Polarity Therapy and Craniosacral Therapy share a long history, but they exist as separate modalities and are rarely taught or learned together. This article proposes that the two modalities need each other. Polarity covers material that Craniosacral sorely needs, and vice versa. Each one enriches the effectiveness of the other, and together they provide a more comprehensive foundation for holistic health care, than either one can manifest by itself.

It is useful to acknowledge that the two have multiple links going back to their earliest days. Both were developed by American osteopaths, in approximately the same time period and in the same geographical region. The founders and early practitioners were aware of each other and attended each other’s events to at least modest degree, and highly complimentary statements have been directed back and forth between the two.

There are more congruencies. Both require skills of subtle perception and palpation, accessing micro-scale phenomena. Both are known for effectiveness, but also both have never yet been fully explained scientifically. Both propose that largely invisible forces create the hidden foundation for health. Both are interested in dualistic, cyclic patterns (expansion/contraction, flexion/extension). Both make references to spirituality, mystical forces and transpersonal dimensions. With all this in common, the two could be said to be cousins.

At the same time, significant differences also exist. Craniosacral almost exclusively uses a very light touch, while Polarity uses three touches (light, rocking and firm). Craniosacral is primarily non-verbal, and approaches all symptoms through a relatively few basic principles, especially interactions with “The Breath of Life” in its multiple expressions (slow, slower, slowest), known colloquially as the Tide. Craniosacral is relatively single-focused. In contrast, Polarity is multi-faceted. It can be entirely verbal, as well as having therapeutic applications relating to diet and exercise in addition to its familiar touch methods.

Having the two separated imposes limitations on practitioner effectiveness. A Craniosacral graduate may encounter clients in severe emotional distress, and lack the therapeutic training to work directly on that level. Verbal skills may be very limited, because these may not be included in the core curriculum. Phenomena may be palpated for which there are no conventional anatomical explanations. Important relationships may go unrecognized, such as the physical manifestation of an emotional experience. The Craniosacral Therapist is generally taught to support the natural symmetry and range of motion of the midline structures and functions, which can become distorted or immobilized due to trauma. However, just waiting for the client’s inner resources to mobilize for this purpose may take an uncomfortably long time and may seem inefficient.

Meanwhile the Polarity Therapist has a much more active repertoire of therapeutic possibilities, but may not know particular strategies to optimally deal with specific situations. There may be little awareness of the profound possibilities offered by perceptual interaction with the Tide. Effective strategies such as “stillpoints” and “Becker’s Three-Stage Process” may be unknown. Specific approaches for conditions such as TMJ syndrome, joint injuries and whiplash may not be available, because they are not directly covered in Stone’s writing.

This article proposes that each modality will benefit by paying more attention to the other. In the absence of a unified curriculum, at least each could

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1. Polarity Therapy was developed by Randolph Stone, DO, DC, ND (1890-1981). Craniosacral Therapy is indirectly derived from the research of William Sutherland, DO (1870-1954) and was greatly expanded by John Upledger, DO (1930-) and others.
2. Both Stone and Sutherland were especially productive in the late 1940s and early 1950s. Stone’s books were published between 1948 and 1954.
3. Both Sutherland and Stone practiced medicine in the Midwest: Stone in Chicago, Sutherland in Missouri.
4. Stone, Fulford, DeJarnette, Jealous and Sills all have published or unpublished comments directed from one to the other. For a sample of Stone’s commentary about Cranial Osteopathy, see Polarity Therapy, Vol. II, pp. 223-4 (CRCS, Sebastopol, 1986).
5. The “primary respiratory mechanism,” the basis of Craniosacral Therapy, has been measured at about 1/50 of an inch (Liem, Cranial Osteopathy, p. 4). This is only about the thickness of a sheet of paper. Meanwhile the energy pulses palpated by a Polarity Therapist may have no measurable physical movement at all.
6. Naturally there are many variations among different schools; this statement is derived from what is stated in the literature, not what is found in classrooms.
pull in some of the best practices of the other, to enrich effectiveness and expedite client improvement.

**Craniosacral’s Potential Gifts to Polarity**

1. **Knowledge of the Tide.** Sutherland’s discovery of a minute polyrhythmic movement in the body is one of the great (unappreciated) awakenings in health care history. The whole body is cycling in tiny slow expansions and contractions, of unexplained origin. The Tide is not much mentioned in Stone’s Polarity therapy writings, probably because the timing of his writing preceded or coincided so closely with Sutherland’s experimentation. There can be little disputing the effectiveness of strategies based on interactions with the Tide; Polarity Therapists benefit enormously when this profound factor is appreciated.

2. **Focus on anatomy.** The Craniosacral curriculum is more closely aligned with modern medical osteopathy, and generally there is much more time spent exploring certain particular anatomical information, particularly the skeleton, fascia, nerve and fluid layers. By comparison, the Polarity RPP curriculum’s 100 hours of anatomy study attempts to survey the entire human anatomy, and therefore may cover a wider terrain, but more shallowly. Polarity students and practitioners would benefit greatly by expanding anatomical knowledge to study more deeply in strategic areas and thereby be able to work more effectively with some very common conditions.

3. **Techniques for specific conditions.** Craniosacral has methods for dealing with some very difficult but common conditions, via “Becker’s Three Stage Process” and related approaches. Tempero-mandibular syndrome, joint injuries, whiplash and tinnitus are examples of conditions for which the instructions left by Stone are not very detailed (even though they still can be effective).

**Polarity’s Potential Gifts to Craniosacral**

Similarly, Craniosacral Therapy seems to have significant deficiencies, in specific areas for which Polarity is particularly well-resourced. The Craniosacral student would benefit enormously by expanding beyond the base education to pull in some of Polarity’s featured concepts and techniques.

1. **Three Touches.** A Craniosacral Session is generally limited to a light touch and a very indirect style (see “Direct vs. Indirect” at the end of this article). However, there can be a great benefit to meeting the clients where they are, instead of waiting for them to find the slow, still pacing of Craniosacral work. Deep tissue work on the feet or gentle rocking of the diaphragm can do wonders to synchronize the client with the forces of underlying health, and increase awareness of subtle patterns. Having a repertoire of all three touches can also alleviate the occasionally problematic situation in which new Craniosacral clients may feel anxious because the practitioner initially does not seem to be doing much, while access to the Tide is being gradually tuned in.

2. **Mental-Emotional Support.** Aside from Franklyn Sills and some of John Upledger’s Somato-Emotional Release, Craniosacral Therapy literature and curricula do not contain much verbal technique. Meanwhile Polarity Counseling is spectacular in its depth and effectiveness. Many clients need mental-emotional support in addition to physical therapies. Peter Levine’s Somatic Experiencing has been embraced by Polarity Therapists (for good reason: Levine studied with Stone in 1966?) because it reflects core Polarity principles. Similarly Polarity Counseling offers understanding of the archetypes, the “Journey of the Soul,” and maps for linking emotions to physical body areas. These materials could enormously enrich

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7. Stone’s comment (Lecture July 1950, transcribed by Phil Young): “These people [cranial osteopaths] would get better results if they worked the foot as well as the head.”

8. Ibid., Stone, “It’s [waiting for the Tide to manifest] almost too tedious.”

Peter Levine made the following comments in his seminar sponsored by the American Polarity Therapy Association after the APTA Conference, Toronto, June 1997:

“...The two polarities, just like in Polarity Therapy, are expansion and contraction. The two results of polarization are expansion and contraction, so you have a wave undulation between the expansive quality of the energy movement and its contraction. That’s the normal response of that universe: expansion-contraction, expansion-contraction.

“As you go into the trauma vortex you could call that the compression vortex or the constriction vortex. As you move out of that into the inner vortex, then the experience is one of expansion. Again, they have to be linked together, because from a physics point of view, singularities are notoriously unstable. If you have something that’s just one polarity, either expansion or contraction, it will eventually go into an unstable explosion or annihilation, either rigidity or fragmentation.

“You have to have this pulsing back and forth. This is the key that we come to over and over, really the fundamental essence phenomenologically of this approach. The movements between expansion and contraction is the normal process of self-regulation, the energetic basis of self-regulation.

“As I talk about this, I really see how deeply I was influenced by Stone [in 1966]. I had not thought about it for years, but being here I can really see how he got me to start thinking in these terms, how he helped me start to put these thoughts together, as did many others mentioned in the book acknowledge-ments. But he is one person I should put in, in the second edition.”
the practice of Craniosacral Therapy.

3. Energy Anatomy. Craniosacral practitioners are likely to see body patterns as purely expressions of anatomy and physiology. The old timers talked about torsion and compression as if they existed simply in mechanical terms. However, most Craniosacral practitioners also recognize that mechanistic explanations are usually oversimplifications. It is generally accepted that physical phenomena are often preceded (or at least accompanied) by mental and emotional experiences, but Craniosacral practitioners are not often taught how to work with this situation. Palpating a distortion in the neck, Craniosacral Therapists will attend to cervical vertebrae, hyoid bone and neck fascia, and be generally unaware of the presence and significance of the throat chakra, which may be a key piece of the puzzle. When the energetic level is recognized, the client feels more understood and the work goes deeper. In Polarity, the links between levels are envisioned as energetic filaments following certain pathways; recognition of this can dramatically further the session work.

4. Cosmology. Finally, Polarity’s broad theoretical foundation would benefit Craniosacral Therapy greatly. Perhaps reflecting its medical roots, CST often holds back on A.T. Still’s spiritual and esoteric ideas. Other than Franklyn Sills, the Craniosacral literature does not propose a particular big-picture cosmology. Meanwhile Polarity, less tightly tied to mainstream ideas, is free to be much less inhibited. Stone’s writings are saturated with spiritual and esoteric commentary and these can be very useful to help some clients re-orient to their deeper purpose and recognize their deep longings for insight into the full meaning of their conditions.

The day may come when a truly comprehensive curriculum is developed and offered, combining best practices from related fields such as Polarity Therapy, Biodynamic Craniosacral Therapy, Trauma resolution, and Pre-and Peri-Natal Therapy under one integrated Master’s Degree program. Such a curriculum could also find space for some of the other rich areas implied by Polarity principles, such as Sound Healing, aromatherapy, homeopathy, shamanism and related topics.

But in the meantime, this article is a call to open the gates between Polarity and Craniosacral. Without too much strain on existing curricula, these few topics could be incorporated, and the work of practitioners in each group would be immensely strengthened. Success of the modality depends on effectiveness more than any other factor. These proven techniques could add to effectiveness while also re-uniting family members who may have grown apart in the many years since Fulford sat in Stone’s early-1960s seminars. Stone’s often-repeated, all-inclusive motto, “Whatever Works, Works!” would be reborn in the hybrid that could emerge from this cross-pollination.

Direct vs. Indirect

If we attempt to use active pursuit of the thought process to achieve knowledge about the unmanifest, we get blocked or confused because a drop of water cannot per - ceive the entire ocean, just as thought cannot perceive the greater thought of the unmanifest. But the passive reception of information about the unmanifest routinely occurs through reflection, contemplation and meditation.

—Paul Lee, Interface, p. 103

One of Stone’s more interesting Polarity charts represents the spectrum of therapeutic action. Polarity Therapy Vol. 1 Book 3 Chart 2 shows a toroidal shape with a fountain at one end and a vortex at the other. At the fountain end, the centrifugal

10. Interface: Mechanisms of Spirit in Osteopathy, by Paul Lee, DO (Stillness Press, Portland, 2006) tells the story of how osteopathic founder A.T. Still’s ideas were suppressed in attempts to accommodate the concerns of science and mainstream medicine.
principle is expressed, while the vortex end reflects a centripetal effect. At the centrifugal end, the charts say “Quantity-Force” and at the centripetal end, “Quality-Essence.”

This chart could be interpreted to be an endorsement of the full spectrum of therapeutic possibilities.

At one end, the practitioner takes direct action and attempts to “fix” the problem through knowledgeable intervention. This is the realm of allopathic mainstream medicine. In Polarity language, this can be considered the Yang end of the spectrum. It can be very effective but can have a side effect of disempowerment of the client and loss of the client’s sense of responsibility (since the healing power or agent is external). Drugs and surgery are examples of direct action, but also at this end are the touch therapies that directly manipulate the body and attempt to restore a hypothetical optimum. Massage can be very direct, as can Rolfing, Chiropractic and similar deep tissue manipulations. In psychotherapy, direct action is employed by the practitioner who gives advice and tells the clients what to do to repair their lives.

At the other end, the practitioner works indirectly. The intention is to create a receptive field conducive to healing from the inside out. This can be considered the Yin end of the spectrum. The practitioner is not excessively trying to figure out ideal placement or functionality. If anything the practitioner is intending to serve as a mirror so the client’s inner intelligence can see itself, become more aware, and self-correct according to its own measures of optimal function. Here the practitioner does not try to be the all-knowing authority. The real authority is considered to be the “ordering principle” constantly being expressed by the mechanisms of life. Indirect methods, also known as biodynamic, generally use a very light touch, or may even be off the body. Reflective listening (instead of advice), nurturing and constant reminder of the importance of taking responsibility for one’s one condition are features of this approach. Indirect therapy has a disadvantage of being less useful in emergencies; an indirect approach would be a poor choice for arterial bleeding or appendicitis.

Craniosacral Therapy deserves great credit for uplifting appreciation of the indirect approach, which is little known in mainstream allopathic medicine.

Rollin Becker, DO (1918-1994) was particularly eloquent about this almost-forgotten therapeutic idea:

The purpose of the treatment is to arouse the body physiology of the patient to evaluate its own health patterns and to treat its own traumatic or disease conditions with the resources of its anatomicophysiological mechanisms.11

It can be argued that Stone valued both ends of the spectrum and everything in between. Anecdotes tell of his direct action, deep touch and forceful advice. Other anecdotes describe a quite different therapeutic practice, such as the remarkable passage in Richard Heckler’s Anatomy of Change.

He had a presence that touched people, and it was this presence, not technique, that was the basis of his healing…”12

It is common for practitioners at one end of the spectrum to discount those at the other. Direct action practitioners may think the indirect approach is inefficient or even fraudulent; advocates of indirect might talk about the limitations of external authorities and the importance of “healing from within.” At worst, an atmosphere of ridicule is created, one side saying how it is better than the other. While the direct-action camp perhaps has a worse reputation for this, the indirect group can be just as snobby.

Chart 2 offers room for the whole spectrum, and Polarity Therapy is remarkable for its inclusiveness. Divisive arguments have little value for the client.

Craniosacral, particularly the biodynamic group, could be said to represent the indirect end of the scale. Polarity, with tamsic touch at the direct end and satic touch at the indirect end, could be said to offer both approaches. As Polarity and Craniosacral seek their common ground, the language of direct vs. indirect can help everyone stay oriented to the big picture while also taking advantage of the strengths on each side. Hypothetically it should be possible to dance gracefully across the full range, according to the individual needs of each client.

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