst for the positive. But when you’re in the midst of it you get lost in it.”

You mentioned about your early childhood how you used to love to sit under a

tree and silence yourself and the animals would come out and how you would hear sounds. Can you relate that to what you’re doing now? For instance, in your class, you turn the lights down. It’s a very meditative process. Myofascial release by virtue of its functional nature is slow and rhythmic. Do you think that you’re still listening?

Barnes: “Yes, I can see now that it was a foundation for a lot of what I’m doing now . . . I think those early periods in my life helped me to tune into my creative side. I think my karate training also helped me a lot in learning to deal with the ki, which is the energy of our body, and silence and motion, control, focus, all that too. I think I can see all that coming into play and melding together. The other thing I wanted to say about myofascial release is that there is deep work, but there’s also very incredibly light and subtle work, too. The key I see is being able to read the body and being able to respond to what the body needs, which will be an incredible mix of subtle to deep.”

So you let go of your 30 contracts, let your employees go, and took a vacation to the Tetons, right?

Barnes: “Yes.”

And that’s where you fell in gopher hole and hurt yourself, and began to try to apply more self-help?

Barnes: “Right. It started to really drive home the limitations of so many of the techniques that we were doing. Over the years, so many of the patients wanted to see me because of some of the techniques that I was doing -and I didn’t know what I was doing. I just knew that it worked and the patients responded beautifully when nothing else worked.”

Did you know it was fascial work that you were doing?

Barnes: “No. There was a point when a physician friend of mine called whom I respected a lot. He said a couple friends of

his were giving a course on the connective tissue system and he’d like me to go along with him and I did.”

This was after you had gotten yourself released from all your responsibilities and light came on?

Barnes: “Yes. So I took the course. It was quite rudimentary, but it really opened my eyes to the fact that maybe the connective tissue, the fascia, was what I had been dealing with intuitively for a number of years on myself. That’s what really got me to explore this new fascinating frontier.”

Do you remember what that course was?

Barnes: “It was a course by a Dr. Ward. There was a Dr. Peckham and a couple osteopaths . . . You asked about the light that went on. Two things that stand out in my mind along those lines were one day when I was treating a lady who had severe back problems and cervical problems. She was one of these people that when they turn, the whole body had to turn to look around. She’d been that way for two years. When she came in that day, it was the first time I’d seen her.”

“I didn’t have time to do anything to her neck, so what I did was a technique for her sacrum and a little bit on her low back. On her sacrum what I was doing was the dural tube attaches around the second sacral segment so you can use it as a handle to move the dural tube. But up till that point, I had sort of been looking at the body the way I had been taught, in bit and pieces, even with the fascial system.”

“When the lady got up, with me not having touched her neck, she sat on the edge of the table and 75 percent of her range of motion had come back. Something hit me. This must be a whole body system. How could I have done that without having touched her neck? So it hit me all of a sudden that my perspective had been totally limited. I had that immediate flip-flop of perspective of a whole body situation. So, the other thing that began to happen was that the results

seemed to go well beyond the physical after a while, and I began to feel this sensation going through my body, like this warm tingly feeling that would project through my hands into the patient and they would invariably feel it themselves.”

“It started to occur to me that there was something very powerful happening here well beyond me as an individual. Then the weird thing that started to happen to me was that it started to get me in touch with feelings and emotions, which I had pretty much blocked most of my life. That was the way I had been trained as a man. I’m supposed to be cool and tough and never show emotions. And all of a sudden, all this stuff started coming up.”

Give a session, get a session.

Barnes: “Yes. And at first it was very upsetting to me because I felt like I was losing control. There was something wrong with me.”

You were losing control.

Barnes: “Yes. I never realized how good that could be. So it became an incredible therapeutic learning experience for me. Then one thing led to another, but in the beginning it was very confusing.”

Let me get a little perspective. When was this now? This was before you had the fall?

Barnes: “Yes. My back problems started when I was 17. I didn’t start trying to do something to my own back until before my surgery and then after my surgery, when I realized that I still had a lot of problems. I had a hard time doing soft-tissue mobilization techniques, which is really what I learned at that course. That is basically what I consider to be the old form of myofascial release now. But because I had to do it on myself, I tended to just hold for long periods of time and it was that time factor that turned out to be so important for getting into the total myofascial complex while the older

forms skim over or go through the system too fast and don’t always give you complete release.”

The timing, the way you move slowly and hold it, does that come from those experiences?

Barnes: “Yes.”

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What is it about connective tissue, or fascia, that makes it respond to that kind of movement?

Barnes: “Well, I can only speculate. There’s no proof that I’m aware of. I can just go by my experience and some of the reading I’ve done in different areas. But it seems that the older form of myofascial release has actually been done for centuries particularly in Europe and Germany. It was taking care of part of the myofascial complex. It was addressing the elastic and muscle components. But it seems that the collagenous aspect wasn’t affected by these stroking motions that were done. It seems that there’s something about the ground substance that’s embedded in the interstitial spaces of the fascial system.”

You’re talking about its more solid nature as it turns into a more gelatinous nature?

Barnes: “Yes. It seems that when we’re traumatized or having inflammatory processes ongoing in our body, I think what’s going on is that the ground substances tend to lose some of their fluid content and seem to solidify. So there’s something about the electromagnetic forces, the mechanical aspect and the thermal aspect that human beings have in their hand. It’s colloidal in nature. It’s a well-known fact in physics that when you supply this kind of pressure and energies to a colloid, it will change from a solid to a fluid quite rapidly.”

So it’s not so much a rehydration process as it is a changing of its form by virtue of the application of hands-on therapy?

Barnes: “Yes, it’s almost like water going to ice or ice going to water. There is a transition that somehow occurs.”

Is there some evidence that shows trauma actually changes its form into a more solid form?

Barnes: “No, it’s just the feel. Most research that’s been done on fascia has been done on dead people, so that’s the information that we have.”

Not very good information.

Barnes: “No. That’s why we’re so often limited because that’s what I learned and that what I believed. Dead people don’t change, but in the living organism, it is very malleable.”

It sounds like these were actually peak experiences for you that set the stage for when you fell in this gopher hole and were injured. What happened after the injury that you had on this backpack trip?

Barnes: “After I was injured, I came back and traditional therapy let me down again. I just wasn’t able to function again and it took me so long to get back. It wasn’t until I tried the electronic acupuncture that I had such a wonderful turnaround in my ability to function. That really opened my eyes some more to the fact that I had to continue to pursue these areas. They’d been so ignored in our traditional training yet they seemed to work so well.”

Did you actually study acupuncture?

Barnes: “Not really. The people who sold the neuroprobe would give you like a short course in it so I just studied it in a very limited way, but it worked well.”

Did you understand their meridian methods?

Barnes: “Yes, and I studied them. What I’ve come to see also though, I believe, is that the fascial system may be the physical medium for the acupuncture meridians. The fascia is full of melanin which is a super-conductor in our body and the melanin is in our brain so that when you have these fascial restrictions they tend to then block the channels of energy flow.”

“I’ve had so many people referred to us who have seen acupuncturists who are having difficulty getting the meridians to hold their balance. And after we’ve released their fascial system, they balance and stay balanced many times longer, so there seems to be an interesting correlation there. It seems that when you open up the fascial system and allow it to realign, among other things, you’re opening up the bioenergy of the body so it can flow. That’s what healing’s all about.”

How did you start to train people?

Barnes: “Actually, I was asked. If you had asked me the two things that I hated most in college, it would be public speaking and writing. One day a TMJ specialist who referred patients to me once in a while said, ‘You’re a natural teacher. I’m beginning to do a TMJ symposium. Would you want to

teach for me?’ Well, I gulped. It was the last thing I really wanted to do, but I had to say yes or I might lose the respect of a referring physician. So I said okay, and I just remember driving down to the osteopathic college where I was going to be teaching and I really felt nervous.”

“I hated talking in front of groups and I went back into my old mood on the way down and I started to center myself and go back into silence. And as I did, I just sort of heard a voice say, ‘Just do what you do all day long.’ So I took my tie off, figured the hell with it, if they don’t like me without a tie, that’s too bad.”

“I went in there and I was really pretty edgy for about the first five minutes or so. All of a sudden something just clicked and I could just feel a connection with the audience. I could feel a rapport. I liked it. I got done. I left and Dr. Smith called the next day and he said, ‘You did great.’ and I said, ‘I did?’ And he said, ‘We had 18 other physicians and dentists speaking and you got the top evaluation of everybody.’ I said, ‘Do you know who you’re calling?’ . . .”

“Then I was teaching a couple times a year at the osteopathic college for him. The doctors would always come up afterwards and say, ‘boy, you should give your own seminars.’ but this never hit me. Actually, I learned a good lesson, a number of good lessons. One of the funny things that taught me a real good lesson about public speaking was that I’d gotten in the habit of really enjoying, really hooking up with the audience within the first five or 10 minutes. I could always tell when that shift occurred. One of the times, there was this one doctor in the audience who didn’t smile the whole time. My focus was totally on him. I could not get through to him.

“So after the course, Dr. Smith said, ‘Yeah, that was great. You did a great job.’ And I said, ‘Did I? I just didn’t feel like I was on today. I just couldn’t get this one guy. I just couldn’t get through to him.’ He said, ‘Who was that?’ I pointed him out and he started laughing, and he said, ‘Oh, he’s from France.

He doesn’t speak any English.’ It taught me then that there’s always a couple people in the audience who are negative, that you don’t go to. Go to the cream of the crop and let the others come along.

“So I continued to develop this and I never hurt anybody, but I certainly made a lot of mistakes. I’ve always been very curious. And what worked, I would say, ‘Fine.’ What didn’t work I would eventually throw out. It was destroying my practice, though, because everybody wanted to see me and I had a lot of other therapists working for me. It was really a problem.

“So I realized I was going to have to waste a whole weekend teaching my staff how to do this stuff. I thought about it for a while and I thought, ‘Well, if I’m going to waste a whole weekend, then I might as well open it up to the public and at least, maybe if I get three or four people, maybe I could cover my cost.’ Well, everybody in my office laughed hysterically. They thought I was out of my mind, that nobody in the world would be the least bit interested in this.”

Do you know about when this was?

Barnes: “A little over 10 years ago, mid to late 1970s. I spent many, many months making slides, putting it together, deciding how the sequence should go. Everybody kept saying, ‘You’re not really going to go through with this, are you?’ And I said, ‘Yes, I am.’ They said, ‘Well, nobody knows what myofascial release is. They haven’t even heard of the word’ So I said, ‘Well, they’re right.’ There’s a local physical therapy paper that was just starting out and I called them and asked if they’d like an interesting story about some new techniques. They said yes.”

A great way to promote your seminar, too.

Barnes: “Yes. The weekend after the story came out, I put an ad in for the seminar. That Friday everybody’s laughing and saying, ‘Oh, you’re just making a fool of yourself. Nobody’s going to call.’ That Monday morning I walked in and the

phones were ringing off the hook. It was unbelievable. We had 200 people sign up for the seminar. I had to break it up into two seminars because we didn't have the space in the room."

They were looking for the same thing you were.

Barnes: "I had never spoken to more than a group of 20 in my life and I'd never spoken for more than an hour and a half. Challenge time. I was ready."

You must have been really excited.

Barnes: "Oh it was great. It was really fun. I've always been stimulated by challenge. So I wasn't smart enough then to number slides. I'd never heard of such a thing. So I walked up to this very crowded room. My assistant tripped and spilled my slides all over the floor. I thought I'd die."

"I thought 'You've been cool. This is the time to stay cool.' So as we're picking up the slides, a total mess, I realized that it was the second day's slides. I had that night to redo them so I was saved. So I excited myself again and I went up to the front and I had prepared a little thing I was going to start the seminar out with. I was into it for about three minutes and I froze. I think God came along to help me because some waiter came through a swinging door and went 'Bang!' and everybody looked over at him and I quickly looked down at my notes. Whenever I mess up, I get really angry at myself."

"This surge of adrenalin went through me and I just floated through it the rest of the seminar. Everybody said, 'Gee that was great. You must have been doing this for 10 years.' I said, 'don't you dare.' I said to my staff, 'don't you dare tell them this is my first time.'

"What I went through in that first seminar, I realized, getting through this, I could get

through anything. Before the seminar a young lady had written to me that she had been born with some facial deformities where she'd been on the Nova TV shows and has had 17 different facial operations."

"She was deaf. She was born without any cranial sutures. She had to have an artificial coronal suture made for her. She was so deformed when she was young that the children used to laugh at her, spit on her, put cigarettes out in her face. I said, 'This is a wonderful young lady that somehow got through this.' She wanted to know if she could sit in the front row because she used two hearing aids and she had to read lips. So we said, 'fine.'"

"About halfway through the seminar, she's sitting in the front row and what I hadn't learned in those days was to make sure that if anybody has any physical problems to let us know ahead of time, which she hadn't told us. She'd just had a hernia operation a couple weeks or so before the seminar. We did a cervical technique where you sort of lift the person up and she was about 90 pounds at the most, her partner was a 280-pound tackle who had her hanging."

"So when we got back to do the lecture, she's sitting right in front of me. I could see her start to list and she kept listing, and there was a certain point I knew she was going to hit the floor. I was just in the process of saying this will never hurt you, and bam, she passed out on the floor in front of everybody. I have to go over and pick her up and drag her across the room in front of the class. I mean, they're freaked out . . ."

"I laid her on her back and I did a couple manual techniques that were designed for emergency techniques. She was seizing and everything. Fortunately, within two or three minutes, we had her calmed down. It was like a miracle almost. Not a miracle, but it sure looked like it, and she got up and said how great she felt. There were a number of things that happened there that I figured that

anything after this would be easy."

Did you ever feel the presence of a guide during all these kinds of things?

Barnes: "As I look back now, absolutely. In the midst of everything, I've always felt the tremendous confidence in myself to be able to always pull things out when I had to."

And yet you didn't feel confident. You had anything but confidence. So that was about 10 years ago, huh?

Barnes: "Yes. So anyway, I said, 'Let's do another one.' For a while we were going one at a time. I was told by a lot of the physicians that it was just a fad, it'll burn out, you might as well not put a lot of effort into it. I said, 'Well, I'm going to ride it. I think it's important.'"

You'd been doing this work on patients for years.

Barnes: "Yes, I had."

It just really demonstrates how entrenched their thinking was. Here you have a man who is having great results with patients, they're referring people to you, then you offered this teaching and you're seeing the tremendous initial response yet they're still pessimistic. It's hard to imagine.

Barnes: "It is. Of all the things I've learned over the years, one of the biggest educations I've been given is in human nature. Our belief systems, when we're not open, so severely limit us despite what's right under our nose. It's been really an amazing process that I've watched. So much resistance to something that helps people in a very humane and non-traumatic way, yet there's a certain group of people that simply refuse to accept that there's any value to it without any experience of it. You have to wonder just where in the world their heads are."