

POLARITY THERAPY:

To Touch the Heart of (the) Matter

by Leslie Korn

Randolph Stone united the insights of Asian medicine with the views of Western health experts to focus on balance of "electromagnetic life energies." The result: Polarity Therapy.

THE SENSE OF TOUCH

*how should tasting touching
hearing seeing
breathing any-lifted from the no
of all nothing-human merely being
doubt unimaginable You?*

e. e. cummings¹

OUR PATIENTS STRUGGLE to express themselves through their symptoms, and in our work together we try to "make sense" of their signs and to learn to speak—indeed to create a language—which appeals not just to the mind, but to the whole, hale self. Touch is the curative language of the body. We seek to understand the landscape of the mind through words—but what of the body, that distant, intractable terrain, the site of "primitive defenses," poor cousin to our psyche? In psychiatry we allow the Self to "speak its mind," "say its piece"; and, accordingly, we must not *do* to the body, but *let* it speak with a language and a wisdom of its own.

To touch the body elicits mental imagery as well as affective response.

If we accept that the symbolic construction of pain and bodily dis-ease reflects the efforts of the Self to communicate its conflicts, dreams, and aspirations, then we are ready to ask how to converse with and minister to the body-self.

Touch is in its very act conjunctive, and it is therefore well-suited for healing the split between psyche and soma, between self and other; for in the act of touching, one is touched.

Through touch, we stir the sensory world of the body in order to draw a bridge to the inner world of imagery that slumbers beneath the surface in the dormancy of somatization. To touch the body elicits mental imagery as well as affective response. This may hold special therapeutic value for patients who freeze at free association or for whom the language of dreams has yet to surface. For these patients, rooted in the particulars of the senses, the body is the locus of experience, and the embodiment of pain and dis-ease presents a tangible, tactile text, a moving memory, the opportunity to speak and be heard, if only there were someone to understand their story.

For to embrace the body's language in its own dimension requires that we help our patients to define their space and time: the often too fluid identification of embodiment which waxes full, as in paranoid depersonalization; or wanes empty, as in anorexia. Through the evolving demarcation of location, we may better understand what it means to be "beside oneself" or "outside oneself" or "ahead of oneself" or mostly "behind oneself" in space and time. To do this, we must first ask ourselves what it means to live a bodied life and to serve as a guide to an Other bodied life in a quite often disembodied, sense-less

world. In the words of Robert Jay Lifton, ours is a world of "historical desymbolization" which is "...characterized by an inability to believe in larger connections, by pervasive expressions of psychic numbing."²

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In Freud's time, Sex was the erumpent motif. Today we face annihilation of our hearts and minds and of the world's body. It is relevant that the most recent effort at collective expression of the need for relocation and unification was the staging of "Hands Across America": a symbolic and literal effort to touch each other and each other's lives on behalf of the growing numbers of people who are homeless, who have no place in which to locate their bodies.

THE PSYCHOANALYTIC BODY

And of course it would be interesting to know what might become of psychoanalytic notions in a culture that did not repress the feminine.

Lucrecia Irigaray³

The body of psychoanalytic literature on physical contact between patient and

therapist has generally addressed the issue of touch in terms of the contamination of the transference: "the propriety of the handshake, hug, or even (as noted in Freud's letter to his colleague Sandor Ferenczi) the kiss. Janet Malcolm writes that (in 1931) Freud wrote to Ferenczi "playfully admonishing him to stop kissing his patients":

Why stop at a kiss? Certainly one gets further when one adopts pawing as well, which after all doesn't make a baby. And then bolder ones will come along who will go further, to peeping and showing—soon we will have the whole demi-viergerie and petting parties, resulting in enormous increase in psychoanalysis among both analysts and patients.⁴

During the first quarter of this century Wilhelm Reich formulated his theories of "character analysis" and "armoring" in which muscular constriction and inhibition of respiration reflected the physical counterpart to the emotional resistance encountered in analysis.⁵ His followers developed schools, such as Bioenergetics, which employ techniques to release muscle tension and respiration. Reich himself was vilified as a madman for his mystical ideas as well as for his Marxist and sexual libertarian beliefs. He died in a United States prison in 1957.

Harry Harlow, the "father" of developmental psychology, studied the effects of touch on early infant bonding patterns in a series of famous experiments in the 1950's. Harlow demonstrated, by his often torturous experiments, that monkeys which were deprived of both food and physical contact with their mothers would choose contact instead of food in their quest for nourishment.⁶ In the 1960's, existential and gestalt therapists thought of touch as a gesture which spontaneously shows relatedness and caring and elicits affect through the use of hugging, pushing, rocking, and holding.

If we are to go beyond models which use touch as an adjunct to talk, or merely

⁴ Transference is a concept that underlines much of psychoanalytic theory. It refers to the powerful, often ambivalent relationship that develops out of the recapitulation of early childhood experiences by the patient and the transfer of those feelings and patterns of behavior to the therapeutic arena. Likewise, countertransference theory posits an analogous concept in which the therapist develops complex emotional feelings about the patient.

for its symbolic content, then we are compelled to develop a more complete paradigm of touch, one that appeals to the perceptual needs of the body-self over the life cycle.

POLARITY THERAPY: The Meditation of Touch

*The palm at the end of the mind,
Beyond the last thought, rises
In the bronze decor*

Wallace Stevens, "Of Mere Being"

Any discussion of the therapeutic value of touch must be related to the type and quality of touch. Therefore, I will attempt to describe in words the essence of a therapeutic contact which is by nature preconceptual and preverbal. As in all treatments, there is a plethora of techniques, made even more unique by the idiosyncratic nature of each healer.



TMJ pressure points—releasing the jaw to allow verbal expression of anger and disappointment: "grip and bear it."

Since 1975, I have practiced a discipline called Polarity Therapy; and during this time I have given approximately ten thousand treatments to people of all ages with all kinds of physical and emotional ailments. In addition to my work in the United States, I have worked in both rural and urban Mexico.

Polarity Therapy is a modern synthesis of ancient theories and techniques which derive from Indian Ayurvedic medicine and Chinese healing traditions, such as acupuncture and Taoist meditation. Additionally, it is based on postulates of theoretical physics, such as

field theory and principles of electromagnetic energy.

Both Chinese and Indian cosmologies conceive of a life force at the basis of matter. The Chinese call it Chi; the Indians, Prana. This energy is the "stuff" of life, and it flows through and around the body. Disease, in this world view, is

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considered at the primary level, a dis-regulation in the flow of this energy; and treatment requires the stimulation and balance of the whole organism with the environment and the universe. In China, practices such as Acupuncture and Chi Kung Chi Ping (a method which is very similar to Polarity Therapy and which translates as "using the breath energy to heal illness")⁸ use medicinal plants and physical exercise to bring about homeostasis and emotional balance.

Field theory is a postulate of modern physics and suggests an analogous state of human relatedness in which "... individuals are interconnected and energies, interchanged in ordinary human interactions, are modulated in (via) a universal field which permeates all matter."⁹ In writing about this "implicate" order of the universe, theoretical physicist David Bohm suggests that "... mind enfolds matter in general and therefore the body in particular; similarly, the body enfolds not only the mind, but in some sense the entire material universe."¹⁰ This concept of the enfolding universe has as its philosophical roots the ancient Hermetic healing axiom, As Above, So Below, As Within, So Without, in which the microcosm of the body is a reflection of the macrocosm of the universe. Bohm continues:

... the easily accessible explicit content of consciousness is included within a much greater implicit (or implicate) background. This... has to be contained in a yet greater background which may include not only neuro-physiological processes at levels of which we are not generally conscious but also a yet greater background of unknown (and indeed ultimately unknowable) depths of inwardness that may be analogous to

the 'sea' of energy that fills the sensibly perceived space.¹¹

Bohm then suggests that this may be what Freud meant by "oceanic feeling". What may be particularly relevant to us as clinicians is the principle that both observer and observed are merging, interpenetrating aspects of one whole reality which is indivisible and unanalyzable.¹²

Essentially, Polarity is a form of meditative touch* applied to acupuncture points and larger body areas. When I work, I think of it as an interpersonal meditation in which my conscious intent is to resonate with the patient and, through the perception and projection of Chi (energy), to guide this person to an alterative state of consciousness resulting in equilibrium. Initially both the patient and I experience a state of consciousness which Herbert Benson has termed the Relaxation Response. This calming response is characterized by: reduction in oxygen consumption and decreased heart rate, decrease in breathing rate, reduction in blood pressure and serum lactic acid levels, increased skin resistance, and alterations in blood flow.¹⁴ Thus, as the patient's breathing and heart slow down, the mind, with its constant flow of thoughts and images, slows down also; and with it comes the "sense" of peace and heightened attunement to the bodymind.

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In a recent article entitled "Meditation and Psychotherapy,"¹⁵ the authors speculate that the peripheral physiological effects of the relaxation response constitute powerful, though indirect evidence for alterations in brain physiology, since peripheral responses are coordinated by higher centers of the brain. EEG studies of meditators point to increased synchronicity of brain-wave activity; one theory of meditation implies a shift in hemispherical dominance with greater activation of the centers in the right hemisphere to which nonverbal, intuitive, spatial-holistic nonsequential qualities are attributed.¹⁶ These changes

* Meditation has been defined as: "The intentional regulation of attention from moment to moment."¹¹

may hold vast implications for current biologically-based theories of mental illness, as well as for the brain-mind debate. Activation of the right hemisphere of the brain during meditation and meditative touch therapies, such as Polarity and Therapeutic Touch, may account for the marked increase in perceptual abilities that practitioners experience. For people who are trying to "get in touch" with those aspects which are hidden from consciousness, there is therapeutic value both in giving a treatment and receiving one.

When I give a treatment, I enter into a meditative state and am able to perceive the energy field which runs through and around the body. This perception of energy currents is much like plugging into a socket of electricity and feeling a



Contracting the supra or beta notch to release sinus points and "clogged emotional expression."

mild vibration of electrical current. As psychologist Daniel Brown states, the path of meditation is:

A systematic deconstruction of the structures of ordinary consciousness in which the meditator gains access to nonordinary or extraordinary structure of consciousness which does not operate by ordinary psychophysical laws.¹⁷

The perception, modulation, and generation of energy is a skill that can be taught and refined by practice. In my work, I strive to awaken the patient's potential to experience altered perceptions of the bodymind. This is especially valuable for people who are embedded in the chronic pain of their body and/or

mind, or, for example, psychotic patients, whom we may consider to have, at best, a fragmented identification with the bodymind.

There are approximately 800-1,000 points on the body, of which about 300-500 are most commonly used. There are essentially three types of touch: a non-physical or very light touch which is similar to Therapeutic Touch, as taught by Dolores Kreiger and her associates at the New York University School of Nursing. Clinical studies point to a variety of significant responses to this form of treatment, including reduction in pain and anxiety in hospitalized patients and a marked increase in blood level hemoglobin.¹⁸

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The second depth of touch in Polarity Therapy is very subjective and depends mainly upon the patient's tolerance. In this touch, digital pressure meets skin and muscle resistance, going to the level where pleasure meets pain. People often remark: "It hurts, but it feels good."

The third type of touch is a deeper, more forceful pressure, moving into the resistance gently, guided by the subtle sensorimotor cues of the patient's tolerance. Though this pressure is often very deep and may elicit discomfort and some pain within moments of the contact, the pain starts to diminish and the tension of the muscle releases. At the moment that this begins to happen, both the patient and I detect, often simultaneously, a subtle shift in the energy flow. As the tension releases, my own perception registers as a strong increasing vibration or buzz, as in an electrical charge. There is a definite moment when this perception decreases rapidly, and then totally. Simultaneously, the patient may remark that there is a feeling of no pressure or pain, or an electric current or charge. The patient may even ask if I am still pressing as hard, when I am, in fact, pressing more deeply.

There has been a limited amount of research done on the physiological effects of Polarity Therapy and Therapeutic Touch, Acupressure, and similar systems. But we may extrapolate the information derived from research on Acupuncture, in which the role of en-

dorphins,* acting both in the blood stream as hormones and in the brain as neurotransmitters, has become increasingly defined.¹⁹ Additionally, we may continue to examine research in meditation and biofeedback; the work conducted by researchers, such as Robert Becker;²⁰ who utilize electricity for healing bone; and the work by Swedish radiologist Bjorn Nordenstrom, who suggests that we do, indeed, have an additional circulation system, based on electrical currents in the body.²¹

Many changes arise out of this essentially meditative experience of Polarity Therapy, changes of both a psychological and physical nature, and there are many perceptual levels which people explore at various times, depending upon their reasons for treatment. I suggest that the unifying aspect of this form of healing, or "wholing," is what Alfred North Whitehead refers to as the "unity of the perceptual field, the self-knowledge of our bodily events."²²

OCEANIC FEELING AND THE TRANSFERENCE OF TRUST

*we are voyagers, discoverers
of the not-known,
the unrecorded;
we have no map;
possibly we will reach haven,
heaven.*

H. D., "The Walls Do Not Fall"²³

Our patients tell us where they hurt. Why do we not touch the pain and literally feel it with our fingertips? What happens when we do? First, to touch the pain relieves the anxiety which accompanies it, relieves so much of the existential dread. And, as when we focus on psychic pain, the journey to the unknown is often more frightening than the arrival. As points are pressed, one becomes aware of the myriad sensations, as well as the long-stored memories associated with the release of pain. During Polarity treatments, people usually express feelings of deep relaxation and say they feel like they have been awake, yet in a deep sleep, or in a trance. Many relate the experience of a pleas-

* Endorphins are chemical substances, polypeptides produced in the brain. They act as opiates and produce analgesia by binding to opiate receptor sites involved in pain perception. Acupuncture and running are two activities which have been discovered to be involved in the production of endorphins.

ant waking dream state, which Alyce and Elmer Green in their research in biofeedback have termed *Reverie*, a state associated with a predominance of synchronous theta brain waves.²⁴

In my work I have found that every point has a different history; every body area, a matrix of personal and universal meaning. For example, I touched a spastic trapezius muscle of a sixty-five-year-old woman, who then recalled for the first time her experience as a child in Venezuela, where, in order to correct her posture, she had been made to sit upright by having a broom placed between her elbows, pulled tight behind her back.



Balancing the center of consciousness with the emotional center.

In our work together, the first step is to establish trust. In order to do this, I endeavor to learn the cross-textual language of each person. Meditative touch is the universal language which harkens back to what Margaret Mahler called the "dual unity" and recapitulates the guiltless bodily contact of the infant's earliest experience of bonding with the mother. It is this state which echoes Freud's oceanic feeling. Yet psychiatry has traditionally regarded this as a regressive or primitive state. Or, is this a return to our essential wholeness before separation, a journey of retrieval, in order to master the first task of trust?

For those of our patients who suffer from severe deficits in the first ego, the body ego—children who are autistic, or those who experience the terrifying perceptions of psychotic fragmentation—the return to a state of trust,

which may be at best a schismatic memory, is the first baby step. Can we help reconstruct the boundaries of the Self through the body in order to contain the threat? Will this then allow affect to merge with what Eugene Gendlin termed the "bodily felt sense" to form a cohesive consciousness of mind and body? For if these deficits are rooted in the lacunae of the past, it would literally be non-sense not to try to provide a "holding environment."

Polarity Therapy was developed over a period of forty years (beginning in 1940) by Dr. Randolph Stone, an Austrian who had emigrated to the United States as a child in the late 1800's. During the early twentieth century, the heyday of drugless healing in the United States, Dr. Stone trained in Chiropractic, Osteopathy, and Naprapathy. Dissatisfied with these methods, he embarked on a lifelong journey to discover the essence of healing: the stimulation and balance of the electromagnetic life energies which circulate through and around the body. He traveled and studied in the East, particularly India, where he spent several months each year running a clinic for so-called "incurables." Out of the wisdom of his studies and the compassion of his heart rose Polarity Therapy.

In addition to manipulative treatments, patients are encouraged to join the therapist in a partnership of responsibility for the healing process. This includes daily exercise designed to stretch and release energy flow, and vegetarian nutrition developed to cleanse the body of toxins and to rebuild tissues through use of grains, legumes, vegetables, and fruits. Of ultimate importance is spiritual nourishment, the positive attitude that accompanies the discovery of emotional undercurrents of disease, and the meaning to be found in the adventure of life.

L.K.

If we pause to consider the disrepair of touch in our society and in modern physician-patient relationships, we can then imagine the chasm of alienation into which our patients fall; and this may account for the high rate of repeat visits, the chronic perplexing diseases, the diseases for which no cause can be found, or those doctors cannot "put their finger on." For what does our society offer patients in the form of touch: the dull, anesthetized memory of a surgeon's knife, the pinch of blood lines, the cool gel of an EKG? It is this poverty of touch we need to remedy.

In his book, *The Body's Recollection of Being*, David Levin asks:

*Can we still find within ourselves as adults, the infant's body of pre-ontological understanding, can we locate within our bodies a felt sense of that original wholeness, that matrix of eternity?*²³

To this, I reply "Yes!"

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