

# EXPLAINING POLARITY THERAPY EFFECTS: TWO MODELS

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## **Abstract**

This paper proposes a new paradigm to explain the effectiveness of Polarity Therapy, to complement and support the current prevailing model.

First the current model (herein called the "Electro-Magnetic Model") is articulated and discussed. Then observations are offered as to how this model works and does not work in explaining experiences of practitioners, answering questions of students, and interpreting some of Randolph Stone's statements. Next, the paper describes a second model ("Relationship/Recognition Model") to resolve these issues. Finally, the second model is described in detail, in language appropriate for integration within a Polarity Therapy education.

The goal of this paper is to support the adoption of the second model as a supplement to existing theory.

## **Introduction: Personal Perspective**

How often have today's Polarity Therapy practitioners wished we could interview Stone, watch him work, and have an opportunity to clarify what he meant by some of his written statements? In some ways the modern student has to become a detective, scanning for clues to interpret the more practical implications of some of his esoteric written comments.

A high percentage of his written work is either philosophical in nature, about humanity's spiritual plight, or about specific bodywork instructions. Basic energy maps are presented and hand positions described, but there is not much to guide the

practitioner in terms of several key issues. Questions about inner attitude, perceptual skills, relationship with the client, verbal interaction, palpation expectations, and other topics inevitably arise in Polarity Therapy education and practice. But resources to answer these questions are minimal, in Stone's writings or elsewhere.

To help students, educators have responded to these numerous uncertainties with several strategies. These include making assumptions (such as how an effective energy contact feels to the practitioner), and borrowing ideas from other systems, adapted to the Polarity model (such as "grounding" and "boundaries").

In addition, this practitioner is often intrigued and confounded by the unpredictability of session outcomes. Clients with seemingly similar symptoms may respond quite differently to the same treatment protocol. Some clients feel energy streaming through their bodies according to Stone's energy anatomy maps, and access transformational dimensions of awareness leading to significant relief from symptoms and implementing of positive, life-changing shifts in behavior. Others enjoy relaxation or just seem puzzled by the session with no apparent relief from symptoms or other observable outcomes.

This great diversity of responses implies that there are other variables; it is motivation to search for understanding of these variables for the purpose of increasing effectiveness. In today's results-oriented health care world, this seems important if Polarity Therapy is ever to take its rightful place as a mainstream option.

## **Electro-Magnetic Model**

Based on what is in print, the following is a brief explanation of the effectiveness of Polarity Therapy.

Life force energy is the basis for health. People have a subtle "wireless anatomy" of pathways to carry this energy throughout the body. Energy flow

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NOTES: This paper uses numerous quotations from the written work of Randolph Stone as well as other sources. For convenience and ease of reading, Stone quotations are not footnoted but instead the location is given directly at the quotation. All other sources are footnoted according to conventional rules. This approach has the effect of reducing the total number of footnotes significantly.

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can become disrupted by many factors. Energy pathways can become too closed (broken, impeded) or too open, leading to unnaturally low or high energy flow, and subsequently leading to dis-ease states. These energy channels reflect spiritual, mental, emotional and physical factors, including “spatial” and “process” relationships.

In a Polarity Therapy session the practitioner contacts specific points to supplement the natural current with an auxiliary supply or heightened conductivity, and/or physically manipulates tissues to free up blocked energetic pathways and the physical echoes of these pathways. Making these contacts or manipulations supplements existing current flow through the channel and induces or supports self-correction to a natural flow pattern and amplitude.

...touch is applied for the purpose of releasing blocked energy, to permit the body to complete its energetic circuits of motion.<sup>1</sup>

In addition, Polarity Therapy offers postures which support energy channels, including sounds and movements. Diet is used to create an optimum internal environment, and positive-thinking is advised. This last psychological dimension is primarily helping clients to understand the spiritual big picture, influencing them away from excessive attachment to materialism and egotistical thinking which are repeatedly described by Stone as the root cause of suffering.

This model of a therapeutic encounter is esoteric, but also fairly simple and objective. Practitioners can learn the maps, make the contacts, and the results will hypothetically follow.

"...[Contact is made] in the exact angle of the impact of energy and held long enough to create a molecular push in the current... the impact of the directed force acts upon the molecules and atoms in the wireless circuit flow." (Book 2, Chart 10, p. 17)

"...[the] patient is helped... because [the Polarity treatment] stimulates the energy current locally..." (Vol. II, p. 53)

In a description of an office visit (Vol. II, Book 5, pp. 60-61), Stone notes a six-step diagnostic process in which all but one of the questions are quantitative, objective measurements (gravity test board, blood pressure, leg length, respirations per minute, carotid pulse beats in relation to breath, blood pulse

elsewhere). Only "can the patient sit still?" as an indicator for mental tension is somewhat subjective.

In a nearby passage, when Stone describes indicators of effective treatment, they are objective: sighs and groans, gas release, perspiration, hunger, sneezing (Vol. II, Book 5, p. 50-51) are mentioned.

There is support for this model in Polarity literature beyond Stone's work. Richard Metz<sup>2</sup> cites research in which laboratory animals were exposed to positive and negative ends of a bar magnet and showed definite, measurable stimulation and sedation of physical and mental/emotional development and function. Also supporting the Electro-Magnetic model, Richard Gordon writes,

Polarity operates according to universal principles of life-force and electromagnetic attraction, not by our opinions.<sup>3</sup>

The physical science of the energy balancing process is not well articulated in existing literature. Research is needed to pin down exactly what is happening when energy currents are affected by therapeutic intervention, i.e., when a palpable shift in pulsation, or other outcome, is experienced.

### Practical Application Questions

In this writer's experience, apparently shared by others, the "Electro-Magnetic Model" is not sufficient to explain certain aspects of the Polarity Therapy session. Certain questions are just inevitable:

How long do I need to hold the points? The answer is always the same: Until the energy balances. How do you know the energy is balanced? Our nervous system senses the energy as several sensations: Tingling, vibrating, heat or pulsation. When you feel these sensations with equal intensity in each hand, you know the energy is balanced.<sup>4</sup>

These kinds of questions often arise in Polarity classes, but answers such as the above are subjective and indefinite. Turning to Stone's books for guidance can lead to even more questions in the same vein.

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1. American Polarity Therapy Association Standards for Practice, 1995, p. 16.

2. Metz, Richard, "Applications of Magnetic and Polarity Principles to Life Energy Systems," ENERGY Journal of the American Polarity Therapy Association, Vol. VII, No. 1, Feb. 1992 and Vol. VII, No. 3, May 1992.

3. Gordon, Richard, Your Healing Hands, Wingbow Press, Oakland, 1984, p. 33.

4. Kiewe, Howard, Polarity Therapy Technique: Basic Protocol, Health Training Group, Toronto, 1998. p. 7.

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Many more comparisons than are shown in this chart are possible, but it would be too confusing to the mind. To illustrate a few, let us say the liver pole, under the nose, under the diaphragm, extends sideways as the liver does, and we find a very fine contact pole for the therapy over the right jaw, opposite the same area. (Vol. II, Book 5, p. 50-51)

Reading this passage, students may ask the obvious question, "how do I know when I am there?" Does "find" refer to something subjective the practitioner feels internally in some way, or something objective the practitioner notices in the client?

As another example:

Contracted tissue is over-stimulated in any field. It needs polarizing with its opposite field because its circuit is broken or inhibited somewhere along the way. This can be easily detected by a sensitive touch... (Vol II, Book 5, p. 76)

Again, phrases are problematic. Is it contracted tissue which is easy to feel, or does Stone actually palpate the broken energy circuit? If the latter, how does it feel and how does feeling it become easy? Are there any prerequisites to a broken circuit being easily palpable? How does one become sensitive?

Suspicion that there is more to Polarity Therapy than fixing broken circuits is greatly fueled by the following account by Richard Heckler, quoted at length because it illustrates the problem so well.

But despite his extensive knowledge and skills, it is [Dr. Stone's] presence and the way he made contact that has stayed with me the most. He treated everyone both differently and the same. He had a genuine and natural sense of compassion that made everyone equal in his eyes, and at the same time he saw everyone for who they were. Dr. Stone put on no airs, but I felt that nearly all of his patients, at least those I saw, were moved by his powerful love and care. I know that I was. He had a presence that touched people, and it was this presence, not technique, that was the basis of his healing...

Dr. Stone was overflowing with techniques and theories, but his richness came from the presence he brought to a situation. For decades he traveled around the world visiting and researching any healer or system he thought worthwhile. But all of this information was not what made him effective as a teacher and healer, and he was the first to admit it. He would often say that what he did was very simple. "You have to move the energy

currents. You have to go beneath the problem, under the symptom, to get at the cause of things," he would say, his large hands smoothing and shaping the air in front of him as he spoke...

When asked how to do this Dr. Stone would say, "You have to feel the other person inside of you. You have to feel their health and their sickness inside of you, and then you understand what to do and you just do it. This comes from the work you do with yourself..."

So despite his vast knowledge and learning, it was really how Dr. Stone brought himself to each situation that inspired life and understanding. In all of the years that I worked with him, I don't think I saw him use more than ten or twelve techniques. He could demonstrate and teach an endless amount of technique, but when he actually worked with people, his spirit simply connected with the spirit of his client. The few techniques he did use seemed almost inconsequential.

To understand what Dr. Stone meant when he said "to feel the person inside of you" and "you have to understand their health and sickness inside you," we must realize that the ability to perceive, connect with, and assist someone else is directly related to the depth of connection we have with ourself...<sup>5</sup>

Based on the above considerations, the problem of how to describe why and how Polarity Therapy works is not fully addressed by the "Electro-Magnetic Model." Other factors seem to be at work, involving processes not clearly articulated in existing literature including the APTA Standards for Practice. Textbooks, conference presentations and school curricula often make use of concepts outside the basic model. John Beaulieu speaks of "tuning into the energy"<sup>6</sup> as a suggestion for session work, though the precise meaning of this is not described.

Many quotations from Stone also reflect this problem. He seems to be describing something beyond wiring, but does not spell it out.

The true doctor should know Life, feel it and understand its pattern of flow, like a blueprint of life, the same as he knows his anatomy, so he can skillfully direct its wireless currents by removing the blocks and short circuits in the various fields. (Vol. II, Book 5, p. 27)

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5. Heckler, Richard, The Anatomy of Change, North Atlantic Books, Berkeley, 1984. P 113-116.

6. Beaulieu, John, Polarity Therapy Workbook, Biosonic, New York, 1995. p. 197

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Clearly we must read between the lines to decipher this passage. The student will naturally ask for further definition of the key words *know* and *feel*. "Know" could refer to memorization of maps (as in, "I know the diaphragm reflexes"), or to a deep sensitivity and capacity to recognize subtle qualities (as in, "I know who you really are"). "Feel" could mean a specific palpatory experience ("I feel pulsation with my fingers") or an intuitive perception of hidden dimensions ("I feel that this pattern relates to an early-life experience").

Similarly, the following passage suggests an unstated internal process:

What the needles can do, the hands can do better, with a battery of consciousness behind them plus intelligence for the direction of currents. (Vol. II, p. 209)

If only we could ask Stone, what does this consciousness do specifically, and how does the practitioner's intelligence "direct" currents?

To summarize, there is ample reason to believe that additional factors, beyond the energy-wiring-repair model, are involved in Polarity Therapy sessions. Based on a review of conference presentations,<sup>7</sup> most teachers are offering solutions ("practitioner skills," etc.). But no written work has formally stated what else may be needed to explain the effectiveness of Polarity Therapy.

### **Relationship-Recognition Model**

*Polarity is really the law of the finer relationships of beings and of things. (Vol. I, Book 3, p. 12)*

In response to this problem, a second supplemental model of healing via Polarity Therapy is proposed here. This Relationship/Recognition model holds that the subtle quality of the practitioner's presence in relationship with the client, and the client's relationship with a universal field, are also significant contributors to session outcomes.

In this model, the practitioner functions as a sort of energetic partner or frequency-modulator for the outer (cognitive) and inner (non-cognitive) intelligence of the client, facilitating the client's self-corrective capacity. The practitioner creates a

specialized healing environment and develops a relationship with the client, and this relationship is integral to the healing experience.

If disease is an outcome of fixated energy (i.e., energy lines "blocked"), this model suggests that the relationship itself, given the right circumstances, may induce polar movement (possible poles being client/practitioner, client/self-reflection, client/field). Hypothetically this external (inter-personal) movement could then induce internal (intra-personal) opening of energy channels following the "as above so below" precept.

Here the practitioner has the responsibility of cultivating a healing presence, and the receptive client comes into resonance with that presence much as a second guitar string vibrates to the frequency of a first one which has been plucked. This could occur on a macro- (whole person) and micro- (specific energy circuit) level, harmonizing the below with the above according to the client's inherent intelligence and resources.

It is... the life energy in the body, in the tissues and fields, which responds like an intelligent and grateful person who has been helped to accomplish a difficult task." (Vol II, Bk. 4, p. 39)

The practitioner listens and the client feels heard. The practitioner recognizes and reflects, and the client realizes that which was hidden. An artful dance of energetic support and self-regulation follows rhythms of expansion and contraction, opening blocked pathways. The practitioner's hands trace energy patterns as they arise, facilitating and supporting completion of impulses.

Heckler's observations suggest that Stone practiced this way without actually writing about it. With his years of training, deep knowledge of anatomy and decades of experience, he may have brought a certain quality to his sessions which he hinted at but was not able to articulate in the 1940's when the books were in production.

This model also gives practical applications for spiritual aspects of the work, a topic not fully covered by the Electro-Magnetic model.

[In Polarity Therapy] the attention is directed to the "dweller" in the body, as the Soul or Nucleus, in relation to the form, and to both of them in their relation to Nature or the Universe as a whole. (Vol I, Book 1, p. 10)

The client, having partially forgotten the deeper

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7. 1997 and 1998 APTA Annual Conferences had 64 presentations. Of these, 46 (72%) have handouts reflecting some form of "grounding," "relationship," or "resonance" content. APTA Conference Proceedings, 1997 and 1998.

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purpose of life, or lost relationship with a wider reality (background field), comes into relationship with a consciousness which partially remembers. Recognizing the client's essence, the practitioner interacts with this essence in the form of energy pulsation. Being recognized, the client awakens and gains sensitivity to an inner reality, an "ordering principle," which is inherently attuned to natural order and health.

This paradigm may also be expressed in terms of location of activity. Whereas the primary existing model describes intra-personal effects, this new model adds inter-personal (client-practitioner) and field (client-universe) dimensions to Polarity theory.

To describe the model in more detail, the practitioner brings subtle attributes to the session, which might be characterized as "Relationship" and "Recognition."

Relationship refers to the subtle interaction between client and practitioner. Something special happens when people come into relationship with a steady, soothing or insightful person. A system caught up in habitual behavior or emotional reaction may be able to find a moment of rest and renewed, expanded awareness, even if the contact is entirely non-cognitive (nonverbal). As Heckler described, Stone created a safe haven for refreshment of the client's fundamental perspectives.

Stillness or inner calm seems to be a central attribute that the practitioner may bring to the relationship with the client.

Can man go from the rim of this wheel of speed to the center and find rest? (Vol. I, Book 1, p. 19)

The whole body recuperates when life's Central Energy is permitted to flow naturally, without interference by our own mind's desires, etc...

Paracelsus, the great alchemist, observed this also when he stated man is ill because he is never still. He said there was great healing in the quiet depths of space, but man never tuned into it by being quiet himself! (Vol. II, Book 4, p. 57)

Clients see themselves reflected in the practitioner's presence, and access to self-understanding unfolds naturally. The effect is one of modulating the vibratory frequency from a disease state to a healing state via a form of nonverbal resonance. The practitioner must find a certain perspective in order to be able to work energetically

in this way.

"The art of the true healer must be to balance man with Nature, tune him in to the greater energy field... Parts must fit into the whole and blend, in order to be useful." (Vol II, Book 5, p. 61)

Recognition refers to the practitioner's capacity to intuitively see and comprehend the client's internal mental/emotional/physical landscape. Hypothetically this is different from clairvoyant vision; it is a subtle encounter between the energetic intelligence of both practitioner and client, which invites a dialogue leading to self-adjustment.

To practice this type of recognition, the practitioner needs extensive knowledge and profound presence to help the client's inner intelligence re-assert itself.

What the doctor's mind cannot conceive, That he cannot relieve. (Vol. II, Book 5, p. 87)

Only understanding and love can melt a frigid heart or disposition. (Vol. I, Book 3, p. 36)

The attributes of Relationship and Recognition are supported by experts in other health-related fields. For example, in medicine, the new field of psychoneuroimmunology holds great promise for filling in a scientific foundation beneath the esoteric superstructure of Polarity Therapy. This new paradigm in medicine frequently mentions the concept of harmonious meshing of vibratory frequency as an essential health indicator (and in the following quotation even unknowingly invokes Polarity Therapy concepts).

I could feel my heart falling into coherence, a state of serene, sedate composure... When we hold hands we connect heart energies, particularly when we facilitate the Polarity of that connection by holding right hand to left as when we walk with our lover rather than right to right as when we shake hands to make a business deal.<sup>8</sup>

It is worth noting that the inclusion of a "Relationship/Recognition Model" in the teaching and practice of Polarity Therapy raises the cost and difficulty of the work considerably. While the first model can be a fairly straight-forward, connect-the-dots approach, the second model implies resolution of personal issues, deep listening skills based on inner stillness, and extensive learning of anatomy and energy anatomy for the purpose of spirit-mind-

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8. Pearsall, Paul, The Heart's Code, Broadway Books, NY, 1998. p. 161-164.

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emotion-body recognition. Both “neutral” and “informed” attributes can be expanded infinitely. The familiar phrase, “Give a session, get a session” takes on new meaning under the Relationship/Recognition model.

A lesson about increased difficulty of learning and practice can be learned from the histories of both Polarity Therapy and Cranial Osteopathy. Stone spent almost 20 years trying to interest colleagues in the medical profession in his concepts, without much success. William Garner Sutherland, founder of Cranial Osteopathy, also struggled to find an audience, even though his methods were also successful in terms of patient outcomes. Like Stone’s, Sutherland’s work was in danger of extinction except for the perseverance of a few students and colleagues, and the later transplantation of the work outside the medical profession under the term Craniosacral Therapy.

Why should two effective therapeutic systems have so much trouble being accepted? The likely reason is that Relationship/Recognition makes too-heavy demands on the practitioner. The typical modern pace of life and professional environment are much more predisposed to the quick-fix, symptom-suppressing themes of drugs and surgery.

### **Practical Curriculum Overview for the “Relationship/Recognition Model”**

This section is a proposal for an outline of topics to be addressed in adding “Relationship/Recognition Model” skills to a Polarity Therapy education. The intention is to suggest language suitable for addition to the APTA Standards for Practice, which hints at but does not articulate this whole area.

Polarity bodywork is more than technique. The practitioner’s attitude, intuition and intention are all significant dimensions of the Polarity session experience, which becomes a blend of both technical and artistic knowledge and skill.<sup>9</sup>

The second sentence here implies much, without giving needed detail. Why are attitude, intuition and intention important, and how exactly are they used? While the authors are obviously referring to the now-familiar problem, no further guidance is given.

The reference to the “art” of Polarity Therapy is

not just coincidence here, indeed, Stone’s words below confirm that this is a key intention.

“The next problem is...: Where to draw off excess energy and where to tonify or stimulate? Plus and minus, or “Yang” and “Yin” are the two main factors; why, where, when and how, the repeated questions and these no one fully answers, or the doctor could cure almost anything. I can only call attention to your high and artistic calling, and its deeper meaning. In this way, looking for deeper causes, we will find them, and our work will be creative and interesting, not merely repetition.” (Vol. I, Book 1, p. 71)

### **Content outline of Relationship/Recognition Model Competencies**

- A. Relationship
  - 1. Boundaries
  - 2. Proximity
  - 3. Ego and Fear Issues
  - 4. Orienting in Time and Space
  - 5. Non-judgmental Listening
- B. Recognition
  - 1. Subtle Listening & Palpation
  - 2. Energy Anatomy
  - 3. Anatomy
  - 4. Resonance

### **Relationship Content**

#### **A.1. Boundaries**

To learn Relationship, the practitioner encounters multiple sub-topics. First, the basic energetic presence of practitioner and client is studied, with attention to where the separate fields touch and overlap (the “boundary” between the two people).

Appreciating and respecting boundaries is the foundation of differentiation, a cornerstone of psychotherapeutic process. The need to correctly differentiate between self and other is effectively facilitated by realistic boundary awareness.

#### **A.2. Proximity**

Here the practitioner learns how proximity, both in physical distance and in energetic intention, is a key variable in creating a functional relationship. If the practitioner energetically overwhelms, invades, crowds or intimidates the client, the proximity is too close, and the client will respond with defensive

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9. *Op cit*, American Polarity Therapy Association, p. 16.

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measures of shielding, acquiescence or distraction. Too-close proximity may recapitulate earlier experiences of traumatic contact with another person, and this memory may be transferred to the practitioner.

If the practitioner is too aloof, the relationship will also suffer. The client may feel abandoned, become the pursuer (trying to please or placate), or may be distracted and lose interest.

The issue of proximity applies to physical, emotional, mental and even spiritual relationship, and implies attention to the transaction between practitioner and client. Psychotherapeutic issues of transference (“the way in which a client gives his/her power to the therapist”<sup>10</sup>) and counter-transference (“the way in which a therapist projects or transfers his/her own issues onto the client”<sup>11</sup>) are invoked by unclear boundaries and dysfunctional proximity.

### **A.3. Ego and Fear Issues**

As stated above, neutral stillness is identified as a key attribute of practitioner presence. Employing a Relationship/Recognition model, a practitioner will be facing numerous personal issues before neutrality can be adequate to the task of the encounter. An egotistical or fearful practitioner will hardly be neutral, as the desire to be appreciated, the impulse to perform, comparisons with other therapists, and related phenomena will distort the energetic mirror being cultivated in support of the client.

It is not realistic to expect practitioners to transcend ego or dispel all fear before beginning professional work. These quests are lifelong struggles for everyone. At the same time, the issue deserves attention and the sincere commitment of even a beginner, with some training as to how these topics may be addressed at least during the session, if not throughout one’s life. If the issue is clearly articulated as a part of the process, the beginner will have some orientation to the requirements.

Including this practitioner skill in curriculum requirements would differentiate Polarity Therapy from other modalities. Awareness of ego and fear are not clearly established as major educational prerequisites for a practitioner in many health care education programs.

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10. Shea, Michael, Somatic Cranial Work, Shea Educational Group, Juno Beach FL, 1998. p. 184.

11. *ibid*, p. 186.

### **A.4. Orient in Time and Space**

Another dimension of Relationship is the ability to orient in space and find stillness. Most people, when questioned on the subject, will find that their attention is often in another time and space, not the here and now. Neutrality implies being present in the moment, with full attention in the session.

To achieve this level of presence, many teachers have suggested orienting in space and time, using techniques from ancient and modern sources such as yoga or martial arts. The practitioner may take a few moments to follow the breath, notice the surrounding space, find the core centerline of the body, bring the imagination deep into the earth below and far into the sky above, and attach mental “tethers” to the ground below and behind to reduce the tendency to wander.

### **A.5. Non-judgement**

A final requirement for Relationship relates to judgement. It is common for practitioners to form opinions about the functionality of the client’s life strategies. This has been found in the Polarity Therapy world in the forms of lifestyle preferences (i.e., vegetarianism is superior to animal slaughter), body-reading (“curved water toe means chronic blocked pelvic energy”) and related teachings. However, within the Relationship/Recognition context, these opinions must be adapted or the client may feel judged excessively and may be unable to experience a clear reflection. The practitioner role is colored by the opinions, and the client may be unable to see through that coloration to form clear energetic self-awareness.

Therefore this model implies that the practitioner contain and moderate judgements of good or bad. Instead, the practitioner can hold the more neutral position that all phenomena expressed by the client are strategies in search of the universal benefits of health and harmony, whether they agree with the practitioner’s values or not.

Stone himself held strong values (such as vegetarianism) and freely spoke of these with audiences. This aspect of Neutrality does not need to negate a practitioner’s personal values, but rather contain them in a respectful space.

## **Recognition Content**

### **B.1. Subtle Listening and Palpation**

The basis of the Relationship/Recognition

Model is a subtle interaction in which the client can see him/herself reflected, and thereby gain new self-awareness. However, the reflection is not intended to be a passive or mute mirror. The reflection function is active and super-sensitive to subtle expressions of the client's system, signals which are likely to be missed in the ordinary awareness of daily life. People constantly make comments, show facial and hand gestures, or experience sensations which may be overlooked or unappreciated as to their deeper meaning. In this model, these become extremely important. The practitioner is trained to notice subtle expressions which would otherwise be passed over, and these become doorways of access into great self-awareness.

The development of subtle listening skills is a lifelong project. A Sutherland student, Robert Fulford DO, trained himself to palpate a human hair under 17 sheets of paper.<sup>12</sup> As stated earlier, it is possible that the near-extinction of cranial osteopathy can be traced to the extreme difficulty of gaining this level of sensitivity. The problem is freely acknowledged by Sutherland,<sup>13</sup> Magoun<sup>14</sup> and Becker, but not really addressed by Stone, though he was probably facing the same problem in his unsuccessful attempts to reach doctors.

The palpation of energy expressions often confounds new students. Pulse diagnosis is considered a master's art in the Orient, attainable only by decades of practice, if ever. Differentiation between the "frog, snake and swan" (Stone's Three Principles pulse diagnosis categories) is difficult to learn and apply. The APTA Standards for Practice covers this subject with the following wording:

First, the capacity to sense energy by touch

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12. Weil, Andrew, Spontaneous Healing, Fawcett Columbine, New York, 1995. p. 31.

13. Sutherland, William, Contributions of Thought, Sutherland Cranial Teaching Foundation, El Paso, 1967. p. v., p. 45. "Description of the technique is rather difficult to put into words." Also, "To learn to feel function, to think function and to know function within anatomical physiology, is not an easy art and skill for the physician to develop. It takes hours, days, weeks and years to bring this training into the hands, eyes, ears and minds of the physician. (p. v). An inscription on a Sutherland memorial statue in Kirksville MO says, "The first fifty years are the hardest."

14. Magoun, Harold, Osteopathy in the Cranial Field, Sutherland Cranial Teaching Foundation, El Paso, 1996, p. 57. "This calls for "thinking, seeing, feeling, knowing fingers" and a degree of concentration and palpatory acumen not easily acquired by the beginner."

is developed, as a foundational skill which grows more and more sophisticated through years of practice.<sup>15</sup>

The inclusion of a Relationship/Recognition Model in Polarity Therapy might give a more realistic estimate of the daunting task of effectively palpating subtle movement and energy.

Similarly, the practitioner employing this model may require a sharpening of listening skills in terms of visual and verbal information. Visually, the client may express subtle changes of coloration, hand gestures, postural shifts, and numerous additional expressions. In the Relationship model, these should be caught and noticed, not overlooked.

The APTA Standards for Practice is fairly strong in the area of observation (p. 13), but the discussion is in the context of laying out a plan of action for sessions. In this model, the intention is to recognize for the purpose of self-awareness, which exists as a benefit on its own merits, unrelated to session planning. The benefit relates to the client feeling seen and heard on a deeper level, and thereby motivated and empowered to express him/herself at a deeper level. It is not a decision about whether to do an earth session or not, which is a separate, and important, function of the Electro-Magnetic Model.

Therefore the Polarity Therapy education under the Relationship model would include setting a much higher level of expectation of the sensitivity requirement, as well as giving exercises in sharpening the senses generally, and noticing more specific detail.

Once the practitioner has senses sensitive enough to detect subtle movements and expressions, the notion of "recognition" arises. Hearing a story in a foreign language is of little value. The practitioner must understand the energetic implications of expressions sufficiently to interpret them to some degree of accuracy.

## **B.2. Energy Anatomy**

Energy Anatomy is defined as the pulsations, relationships, patterns and shapes as defined in the APTA Standards for Practice (Appendix C). This skill area in the "Relationship/Recognition" model may be the easiest to approach, because it is already well known and described in current Polarity Therapy.

However in this model the context is slightly

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15. *Op. cit.*, APTA Standards for Practice, p. 16

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different. As described above, the intention is not the planning of sessions based on symptoms, but rather a dynamic appreciation of subtle movements and expressions on any of the energetic channels noted in Appendix C of the Standards. The three layers of the energy system may carry specific information via pulsation and “sixth sense” intuitive messages.

For example, the sensitive practitioner may perceive energetic focus at the earth chakra, in the form of low pulse along the earth long line and tissue pulling around the coccyx. Listening closely, the practitioner may notice a subtle feeling tone of fear embedded in the pulsation, and may also have an intuitive sense that this fear relates to a long-ago time in the client’s life.

In the Relationship/Recognition Model, the practitioner holds these perceptions in his or her awareness. In the presence of this perception, the client could feel deeply acknowledged and the session might proceed with access into this otherwise buried material.

It is apparent that this process does not have to become verbal. The practitioner does not necessarily have to articulate the perception; somehow clients respond to being heard whether it is made cognitive or not. This may be an energetic response of the client’s system’s intelligence, which runs deeper than cognition.

There is solid basis in literature for believing that clients have an inner intelligence which is capable of communicating with the practitioner, as well as governing internal function.

Because of my consciousness– awareness of the anatomy and biochemistry– I had been able to access my psychosomatic network and enter the bodymind’s conversation to re-direct it.<sup>16</sup>

Many visionary energy therapists have perceived this intelligence. The following selections give descriptions, while also introducing the special attention placed on cerebro-spinal fluid (CSF) in using a “Recognition” model. Clearly CSF has a special place in Stone’s work and that of his cranial osteopathic colleagues, although this emphasis is not reflected in current Polarity Therapy under the Electro-Magnetic Model. In the audio-taped lectures

of the 1960’s, which have not been published in print, Stone made repeated reference to the CSF as a key vehicle of “ordering principle” intelligence.

All the teachers cited below seem to be able to perceive the subtle energetic attributes of CSF, and report that this perceptive skill is extremely important. So we might expect that CSF would be elevated in Polarity Therapy education within a Relationship/ Recognition model, compared to its current relatively small presence in the Standards for Practice.

“...the fine mind energy essence floats in the cerebrospinal nerve fluid as an airy nothingness which gives direction and intelligent perception to the nerve cell actions as sensory and motor impulses. This subtle, hidden energy in the nerve fluids was called the alchemical function by the medieval doctors, such as Paracelsus.” (Vol. I, Book 3, p. 51).

“The soul is the essence of being and life in the body, and functions through the brain and the center of the spinal cord, to the end of the coccyx, as dual neuter energy... The cerebrospinal fluid seems to act as a storage field and conveyor for the ultrasonic and the light energies. It bathes the spinal cord and is the reservoir for these finer essences, conducted by this fluidic media through all the fine nerve fibers as the first airy mind and life principle in the human body. Through this neuter essence, mind functions in and through matter as the light of intelligence. That is why it is the ruler of this fine energy in the fields of function. Mind energy is a reality, as much as and even more potent than atomic energy.” (Vol I, Book 3, p. 30)

“For me, the Breath of Life, not the breath of air, is the main one. The breath of air is one of the material elements that the soul of living man utilizes in his walk about on earth... The first principle in the primary respiratory mechanism, the fluctuation of cerebrospinal fluid, has a potency with an Intelligence, as I found out. This potency is an invisible “fluid” within the Cerebrospinal fluid. The potency of the tide is what we have to consider – something with more power in the reduction of membranous articular strains of the cranium than any force you can safely apply from the outside. It will function intelligently.”<sup>17</sup>

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16. Pert, Candace, Molecules of Emotion, Touchstone, NY 1997. p. 289.

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17. Sutherland, William G., Teachings in the Science of Osteopathy, Sutherland Cranial Teaching Foundation, El Paso, 1980. p. 31.

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The physician has available to him a form of energy within the human body, which has been called "the potency" in this paper. It is not electricity but is a form of energy in the living body and as such can be used by the understanding physician to determine structure-function within the anatomical physiological units of the body. What is this potency? No one knows. Nor is it necessary to know, any more than the engineer has to know what electricity is before he puts it to use.<sup>18</sup>

The Cerebro-Spinal Fluid is in command. It possesses an innate intelligence which molds the head of the newborn. We do not know why this potency is inherent in the CSF, but it is there and it does an excellent job... It occurs and we take it for granted."<sup>19</sup>

"Only after the cerebrospinal fluid current is established is there a beneficial reaction to any application of therapy... It is this energy current which does the healing and reacts to therapy." (Health Building, p. 34)

Interestingly, little explanation was offered, by anyone except Stone, about what this mystical intelligent "Breath of Life" might be. The response in cranial osteopathy was mainly to leave the question open, with a hopeful attitude that one day this phenomenon would be understood. This posture may be a reflection of the political difficulties of talking about esoteric topics while also marketing medical techniques to doctors.

In addition there is a deeper layer of activity that has barely been touched upon. This deeper layer has to do with the energies that integrate the animated, living, homeostatic body. The day will come when they too will be catalogued and their laws understood.<sup>20</sup>

### B.3. Anatomy

The Relationship/Recognition Model implies a deeper familiarity with anatomy than is generally present in the Electro-Magnetic Model. In the new approach, the tissues are perceived by what seems to be a form of "remote viewing."<sup>21</sup> The more detailed

mental image the practitioner has of the tissue beneath the client's skin, the more detail it can deliver. A form of dialogue (again, this is very challenging for the practitioner) ensues between the hidden tissues and the practitioner, as if the practitioner's knowledge of anatomy represents command of a language.

The osteopathic physician has to learn to feel physiological functioning within... To learn to feel function, to think function and to know function within anatomical physiology is not an easy art and skill for the physician to develop...<sup>22</sup>

One of the fundamental keys to diagnosis and technic is the ability to get within the cranium mentally and visualize all the activities going on.<sup>23</sup>

[The doctor] must always endeavor to form a mental picture of the position of the bones and what he is trying to do with them... This calls for "thinking, seeing, feeling, knowing fingers" and a degree of concentration and palpatory acumen not easily acquired by the beginner...<sup>24</sup>

I realized I would have to develop a type of palpatory skill whereby I could hear what the body physiology had to say.<sup>25</sup>

Perceiving unseen physical tissues leads to a "conversation" from the client's system to the practitioner via a sixth sense which is never fully explained in existing literature.

Anatomy study for the Relationship/Recognition approach might emphasize the visualization of tissues. This is a specialized form of training relying on cadaver study, video animation, and similar techniques, somewhat different from the conventional anatomy education. The intention is to be able to hear a subtle signal from the client's system, expressed in anatomical language, and accurately visualize the relevant tissues so that the client may feel heard and gain self-awareness as a result.

### B.5. Resonance

The final aspect of Relationship/Recognition relates to the phenomenon of bringing energetic rhythms or cycles into more harmonious relationships outside the self, including interpersonal interaction with the practitioner and also relationship

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18. Becker, Rollin, Life in Motion, Rudra Press, Portland, 1997, p. 164.

19. *Op cit*, Magoun, pp. 55-57.

20. *Op cit*, Sutherland, Contributions of Thought, p. 142.

21. Remote Viewing is a term used in extra-sensory perception research to describe the phenomenon of being able to witness and describe something which is not within actual eyesight. Substantial experimental evidence of the phenomenon was developed at Stanford in the 1960s and 1970s.

22. *Op cit*, Becker, p. 274.

23. *Op cit*, Magoun, p. 59.

24. *Op cit*, Sutherland, Contributions of Thought, p. v.

25. *ibid.*, p. 100

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with a universal field. This seems to be a spontaneous outcome of right relationship and deep recognition.

There is a long tradition supporting this dimension of the healing experience, and Stone was obviously deeply committed to a cosmology in which harmonizing of internal and external vibratory patterns is seen as central to healing.

Geometric relations are an expression of internal patterns, crystallized as form and structure by lowered vibrations. They were vital proportions first, before they became chemical and mechanical expressions and relationships... In geometric proportions, this is expressed as uniformity of lines and waves of beauty and balance. When this balance is disturbed it spells illness in that particular body, the degree of illness depending upon the degree of the disturbance. (Vol. II, Book 5, p. 28)

Recent developments in medicine seem to point to the same path:

Our heart is the metronome of our life's biorhythm and health happens when we are in rhythm with ourselves, synchronized with other living systems, and moving to our pre-set beat.<sup>26</sup>

Here Polarity Therapy might venture more formally into the study of universal transpersonal dimensions, territory familiar to shamanic systems. By embracing "Resonance" within the Relationship/Recognition model, Polarity Therapy could come to terms with many aspects of Stone's work (epitomized by his repeated Hermetic Philosophy reference "As Above, So Below") which are not directly accommodated by the Electro-Magnetic model. In Electro-Magnetic theory, As Above, So Below is considered for its application to reflexology and spirit/matter unfoldment. In Relationship/Recognition theory, the idea extends to attunement with energetic patterns of natural order, also called in various traditions by such names as "universal mind," "field phenomena," "laws of form," "sacred geometry" or "matrix."

The purpose of studying universal patterns as part of Polarity Therapy is to gain the capacity to recognize and support harmonization of vibratory patterns.

Anything that anyone can point to in nature is

composed of small patterns and is a part of larger ones.<sup>27</sup>

The wireless energies in the atom and in the solar system are the same as in the human body... (Vol. I, Book 1, p. 3) The same energy which is in nature is also in us. (Vol. I, Book 1, p. 11)

The FOUNDATION FOR ALL THERAPIES naturally rests upon the constitution of matter itself and its manifestation in organized forms as motion and function. (Vol. I, Book 3, p. 1)

Is it the body, or the whole being that needs tuning into the Universal Current, when man is ill? (Vol. I, Book 1, p. 38)

This dimension of healing was clearly of great importance to Stone (as quoted above, "In geometric proportions, this [health] is expressed as uniformity of lines and waves of beauty and balance"). In this model, the practitioner becomes closely familiar with the universal laws of form, and holds for the client the possibility of energetic re-organization to mesh smoothly with the micro- and macro- environments of life.

Each type of energy has a vibratory speed and wave length which determines its function and affinity to other similar units of energy functioning in the body, or outside in the cosmos... (Vol. I, Book 1, p. 18) It is said that God Geometrizes... (Vol. I, Book 1, p. 22)

This same principle is the basis for aspects of sound therapy, a healing art which has been at the periphery of Polarity Therapy for many years. With the Relationship/Recognition model, the study of sound and light as energetic archetypes may move more into the mainstream of Polarity Therapy.

Resonance also refers to the entrainment of rhythms, a naturally arising phenomenon. If the practitioner creates a presence of neutral informed reflection, with knowledge and felt-sense of harmony, the client's arising self-awareness may become entrained and self-adjust appropriately.

In Resonance, the practitioner is concerned with the health of the client, more than the disease. What resources exist to support healing, and how is the presenting condition an expression of the client's inner intelligence? The practitioner recognizes what the client is doing right, and amplifies that part of the overall signal through resonant presence. This is

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26. Pearsall, Paul, The Heart's Code, Broadway Books, NY, 1998. p. 222.

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27. Schneider, Michael, A Beginner's Guide to Constructing the Universe, Harper, New York, 1994. p. xxiv.

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a great change from the customary symptom and diagnostic labeling practice so common today, in which the focus is on what is wrong, rather than what is right, with the client.

### Conclusion

The Relationship/Recognition model is an attempt to define a cluster of phenomena which together can be considered to be a key variable in successful Polarity Therapy practice.

Currently this variable is implied but not directly articulated within Polarity Therapy literature, which is organized around the "Electro-Magnetic Model" as the primary rationale and explanation for the effectiveness of Polarity Therapy sessions.

The proposed Relationship/Recognition model offers many benefits to the profession of Polarity Therapy, without negating any of the existing strengths of the prevailing Electro-Magnetic paradigm. These benefits include:

- The model reflects current practice (as found in APTA Conference presentations and school curricula) which is not fully described in the existing Standards for Practice. Most Polarity educators today include some training in practitioner skills of presence and relationship. However this is done in an ad hoc way out of necessity and it is not supported by generally-accepted theory, consistent reference to Stone's written or observed work, specific content in the Standards for Practice, or systematic educational content.

- The model resolves an area of concern for students by answering recurring implicit questions relating to practitioner presence, palpation expectations, and many more topics.

- The model accounts for important Randolph Stone written materials.

- The model accounts for and integrates reported observations of Stone, specifically the Heckler account.

- The model integrates material from systems which currently are at the periphery of Polarity Therapy, specifically the studies of cranial osteopathy sound therapy and sacred geometry.

- The model gives practical applications for some of Stone's more esoteric material.

For these reasons, this paper formally proposes that this model be added to APTA's definition of Polarity Therapy theory and practice, in support of the quest for ever-increasing success of the profession.

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