

Polarity Therapy

State of exploratory clinical and scientific research¹

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Janvier 2020*

A fundamental interest that has always been with me

I'd like to introduce you to the evolution of my career as a nurse and Polarity therapist in the health field. For more than 35 years, I've been interested in the real impact of Polarity on the individual: its position in relation to treatments, its complementarity with other treatments, its preventive aspect, the importance of the individual taking responsibility for his or her own health, the importance of developing teaching methods to stimulate motivation, understanding and facilitating the individual's autonomy in maintaining his or her health.

I've always been keen to give clients and students the straight facts. In the early days of my practice, few answers were available. All we knew was that Polarity did good, but nothing more. The path I took to find answers was exploratory clinical research in Polarity (clinical follow-ups). As a nurse, until quite recently, and a Polarity therapist and trainer, always working in the field of global health, I've always been concerned to validate the protocols used in Polarity, to find out what their real impact is, and to improve them where necessary. For over three decades, I've been spreading the word about Polarity through teaching, conferences and the books I've published (Appendix 2).

This article briefly presents Polarity Therapy and how it is situated in Quebec, Canada. In addition, I want to present current research, both exploratory and scientific, in Quebec and internationally. My aim is to broaden the field of knowledge about Polarity and its beneficial effects on the individual.

What is Polarity Therapy?

Polarity is an energetic approach developed in 1945 by Dr Randolph Stone, researcher, osteopath, chiropractor and naturopath. The specificity of Po-

larity therapy stems from the relationship between the poles of energy circulation. Its theoretical concepts are based primarily on Ayurvedic medicine. In the modern era, its theoretical concepts are based on quantum physics. There are also links with concepts related to the symmetries of forms in relation to the points of positive, negative and neutral polarity. It could be said that this approach bridges the gap between Eastern and Western knowledge.

The aim of Polarity

The general aim of Polarity is to harmonise the vital energy in the human organism according to the specific laws linked to the principle of Polarity. In addition to physical contact with the body, four (4) other elements are an integral part of this approach: the notion of mental attitude and thought, energetic exercises, healthy and living food and Love. All these components interact with each other, giving strength and supporting the whole person in his or her well-being process. You could say that this approach is in itself a global health system.

Recognition of Polarity in Quebec

In Quebec, massage therapy has two components: musculoskeletal (e.g. Swedish massage) and energetic (e.g. shiatsu). Polarity is one of the basic approaches to massage therapy in the energy component. It's another way in which massage therapy involves touch: harmonising the vital energy in the human body. Polarity contacts are made along energy paths, respecting the poles and physiological systems.

Context of research and work in Polarity

It is important to specify that Polarity is a complementary approach to healthcare recognised

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by the Ordre des infirmiers et infirmières du Québec (OIIQ). It does not replace the necessary medical assessment, treatment or follow-up.

Current research

Let's take a look at what has been done at the Centre Québécois de Formation en Santé Intégrale (CQFSI) as exploratory research (clinical follow-up) in Polarity since 1987, and what has been done scientifically, i.e. experimental research with a control group. Scientific research has been carried out in the United States, Canada and Quebec since 2005.

It is interesting to note that scientific research on massage in general² recognises significant benefits in terms of well-being.

More recently, Johanne Lambert³ conducted a review of the scientific literature dealing specifically with Polarity intervention as part of her master's project in nursing. The computerised databases used in this review are as follows: Cinhal, Medline, Science Direct, Proquest, Google Scholar.

Let's take a closer look at the issues explored and their results at both the scientific and exploratory levels.

How it works

Exploratory clinical research has been part of professional training in Polarity since 1987, leading to the Polarity Therapist diploma.

The RCE is carried out over a period of 3 to 6 months. Each student follows 5 people with the same problem. Each person receives between 8 and 15 Polarity sessions, for an average of 12 Polarity sessions. In the first stage, Polarity sessions are given every week, in the second stage every fortnight, and are completed one month later with a final Polarity.

RCE is based on the chronological follow-up of people who have answered a questionnaire explor-

ing the chosen issue, with specific grids to ensure daily follow-up completed by the person. There is no control group. The questionnaires used were created on the basis of existing questionnaires used in previous research. The questionnaire makes it possible to carry out a detailed exploration of the problem, previous and current follow-up, and previous and current treatments.

People monitored

From 1987 to 2018⁵, more than 665 people have been monitored as part of 7980 Polarity sessions. You will find in Appendix 1 the list of clinical follow-ups with the number of people who participated in the RCE.

Integrating AutoPolarity into care

Since 2010, the systematic teaching of Autopolarity has been integrated into Polarity follow-ups. What is AutoPolarity? It's the local application of a person's hands on themselves according to need and the laws of energy circulation. It is used to relieve pain, sleep better, improve vitality, ease anxiety, etc. AutoPolarity is a totally free tool, easy to apply⁵. All it requires is knowledge, recognition and motivation.

Its use ensures continuity with the Polarity received and provides personal support in the return to or maintenance of health. It encourages participation and autonomy in the process. The benefits of its application are quickly felt. In recent clinical research, this teaching has been integrated and evaluated. For me, this is an important area for development.

Problems studied

The main issues that have been the subject of NCEs with adults are back pain, stress-related problems such as anxiety, fatigue, burnout, digestive

2 Dr Pierre Arsenault, Literature review, The scientifically proven benefits of massage therapy, 2014, Mon Réseau Plus

3 J. Lambert, M.Sc. Inf. excerpt from The state of knowledge on the effect of Polarity intervention, pages 19-22, from Memory, Effect of a Polarity intervention on insomnia and anxiety in Quebec women in peri-menopause, February 2017, UQAR.

4 Michelle Guay, Exploratory clinical research in Polarity Therapy, Themes and number of people followed, Revised document 2019, CQFSI/IIP Polarity School, Appendix 1.

5 Michelle Guay, Autopolarity Practical guide to balancing vital energy, Éditions de Mortagne 1990 and 2009, Polarity and stress: Insomnia Fatigue Anxiety, Éditions Le Dauphin Blanc, 2012

problems, acute and chronic pain, menstrual disorders, insomnia, sexual abuse and its consequences, pregnancy and post-partum follow-up, headaches and migraines. We also monitored children and adolescents. The follow-ups were related to their development and age, for example stomach aches, painful menstruation, headaches and hyperactivity in children.

Other problems have been studied, but not as extensively, including asthma, leg pain, skin problems, fibromyalgia, multiple sclerosis, rheumatoid arthritis, menopausal symptoms, and elderly people in institutions experiencing loneliness, aggression and isolation.

Findings on results

Part 1: Exploratory clinical research (ECR)

Leaving aside the specific problem, the general results of the RCE, characterised by their consistency, are the great relaxation felt, the sensation of inner peace and well-being, a feeling of being in control and better stress management in everyday life. The first general observation is that these are tangible results of Polarity treatment as commonly experienced by customers.

The specific results related to the problem are mostly positive and significant. In general, a significant proportion of the people we follow consider that their problem corresponds to the box "resolved and marked improvement", while a small number have had little or no improvement.

This exploratory research provides significant leads on the non-invasive, global approach that is Polarity. People rediscover their capacity for self-healing, taking charge of their lives and actively participating in maintaining and restoring their health to varying degrees. Emotional benefits are expressed in the results and testimonials: anxiety subsides, people become calmer, manage their stress better, assess their situation more clearly and

become more active in their choices.

Let's now look at four (4) scientific studies that illustrate the positive effects of Polarity. The most recent is on Insomnia and Anxiety (J. Lambert 2017⁶). It corroborates the results of the NCE on insomnia, which involved a total of 31 people. We will come back to this.

Part 2: Randomised scientific research with control groups

Four (4) scientific studies carried out in 2005, 2009, 2011 and 2017 were identified. Two of the four studies evaluated the effect of the Polarity intervention on cancer-related fatigue in women with breast cancer (2005, 2011).

In this respect, the management of undesirable symptoms in people with cancer was very little developed in the follow-ups of the CQFSI/IIP exploratory clinical research. Only one follow-up of six (6) people was carried out in 1994 on the theme of anxiety in women with breast cancer. The experiment took place in the Oncology and Radiotherapy Department of the Mulhouse Hospital, France.

Themes and main lines of scientific research:

Roscoe and colleagues⁷ (2005) carried out a pilot study to evaluate the effectiveness of the Polarity intervention on fatigue secondary to cancer and health-related quality of life in women receiving radiotherapy for breast cancer. The number of people who participated in this study is fifteen (15). They were randomly distributed to receive either none, one or two Polarities.

Result: 80% of women reported feeling a reduction in fatigue following the Polarity massage, while in the control group, who received the usual care, 80% reported experiencing an increase in fatigue secondary to the cancer.

6 J. Lambert, M. Sc. Inf. The effect of Polarity intervention on insomnia and anxiety in menopausal women, February 2017, UQAR.

7 Roscoe, J. A., Matteson, S. E., Mustian, K. M., Padmanaban, D., & Morrow, G. R. (2005). Treatment of radiotherapy-induced fatigue through a nonpharmacological approach. *Integrative Cancer Therapies*, 4(1), 8-13. doi: 10.1177/1534735404273726

Korn and colleagues⁸ (2009) evaluated the effectiveness of Polarity intervention on the stress, depression and quality of life of native Alaskan Amerindians who were natural caregivers for people with dementia. Forty-two (42) caregivers participated in the study. Participants in the experimental group received eight sessions of Polarity, while those in the control group were asked to take part in an activity of their choice that encouraged relaxation.

Results: There was a significant reduction in stress, depressive symptoms and physical pain following the standardised Polarity sessions compared with the control group. In addition, there was a significant post-intervention improvement in vitality and general health.

Mustian and colleagues⁹ (2011) conducted a randomised controlled pilot study to evaluate the effect of Polarity intervention on fatigue secondary to the cancer in women undergoing radiotherapy for breast cancer. Forty-five (45) women took part in the study. These women were randomised to receive either standard care, three modified massages or three Polarity treatments.

Result : Although this study did not achieve the statistically desired results, women who received the Polarity intervention achieved an average decrease in cancer-related fatigue, while the opposite occurred in the control group, who had an average increase in cancer-related fatigue secondary to cancer.

The failure to achieve statistically significant results may be explained by the fact that these authors included in their study women with mild fatigue, which may have underestimated the effect of Polarity massage.

In fact, in the context of experimental research on the effects of Polarity, intervention is recommended in cases of moderate to severe fatigue.

Moreover, these authors mention that, overall, this study demonstrates the relevance of continuing studies on the effect of Polarity intervention.

J. Lambert¹⁰ (2017) evaluates the effectiveness of the Polarity intervention on insomnia and anxiety among Quebec women in perimenopause. The number of people who participated in the study is forty-seven (47). These were randomly distributed into the experimental group receiving four sessions of Polarity or into the control group receiving information on healthy sleep habits.

Result: Women aged 40 to 60 who received the Polarity intervention presented a significant reduction in the severity of their insomnia as well as a significant reduction in their level of situational anxiety compared to those in the control group after four sessions of Polarity massage.

Limitations observed

The comment most often mentioned is the small number of people who took part in these scientific studies. Nonetheless, the results reveal significant positive effects of Polarity in the four studies: a reduction in fatigue, stress, insomnia, anxiety, depressive symptoms, and an improvement in quality of life. In the control groups, there was an increase in negative symptoms, such as fatigue.

Another element that is proving difficult in scientific research is the current research criteria based on objective observation of the phenomena being studied. The aim is to isolate the factors that can influence the intervention. In human beings, the physical, emotional, mental and spiritual states are constantly interrelated.

Neuroscience is currently confirming a number of these interrelationships. For example, the stressful experience of an event generates biochemical

- 8 Korn, L., Logsdon, R. G., Polissar, N. L., Gomez-Beloz, A., Waters, T., & Ryser, R. (2009). A randomized trial of a CAM therapy for stress reduction in American Indian and Alaskan native family caregivers. *The Gerontologist*, 49(3), 368-377. doi:10.1093/geront/gnp032
- 9 Mustian, K. M., Roscoe, J. A., Palesh, O. G., Sprod, L. K., Heckler, C. E., Peppone, L. J., Morrow, G. R. (2011). Polarity therapy for cancer-related fatigue in patients with breast cancer receiving radiation therapy: a randomized controlled pilot study. *Integrative cancer therapies*, 10(1), 27-37. doi:10.1177/1534735410397044
- 10 J. Lambert, M. Sc. Inf. The effect of the Polarity intervention on insomnia and anxiety in Quebec women in perimenopause, February 2017, UQAR.

changes such as an increase in cortisol in the body and a drop in the effectiveness of the immune system.

Parallels between J. Lambert's study and the clinical exploratory studies (CER) on the same theme: Insomnia and anxiety

Let's look at this parallel by referring to the results of the NCEs on insomnia and anxiety (31 people who were followed up for 12 Polarity sessions), in parallel with J. Lambert's research (2017) on the same theme (47 people, 25 of whom received 4 Polarity sessions and a control group of 22 people).

Table 1: RCE and Lambert group on insomnia and anxiety

Insomnia and Anxiety	RCE	Lambert
Number of participants	31	47
Control Group	0	22
Number of Polarity sessions	12	4
Total number of participants who received Polarity	31	25

Let's now look at the results of both the Lambert research and the CQFSI's clinical explorations.

Research by J. Lambert

In J. Lambert's research, the degree of severity of insomnia was classified as severe, moderate or mild. While two women reported severe insomnia before the Polarity massage sessions, they reported moderate insomnia after four Polarity sessions. As for the 17 women who initially reported experiencing moderate insomnia, here are the results after the four Polarity sessions: only 3 were still experi-

encing moderate insomnia, 11 women reported experiencing a mild level of insomnia and 3 reported no insomnia. In all, seven of the 25 participants no longer experienced insomnia at the end of the treatments, and 13 of them reported a mild level of insomnia. Two weeks after the end of the treatments, 9 of the 25 participants no longer suffered from insomnia.

J. Lambert 25 participants	Severe Insomnia	Moderate Insomnia	Light insomnia	Absence of Insomnia
Before	2/25	17/25	6/25	0/25
After 4 Polarity sessions	0/25	3/25	13/25	9/25

Table 1: Insomnia: J. Lambert's results

Three levels of anxiety were identified: great fear, apprehension and panic; moderate tension and apprehension; and calm and relaxation. Of the 25 women in the experimental group, nine initially reported a moderate level of tension. After the 4 Polarity sessions, only one woman was still at this level, while the other 8 women had significantly reduced their anxiety levels. Also, before the intervention, 3 women said that they experienced calm and relaxation, and therefore did not feel anxious. Following the intervention, 15 of the 25 participants no longer felt anxious

Table 2: Anxiety: J. Lambert's results

25 participants	Great fear Apprehension Panic	Moderate tension and apprehension	Calm and Relaxation
Avant	3/25	19/25	3/25
Après	1/25	9/25	15/25

Exploratory Clinical Research (ECR)

In RCE¹¹, all 31 people in the group suffered from insomnia (frequent awakenings, difficulty falling asleep, shallow, non-restorative sleep). We did not

¹¹ See Michelle Guay, Insomnia and Polarity, Le Messager, August 2013, FQM, p. 16-18.

distinguish between severe, moderate and mild insomnia.

Table 3: Insomnia: CQFSI/RCE results

RCE 31 participants	Insomnia	Improved (wake up less often; go right back to sleep; sleep longer)	No Change	Absence of insomnia
Before	31/31	0/31		0/31
After 12 Polarity sessions		8/31	0/31	23/31

The results at the end of the Polarity follow-up indicate that for 23 of the 31 people, the insomnia problem has been solved, and for the other 8 people, sleep has improved (they wake up less often, go right back to sleep and sleep longer).

Table 4: Anxiety and other related problems

RCE 31 partici- pants	Anxiety	Fatigue	Digestive trouble	Headache
Before	20/31	31/31	12/31	10/31
After 12 sessions of Polarity	20/20 calmer, more relaxed, Manages stress better	29/31 increased energy	12/12 resolved	6/10 resolved
		2/31 slight improvement		4/10 slight improvement

Among the problems associated with insomnia, anxiety and anguish were identified and assessed: 20 out of 31 people said they were experiencing anxiety or anguish. After follow-up, the 20 people were calmer, more relaxed and better able to manage their stress.

Other associated problems were identified: 31 people experienced fatigue, 12 had digestive problems and 10 suffered from headaches. Fatigue: after follow-up, there was an increase in energy for 29 people, and a slight improvement for 2 out of 31.

Digestive problems: after follow-up, the problems were resolved for 12 out of 31 people. As for the 10 out of 31 people suffering from headaches, 6 no longer experienced them after Polarity and 4 saw a slight improvement.

Another experimental study is being carried out by J. Lambert, a doctoral candidate in nursing at Laval University. It will focus on the effect of polarity intervention on fatigue and anxiety in women in the post-treatment phase of breast cancer.

Conclusion

I said in the introduction to my text that I was concerned with honesty and giving customers the straight goods. To do this, I took the path of exploratory clinical research (clinical follow-ups) to find answers to the real impact of Polarity¹².

The knowledge gained from both exploratory and scientific research points to important avenues for clinical intervention that could be used in the future to improve the well-being of the population. While waiting for further scientific research to be carried out, it is important to stress that the results presented in both the scientific and exploratory research were very real, and the benefits were present and experienced by the participants.

The whole process of clinical exploratory research has led to a major achievement: the identification and validation of the most effective Polarity protocols for the problems experienced. This exploratory work needs to be continued at research level.

I'd like to add a new element to the study on the impact of Polarity: Autopolarity (self help polarity?). We could develop the research by taking into account the use of Autopolarity in care for the return to health as well as in the various levels of prevention. An evaluation of this method with or without Polarity sessions with a therapist seems to me to be of prime importance.

Perspectives

Let's return to the importance of research. In the 21st century, scientific research is the pillar, the reference point for a decision on the choice of care,

¹² The rigour of monitoring has evolved over the years.

treatment or any other intervention on the human body. I question the classic model of research, the current standards of science that are used in an attempt to objectify variables and remove all subjectivity from what is being studied. This is very difficult to achieve, because the human being is not just a collection of individual parts. We have to recognise that there is an opposition between human functioning and current scientific criteria: isolating variables and eliminating subjectivity. This approach is in line with the materialist conception of the human being.

As far as I'm concerned, medicine and research need to recognise that the human being is a whole. This whole is the constant interrelationship between the different facets of the human being and between human beings. The interrelationship creates the experience, and the impact will resonate in relation to how the person experiences it. As a result, subjectivity, emotions and feelings are present.

I firmly believe that the medical and scientific world will have to open up to new criteria based on the wholeness of the human being, including the energetic and mental components. This will enable research and clinical practice to obtain a more complete picture of the person and their experience. It will also enable more active participation by the individual, greater flexibility and more effective care. To achieve this, we need to move from a materialistic to a holistic paradigm.

In the new paradigm of research and medicine, we will have to take into account the global reality which includes the energetic, physical and physiological, emotions, beliefs, psyche and spirituality. In other words, the whole person: energy/body/psyche. This orientation is in line with the holistic conception of the human being.

There is an urgent need to recognise that there may be interacting links between health problems and multifactorial causes. The development of neuroscience is beginning to show us scientifically the existence of interrelations between emotions and the physiological system. There are researchers who did interesting research in this field in the 20th century. Think of the notions of physics and quantum

medicine¹³ which are still little known and little recognised.

Eventually, they could be integrated into current medicine depending on the cases and situations. This is a major challenge for medicine and research over the coming decades.

We need to broaden our focus towards global health and integrated medicine. This means recognising and accepting that all the dimensions of a person interact with each other and their environment. Only then will we speak of global health and global medicine. In this way, we take the step from materialism to holism or integral medicine. I want to make it clear that this openness in no way excludes all the major advances in the field of medicine today. It's a further step towards well-being.

In the RCE exploratory clinical research, we observed that harmonised energy promoted well-being, leading to changes in attitudes and behaviour. Vital energy is the pillar of our physical structure. We are energy.

I like to dream of a possible opening onto vital energy in the field of health... I like to dream of a possible integration of complementary approaches to care such as Polarity and Autopolarity in the field of health.

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Appendix 1

Exploratory clinical research in Polarity Therapy carried out at the Centre Québécois de Formation en Santé Intégrale (CQFSI)

- 1 *Clinical follow-up period: 1987-2018*
- 2 *Number of people followed: 665 i.e. 7980 sessions of Polarities 18*
- 3 *Problems of clinical follow-ups and number of people:*
- 4
 - *Back problems: 138*
 - *Stress-related issues: anxiety, anguish,*

¹³ Quantum medicine gives us information on the invisible: the vital body, that is to say the energetic body and the mental body including super consciousness.

- *depression: 115*
- *Digestive problems: 66*
- *Issues related to pregnant and postnatal women: 57*
- *Children and adolescents: 60*
- *Sexual abuse: 30*
- *Insomnia: 31*
- *Arthritis: 30 and 5 for rheumatoid arthritis*
- *Menstrual disorders: 40*
- *Headaches & Migraine: 25*
- *Menopause: 10*
- *Eczema: 5*
- *Other: asthma 10, multiple sclerosis 15, fibromyalgia 7, muscular dystrophy 2 children and 2 parents, people with disabilities 10, leg pain 10, skin problems 5, chronic fatigue 5, infertility 5, obesity 5, elderly in institutions 5.*

Appendix 2

Books by author Michelle Guay:

AutoPolarity: A Practical Guide to Balancing Vital Energy,
Éditions de Mortagne 1990 and 2009

Polarity and Energetic Anatomy,
Éditions De Mortagne 1999 and Éditions Mélia, 2010

Polarity and Stress: Insomnia Fatigue Anxiety,
Éditions Le Dauphin Blanc, 2012

Polarity and Vitality: Protocols,
Éditions Mélia, 2016

Polarity and the Genitourinary System,
Éditions Mélia, 2017