

P.8 2 Boxes
P.51 1 Box

OXYGENESIS

HAND BOOK

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P.51 1 Box

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HAND BOOK

A PROPOSAL

B R E A T H T A K I N G M O M E N T S

The Way to Optimal Powers

MAURICE ROWDON

O X Y G E N E S I S

THE MIRACLE OF THE BREATH

A Popular Course in Breath Activation

Most people breathe incorrectly. When the breath is out of synch the organism is out of synch. The organism can function 60-70% but not 100%. This is true for athletes and performers as well as for business people and professionals in any field.

Breath activation is the greatest turning point, the most important single activation of one's life, without which no one can properly survive, work, play or love optimally. Breath can be a passive lifeline (as it is with most people) and it can be an active lifeline. They are virtually two different lives.

Contrary to popular (and most current medical) opinion, breathing does not come naturally. Such are the special conditions of our society, and the degree of oxygen-shrinkage in our global atmosphere, that

breathing is ignored, relegated to an involuntary function, and comes to reflect rigid and over-structured adaptations to stress and trauma, thereby perpetuating them.

Without the activated breath, no diet, exercise, healing system will have full effect. In advanced age all the exercise and intensive breathing in the world will not achieve longevity or the successful combating of those 'villains' of senescence, the free radicals, if the breath is not metabolising the oxygen efficiently and laying in a store of the protective enzyme, superoxide dismutase (the 'heroes'). This efficiency is not possible with passive breathing. So-called 'deep' breathing is an aspect of so-called 'shallow' breathing: both are pre-activation.

Smoking is an attempt to capture the correct breath, to activate the breath, in someone with chronically bad breathing forms. The breath and not the smoking is what has to be attended to.

Premature ageing is especially tragic in the case of women who have devoted their early years to the rearing of children. In the oxygenetic technique, the post-fertility phase in a woman is regarded as the phase of fulfilment, for which the fertile phase was a rich preparation. The female anatomy undergoes a change in the glandular system, after the fertility phase, which

directly promotes new creative energy, provided the social directive to feel finished after forty is not obeyed.

Oxygenesis rehabilitates the nervous system and provides the only effective means for deconstructing inner fixity, or hypertensive structuring, which is at the root of stress and premature ageing. Stress is essentially mental fixity, unlike tension. Exercise isn't enough to dismantle this fixity. Nor is raising VO2 Max (maximum oxygen-utilisation capacity), which normally declines about one digit a year. Liberation from inner fixity can only be achieved by arousal in repose. This is the core of Oxygenesis.

In many therapies, arousal is used to provoke primal or (hopefully) cathartic shows of emotion. These, however, merely introduce a new ineffective behavior to the organism, indeed, a new fixity. Since the organism is always happy to form a habit, screaming for 'release' will become enjoyable, but no basic deconstructing takes place.

Thought and emotion are treated as synthetic in Oxygenesis, the result of decisions which take place much deeper in the organism, far below the activities of the cerebral cortex. Eventually, in the oxygenetic process, thoughts and emotions take a back seat. This is largely achieved through a state of primal

or 'cellular' repose. This amniotic state enables the reticular self to challenge the cerebral cortex for command.

The reticular self is best defined in terms of the reticular formation in the medulla. Arousal or activating is the chief function of the reticular function. This area receives both information from the sensory tracts and nerve impulses from the cerebellum, the basal ganglia and other nuclei.

The whole scope of Oxygenesis is the enlivenment of this function so that the organism accepts for the first time its proper guidance-system. This is marred and disrupted by over-cerebral surveillance, which manifests in chronically distressed breathing forms.

The reticular self is that which nudges the cortex awake at night on a strange sound, smell etc. It provides the consciousness with its decisions (recent brain researches reveal that we make decisions before we are aware of doing so), and it flavors memories for storage in the amygdala and hippocampus. It is the key of 'subliminal' learning, and the frequent success of affirmation-systems. Above all it is the key to the immune system and what Dr MacFarlane Burnet called the 'immunological surveillance' that protects us moment by moment from disease.

1. This project is based on a breathing process called Oxygenesis, which is designed to promote optimal powers in any given field. Sportsmen, joggers, aerobics enthusiasts, performing and creative artists, business persons, lose at the margin whenever the breath is not activated.

Contrary to popular (and most current medical) opinion, breathing does not come naturally. Such are the special conditions of our society, and the degree of oxygen-shrinkage in our global atmosphere, that breathing is 'forgotten' early in childhood.

Although breathing can achieve seemingly miraculous effects when voluntary, it is generally left in its involuntary state, which Oxygenesis calls 'passive' or 'turned in'. This can be observed in many who practise yoga as in others. It may even be present in people practising intense breathing exercises. Pranayama may be practised daily over many years without the breath being activated. Oxygenesis is a system for breath-activation.

Most westerners breathe in the 'passive' mode, that is without consciousness or control. In this context 'control' does not mean cerebral control, which can disturb the breath to the point of disruption, leading many people into difficulties like hyperventilation.

In our day and age the breath has to be learned.

2. We can see that breath is our lifeline, and that none of our organic functions can proceed without it, even for a few moments. But we have somehow left this lifeline out of our studies, in the west. ?

One of the chief reasons is that western modern medicine came into being during the sixteenth century with the dissection of the corpse (i.e. the human body minus the lifeline).

Another reason for the failure of western medicine in this respect was that Christianity virtually banned Arab and Jewish medical traditions in its studies. In the mediaeval universities medicine was considered an inferior art, and surgery (which had been an advanced science long before Christianity) was in the hands of barber-surgeons and army doctors.

Jewish and Arab doctors continued to practice (in the Vatican as in other major courts) until the eviction of both races from Spain under Ferdinand and Isabella in the fifteenth century.

The new Christian attitude eschewed knowledge of the body as it did nakedness and even cleanliness (Isabella urged Columbus to forbid the Indians in America to take frequent baths, as they were in the habit of doing).

And at least until the Italian Renaissance the Christian world remembered little of the Greek and Roman medical systems. These classical systems had, for instance, encouraged the baths as an important facet of daily and social life, but in Christianity these became the symbol of Roman degeneracy.

Even fresh air came to be seen as a carrier of unspecified evils, like the darkness. This passed into western medicine as a theory of infection which entirely disregarded the body's immune system. It was a medical version of the strong mediaeval theme that fate or providence was enacted outside the human being, implacably, not inside.

Latin populations continued to fear draughts of air and to sleep with closed windows until at least the middle of this century.

3. With the culmination of this body-eschewing theology in the statement 'I think therefore I am' in the seventeenth century, science in our sense, namely the study of substance without consciousness (called matter) began.

The Cartesian doctrine held that of all the phenomena in the universe only the human mind was linked to God and therefore intelligent in the proper sense. Therefore only the thinking mind was free, while what it studied was subject to mechanical law. Put in another way, everything outside the human mind (including animals, which could therefore be regarded as experimental material without 'real' feelings) was essentially not alive.

Western science is usually, for this reason, described as 'materialistic'. But this isn't an exact description, since all cultures have studied 'matter' as the basis of their knowledge. The qualifying characteristic of western science was that it defined matter as inert.

The medicine that derived from this doctrine began to see even the human body as a fixed structure acting under mechanical law, and therefore essentially mindless. It is in this sense that the Christians are said to have 'lost touch with their bodies', compared to the ancient peoples. Thus features of the body that defied this kind of structural analysis, like the breath, were simply left out of account, and it seemed perfectly sensible to study the dead body in order to learn about

the live one.

But in leaving out consciousness from matter the theorists also left out one of its most striking features, namely purposiveness, which kept on manifesting itself in nature.

Thus during the nineteenth century two opposed theories battered away at each other---that of inert matter acting under mechanical law, and that of a purposive force which defied and sometimes confounded structure, thereby altering it.

Despite the fashionable acceptance, in the twentieth century, of the evolution theory, it was the inert-matter theory which won in the popular mind and became an unquestioned tenet. When it passed into the educational system it ceased to be a theory born in the mediaeval mind and became a universal way of looking at things.

If asked what differentiated the human being from the animal most people, including scientists, would say 'They cannot think'. There is no evidence for this, though there is vast evidence to the contrary. But such is the force of the inert-matter doctrine that it has actually entered the westerner's perceptive faculties.

4. In a word, the mediaeval doctrine was highly cerebral, and naturally produced a scientific procedure so cerebral that it lost touch with natural processes. The result today is an environment manipulated to fit the cerebral structure, but hardly thriving on that account. In fact, the earth, the oceans and the atmosphere (including the creatures thereon and therein) have been hard put to survive.

The human body, in being treated as an inert substance, was naturally affected in the same way, and that it should forget how to breathe, namely lose touch with its lifeline, was also natural.

If we want to know what this feels like all we have to do is to become aware of our breath as we walk along and ask ourselves a few questions about it---as to what muscles it is engaging, whether it is fast or slow or deep enough. And within seconds we shall be lucky if we aren't choking and panting and in danger of going into hyperventilation. This is how the cerebral cortex feels about the breath---that it is a stranger, an unknown, an interloper. That is, the very lifeline of the organism is best left to an interloper. In the age of 'science' ignorance is still bliss where many basic functions are concerned.

The starting point of Oxygenesis is precisely here. It says that 'activated' as opposed to 'passive' breathing so overrides structure as to escape law and therefore chronology, especially in the matter of old age.

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An emperor of China listened to his doctor describing the symptoms of old age, among them the depletion of the kidneys and the failure of sexual powers. The emperor asked, 'How is it that I see some courtiers before me who have reached an advanced age but are youthful in appearance and have full sexual powers?' The doctor replied, 'They have followed the right way, their breath communicates with the world.' ~~That is, their breathing had passed from the passive to the active or 'bridging' mode.~~

For the breath is a lifeline in a much greater sense than the passive breather can realise. It can stimulate the organism to escape its tendency to fall into fixed structures, its 'passive' tendency, so that a persistent sense of new achievement is reached. ~~The active breath is a means of receiving, while the passive breath is a means of ticking over.~~

The mind is always up to date.

5. Without activated breath no diet, exercise, healing system will have full effect. In advanced age all the exercise and intensive breathing in the world will not achieve longevity (i.e. full powers) or the successful combating of those 'villains' of senescence, the free radicals, if the breath is not metabolising the oxygen efficiently and laying in a store of the protective enzyme, superoxide dismutase (the 'heroes'). This efficiency is not possible with passive breathing.

~~The result is that millions die prematurely every year at the very time when the active breath should be initiating a new phase of life. Hence the bitter frustration of those who are retired just when they feel that their careers should rightfully be beginning.~~

This is especially tragic in the case of women who have devoted their early years to the rearing of children. For Oxygenesis, the post-fertility phase in a woman is the phase of fulfilment, and the fact that she is more often than not, even today, snatched from the scene soon after the age of forty, partly through a collapse in her own morale, means that the world is missing quite half of its creative potential. The female anatomy undergoes a change in the glandular system, after the fertility phase, which directly promotes this new energy, provided the social directive to feel old after forty is not obeyed.

This social directive arises from western medicine's analysis of the body as a fixed structure, which women as well as men have accepted for centuries past. This structure has produced the medical equation female = fertile. Of course it is a very serious matter when over half the race is removed from its rightful influence at the time of its greatest powers.

~~Entirely contradicting mediaeval analysis in this respect is the fact there are over 30000 women in the United States over one hundred years old, and the mortality rate among women is 60% less than among men. Women over~~

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65 outnumber men of the same age by three million.

The myth that post-menopausal symptoms present a picture of senescence has long been laid to rest. But another myth survives (as strongly in women as in men), namely that sexual powers and interest decline in the post-fertility phase.

The evidence, on the contrary, is that in many cases sexual desire and performance may increase, or become more refined and selective. To break it down to its physiological parts, this means:

1) the function of the reproductive system is not simply to reproduce, and 2) the reproductive system is the physiological site of the creative function generally. *J. Falls cut is the*

Thus in the post-fertility phase the female organism passes from its reproductive role to a more generally creative one in precisely the same way as the male organism.

When ovulation ceases, estrogen and progesterone simply alter their pattern. Neither the hypothalamus nor the pituitary gland cease production. In fact they produce higher levels of ESH (the follicle-stimulating hormone) and the luteinizing hormone.

Also the female organism prepares itself for estrogen-loss. First, the adrenal glands produce more of it, together with the male hormone androgen (which is converted to estrogen in fatty tissue). Secondly, the ovaries continue to produce small amounts of estrogen and androgen too. 40% of the women in their post-fertile phase have estrogen levels as high as before menopause. *Dites*

Estrogen-loss cannot be shown to cause hypertension, overweight, heart attacks, reduced hearing or vision, and other features of what is normally seen as senescence. Nor is it all certain even that the 'normal' or 'typical' menopausal symptoms---dizziness, 'flashes', headaches, numbness in the fingers---are in fact menopausal in origin.

The vaginal lining may thin but there is no clinical justification for calling severe thinning 'senile' vaginitis or 'atrophic' vaginitis, as the medical profession by tradition does.

Sexual desire is in fact governed not by estrogen but androgen, and this is produced plentifully in the female organism until advanced age.

6. It may not be accidental that 60/70% of the clients of Oxygenation, in four countries, have been women. It is frequently the area of the reproductive system that leads women to seek guidance about the breath. The abdominal area may feel tight, 'neglected', vulnerable, unprotected, ashamed, hidden, in recoil. Childbearing seems to make no difference whatever in this respect.

Breath-activation is also the activation of that area, so that it 'joins' with the rest of the organism. Surface massage cannot achieve this. There has to be

the inner massage of breath-movement. The health not only of the reproductive system but the liver, the intestines, the colon depends on this. The massage is provided by the sliding movement of the diaphragm, which is designed to move into the two elastic sheaths protecting the lungs easily and smoothly. There are specific exercises for this, as we shall see later.

This is an example of where the breath makes it possible for the body to escape fixed structure. In the case of men, abdominal regeneration through the breath will achieve the same end of 'releasing' the reproductive system. Macho chest structures designed to assert 'I am fearless' simply mask 'I am fearful'. They may also lead to asthma, the swelling of the ribcage in emphysema, chronic congestion of the lungs through over-development of the thorax and paradoxical breathing. In women the same effects may be reached---the ribcage and shoulders swell to hide or compensate for the abdominal situation.

The fixed structure, however physically it may express itself, however unaware it may be, is in the last analysis mental. This is particularly spectacular in the case of advanced age. If the fixed-structure picture of old age offered in large part by the medical profession is adopted by large numbers of people, the story will to a surprising extent enact itself. The breathing will continue to be passive at the very age when, if activated, it would induce a new lease of life in the proper sense---a new creative role.

* * *

Structure

In a cautious, but for many doctors revolutionary, article in the September 10 1982 issue of the American Medical Association Journal, Dr Walter M. Bortz 11, the 1983 president of the American Geriatric Society, came up with the idea that exercise in advanced years could, given optimal health, prolong life without difficulty to its Hayflick limit of 120 years.

It isn't, however, according to Bortz, the exercise per se that does the trick as the fact that the organism's VO2 Max will be raised to the proper level. VO2 Max means maximum oxygen-utilisation capacity, or the capacity that transports oxygen to the cells. This normally decreases by about 1% a year. But it can be increased from 29 to 44 in 70-year-old people by means of exercise, thus regaining, in Bortz's view, '40 years of lost VO2 Max'.

His studies of maximum oxygen-utilisation capacity were touched off some years ago by his observing that a limb kept in plaster for a considerable time will look, even in a young person, withered and old. ~~New-~~ A young person who is bedridden will lose 10-15% VO2 Max in a matter of weeks. So, says Bortz, what withers the arm or leg is the lack of exercise, both local exercise in the limb itself and general exercise of the

body.

Lean muscle declines in the old---but it does in the young too when they are bedridden. And in young and old it returns with exercise.

Older people have trouble metabolising sugar glucose---but so do young people who are forced into inactivity.

At this point we should return briefly to the inert-matter principle. When imperial Rome was in decline, the new Christian ideas entered it as perhaps the most miraculous reactivation recorded in modern history. They saved the empire. Where the emperor had been the pope now was. Where political government was, spiritual government now was. The cross took the place of the eagle all over Europe. The Roman roads now linked domains and monasteries and churches.

It was inevitable that the new ideas should almost at once be seen in terms of power---imperial power. They were trimmed, codified and modified in such a way that they became an official body of ideas, namely an orthodoxy, while all opposing or even simply different ideas became heresy. The civilisation based on that imperial power became increasingly fixated in the orthodox/heterodox mode of discussion. The result today is that an increasing amount of research, even that strictly within the official precincts, is kept defensively at bay.

In answer to Bortz's researches into the connection between VO2 Max and longevity, Dr Robert R. Krohn, pathologist at Case Western Reserve university (Cleveland), said, 'It's pure crap.'

He added that exercise couldn't be shown to extend life-span (which Bortz had never claimed). He observed that blood vessels stiffen, the lungs lose their elasticity and collagen builds up in the tissue irrespective of exercise (which Bortz had never denied).

Dr Denham Harman, founder of the American Ageing Association, also took part in the 'discussion' and argued, as he had often done before, that it is the free radicals which play havoc in advanced age, namely the result of 'normal' metabolism. Bortz hadn't denied that either.

It is certainly no news that exercise doesn't prolong life. Laboratory mice exercised when young and immobilised when old, laboratory mice exercised only in old age and laboratory mice exercised all their lives tend to die at the same time.

So both sides in the argument seem to have some conclusive research behind them. Indeed, a careful look will show that both sides are right. Only they haven't decided on the common factors necessary to make even a discussion possible.

For instance, while laboratory mice tend to die at the same time, whether they exercise or not, their lifespans can be lengthened. If you remove a mouse's spleen in old age you can double the lifespan. You

can lengthen the lifespan by injecting T-cells from young mice, and by drastically restricting diet. So the fixed-structure picture of an inevitable, implacable program of old age and death may be true as an observation of what happens, but not intrinsically true at all.

Dr Harman's statement, 'We are programmed to die. There isn't a whole lot one can do about it' has an ecumenical ring.

* * *

What Bortz was saying---and his opponents disregarding---was that depressed VO2 Max is maybe a universal feature of senescence, and that it is this factor, rather than that of exercise, which should be extrapolated for further thought.

It is here that Dr Richard Cutler's gerontological researches into the role of superoxide dismutase (the protective enzyme that fights the free radicals) becomes important. He has conjectured that the human organism may be capable of laying in a store of this enzyme, but that such a store will be impossible if the organism is in stress.

This could mean that if we exercise in stress, if apart from exercise we live in stress, the body will increase its VO2 Max through exercise but not benefit in other respects, especially in the matter of longevity.

~~Stress is much discussed nowadays, and enters into much research. But rarely is it defined. For clearly it isn't the same as tension, though tension will often go with it. Tension is a defensive self-tightening. Stress is felt to be imposed from outside. Work conditions can be 'stressful'. Stress holds the attention. It differs from tension in being a mental fixity. There are conditions that make one set of people stressed and another set not so. The moment the mind takes an unearring attitude to the irritants (which may require heroic effort) the stress ceases and peace sets in.~~

~~If, as some gerontologists claim, the problem of senescence is the problem of stress, it is surely for the reason that fixity of habit and outlook (supported by society's fixed judgement of the elderly as without function) increases with age in most people. When retirement is said to kill, it has become nothing but fixity. And the human organism thrives on constant arousal and change.~~

~~As structures multiply around us, and require self-structuring on our part, however temporary, the stress, like the strain in weak supporting beams, grows.~~

~~If someone who leads a life of strict schedule wants to know whether fixity has claimed him, all he has to do is to try to initiate writhing, undulating and twisting movements all over his body, and he will soon perceive that fixity is far from mental alone, and that it can invade the cells as surely as collagen or lipofuscin in advanced age. Indeed, these substances may well be regarded as~~

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the physical results of many years of unbroken fixity.

Here we can return to Dr Bortz and his observations about limbs in plaster. These limbs are so fixed for so long that they became aged in appearance, even in young people.

Apparently exercise alone isn't enough to dismantle fixity. Nor is raising the VO2 Max. They will increase quality of life perhaps, but the fixed program of youth/old age/ death will remain unchanged for as long as the organism has failed to find its liberation from the fixity.

This liberation can only be achieved by arousal in repose. This is the core of Oxygenesis. If arousal is used to provoke primal or cathartic shows of emotion it will fail in its effect. Indeed a new fixity will set in. Since the organism is always happy to form a habit, screaming for 'release' will become enjoyable. Far from any liberation taking place, there is new imprisonment.

Bodywork therapists have shown great confusion in this area. Many believe that by releasing or relieving tension they reduce stress. In fact they increase it in many cases. The result is that, despite growing public scepticism toward verbal or analytic forms of therapy, the analysts and psychotherapists continue to claim by far the larger and most loyal public.

In Oxygenesis arousal and repose are induced hand in hand, and the one will not take place without the other. If activity---for instance, floods of tears---intervenes, as it often will in early sessions, the process is temporarily undone, for the simple reason that emotion has replaced arousal as the 'special effect'. Thought and emotion are treated as synthetic in Oxygenesis, the result of decisions that take place much deeper in the organism and which have no inbuilt power to resolve themselves. Eventually, in the Oxygenetic process, thought and emotion take a back seat. This is largely achieved, as we shall see later, by the amniotic state and the amniotic half-sleep that follows. This is the first signal that the reticular self is beginning to challenge the cerebral cortex for command.

But if the subject is invited during arousal to express emotion or talk about his or her mother, the internal action cannot take place, and the fixity remains as it started, a cellular condition which no thought or emotion can reach.

Oxygenesis is really a home package for deconstructing the organism in minimal time, once the initiation-by-arousal has taken place. It requires no movement, no external props, only a place to lay one's head, and the power to breathe. It deconstructs principally by means of a process of elation.

This is why it is an excellent do-it-yourself kit for top performers, whether they are in politics, business, athletics or ballet. Fixity is always ready

BROCHURE

to claim people at the height of their careers or powers, for the very reason that relentless schedules and goals overrun them.

The Oxygenetic system is designed not to release or remove tension but to perfect it, so that it comes about only in situations where it is needed. We cannot do without tension: it is one of our ways of accumulating energy. In the same way we cannot do without some degree of sickness. The ideal offered by many therapists of a perfectly balanced organism is simply the thought-picture induced by fixity. Most doctors know that people who are always complaining of little ills are seldom those who succumb to big ones. For sickness is nothing more than a natural system for destructuring, so that a new deployment of energy may be possible. The common cold is a perfect example. We notice that it tends to happen only when we have time for it, not when we are in peak activity.

Naturally, breath-initiation will eliminate most sickness for the good reason that destructuring is now taking place in another way. Still, it holds that the organism must, in order to maintain its immunological efficiency, do battle from time to time.

* * *

In effect, then, Oxygenesis raises VO₂ Max without exercise, and in conditions of repose. Since hair color is sometimes affected, it seems possible that this process succeeds in laying in a store of superoxide dismutase, for this enzyme is almost identical with the chemical responsible for hair color in the human organism.

Where the organism is failing to metabolise oxygen efficiently, or where too much is required (as in the case of extreme obesity), the protective enzyme will lose out. The immune system will falter (at any age), and optimal functioning is out of the question.

Where to breathe, how hard to breathe, what rhythm to breathe in, what inhale/exhale ratio to establish, these are some of the simpler factors involved in utilization efficiency. To the 'passive' breather they are of little meaning. Such a breather would, in many cases, be hard put to say why nose breathing is preferable to mouth breathing, and on what occasions mouth breathing is preferable to nose breathing.

He would opt, most likely, for the greatest fallacy today about the breath---one that was surely produced by 'passive' breathers: namely, that we should get as much oxygen as possible. And he would have most yoga teachers, aerobics enthusiasts, breathe-away-your-stress pundits, and perhaps most athletes, behind him. For most people seem not to know, and many doctors to forget, that oxygen is highly toxic.

also

CHAPTER EXCERPTS

(FIRSTDRAFT)

1.

THE BASIC BREATH

Block 26

1.

Myths about the Breath

~~In my experience,~~ ^{When} you ask people what they think 'breathwork' is about they ^{frequently} generally tell you ~~that~~ it involves deep breathing. It seems to them perfectly natural that we should breathe as much as possible, given that fresh air is so good for us. And we've all ~~heard of 'shallow' breathing.~~ ^{And} The fact that 'shallow' breathing (~~whatever it may mean~~) is considered bad seems to imply that its opposite, namely 'deep' breathing, must be correspondingly good.

~~And it certainly does feel good to take in as much air as the lungs will hold (provided it goes in comfortably, which isn't always the case). One realises, taking such a breath, that unfortunately one doesn't do enough of it. Which makes 'breathworkers' necessary--- simple people who sit you down and make you breathe more. There can surely be no harm in that, though as surely there's nothing very complicated or clever about it either.~~

So the story is---deep rather than shallow, long rather than short, ^{breathes} powerful rather than slight, ^{weathes} ^{lowly} These ^{are the goals.}

To most people it would ~~probably~~ seem unthinkable that, ~~on the contrary,~~ deep breathing can be bad, and

shallow breathing not only highly beneficial but the normal and healthful pattern of the breath during times of repose.

It is an astonishing fact that people who have been overbreathing all their lives, either because they breathe with the wrong muscles or because they subscribe to the deep-breath school, ~~avored by aerobic enthusiasts, sportsmen and some yoga teachers,~~ grow dizzy within seconds of beginning to breathe regularly in the thoracic area. J. I. C.

They may have breathed heavily all their lives, and in the same thoracic area, but the moment they embark on regular breathing in a state of repose, that is without accompanying exercise, their brain fluid gives them urgent warning signals that something is wrong. Indeed it is. They are over-ventilating for the simple reason that most of their lives, despite (or rather because of) their mighty heaves and sighs, they have been under-ventilating.

Such people, despite their efforts to fill the lungs to capacity, are in fact low in oxygen-utilization capacity, and it will take some time to adjust their organisms to the new supply. The point about this new supply, taken in repose and not in exercise, is not at all its quantity but the fact that for the first time it is being metabolised efficiently. For the chief fact to know about most 'deep breathing' is that it is done in tension, the more deliberate and controlled it is.

Thus the deep breather is one and the same person as the shallow breather. If you breathe too little, you want to breathe too much. So you alternate between the two, with the result that the breathing never finds its proper autonomic level. ~~The shallow breathing, that is the poorly metabolised oxygen, sets up a demand for more oxygen, which is then metabolised just as poorly.~~

The alternation between the two takes place because the organism simply couldn't survive on either of them alone.

* * *

In yoga schools, encounter groups, Reichian and rebirthing sessions all over the western world people are invited to bombard their organisms with as much oxygen as they can take in, usually without directions as to rhythm, intensity and velocity, or area (thoracic or abdominal), or whether through the nose or through the mouth. And even when there are directions of this kind they are frequently the wrong ones, with no valid physiological principle behind them.

But because the results of such strenuous breathing are more often than not dramatic, the ~~oxygen-loaded~~ clients are deeply impressed, believing that when they cry, tremble, feel acute anxiety or elation or depression or actual physical pain or partial and momentary muscular paralysis, they are undergoing important changes, especially in the matter of "getting rid" of "trash" or "garbage". *traumatic states.*

of these schools and groups

~~Recently a young man who had confessed to many murders of girls said he always chose dark ones because his mother was dark---and he did it to get rid of his own 'trash'. But the fact is that the more you do certain things, the more you want to do them. The nervous system becomes habituated. This is partly its job, to adapt sensitively to new habits, and support them. Thus it can be habituated to strongly arousal breathing patterns; and the resultant drama, especially if the drama is enacted in a group, where the exhibitionist element comes into play, may influence the organism to live in a state of over-excitement.~~

~~And this can be a life-shortener. We have all noticed how over-excited people seem to burn themselves out easily. It is the same process. We have to~~

remember that when we breathe strenuously ^{while in a state} without ~~exercise~~ we are pouring energy into the body which that body wishes to use beneficially, if it ^{possibly} can. But ~~it must be given time~~ If we jump up or start talking about our childhood traumas or follow group directions we will not only disrupt that energy and render its full effects impossible, but ~~we shall~~ create for ourselves a new tension, though we may represent this to ourselves as a high state or as a cathartic reaction.

The moment, however, that we allow the organism to enjoy repose ~~in the aftermath of strenuous breathing~~ (first repose ^{this} has to be learned) systematically, we begin ~~realise~~ ^{experience} that there is in fact no 'trash' or 'garbage' ~~nothing~~ in the human system, only in our thought-processes, and that we have at our disposal ^{in the breath} a miraculously subtle, indeed perfect instrument which only has to be refined and realigned in order to ~~work to our entire satisfaction~~ ^{the degree to which they experience}.

~~This refinement must take place gradually, and over a period of at least ten weeks. Maybe even that period will be too short a time. If we fail to master the subtle elements of the breath before we move into arousal patterns we will have perplexing and distressing experiences, some of which may have a lasting physical effect. Mucal congestion may result. The organism may become so insensitized to breath that even arousal ceases to be achieved after a time. If there is panic during a hyperventilatory experience nausea or depression may continue for a week or more afterwards. And, above all, if breathing becomes associated by the organism with fright or panic, it may set up a protective resistance which will make even the simplest exercises a source of mental distress.~~



A dog takes an average of 28 breaths a minute, a cat 24, a horse 16 and a tortoise 3. The higher the rate of breathing, the lower the lifespan. Medical

Handwritten notes:
 something
 the organism
 realize that there is in fact no 'trash' or 'garbage' nothing
 in the human system, only in our thought-processes,
 and that we have at our disposal a miraculously subtle,
 indeed perfect instrument which only has to be refined
 and realigned in order to work to our entire satisfaction.



interrupt their abominated state at last
by the age of forty. Oxygenics is a
system that can access guidelines that
are unique to money. There is no
feeling because the ~~physiology~~^{organism}
already contains the machinery, and
responds, the there is no cerebral
resistance, or the fail.

bednets

→ to ~~locate~~ separate our thought processes
from ourselves in such a way that ~~trauma~~
~~is located~~ the worst trauma may
never truly appear either in sequence.

→ to ~~become~~ accustom themselves to a
new detachment. Oxygenics is

the address

designed to ~~replace the~~
~~detachment~~ replace guidelines
lost in the determination of our
"human" limited ~~faculties~~
~~responses~~ a "animal" responses. ← (A) ~~only~~

Cerebral navigation is a tiny
part, and of the least reliable
part, of our overall navigation
of life. Because of the loss
of certain ~~key~~ techniques in
our civilization youth and
adolescence are unguided, and
must take pot luck ~~with~~ with
life, and it is important that we

biologists have concluded that those animals with the smallest oxygen-requirements live longest (the tortoise, the elephant, the human ~~being~~).

A human being takes an average of 15 breaths a minute, which is close to the rate of a horse. But ~~the fact is that~~ human lifespan is ~~very~~ considerably longer than a horse's. So there must be a difference in the way the human being metabolises his oxygen. He seems to make a little ~~of it~~ go a long way.

As rhinologists---specialists of the human nose--- have pointed out, there has to be a reason why our noses protrude while those of other animals, including our closest cousins, the ~~primates~~, do not. And the apertures of the nose are by no means as big as they could be. Indeed, they are extremely small compared with the other canals designed for the transmission of oxygen---the windpipe and the bronchii.

Brochure
end.

And, narrow as these two apertures of the nose are, they seem to be designed more to encumber and inhibit the passage of air than to facilitate it. The inner surfaces are formed into three so-called turbinates, which are there, as the name suggests, to make the incoming and outgoing gases turbulent. They are protuberances shaped like shells and they determine the heat and moisture of each breath before it enters the lungs, in an exquisitely efficient air-conditioning system. Having lost their heat and moisture to the incoming breath, the turbinates are then warmed and moistened again by the hot outgoing breath so as to be ready once more to condition the next incoming shaft.

The fact that the human nose protrudes renders this air-conditioning efficient in two particulars, first, it ensures that the corridors through which the breath passes will be as long as possible, and, second, it ensures that the turbinates, being so close to the outer surface of the nose, will cool immediately after the inbreath has entered, and therefore moisten when

the hot outbreath comes through.

There must be sound physiological reasons, too, for the fact that the nose has two apertures and not one. ~~Western researches have only just begun in this matter, though oriental breath-teachers argue that the apertures have different functions.~~ The Indians refer to the right aperture as the 'sun' aperture, and the left aperture as the 'moon' aperture, while the Chinese refer to them as yin and yang, as we shall see later.

Thus, much ~~evolutionary~~ thought has been given to the human breath-mechanism. It seems that every attempt has been made, over the aeons, ~~of that evolution,~~ to refine it, that is to reduce the need for quantities of oxygen rather than increase it.

~~This is why nearly all the exercises described in this book---as well as in the Oxygenetic process---require nose-breathing exclusively.~~ As we shall see, the mouth is a 'special effects' aperture, required for a sudden rise in oxygen needs (as when we do strenuous exercise or have to respond to subtle messages from the nervous system by yawning, laughing, coughing etc). In Oxygenesis mouth-breathing is used on rare occasions for sudden dynamic effects, and then only as a climax to nose-breathing, and in very small doses.

Needless to say, if a person breathes habitually through the mouth, or heavily and irregularly through the nose, there will negative (but really protective) consequences in the form of lung congestion. Mucus is a device for protecting the air-sacs in the lungs against particles and bacteria and inflammation. It is an essential part of the immune system, clearing the body of toxic substances. And it is amazing what we can do to this delicate process by wrong breathing patterns. The whole immune system may in the end be ~~affected---naturally, if the lifeline has ceased to be an efficient one.~~ Allergies, constant colds (to facilitate the evacuation of toxic material in the stored and over-produced mucus), as well as more serious

cause a lot

which is over-produced

dump

In order to cope with - recurrent colds, we effort to ~~down beat~~
the toxic stuff.

~~conditions arising from the decline in the body's
powers of immunological self-surveillance.~~ Asthma
is simply congestion glorified with a medical name,
which unfortunately induces its sufferers to think
they have a 'disease'. ^{The pollution or stress situation is causing}
^{the congestion cannot be removed easily, but you're making it worse!}
~~What they have is chronically
disturbed breathing habits.~~ A sufferer once told me,
~~with a certain amount of pride,~~ that he had never once
breathed through his nose, and was unable to do so.
That is, he had never used the breathing machinery
at his disposal, and couldn't benefit from the breath
except in a minimal way, rendering it the thinnest of
lifelines, instead of the greatest. Of course this
affects not simply the immune system but growth, mental
and physical. That this person was small and in constant
mental distress was no surprise. Yet he scorned the
very idea of breathing exercises. This is perfectly
logical, for he had never tasted the fruits of proper
breath, but regarded it as a deadly strain, a source
of panic and fear, a lifeline that threatens constantly
to be cut, so weak is it.

Yet where the air-sacs are still elastic, however
encumbered with mucus, the asthmatic condition can be
coaxed away, gently and patiently, over a period of
months or perhaps years.

~~Then, learning to use the
breath-mechanism properly, induces the
detoxifying process~~
will build defenses ~~and~~ better than inhalers.

[I always see In the same way, smoking arises from chronically
passive or traumatic breathing, a simple inability to
use the breath-machinery in its subtlety and precision.

as trying The act of smoking really ~~imitates~~ proper breathing
and arises from a deep frustrated desire for the
liberating effects of proper breathing of which the
organism, for one reason or another, has been starved
since childhood.

Of course ^{it} smoking creates ~~dreadful~~ havoc in the
lungs. We have 300 million air sacs in the lungs,
all of which should inflate and deflate regularly to

admit oxygen for the surrounding blood capillaries, and to eject carbon dioxide from the capillaries so that it may be breathed out. Not only does the smoke paralyse the air sacs, so that they no longer inflate or deflate, and lose their elasticity for good (emphysema), but it has a decimating effect on the millions of hair-like cilia which by means of a constant waving motion shift mucus from the lungs to the throat, either to be expectorated or swallowed and passed out through the digestive system.

A smoker will often, in the act of smoking, make an exhale such as he never normally makes. The smoke-inhalation, ~~too~~, may be incomparably better than his usual inhalations. Thus it is his chronically 'turned-in' or passive breathing habits which have to be corrected, not, in the first instance, the smoking habit itself. Smoking is a substitute for the pleasures of breathing, or rather an attempt to enhance them; and once these pleasures have been mastered the habit simply falls away, as an inhibition of pleasure, precisely as it was once the opposite. ^{he achieves} ~~Once, subtle breathing is achieved~~

Also smoking does offer the nervous system--- when depleted through inefficient breathing---momentary freedom from a customary, if hidden, state of fret and isolation. For, just as the activated breath may be said, in the words of the Chinese emperor's doctor, to 'communicate with the world', so chronically passive breathing patterns create a sense of isolation, for which smoking offers a temporary bridge or lifeline. Therefore the smoker frequently experiences detachment, concentration, timelessness when he smokes. The fret abates.

In this he is the cousin of the heavy breather, the deep breather, the mouth breather. The same assault is made on the delicate air sacs. Mucus

←
 the smoker ^{feels the} ~~regains the smoking~~
 harsh attack ~~to~~ his smoke is on
 his alveoli, taste buds, saliva etc.

congestion is the usual result, especially in the case of the mouth-breather. The bronchii can become inflamed, through constant unnecessary dilation, and the body's air-conditioning and filtering system is bypassed.

So the concept of taking in as much oxygen as possible, at all times, is against the very structure of the breathing apparatus, which has provided, first, a highly refined air-conditioning and filtering service, and, second, lungs so elastic and extensive that they will respond to every signal from the nervous system with an instantaneous adjustment of the breath. The neurotransmission activity in our brain is said to be more complicated than what would take place if everyone in the world was in simultaneous and constant telephonic communication with everyone else, with world-order depending on an instantaneous exchange of information, and the instantaneous power to translate this information into action. The lungs are the chief support of this action. Not only are they elastic, they cover a huge area despite being contained within the ribcage. If flattened out they would cover the floor of a small apartment. There have to be many air sacs because of their delicate construction. They are so tiny as to be invisible to the eye, and their walls have to be sufficiently thin to permit oxygen to enter the blood capillaries, and carbon dioxide to be received back.

* * *

There is the question, too, of the toxicity of oxygen when the human organism metabolises it.

For one thing, the so-called free radicals, the 'villains of advanced age', as ^{some} many gerontologists ^{call} see them, are produced by this metabolism. ~~As age advances, these molecules start winning their fight against the~~

~~protective enzyme, superoxide dismutase, which is also metabolised from oxygen.~~

The story is ^{the} Either we produce ever smaller doses of this enzyme as we grow older, or ~~we~~ lose the power to store it in quantity. This allows the free radicals to settle on the body's fatty acids and produce lipofuscin¹, a pigment that can occupy as much as 30 percent of the human cell, thus rendering even more inefficient the oxygen/carbon dioxide exchange, this time at the cellular level, to and from the bloodstream.

Fixed-structure ^{medicine} thinking says that this process is ^{being} programmed, ~~indeed is simply~~ the natural process of growing old, in chemical terms. But, ~~it doesn't in any way account for this process in chemical or in any other terms.~~ Leonard Hayflick established that the human cell can divide ^{and become} ~~two~~ fifty times in all, before it dies, ^{which} ~~That~~ gives us a cellular lifespan of 110/120 years. How is it that we invariably fail to achieve this Hayflick limit? ~~And~~ how is it that so many thousands do achieve it?

The medical claim is usually that longer lifespans are due to genetic or special characteristics. But these 'special' characteristics are precisely the ones we have to examine so that we may extrapolate them and use them for the race as a whole. For an increasing number of people find it ridiculous to retire at sixty or sixty-five, and become aware of a 'second wind' which, because it has no place in fixed-structure medicine, frequently deflates. The problem won't walk away, however---by the year 2000 every one in two Americans will be over 50. Twenty years after that, every one in two Americans will be over 65. Perhaps it will be seen that the utility-ceiling which society sets for the human being is in large part the determinant of his lifespan.

So far no one has proved that exercise improves the enzymic situation in advanced years, though invariably

1. Lipo = fatty, fuscus = dark, dusky.

through social disengagement.

it improves health and quality of life. The lifespan tends to remain unaffected. ^{The gerontologist} Dr Richard Cutler, ~~the gerontologist~~, maintains that the key to producing or storing large quantities of superoxide dismutase ^(the protective enzyme of free radicals) may well lie less in exercise per se than the attainment of repose, which ^{is} in people of advanced age is no easy matter, ^{and is quite different from a state of fatigue.}

Because
 ~~This is where Oxygenesis comes in.~~ It makes a clear distinction between muscular relaxation and ~~the~~ ^{cellular} ~~state~~ of repose. It says that you can be relaxed outwardly but hypertensive, and that while you may habitually relax yourself from the outside in (that is, in the muscles) you can only achieve cellular or primal repose by relaxing from the inside out, and for this certain breathing patterns are essential.

~~Now during the Oxygenetic process hair color may change, and gray or white hair gradually disappear. This will take two or more years, and requires steady breath practice, as well as exercise and the right dietary principles. Superoxide dismutase is closely linked to the chemical responsible for hair pigmentation in our organisms. Thus certain breathing patterns practiced in primal repose may indeed lay in a store of the protective enzyme, and affect longevity where exercise alone cannot do it. Of course doctors are perfectly correct to point out that sudden exercise at an advanced age may produce a heart attack. That is, ~~until tension is reduced and VO2 Max gradually raised, exercise will not be beneficial.~~~~

When we breathe forcefully without guidance, when we suddenly bombard the organism with vast quantities of oxygen, when we habitually breathe in a heavy and grabbing way, when we fail to exhale sufficiently, when we breathe with the wrong muscles or in the wrong rhythm, when we breathe to get heightened effects without having first secured breath-initiation, we are trying to jump the repose-finding phase, with the result that the organism may suffer many of the distresses associated

with ~~acute~~ stress.

~~The exercises in this book are designed to set that repose principle in motion, through the breath, because it cannot be broached in any other way. Once primal repose has been achieved, strenuous forms of breathing, without movement, may be undertaken safely, and the ecstasies and sense of mastery to which they lead may be enjoyed and utilized.~~

1. In Oxygenesis this means not relaxation but the internal destructuring process. This is why it is frequently difficult of attainment by people of advanced age.

2.

Understanding The Bellows

people

There ^{is a major} ~~s~~ another heavy myth about breathing--- and it is and this one is upheld by the American Lung Association and the respiratory departments of most hospitals. Breathing, it says, just comes naturally. You don't have to think about it. Indeed, the more you think about it the more likely you are to disturb it. So the best thing is to leave it in the dark, rather like a comfortable superstition.

In ~~fact~~ ^{fact} the opposite is true. While thinking about it may put the breath at odds with itself for a few moments, not thinking about it, especially in these days of oxygen-shrinkage in the atmosphere and increasing respiratory problems, ~~is downright dangerous.~~

No, the breath has to be thought about, but in the right way, with the right information. Being both a voluntary and involuntary function, ^{breathing} it gives us a perfect opportunity to make our thinking fruitful. That is, A new breathing habit adopted consciously and deliberately will, with training, become autonomic. So all we are doing when we voluntarily think about our involuntary habits is revising and reforming them, ~~so that, once relegated again to the involuntary~~

makes the oxygen metabolism process worse.

contains a mechanism for ~~self~~ changing itself.

and if it is thought about in the right way will become automatic.

~~When~~ ^{sup} ~~the~~ ~~brain~~ ~~has~~ ~~breath~~ ~~to~~ ~~perform~~ ~~to~~ ~~certain~~ ~~patterns~~ ~~means~~
function, they are no longer 'passive'

~~putting back~~ returning it to its earlier involuntary modes. ~~the~~ ~~we~~ ~~only~~ ~~has~~ ~~to~~ ~~think~~ ~~of~~ ~~it~~ ~~again~~.

Our bodies are equipped with a two-part bellows system in which the two parts are interactive and interdependent. And it is on the way this bellows system is used that the efficiency of our breathing depends. ~~Certainly no breath-activation is possible~~ ^{We can't activate a breath when we become} without an awareness of this muscular structure, ~~and~~ ^{and} ~~without flexibility in its use.~~

The two parts are the ribcage and the abdomen. We may call ~~the~~ ^{is} ribcage worked by the two-layered intercostal muscles (one layer for contraction and the other ~~layer~~ ^{this is} for expansion), our special-effects box. Its ability to expand and contract at a moment's notice means that we can---to take one ^{special effect}--- jump up from bed and within seconds be consuming 100 times the oxygen we needed when lying down: we need that for ~~jogging~~ ^{running and carrying and heaving.}

The ribcage is ~~therefore~~ rather like a concertina, its axle ^{is} the spine. Like a concertina it sucks air into a vacuum when expanded, and emits air on contraction. ~~The~~ ^{The} ~~concertina is worked by~~ ^{As we shall see later,} the intercostal muscles work in conjunction with the diaphragm, a dome-shaped muscle which rises, ^{upward} ~~in~~ ^{and} ~~out of~~ ^{downward} the chest cavity, ^{and} ~~separated~~ ^{from it} by two layers of tissue called pleura, which act as a protective, smoothly yielding wall ~~against~~ ^{for} the diaphragm. Thus when the diaphragm rises into the chest cavity it gently closes the concertina so that spent air is emitted, and when it draws back into the abdominal area ~~again~~ it opens the chest cavity to create the vacuum to suck air in.

the chest cavity

We don't actually see this diaphragmic movement from outside, except in so far as it makes the ribcage or ~~the~~ ^{and} the abdominal area rise ~~or~~ fall. ~~And at this point we~~ ^{there is} ~~have to notice~~ a peculiarity about this arrangement which is precisely the thing that make the ribcage a ^{special}

effects boxⁿ. When we pull in the abdomen, that is contract the abdominal muscles, we make the diaphragm rise into the chest cavity and emit spent air. When we expand the abdomen we draw the diaphragm down again to recreate a vacuum. But there are occasions when we contract the abdominal muscles, that is move the diaphragm into the chest cavity, not to emit air but to draw it in. To make this possible, the intercostal muscles must ^{take over the work.} ~~come into play~~. They expand the chest as we inhale, ^h thus the diaphragm is actually inside the chest cavity while we are inhaling---the reversal of the normal process by which the same operation means emitting, not admitting, air. It is this apparent contradiction that create^s the special effects. We inhale against the diaphragm when we breathe high in the chest. Paradoxically, this allows a great charge of oxygen when it is needed, and clearly the fact that this charge enters the upper rather than the lower lung determines the "special" nature of its effects.

do the
the abdomen
contract.

This ~~will~~ ^s become clearer in the course of the exercises. All we need to note ~~for the time being~~ is that the ribcage or thoracic area must be differentiated from the abdominal area because of the difference of effects. ^{It's} is a matter almost entirely overlooked by the medical profession, and even by breath teachers. We cannot use one area to achieve the effects of the other. Mixing and confusing the two is the source of ~~all~~ the disturbed breathing patterns known to man, ^{but} not to animals ^{unless} ~~as they are being disturbed, forced~~ ^{is immediately related to} human environment. *

Another ~~special~~ effect of the ~~special effects~~ boxⁿ, apart from allowing a sudden increased charge of oxygen, ^{"state of"} is arousal. ^{including} When we find ourselves in a dangerous situation, ~~and feel under immediate physical threat~~, we gasp with an open mouth. That is, we need to increase oxygen supply at once. Simultaneously our

abdominal muscles contract, our shoulders go slightly higher and our other muscles tense. All this means that the breathing is now high in the chest. We are ensuring that we have maximal energy available for ~~fight or flight~~, ~~as the psychologists have called it.~~ To facilitate this, the bronchii in the lungs dilate to make the oxygen passage even easier and more plentiful, an extra supply of blood is sent to the skeletal muscles, and the heartrate ^{is} increased.

We could even call the ribcage the arousal area, and the abdomen the vegetative. The ribcage is the place where intense regular breathing will induce heightened states, a sense of receiving objective messages 'from outside', a buzz of inner electricity, a sense of great self-command, an illuminated or mystical state. These are ^{part} ~~some~~ of its marvellous repertoire of special effects.

The mouth is designed to be used ^{when we want a} ~~only in conjunction~~ with these special effects, ~~since all emergency needs for extra oxygen supply will involve the chest.~~ For instance, ~~when we yawn, it is the intercostal muscles that come into play.~~ When we cry, ~~too~~, the breathing will rise into the thoracic area and the ^{shoulder} ~~person crying~~ will give the impressions of 'heaving' with the shoulders. Laughter, shouting, sneezing, coughing all require a similar action, ^{they too} ~~because they too~~ are special effects.

Clearly, ~~thoracic or ribcage~~ breathing has something to do with excitement, while abdominal breathing, relying as it does on the soft movement of the diaphragm into the chest cavity, without the use of either the intercostal or ~~abdominal~~ muscles, ~~(we only deliberately expand or contract these in order to admit or emit more air than usual)~~, has something to do with calm.

It is so untrue that breathing ~~just~~ comes naturally that a vast number of people (and they may ~~well~~ be on the increase) breathe, ~~as the doctors say,~~ paradoxically. That is, they breathe habitually in the special-effects area, the area of excitation, and

in breathing only

almost never in the calming area. Yet when they were born they were obliged to breathe in that area, since their thoracic or intercostal area had ^{not} properly developed. ~~Thus~~ ^{care is} If we observe animals and small children we shall see the smooth rise and fall of the abdominal area in sleep, punctuated from time to time by a long sighing and stretching breath which involves the ribcage so that the upper lungs will not fail to be exercised in the eight or so hours of immobility.

The effect of paradoxically reversing the right breathing process is ~~of course most traumatic~~ ^{at times} for the organism. ~~Even in sleep the matter remains uncorrected.~~ And, ~~paradoxically again,~~ ^{for nothing} the person who breathes in this way feels starved of air. The result is constant gasping and heaving, and despite the heaving no sense of relief. The abdomen becomes a 'forgotten' area--- and with it ~~perhaps not only sexual but creative energy.~~ ^{and sexual energies.} For ^{the} paradoxical breath is the most passive of all passive forms. The abdomen may feel over-vulnerable, raw, sensitive to touch. Insomnia, ^{and} constipation may be frequent because the quiet inner massage of the abdominal breath is missing. There will be ~~continual~~ undercurrents of fear and foreboding, ~~(which belong, of course, to arousal).~~ And ^a tendency to over-excitement, (often pleasureable), will sometimes be the result. Ask a paradoxical breather if he or she has experienced unaccountable mystical or heightened states and the answer will invariably be yes. ^{It is like getting the benefits of the arousal breathing is a back-handed and ultimately harmful way.}

Although we use the expression 'abdominal breathing', and though the abdominal muscles are from time to time involved, what we are really referring to is the simple rise and fall of the diaphragm that takes place invisibly. This causes the abdomen to rise and fall. So we often call such breathing diaphragmic.

Some Chinese breath teachers say that women habitually breathe higher than men, more diaphragmically, so that the lower wings of the ribcage make a slight spreading movement. This, some people think, is nature's way of facilitating pregnancy conditions. But it is difficult to see how the lower lung can be fully ventilated unless the diaphragm descends fully to make a vacuum for it. ~~And~~ ⁱⁿ my experience women breathe in precisely the same area as men when in deep repose, provided ~~of course~~ that the breathing patterns ^{are} is proper.

This soft and gentle form of ^{repose} breathing connects with the ~~parasympathetic nervous system and the autonomic functions—the digestive and reproductive processes.~~ ^{systems.} This is why there will seldom be a change of awareness ^{through} ~~after~~ abdominal exercises, ^{alone.} In the ~~Fire Exercise~~ ^{Breath} (described later), the cheeks will frequently flush, tingling or rawness will be felt in the glands of the neck, and there may be some heat in the lower back. But there will be no arousal effects, ~~unless~~ ~~the breathing is taken to the point of hyperventilation.~~

~~For~~ [The abdominal area is where we live, where the unconscious ^{of and/or} physical processes and immune ^{electrochemical} system are served. Regular breathing in the abdominal area will at once influence the PH level of the blood, after excitement or trauma.

The 'special-effects box' ^{in ribcage area} ~~on the other hand~~ connects with the ~~sympathetic nervous system~~ (fight-or-flight) ^{system} and with the neurotransmitters. Naturally, if breath-teachers begin initiates with this special-effects area, provoking powerful arousal before bellows-flexibility has been attained, some harm may be expected in the form of restless sleep, fear, cramps etc. And the problem which the breath was designed to clear up will not only remain but be exacerbated.

The reason for this is that the bellows system

depends on repose for proper functioning, that is, the soft and yielding movement of the diaphragm which can be relied on to take place even in sleep. Without bellows-flexibility this is impossible. The organism cannot experience primal or cellular (as opposed to muscular) relaxation---naturally, since the lifeline isn't in full function.

~~And only by being combined with a state of repose will arousal breathing stimulate the immune system to do its silent and invisible work of repair and prevention.~~

When the breath ^{hooks up} with this state, Dr Macfarlane Burnet's 'immunological surveillance' becomes a reality which can be felt and observed. ~~For~~ The body experiences warm, tingling sensations, or sharp spasmodic pains, or dull throbbing aches, precisely where ^{there are pin nerves.} ~~therapeutic works needs to be done.~~ The immune system is ~~indeed~~ 'surveying' the whole field of the organism and---what is even more remarkable---choosing its therapeutic priorities, beginning with the more urgent and ending with the least.

Some years ^{back} ago I worked with a young psychoanalyst in Rome who'd been involved in a car accident, ~~several months before.~~ In the second session he experienced acute darting pains in many parts of the body, and these were in what seemed to him a definite sequence. When I asked him if he could account for this he replied that the pains felt like a 'fleeting recall' of the blows he'd received in the accident, except that he ~~was~~ now ^{realized} ~~aware of the fact, through this recall,~~ that he'd been hit in many more places than he'd previously realised. ~~Also~~ While experiencing the darting pains he was aware of a pleasureable component as well, a sense that healing was involved. The only pain to persist in later sessions was in the head, where he'd received the greatest injury. Finally this disappeared too.

If a therapist nudges his client awake at the very point where this process is beginning---on the

in San Francisco

grounds that sleep or drowsiness represent (to follow the Reichian model) 'resistance', this miraculous process, based as it is on a superb electromagnetic self-management system, cannot take place. ~~And~~ An exchange of words about phallic narcissism or uncompleted mother-severance will ~~not~~ ^{never} substitute for it. A client ~~was~~ ^I ~~had~~ ^{mine} who had ~~been~~ ^{never} given Reichian

I've heard of rebirthers, ~~using~~ ^{using} a simple arousal technique urging their clients to 'breathe---just breathe' // without instructions as to how or where. Thus they will ~~sometimes~~ ^{the time} rebirth a ~~person~~ ^{paradoxical situation} in the abdominal area, where no arousal will be effective. And many will, (like some Reichians), use the mouth instead of the nose, a ~~disastrous~~ ^{negative} proceeding in the early sessions, ~~especially if the client has been breathing paradoxically most of his life.~~ ^{because of the special function of the nose.} The toxic situation ~~(which there must be, as a result of the paradoxical breathing)~~ ^{of the} is ~~worsened~~ ^{worsened}, and a form of COPD may even come about, if the production of mucus, designed to protect the sensitive air sacs against inflammation, becomes too great.

I've even heard of a licensed therapist urging ~~me~~ ^{me} his client, (another licensed therapist) to raise both the abdominal and thoracic area for an inbreath through the mouth, ~~which is~~ a sheer physical impossibility.

~~Some rebirthers and therapists will shake a client awake just as he is entering a state of deep repose~~ ^{as sleep} --because they believe not in the power of the breath to effect changes in the organism but in the power of the cerebral cortex. On the contrary, it is the cerebral cortex that must be 'dethroned' from its attempt to monitor and control processes it has no power over. As we shall see later, it is the reticular self that must be given its rightful and natural command of the organism, through the breath.

nothing complained till at the very moment when extraordinary experience began he could be roused for those to talk, which meant to rouse curious attitudes which the breath had altogether banished.

14.

How to do it

To acquaint ourselves with the bellows system we should lie down in a quiet room and settle ourselves. Settling ourselves means, in breath terms, getting rid of what the doctors call the 'oxygen debt' created by exercise (even the smallest exercise, such as walking from a chair to the bed). The debt is what makes us go on breathing heavily after we've stopped running: the exertion has created a need for extra oxygen which the breathing apparatus must satisfy before the body can once more enjoy repose and minimal breathing.

When we no longer feel the need to take slightly longer breaths than usual we should take a fairly full (but not complete) breath and hold it.

With the breath held, we should retract the abdominal muscles and simultaneously expand the ribcage, thus:

BB1



Almost at once we should reverse the operation, contracting the ribcage and expanding the abdomen, thus:



And we should continue alternately raising and lowering each area until we feel the need of another breath.

This exercise must be done with the breath held. The moment breathing begins (and at first you will find it does, involuntarily) it will assume autonomic control of the muscles. After all, it has had a lifetime of command in this respect. And it is precisely this command that the exercise is challenging.

Frequently the two areas will become confused and lose touch with each other, with uncertain, spasmodic movements, especially if this is the first time the two sets of muscles have been formally introduced to each other. Like two neighbours who have been living side by side for a lifetime and are suddenly presented to each other, they may experience a moment of dizzy confusion at the confrontation.

A minority of people simply will not be able to move the areas independently of each other at first. Sometimes the areas will refuse to move at all. The muscles may be impossible to control, quite as if the cerebral cortex had atrophied in part of its motor function.

The two areas may be so locked together, so inextricable one from the other, that it may take weeks of practice to achieve the minimal flexibility.

But without bellows-flexibility there cannot be proper breathing. The special-effects area will be confusing its work with that of the vegetative area, and vice versa. Indeed, the whole body will reflect this stiffness, and the immune system will be functioning at lowest capacity.

It is indeed such a simple exercise that many of those who practice it will think it too simple to contain the secret of a wholly changed life, though this is what it does. Dancers, athletes, singers, top performers in every field may find to their

surprise that their muscles are not immediately responsive to each other, and that therefore their breathing patterns have not been supplying a full service to the organism.

* * *

In approaching the breath for the first time we should first become aware of the subtle and manifold ways in which the central nervous system is modulating it to adjust toxic flow, emotion and energy expenditure.

To anyone trained to watch and hear the breath, every ^{alarm,} ~~trauma,~~ doubt and anxiety is written there---in the sound, the rhythm, the volume and the regularity or otherwise ^{as well as} in the ^{movements,} ~~bellows,~~ ^{was the box works.}

Bochner

Coughing, sneezing, sighing, laughing, crying, gasping, yawning are all effects produced by the nervous system so that the organism may deal optimally with ^{the} ~~its~~ ever-changing ^{condition of} ~~transactions with the~~ outside world.

Breathing ^{needs} are signalled by the nervous system through the respiratory center near the center of the brain, and also through the tiny aortic and carotid bodies on the major arteries. The oxygen/carbon dioxide exchange is attentively monitored.

In this epoch, responding as we are obliged to do to all kinds of ^{alarm,} ~~stressful environments,~~ we require the constant use of emergency-systems, ^{this is the leads to} ~~some of which~~ may involve a chronic malformation of the ^{distorted} breathing patterns, ^{to the} ~~loss~~ of all sense of what 'natural' breathing is, ^{this good way} ~~so that~~ the organism may find ^{a mode} ~~albeit a twisted one,~~ of surviving in desperate circumstances. 'Grabbing' the inhale with open mouth is perhaps the most common of these ^{emergency} strategies.

A person who has lost his or her mother in childhood may express an undercurrent of sorrow ~~or anxiety~~ in a 'braked' outbreath or a sudden panic-stricken gasp for air which may interrupt sleep or impel the

sleeper to sit up, eyes staring.

~~Our emotions are a language by means of which we can observe just how subtly the nervous system plays on the breath.~~

When we cough we unconsciously squeeze our windpipes to an eighth of their usual size so that we may then emit spent air with such force that it will carry unwanted particles and bacteria with it. The speed of the wind through the windpipe during a cough is five hundred miles an hour. A sneeze achieves a similar effect but incorporates the nasal passages, ~~that is~~ ^(our) the filtering system) as well.

When we yawn we open our mouths to draw in more oxygen than usual, and probably our bronchii dilate as well. We then exhale the breath in an unusually long sighing manner while simultaneously relaxing our muscles. This is in order to facilitate sleep or prepare for new energy-expenditure, ^{we may be preparing to sleep} When we laugh we expel air in sharp bursts, breaking up the exhale in such a way that there are a series of abdominal contractions, which send the diaphragm repeatedly into the lung cavity to facilitate the shunting outbreath. If laughter is a powerful health-aid it ~~may well~~ ^{is} be because the exhale is a detoxifying action, ~~and that its forceful emission has something to do with the body's production of endorphins.~~

~~In the case of neurosis (shallow breathing)~~ ^{shallow breathing} ~~(let us accept the ambiguous term for the moment)~~ is designed to reduce emotion, as Wilhelm Reich cleverly observed. Strong breathing creates strong emotion, and ~~in the neurotic strong emotion~~ ^{anxiety} creates strong anxiety, which the organism must therefore avoid, ~~so that strong breathing too can be trained.~~

When in acute distress we cry. ~~That is,~~ The nervous system attempts to reduce emotion by squeezing the bronchii (in an opposite movement to that needed for arousal, yawning etc), thus limiting oxygen-supply, while simultaneously producing discharge-reflex in the

~~lung,~~ and the digestive system demands an extra ~~supply~~ supply of oxygen.

Resistive type
Great anxiety

entrained
the negative

h. p.

→ and neurons is disturbed and brought up, while
the blood moves to the face.

→ If we do a prolonged fast we notice the
~~outlet~~ the open air seems to provide
us with nourishment — walking takes away
our preoccupations, if there is any, with
hunger.

eyes. Only when the emotion has been reduced, and the convulsive heaves (attempts to take breath against the constriction set up by the bronchii and the throat) have ceased will the nervous system permit us to return to normal breathing. *to the^A laryngeal state results from both laughter and grief and cause a ^{after-}denervation of rest and relief.**

Normal breathing is the thought?
~~But what is normal breathing?~~

~~Really it is~~ the breathing adequate for the needs of any given moment. There is no one breath ^{because} ~~As we have seen,~~ the nervous system is constantly modulating it for changing circumstances.

~~On the other hand~~ ^{But} we do have long periods of repose and sleep, ^{Even} ~~and~~ during these periods the breath must be the right one if we are to glean from it the full recuperative and regenerative effects. ~~So there is a basic breathing pattern. And we can say that it has to be in the abdominal region, since in repose we won't be seeking special effects, unless it is a sneeze or a sigh or a laugh, in which case the thoracic area is momentarily involved.~~

So here is a basic-breathing exercise, which should follow the attainment of bellows-flexibility.

Lying down, we should now practice raising and lowering the abdomen without moving the ribcage. At first we should do this, as we did the flexibility exercise, while holding the breath. This will make the exercise relatively easy. The moment we incorporate the breath, however, the ribcage may develop ideas of its own and move with that breath despite all efforts to control it. This simplest of all exercises frequently shows people how little command of their own muscular structure they have.

Incorporating the breath in this instance means breathing in as the abdomen rises, and breathing out as it falls. There should be no use of the abdominal muscles in this. It should feel as if the breath is

as a signal-up fixed function. It should

BB2

raising and lowering the abdomen, from inside. This isn't far from the truth, since the movement of the diaphragm is what determines abdominal movement in this case:



Sometimes we shall need another person to observe whether the ribcage is moving, because our breath is locked so deep in involuntary habits that it goes its own way. Tying a scarf round the chest may help us to eliminate movement gradually. This movement may be a slight rise of the ribcage during the inbreath or a kind of surreptitious kickback effect, hardly perceptible, just after the inbreath.

To help ourselves in this respect we should take a gentle breath in the thoracic area from time to time, so that the bellows-system, unused to discipline, may feel no restiveness.

At first, in this exercise, we may have a strong sense of constriction, particularly if we have been breathing paradoxically most of our lives, or half-paradoxically (a bit of this and a bit of that). We may feel that breathing quietly in the abdominal area is simply not enough for us. In this case we have a sure sign that our breathing patterns have been incorrect. The more constriction we feel, the worse those breathing patterns have been. And if we feel 'This can't be the right way to breathe' we should practice this one exercise for many days, before moving on to the others.

*

*

*

Conclusion

One of the first steps in breath-initiation is listening to the breath. This means learning the difference between the inhale and the exhale, between

the noisy breath and the silent breath, between the long breath and the short breath, between the long exhale after a short inhale and the short exhale after a long inhale.

The inhale and the exhale are distinct operations-- and not simply ^{because the his} ~~in the fact that one~~ pulls the oxygen in ^{while} and the other ^{seems} lets the carbon dioxide out. The inhale marginally raises ~~the~~ heartrate, ~~the~~ blood pressure, ~~the~~ ^{body} temperature, ~~the~~ metabolistic rate. The exhale marginally reduces ~~all~~ these. The inhale intoxicates, the exhale detoxifies. The inhale excites, the exhale calms. The inhale gives a sense of rising, starting, the exhale a sense of falling, ending. This is why the exhale is a source of special anxiety for many people, creating the fear that if they don't hurry or shorten it they won't get the next breath in.

~~The anxiety of someone who lost his mother in early childhood is often expressed in a 'braked' outbreath or a sudden gasp for air which may interrupt sleep, as we saw a few pages back.~~ ^{from within this} ~~The outbreath here is much like a free fall into space, creating the fear that, going out, the breath will never return.~~ ^{an anxious} For ~~this type of~~ person the ^{world} universe cannot be trusted, and constant vigilance ^{and} constant alertness are required to navigate safely through ^{the day} life. There is a feeling of not being able to accept, of constantly fighting, even against oneself, because of the lack of sufficient trust to make acceptance possible.

This may produce a fear to fall asleep or lose consciousness. Dozing may be accompanied by sudden starts back into the alert state. →

We ~~in the west~~ tend to emphasise the inhale at the expense of the exhale, showing that the belief in large intakes of oxygen has been with us a considerable time, perhaps centuries. It belongs to the over-active, over-alert type of society, while the emphasis on the outbreath ~~(it characterises people's breathing in the east)~~ belongs to less active, ^{more yielding} ~~even passive~~ temperaments.

→ In all these cases breath is involved. The inbreath may be choppy, hesitant. Both the inbreath and the outbreath may be curtailed, the throat narrowed, the thoracic and abdominal muscles almost inactive & tonic. A state of virtually life-long tension may turn the whole respiratory system into a fixed and joint block, with the muscles unable to differentiate between a thoracic ^{and} a abdominal breath.

In the course of these exercises we shall be eliminating both the inhale grab, its element of urgency and even panic, and the cut or rushed exhale.

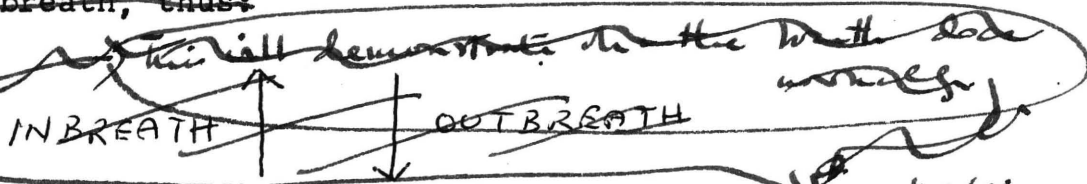
In all breathing the exhale should be marginally longer than the inhale. If we monitor our breath while running, or immediately after running, we shall find that the rhythm and intensity of our breathing is entirely out of our control. This must be so, for the organism ^{has} to deal with the urgent chemical readjustments necessary during and after exertion, ~~without the risk of interference.~~ It gives us a good chance to find out what natural breathing is. One of the first things ~~we shall note is that the outbreath is marginally longer than the inhale, and that more weight is put into it.~~ ^{the natural} Mastering the exhale is one of the most important steps in disentangling hidden ^{forms} ~~traumas~~ or anxieties from the breath, and leaving it untrammelled to do its perfect work.

We may also notice when we are panting heavily after exertion that our breaths are not broken from each other but run continuously from inflow to outflow, without the epiglottis tightening to stop the flow, as it does when we hold the breath, cough etc. The point about this is that the soft 'joins' between inbreath and outbreath are usually by no means so soft as they are in such heavy exertion-breathing, where we cannot exercise control. Our ^{usual} ~~basic~~ breathing pattern may, in a word, be jagged and interrupted.

In Oxygenesis these joins are called 'curves' and they are most important not only to an understanding of the breath but to the achievement of repose. No arousal breathing should be undertaken, indeed nothing strenuous should be attempted in breath-exercises, until this repose principle has been won. ~~We shall see later, when we come to a full treatment of arousal breathing, that Curves aren't as easy to achieve as we expected, and that they~~ ^{to} require ~~some~~ concentration, ^{higher} and ~~mechanical~~.

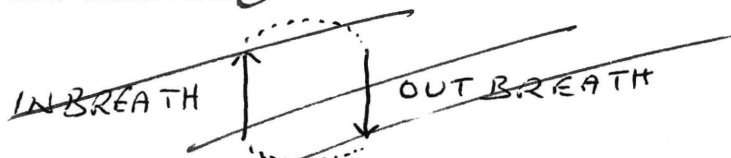
after the intake - y-
then make the
after the and
is closed - the
same way

The best way to find out what the curve feels like is to ^{make it opposite impossible.} do the opposite, that is, ^{you} make an inbreath, close the epiglottis, open it again and make the outbreath, thus:



~~The two are broken and separate.~~ Now we should try joining the two smoothly, so that there is an upper curve where the inbreath rises to meet the outbreath, and a lower curve where the outbreath falls to meet the new inbreath.

BB3



(By the way, we refer to an inbreath 'rising' because this is how we visualise it entering the thoracic area, toward the top of the head, while the outbreath 'falls' to the point of departure again. But more of this later).

We shall discover a strange thing about these curves, namely that during them we are neither breathing in nor breathing out nor holding the breath. There is a pause, a gap, but a peculiarly active one, in which breath is going on while, paradoxically, it is clearly not doing so. 'Perfecting the curves', ~~as we shall see, when we come to the exercises,~~ is an important step in breath-initiation and one which has preoccupied breath masters since ancient times.

Another feature we may notice when breathing heavily and regularly after exertion is that the breath is noisier than usual, which may give us some ideas as to the meaning of noise as against silence in the breath. The athlete's heavy breathing can be heard by others, whereas his basic breath cannot. He can hear his own breathing at all, or most, times. It is a slight rushing sound in his ears. So we come

to the question, how much of our breathing should we hear, and how much not?

The first thing to realise is that a noisy breath differs from a silent one by its velocity. The faster the passage of air through the nostrils, the greater the noise. But noise doesn't necessarily mean ~~quantity or~~ efficiency. After running, our breath is rapid and regular and noisy because we require quick supplies of oxygen. In repose, however, this need ceases, and the breath quietens, until it may become almost silent in the ears.

This silent breath is ^{in fact} one of maximum efficiency. There is no danger here of inflaming the bronchii or disturbing the delicate air sacs. The ingress of particles and bacteria is minimal because the inbreath is slight and gradual, and the filtering system of the nose is thoroughly used. And it is the silent breath that achieves the 'hook-up' between repose and breathing that is so essential to the proper working of arousal patterns, as well as to daily basic breathing.

The oxygen/carbon dioxide exchange takes place on two levels, and it is most important that this be smooth and easy. At the first level the oxygen enters the blood capillaries surrounding the air sacs in the lungs, at the second level it passes from the bloodstream into the cells. On both levels carbon dioxide is given in exchange for it. Now if the organism is tense it is difficult to see how that double transaction can take place efficiently. This is something to remember even when we are running. In a tense state we shall run less far, less quickly. We shall feel the fatigue more easily. ~~It is only a matter of reminding oneself that oxygen is essential to every bodily function, and to overlook the key to the whole operation is clearly unwise.~~ [In tension

The capillaries, the bloodstream, the cells, all reflect an 'on guard' attitude, indeed they are the seat of cellular ~~(as opposed to muscular) tension: these cells~~

what may seem

say, even in outwardly relaxed circumstances, 'I feel uneasy'. For this is the way ^{hidden, which is essential} hypertension, that works. ~~is tension in the cells, as opposed to muscular tension, conveys itself. Muscular tension is relatively easy to get rid of, but muscular relaxation is often a mask for hypertension. I've frequently noticed this in my sessions with bodyworkers. Their art is inducing relaxation. The body is loose and yielding. But the hidden hypertension may be all the greater for that. Indeed it was the factor that led them to their work.~~

Oxygenation

Practising the silent breath is a first step to conquering hypertension, ^{being} as it is the 'ideal' breath which the organism should gradually learn to take as its model, though ^{the truth} it cannot and should not be used ^{during} always ~~(a silent breath is of course quite inadequate for physical activity).~~

Lying down with the eyes closed we should inhale and exhale smoothly in the abdominal area, ~~again~~ without movement in the ribcage, gradually eliminating all sound in the ears. This may induce a tensing-up at the beginning, because the muscles try to do the work of the breath, simulating the external action while the diaphragm fails to move inside. So little or no breath comes through.

BB4

This is ~~therefore~~ an excellent exercise for perceiving that all breath is created 'from inside', not induced by muscular action. ^{The muscles serve the oxygenating of the tissue} Breath and the movement of the diaphragm are synonymous. ^{the diaphragm} Therefore all depends on the way this muscle moves into the chest cavity, and out of it again. If we simply raise and lower the abdomen, without much breath coming through, it means that the diaphragm is stationary, and no vacuum is being created in the lungs for the oxygen to be drawn in.

13

Many people, when asked how breath gets into the body, show some confusion. They say 'The nose pulls it in' or 'It gets sniffed in'. They have ^{as yet} no awareness of the bellows-system, and the way a vacuum is created

The diaphragm is the key.

in the lungs for each breath. But ^{they soon} ~~once~~ people become aware of it they see that there really is no need for violent muscular effort and heaving for breath purposes. The soft movement of the diaphragm does all. The silent breath is a demonstration of this, and the more we 'listen' to the silent breath, the more we understand about the nature of breathing ~~in general~~.

While doing ^{the silent breath} ~~this exercise~~ we should also pay some attention to the 'curves', above and below. We should see that they are smooth, which means that the abdomen must rise and fall with no bumps or breaks.

The behavior of the abdomen, by the way, will tell us a lot about ourselves---whether we feel a secret vulnerability toward others, or confusion as to our role in certain things, or a sustained state of inner alarm, or a sorrow so deep that it has virtually passed into the tissues, no longer apparent to the conscious mind. →

~~As an extension of this exercise we should gradually lessen the extent of the breath, and thus the rise and fall of the abdomen. This undulation should now be very slight.~~ [The rhythm ^{of the silent breath} should be much like the ebb and flow of water heard from a distant seashore. It should have that regularity, that slight emphasis on the ebb or fading away (of the exhale), and above all there should be a sense of the breath being a phenomenon much like the ocean tide itself, detached and distant.

BB5

~~This can be done with a slight noise in the ears. But the analogy of the distant tide should hold.~~

At this point we should introduce a slight pause at the end of each exhale, so that, like the tide, it really dies away into silence for a moment. The organism should be felt at rest during this moment, especially in the pelvic area, with a melting sensation as the breath ~~falls~~, ^{spends} ~~itself~~. One should think of this as completing the exhale properly, laying it to rest.

Here we have our basic breathing pattern. This

→ The remarkable thing is that we can repair the matter by reversing the abdominal habit. Rendering it active smooth will lay the basis for general equanimity.

is how we should breathe at all times of ^{deep} repose.
If we practice it enough, when sitting or reading or
lying down, it will gradually pass into the organism
as a habit functional even in sleep.

4.

Intelligence
The ~~Genius~~ Behind it All

~~The abdominal area is the seat of defences and fears of which we may be little conscious until we begin to concentrate on that area.~~ [We are probably all familiar with the experience, at some point in our lives, of habitually flinching in the abdominal area, feeling an undue sensitivity on touch, even pain.

For this reason some people overbreathe in the abdomen, developing vast bellies which may not be particularly muscular. They may even try to achieve arousal in that area, which is rather more paradoxical than ^{even} paradoxical breathing. In my experience such people have often suffered ~~object~~-loss in childhood, ^{particularly} the death of the mother, or mental withdrawal on the part of the mother. ~~(they amount to the same thing as far as traumatic effect goes).~~ ~~The background is one of severe emotional neglect.~~

I recently asked a client to do some abdominal exercises and she told me, 'I ~~realise that~~ raising my abdomen to the fullest seems rude to me, reprehensible.' Despite the fact that she'd had several children, ^{the} ~~that~~ ^{abdominal} ~~area had~~ remained reluctant to expose itself, which of course put ^a cautious ~~and self-demeaning~~ mark on ^{the} ~~this~~ ~~lady's~~ whole personality.

The exercise I asked her to do ^{was} ~~is a useful one to~~

in order to correct this

~~introduce at this point. It differs from the previous abdominal exercises (OO) only to the extent that it is slower and the abdomen is raised during the inbreath to its fullest extent, that is with the help of the abdominal muscles. This is a good way of perceiving the difference between breathing 'from inside' and, as now, assisting the diaphragm with the muscles of the abdomen. When the abdomen contracts for the exhale the same operation occurs in reverse: the abdominal muscles are used to draw the belly into a hollow (as deep as the abdomen-in-full-expansion was high). We should breathe, for this exercise, with a fairly long, easy rhythm, until we become tired.~~

BB6

~~An extension of this exercise involves the whole pelvic region, and I call it 'the crotch exercise'.~~ Instead of expanding the abdomen upwards or vertically for the inbreath, we expand it in a more downward direction, that is toward the crotch, in such a way that the expansion is felt not only in the sexual and anal area but in the lower back and the posterial cheeks.

BB7

This is a deeply satisfying exercise, the one that gives the frequently neglected abdominal area full recognition, sharpening awareness in both the evacuative and sexual systems, and helping ^{to} subdue ^{away} the shame traditionally attached to both. (For this reason it may at first cause some mental nausea).

On the ease, contentment and softness of this region sexual enjoyment (and the ability to provide it) depend. Just as breathing has to be learned 'from inside', so sexual enjoyment is derived from a process of inner self-nourishment, such as ^{many people are} our society denies ^d people from early childhood. This is the only real aphrodisiac. Sexologists ~~rightly~~ concentrate on social skills in their seminars, that is the ability to make and receive a sexual approach, but ~~frequently~~ leave out of account the simple capacity to enjoy ^{with which the client may not be endowed}. Paradoxical breathers, for instance, invariably have sexual difficulties which they wrongly attribute to

the fact the the client may not be endowed with



congenital dysfunction, sexual molestation in childhood etc. It is the breathing that has been disturbed by childhood experiences, and the breath, ~~as we shall see~~, is an essential aspect of the sex-act, ~~perhaps even its key.~~

Tautness in the abdominal region makes it impossible to abandon the body to someone else. A blocked, dull or nauseous feeling behind the sternum will have the same effect, and the two often go together. Both are due to the lack of a basic breathing pattern on which all breathing forms, from arousal to deep slumber, can hinge. When the lifeline is out of synch, everything else is.

* * *

When people enter sexual contact to prove themselves good performers they often come unstuck because the determination kills the enterprise. If contented lovers were compared with performing lovers it would be found that the ^{of}breathing ~~of the former~~ is quiet and rhythmic and smooth, while that of the ^{performers}latter is noisy and irregular, with much use of the open mouth long before it is needed (in climax). The stroking motions of the hand, the entwining movements of the hips, the sighs, gasps, spoken endearments, the kissing, biting, all have a rhythm connected with the breath.

real
To perceive the difference between performance^{ed} and ~~easy~~ enjoyment in breath-terms we should take five quite rapid breaths in the ribcage area (so that the ribcage expands for the inbreath while the abdomen contracts), and then try to repeat these breaths in the same rhythm but without the slightest sound. We shall find that, to keep up the rhythm, we will be forced to turn the breath into a kind of muscular show, with little air actually coming in. The work will be done by the abdominal and intercostal muscles, while the diaphragm within is doing almost nothing. *Performed enjoyment is noisy, ^{the} real is quiet.*

AB1

This is because sound in breathing means velocity, as we have seen. The greater the sound, the greater the speed. So that for silence we must have a slow rhythm, necessarily. Above all, we need, for the silent breath, that sense of working the breath 'from inside'. Working from outside, through the muscles, will destroy it. And much the same can be said about sex.

Smell too is a source of the deepest enjoyment in sex, and is certainly a mode of sensual recognition between lovers accustomed to each other. Just as some mothers would be able to recognise their children blindfold, by smell, so it is with lovers.

For smell (which will never be right between a couple not suited to each other) is part of the process ~~in love-making~~, of 'exchanging the breath'. On the whole, humans have lost this universal animal habit, except in the love-act. If you want to calm an animal or induce trust in it exhale and remain in apnoea (without breath) for a moment or two. If you blow gently on an animal's face it will be taken as an intimate token of confidence and love, and will usually be received with a flattered look of gleaming eyes and ears laid back. A primate, introduced to a human, will beckon him and blow gently on his face, and wait to receive his breath in the same way. He will scent the breath and find out what he wishes to know about the stranger. Fear can be smelled on the breath, being highly toxic in its physiological manifestation. The breath of a disturbed, unharmonious person can never be sweet. The stink in animal experimentation labs is due to the terror, ^{and always,} in which the animals live.

I once 'took' the breath of the famous Koko, the gorilla who learned the American Sign Language, and it was as sweet as flowers in May, which I took to be a tribute to the care of her owner, Dr Penny Patterson.

~~Of course between lovers accustomed to each other~~

Disorgan cuts - here are of the new letter.

~~and right for each other, the mutual rhythm of the breath establishes itself involuntarily. When people 'melt' into each other's arms, the breath will be unified in the same way.~~

The breath is (also) of prime importance in the control of the orgasm. Withdrawal in order to prolong pleasure is much easier when the breath is in charge. With withdrawal the abdomen (in male and female) should be relaxed and an easy breath taken in that area, without movement in the ribcage, until the excitement has subsided and a new cycle of sensual exchanges can be begun. This withdrawal can be internal, that is, without disturbing penetration. The excitement is simply reduced by the breath, by directing the breath to the abdominal area.

Pre-orgasmic excitement will make the breath rise to the ribcage, as more oxygen is required and the special-effects system is touched off. As orgasm approaches, oxygen-needs increase, so that the mouth opens and a panting breath takes over, high in the lungs, as during exertion or running.

But from the first moment of love-making the breath is the key. Once it begins the breath of the couple 'mingles' and the faculty of smell undergoes a subtle change as if a common breath were now established, a common smell, not another's.

Africa


Breath can thus unify, and be a unit between two. In certain 'primitive' voodoo-like ceremonies the breath is frequently used to induce a sense of mastery, accompanied by sexual excitement. This results in random sex which is by no means as random as it appears to the onlooker. The partners are in an identical state and their choice of each other is determined by this, not haphazardly.

~~In the event of one partner requiring manual stimulation after the other's orgasm, and special fantasies to induce orgasm, the smell of the other person will quickly become that of 'another'. There~~

will be no breath-mingling because the breath is no longer in unison. Naturally, since the fantasy has taken the place of the lover's body.

The need for special stimulation need not be due to the partners being unsuitable for each other. No 'abnormality' of this kind need be feared, once the breath has been engaged. If the climax is a feared event, then 'unity' can be enjoyed during the preliminaries, and there are excellent orgasm-withholding techniques which prolong these, so that the orgasm is rendered less important and therefore less demanding. It may cease to be 'the climax'.

* * *

~~It remains true that~~ If a person hasn't found his ^{or her} true breath, it will be difficult to find his ^{or her} true mate. This isn't as arbitrary a statement as it sounds. The body which relies on disturbed breathing patterns, and is inflexible in the bellows-system, ~~lacks full control of itself,~~ ^{decomposable} ~~in the sense that it doesn't quite know what it wants, what is good for it, or who it is,~~ much less how to recognise, seek or find the fitting mate. As we all know, this ~~cannot be done cerebrally.~~ It has to be a matter of ~~autonomic or~~ ^{~ chemical} 'magnetic' attraction. 

The ~~reticular activating system~~ in the brain-stem warns us during sleep of the presence of danger. There is also logic in this warning system. For instance, if you live in a city you will not wake up every time a car rushes by outside. The RAS will let you alone ^{here} because it knows that, in your present situation, that sound is safe. But go into the depths of a forest and sleep there---~~and~~ if a car rushes by right outside the cabin door the RAS will have you sitting up and staring in less than a second.

Sigmund Freud talked a great deal about the unconscious; ~~and~~ the shock of his ideas for the west lay essentially in the message, 'You are far from being rational creatures, as you think or flatter yourselves

→ ~~Especially~~ Once we fall in love we
feel entirely possessed - all of life
changes for us, we could never,
^{be blindfolded} as Cupid shows us, consciously ~~find~~
a deliberately find the beloved.

We are guided by many
reflexes of which neither the
consciousness nor the reason know
anything. The rest is automatic.....

that you are. You are much more the servants of desires, habits and fantasies of which you are mostly unconscious, and over which you appear to have no control. Indeed, a good way of masking these wild forces is to give them a rational form, whenever they threaten to express themselves. This is a rationalising, but not rational, process.' →

At a time, ~~in the first decades of this century,~~ when rationalism was regarded as ~~unimpeachable,~~ and the litmus test of all experience, this message was a great blow to human pride, ~~another Copernican revolution,~~ and Freud and his followers weren't thanked or liked for it.

Recent brain researches have completed the dethroning process. They support the contention that the cerebral cortex is by no means the controlling factor which our civilisation has increasingly, since the sixteenth century, tried to make it, ~~in line with one of the dominant themes of mediaeval thought.~~ In fact, we make decisions before we become aware of them. The neurotransmitters begin preparing for an action before we have consciously decided to make it.

of the
reason.

Sometimes we may even tense ourselves for a loud bang or explosion before it ~~has~~ happened, and without prior warning of its being about to happen. This is a warning from the reticular self much like the animal's awareness of approaching danger or storms (for in the ~~other~~ animal the reticular self ~~still~~ works ^{more efficiently} among other

1. The relationship between thoracic or arousal breathing and the reticular self is particularly apt because arousal or activating is the chief function of the reticular formation. This area inside the medulla receives both information from the sensory tracts and nerve impulses from the cerebellum, basal ganglia and other nuclei. This is the source of its control of the cerebral cortex.

→ criticism, the Freudian system was
the it was the mental sickness
it claimed to cure. That is, it
used a rational process, and tried
to send the patient not home
rational.

Basingstoke / 2 whs 26th July
-54-

presentiment.

81 9907

-Mⁿ Webber.

things, through the fur, the sense of smell, etc, which it no longer does in the human with the same efficiency.

The nature of memory provides further evidence that the cerebral cortex has a relatively small, though of course essential, function in the overall perceptive apparatus. The two memory sites, at the base of the brain, the amygdala and the hippocampus, present memories to the cerebral cortex already packaged with emotions of sorrow, regret, fascination etc which the cortex has done nothing to manufacture, and of which it can frequently give no rational account whatever.

Indeed the cortex seems to have little choice as to what memories will be presented to it, and in many cases where the memory returns again and again as a simple image it cannot explain why it should have more hold on the mind than any other. Clearly a most eventful life is going on far below the level of awareness, so that we can no longer say that awareness itself provides order and sequence. On the contrary, that other world, ~~seems to be hidden from us, and~~ beyond our conscious control, though it is surely what we must mean by the ego proper.

* is in us *

The existence of a guiding, even wise, presence in every human creature, becomes evident in any prolonged breathwork. The way the nervous system ~~works on~~ ^{affects} the form, rhythm and intensity of the breath is the first clear demonstration that a control is being exercised on our organism at every moment, but it is by no means cerebral control. ~~Indeed, such a meticulous, complicated system of control, working through instantaneous messages sent and received along the neurons, and involving something like 400 chemicals in the brain, and a feedback system working through the glands,~~ ^{It is also surprising too} ~~for the brain sending and receiving~~ ^{the S} would be far beyond the cerebral cortex to maintain

The slow process of logic and causality,

new, unthought of patterns.

this complex system

even for a moment.

Thus, [The objective of any thorough breathing system should be to reach the point, through bellows-flexibility and gradual modulations of rhythms and intensity, where the ^{guiding intelligence is accessed.} ~~subject experiences a kind of personal introduction to this alter ego that is in fact the true ego.~~

This is achieved not by dramatics, not by cathartic or primal ~~screams and enactments~~, but by silence and immobility. Only when expectations, emotions and thoughts have been silenced will that ~~alter ego, the reticular self, emerge.~~ ^{intelligence evoke all kinds of}

Only

~~For it is tension that~~ expects and demands dramatics from the breath (~~tension in both therapist/teacher and subject~~). ^{success} Dramatics provide instant release, a sense of having arrived at the heart of ~~the~~ problem, but the organism remains as doggedly possessed by that problem as before, if not more so.

I remember a wild-eyed man coming to see me in San Francisco. He said he'd undergone just about every major therapy and personal growth technique known, and devoted himself to ^{know than me} ~~nearly all the~~ internationally established gurus. He could do anything and everything, he said. He could scream, cry, rage most convincingly, ~~fulfilling the wildest therapist's hopes.~~ To my astonishment, when I asked him to demonstrate for me his habitual breath, he went through just about every kind of breath on the map.

'You see,' he said. 'I can do anything. The only thing is, after all these years, I'm still not in touch with myself!'

* * *

^{is inner yet}
~~Just as breath communicates with the inner world,~~ so it is the source of our communications with the outside world, ~~and it is useful to observe how the reticular self, that resident genius in every creature,~~

friend / 22 yrs - UK

Annie Mosley

1 Palmers Square

Hove

Surrex BN3 2JA

(01273) 220281

~~processes this communication each day of our lives without our being aware of it.~~

Throughout the animal kingdom this is so: breath is in all senses a communication. Animals use it to communicate with each other---perhaps more subtly and ~~exhaustively than we yet know.~~

And ~~we~~ ^{use} do precisely the same, incorporating sound in the breath by means ^{to make} of the vibrations ⁱⁿ of the vocal chord---to make language ^{and song.} We can experience the coming about of language from the breath by saying a few simple words or consonants to ourselves, observing what happens to the mouth and tongue, and the velocity of the breath that makes the desired sound possible.

~~Many of the exercises in this book are this same breath/tongue/lips activity broken down to simple forms. For instance, we shall be looking at a hissing exercise--- the 's' we make many hundreds of times a day is here reduced to a single movement.~~

In speech we modulate the breath in the subtlest way. To pronounce 'A' we make a mini-cough, closing the epiglottis for a fraction of a second, with the breath close behind, ready to flow through and complete the sound. 'B' is the closing and opening of the lips for the breath to pass through at greater velocity than in 'A'. 'C' is the delicate touching of the tongue on the palate in a slight U-shape, to allow the breath to pass through in a momentary hiss. 'D', like 'A', is a momentary closure, blocking the breath, but this time with the tongue ^{striking lightly} full against the forward palate, ^{so with} so that the breath must ^{rise} break through ~~it~~ to create the right sound. [The word 'who' requires a slighter and longer breath than, say, 'ha'. 'When' requires a pout that opens subtly for the breath to whisper its way through, and is closed by touching the palate lightly with the tongue. 'Th' is a sound made by air through a narrow outlet, formed by the tongue and the upper teeth. 'Shame' is made by a similar quickly constructed barrier, and is closed by a meeting of the

striking
boldly

lips to resist and then permit the outbreath. 'T' is differentiated from 'D' by the breath's greater velocity---it almost pushes the tongue from its cleaving position at the palate, while in 'D' the tongue, in the same position, is visited by a slighter wind. 'H' requires a more open mouth than usual, and a long outbreath without velocity. 'P' differs from its brother 'B', like 'T' from 'D', in that it needs a greater wind-force through the lips. 'U' is made by the sides of the tongue against the palate, followed by a pouted opening of the mouth for a rushing outbreath.

Words and syllables and consonants are, then, breath or mini-wind aided by grunts in the throat. The sound of wind in the branches of a tree, or through an almost closed window, humming high and then low, is a similar action. But unlike wind-sounds, human language is the effect of a deliberate manipulation of mouth-structure and wind-velocity, so rapid and subtle that the cerebral cortex would be incapable of reproducing it. That is, to think out how to shape the mouth and tongue and modulate the breath for certain syllables would create hardly a word a minute. Word-forming is as unconscious as digesting, precisely as learning the language as a child is. The reticular self--- that genius we rarely pay homage to---is responsible for all, so responsible indeed that the cerebral cortex may never become aware of what is going^{on}/_h from first speech to last breath.

It all amounts to a startling intelligence at →

Poetry, dramatic moments on the stage, any use of the word to heighten emotion or perception relies squarely on the breath, its rhythm, velocity and intensity, more than on the rational or analytic modes.

An actor with a good command of the breath will hold an audience while another actor inferior in this aspect but superior in understanding, timing etc will

a finished product, and we are the
finished product whose life is
receiving and reacting, recording
and adapting with infinite
changes of which we know nothing.
The breath is like a bridge to
the intelligence that Atman lies far
beyond us. — p. 63

→ at work in us, but an intelligence we
can only inhibit if we try to direct
it. All animals have the same
miraculous force working in muscles,
breath, glands, parts of a great
electrochemical orchestra that we
played no part in assembling or
placing a director — the whole
phenomenon is presented to us, &

lose it. For the ~~breath~~ of the actor influences the breath of the audience---that is, they are swept along by him, ^{an} ~~the~~ autonomic factor takes over. An actor who has difficulty with the breath, ~~or is a chronic passive or intuned breather,~~ can ^{not} ~~never~~ have this strange hypnotic authority. ~~Therefore breath initiation is of especial importance to performers using the voice.~~

Coordination of the breath with movement---whether of the limbs or the vocal chords---has to be successful if there is going to be an aesthetic effect on watchers or listeners.

This coordination applies to almost everything we do. If you talk to someone or listen to earphones while jogging, your breath will be out of synch, and you will easily tire. The breath should be coordinated with the rise and fall of the feet, and this will come about naturally if we are properly relaxed while running.

In the same way a dancer cannot hope to achieve proper effect on an audience if, for instance, he or she is holding the breath continuously during performance. A stiffness will betray itself, and only training in the soft, regular, abdominal breath, alternating with arousal breathing, will eliminate this.

A surprising number of singers breathe incorrectly. I have known just two Oxygenesis sessions with a singer make a remarkable difference in tone and projection. If the breathing necessary for singing remains unsupported by proper breathing patterns, especially during sleep, much performance quality is lost.

*

*

*

Really breath-initiation means being introduced to the reticular self, and yielding to its superb administration. There is some magic at work here. The introduction takes place without words, without

movement. Yet some undefinable wonder has taken place. People say 'I feel I fit into my own skin for the first time'.

All the rigorous breathing exercises in the world, all the dramatic ravings under a mule-driving breath fanatic, cannot replace this most moving of sea changes.

11.

SPECIAL EFFECTS

7.

The Arousal Breath

No breath-initiation is possible with the basic breathing pattern alone, however stabilised. Our breathing apparatus seems to demand an equal division of labor between the abdominal and thoracic regions, and it is to the latter---the special-effects box---that we now have to turn.

What is arousal? When suddenly frightened we open our eyes wide for clearer attention and observation, we open our mouths to admit a plentiful, if short, gasp of air, our abdomen contracts and we breathe high in the chest, our bronchii dilate to facilitate the new demand for oxygen, extra blood rushes to the skeletal muscles and the heartrate goes up. We are ready to 'fight or flee'.

When we induce a similar physiological state in an utterly immobile position, lying down with our eyes closed, the energy thus aroused has only one avenue of escape---back into the body, where it works in various ways. Therapeutic effects sometimes result. Heightened and sometimes ecstatic states are induced. The brain may suddenly become optimally efficient as an information-receiving apparatus (much like a radio in that the information comes from 'out of the blue').

All this is achieved by not fighting or fleeing.

In an objectively dangerous situation we would be standing or in some alert position. But in a prone and composed state the organism uses the breath for inner action, as opposed to outer action.

We ruin this internal action if we seek dramatic or cathartic effects, and twist it into outer action again. Also if the organism is invited to enter fight-or-flight situations artificially it will soon become used to this form of momentary emotional release, and return to it again and again, at home as in sessions. When placed under stress, however artificially this may be induced, the adrenal gland becomes used to manufacturing hormones at an accelerated rate, and to targeting its synthesised chemicals at certain other organs to protect them. If repeated too often, this depletes the gland, especially in vitamin C, and wears out the cells. This means that it can no longer deal efficiently with real stress, or fulfil its vital function as part of the immune system (healing inflammation etc).

* * *

At present the medical profession tends to relegate all arousal techniques, without specification, to the area of 'hyperventilation'. It is a word that covers a multitude of meanings, though its physiological one---the insufficiency of carbon dioxide in the organism---remains the basic definition. But there seems to be little agreement about symptoms.

Before we examine hyperventilation---and its brother, the 'tetany effect'---we should remember that all special effects can be taken too far. Laughing, coughing, sneezing, chronic paradoxical breathing, if continued indefinitely, will produce drastic toxic results.

If we take arousal breathing too far it can become hyperventilation or tetanic paralysis. This is why the arousal exercises in this book must be followed with extreme care. The number of breaths advised

should never be exceeded, unless in the presence of a breath master. The exercises I am recommending are of a preparatory nature. They are also designed for people who cannot find a competent breath teacher, and who must therefore approach arousal very gradually, over a period of months. Thus the emphasis in these exercises will be on the power to self-monitor, and how to secure this.

*

*

*

At this point we should return to our earlier distinction between stress and tension, which are often wrongly lumped together. Tension is essential as a means of self-protection under threat or in danger, or for the accumulation of new energy. Stress is a mental state which goes together with tension but is by no means synonymous with it. What we have to do in the Oxygenetic process is to perfect tension so that it is available to us when we need it, and not in situations for which it is quite inappropriate. What we have to do with stress is to destructure the fixity which is its chief mark. Many people have said that the breath can heal everything. But this is only true if the destructuring process has been successful, and this may take a considerable time, and involve treading many different paths.

Later in this book I shall be talking about the work of Emily Conrad Daoud in Los Angeles. Her 'micro-movement' workshops induce motion in the body where no motion was thought to be possible before. Incorporating such movements into one's life after the breath has been activated is probably the best destructuring procedure one could undertake. In this way the two extremes, the two poles between which the organism seems to operate most beneficially, that of total immobility and that of vigorous motion, is achieved. The subtlety

which ~~of~~ means subtle air, or the energy behind ~~to~~ it.

of the immobile experience is matched and balanced by the subtlety of the micro-motions.

Emily, by the way, has some intriguing breath-patterns which she uses in her group work and which, despite their frequent use of the mouth, are perfectly safe, since a) movement is involved and b) abdominal breath is used.

* * *

BROCHURE

Clients often say 'I feel a peculiar link with the ancient world through the breathing, as if I knew what it was like to be ancient.' Usually they can't define the feeling much more than this. Yet the feeling is precise, a kind of sensory conviction without images or historical reference.

~~We associate a sense of bodily form with the ancient world, certainly Greece and Rome, if not Egypt.~~

~~And that ^{the} ancient world was fully informed about the functions of the breath seems evident from language.~~

→ Edward

'Spirit' is derived from ^{the Latin} spiritus, the breath.

'Inspiration' comes from inspirare, to breathe in, and

'aspiration' from aspirare, to breathe out: these words ^{actually describe} adequately define the difference between the inhale and

the exhale, ^{There are Chinese exercises that use the inhale} as it appears through special-effects breathing.

The Greek pneuma meant air or spirit, and perhaps approximated in meaning to the Sanskrit prana, ^{all words}

In The Arabic rih means 'air' and ruh means 'soul'. The

Greek psyche is related to psychein ('to breathe') and physa ('bellows').

In the Greek view the soul entered the body with the breath, which came 'from the whole', carried by the wind.

Thus Greek gods were often the offspring of virgins impregnated by the wind (in Botticelli's

Here we come to what is perhaps the chief destructuring element in the arousal breath, and that is the state of

I used above the word 'the first' means 'air', the second 'soul'.

for certain self-strengthening effects and the exhale of self-dissolving.

elation. Of all special effects it is the most disruptive of fixity. Just as the special effect of laughter clears the head, induces a satisfying discharge-reflex in the eyes, exercises the abdominal muscles to the point where they ache (we 'hold our sides'), releases congestion in the nose, brings a healthy flush to the cheeks and endows the whole body with a sense of contentment and easy communication with the world---all fixity is gone---, so it is with Oxygenetic elation on a deeper, subtler, more enduring level.

'Spring' the female original figure has the wind close by. Breath is a breath away from intelligence itself, for the source.

↑
Brochure

THE TWO-PART BREATHING SYSTEM

SPECIAL EFFECTS

thoracic
inbreath
mouth
intoxicating
purposive
sympathetic
inspiring
therapeutic
exciting
left nostril

AUTONOMY

abdominal
outbreath
nose
detoxifying
transforming
parasympathetic
aspiring
vegetative
calming
right nostril

CHAPTER BREAKDOWN

1. THE BASIC BREATH.

i) Fixed-structure thinking has discouraged bellows-flexibility. Myths about the breath: overbreathing. 'Breath comes naturally'. Oxygen not an unqualified good in any quantity.

ii) The two-part bellows system. The meaning of the upper part and the meaning of the lower part. The upper---special effects; the lower---basic breathing.

iii) How to make the bellows flexible. Becoming aware of the breath and how the nervous system constantly acts on the breath, modulating and conditioning it according to ever-changing needs. What is normal breathing? The distinction between the inhale and the exhale, the silent and the noisy breath. The 'curves'.

iv) The abdominal exercises. The abdomen and sexuality. Smell, 'exchanging the breath' in animals and humans. Control of the orgasm through breath. The functions are all controlled by the reticular self. The breath elicits this 'alter ego'.

v) The importance of the exhale. Ten exhale exercises. Curtailed or incompleated exhale often the cause of hyperventilation, rather than the inhale. The exhale menaces a disturbed organism with the threat that there may not be another inhale if it (the exhale) is too long.

vi) Meditation and kundalini practices on the basis of disturbed breathing patterns are unwise. The use of the breath in ashrams, often mistaken. The oriental meaning of meditation the opposite of what that word (from meditare, to ponder) means for the west. Dhyana, meaning the cessation of all outward impressions, is achieved in Oxygenesis as the amniotic state. The basic breath is a necessary support-system for all 'special effects'.

11. SPECIAL EFFECTS.

vii) The arousal breath. Its connection with hyperventilation. The physiological definition of arousal. How it is used in Oxygenesis.

viii) The therapeutic effects. Superoxide dismutase and senescence. Ageing in men and women has a common, not a gender-determined cause. Oxygen and the human cell. Oxygen and the enzymes.

ix) The meaning of the 'tingles'. Arousal electricity. How to monitor arousal. The arousal exercises.

x) Breath retention and its importance a) for metabolism b) for the proper management of energy and c) as a follow-up from arousal. Involuntary breath-retention bad, voluntary breath-retention good, because in the former the primal repose is missing. Combined with light-visualisation, breath retention most potent for effortless performance and influence.

xi) What are optimal powers? In the Oxygenetic process they are seen as the reticular self made manifest, once the breath has destructured the organism sufficiently for that self to assume control without interference from the cerebral cortex. Signs of the 'emergence' of the reticular self.

xii) The importance of elation in the destructuring process. The ease with which, once the breath has been activated, inner elation can be secured within moments. Meditation---the misunderstanding of this in the west as a 'haven' experience which may actually lower the quality of daily life by contrast. The Oxygenetic process tells us, on the other hand, that everything is already supplied to us that we could possibly want, and that beyond-life goals originate in suicidal longing. True meaning of meditation dhyana, i.e. 'cessation of all outward impressions', which in Oxygenesis is the amniotic state. This is not withdrawing in effect.

xiv) Oxygenetic elation a) induces satisfaction with immediate circumstances b) charges these circumstances with a power often wrongly sought as 'other-worldly' and c) provokes a new deployment of energy and

initiative. This may be accompanied by a sense of receiving information (the 'antenna effect').

xv) The Oxygenetic process suggests that objects, bodies etc are simply the shapes, colors etc of spirit. This is why the ancient world identified spirit with breath and made it the same word. It is also perhaps why we associate elation with certain periods of ancient history, and why in Egyptian, early Greek and Etruscan sculptured heads there is a common rapt smile, absent from late Greek and Roman heads.

BREATH TAKING MOMENTS will use the breath exercises as a means of exposing the theoretical and physiological background. The Oxygenetic process will therefore unfold for the reader in the form both of a practical experience, through the exercises, and an elucidation the effects of these.

Exercises will be referred to as BB1/2 etc (Basic Breathing exercises), AB1/2 etc (Arousal Breath exercises), RB1/2 etc (Retention Breath exercises), and AN1/2 etc (Alternate Nostril exercises). These will be listed as an appendix with a brief description and a page-reference.

LENGTH: 60/80.000 words.

ILLUSTRATIONS: some color plates, otherwise B/W action photos. Diagrams.

WORKSHOP

Rover Booth

1. We're the improved species
when we start off with the
fact we can never think in
the habit - make it
think.

BICLARY
Bridge
81600
Graillac

2 Our specific water has
required the we use:
an excessive indeed disease
satire the costume part of the
hair (the conservative, the
motor and the analytic).

(0563)
(574865)

3. This is to replace low
reflexes, we have to build
new reflexes with high;
this is new human reflexes
we think

P. 70

WORKSHOP 2

4. Because of the non-animal condition, we overlook the most important part: the other animal receives reflex-guidance "naturally". We do not. We must be destroyed, or "since" must be harmful if we are not so guided in our navigation and management of the habitat.
5. This impaired animal must be able to tap its guidance and information the way animals do, and this is of prime physiological.
6. An indication we now have had techniques of

3. WORKSHOP

tapping in, etc. there has been
allowed to atrophy and the
forgetting is not because our is
based - the new animal
doctrine the epiphenomenal as
advance by the mind merely by
the body.

6, but and we words, we
must have things, but these are
vehicles for action not in
themselves, a source of original
guidance & information, so THEY
COME IN LATER, to us,
despite, analysis that we have
physiologically obtained.

"I am admirably happy" — is dependent
of all else going on in the region,
we a state of misery. Or it

Or it will create a new
channel: it will show the
course the line trickle down
us, hidden of become as
mind cannot see it so

we become deranged.

Trace the tingling importance of the outbreath and the
upper curve of the inbreath: the inbreath is pulling
in, the outbreath is pushing out.

Crouch behind the head of each person and ~~put~~ place
fingers under the ribcage to mark the frontier between
abdomen and thorax.

Stillness afterwards with the same words will elicit some
light.

OXYGENESIS

TINGLE
a tingle. Flap hands vigorously t. being a
↳ this ~~is~~ a benefit? is it
healing?

Let me fully accept the 'it is of oxygen.'
Then I say, from my point of view oxygen is a miraculous
thing, whatever name you give it. 'Spirit' has been
played out by our civilization. We have no word
for 'subtle air', 'subtle breath' — i.e. PRANA.
But I can say that oxygen ~~is by itself~~ isn't the only
factor. If I wish for information I must act
with my mind. It all depends on the — my active
participation — the light while breathing, my asking
for the guidance, my pointing the way. All
animals do this. In all animals the cerebral
cortex is the headquarters of certain essential
activities.

~~1) The 'subtle' force of Prana
is the force of life, the force of
the animal, the force of the
body.~~

OXYGENESIS

Causes of universal

breath disturbance: it is once + ^{with} ~~with~~ in
cutting the cord. The
first life is a struggle
with death (suffocation).

'The stars are in me', 'haci' (Rendell)

Mantra Yoga has its lowest part which
I take to be in Pranayama. PRANA =
^{'subtle'}
It is, the force that uses oxygen as a
vehicle of its intelligence.

Oxy Prouce

The animal receive information before of all: as need of alertness has regard with it. Here psychics say 'let the mind go, do it will anything and then it will start....'

1] Madmen.

2] The animal. Who is the animal?

3] Who is civilization? →

4] Does initiation come from nature? does 'schick' come from nature? →

6] How do I recognise myself? ←

Nietzsche when he embraced the world was embracing the animal.

The 'I' that comes into being is like the 'I' that transpires from the work of water & paint who just throws everything down and gradually sees a form appearing, an individual form, and thinks 'that's me!' So it is the me I carry about with my body. I complain the people don't know me but how could they? So it doesn't matter if to the.

Hence the Chinese emperor
hears from the breath waste
'the breath communicate
with the world'

5] WHAT IS THINKING? It is 2-parts
within the mind that we need to look at
each other. This is what Aristotle meant
by reflection & contemplation & philosophy:
the Home hear by the 'subtle mind'.
The mistake, or error, is that it is
detachment from the animal. It is
actually a perfect animal function,
and anyone who has worked with
animals is aware of this
detachment in them

Oxygenesis

1] When you are deep in an argument or you are ~~confronted with someone~~ and you are really distressed the tendency is to feel "impaired" within the situation: you need not just your self but an extra being who can see the situation ~~and~~ not as an observer from afar but one inside. And contacting the extra being is a exciting work: for the being is also a source of constant encouragement and unravelling of problems and information giver: a being inside you, yet it has to be invoked, as if it were outside also. "MITOCHONDRIA" (is not never to stray too far from physiology).

2] It is like we have to put on a pair of spectacles to perceive. ~~If we've had~~ And the spectacles ~~show us~~ have a picture already in them. Or perhaps they change the shape of something — we can never know, because we can't see without them. For the human animal there is always a realist problem. Oxygenesis is like relief with me is, inside.

UNGUIDED and UNREAL we cannot perform except in a passive ^{and} automatic activity.

OXYGENESIS

I During first part of deed was position, after the silca - with structure, place a palm on the brow, the - finger on the third eye, then slightly oiled backward (upward) strokes on the brow to induce state of rest.

At the end of the silca muting:

I am all I need to be

I have all I need to be whatever

I wish to be

However, I cannot myself decide what I am to be. [This is the clearest of BONDAGE when to learn again Sunday to oxygen is to R.L.S.]*

II The calamity may be

mutilating.

{ * This involves initiation the kind of initiation is his? The lesser Mysteries }

OXYGENESIS

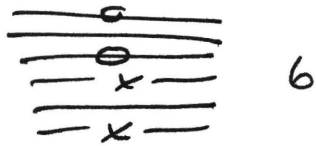
After the silent watch (opening of world):

Let us look more closely at this thing that's inside us, and is us. Let you, also, exists outside us too — at least outside the we call no body, ^{as} life, let us choose the word Intelligence — I mean both the can see clearly and the can see the truth, and in another sense the duplicity information.

I am going to suggest that this intelligence is not ~~just~~ a wide-awake capacity. It doesn't depend on us being alert or active. Attention is one of its vehicles, why us. It is still there = heightened physical distributed, in sleep, we in coma (BAUER). Is it possible that it chooses vehicles like electricity?

My philosophy — Studied Critique of Pure Reason ^{my conclusion was} — wide awake intelligence can and message in medicine helical let work life.

What and why
present at the
TH to?



Will we be helped by the
or how the fact
was not for him to be?



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OXYGENESIS WORKSHOP

The Mad Ape

(in the Kathopanishads, & example)

Long before Xianyi, a
It was ~~an ancient~~ mystical rule/ the use of had
commanded your senses, ceased to be conditioned by
desire, you were open to mystical knowledge that
the world you lived in. 'Enquire of the Holy One
of the earth, the secrets they hold of you. The
enquiries of the desires, the outer senses will give
you the right ^{RIGHT} to this: (Kathopanishad) 1- Desires
it becomes a mind cleared of 'passion' -ing this
will make real thinking possible. It was with a
superficial, gati, an intellectual version, then the the
orientals were sent to the world, of mystical truth
of which they found nothing whatever.

This was taken up by
medieval theologians, as
always - the basis of the
misunderstanding that it was
an intellectual statement.

→ All this was taken as the need to repress
natural desires; the suggestion was unquestionably
fitted in with the 'suppression of the animal'
idea. It is really a reference to the right state
in mind to receive (Silence breath a amnesia)

Oxygenesis

The first step is to define meditation. R.D. LAING the psychiatrist looked for a definition and couldn't find one until he read about the Buddhist practice SATI-SAMPAJAMA which he translates as BARE ATTENTION, i.e. attention without any presence of mental or emotional or bodily or behavioural events. It is not just being told 'Clear your mind by allowing all thoughts to pass through it and eventually it will enter a state of control, in which there is no thought. But the mind, particularly the western mind, is best rather than a thought, and not having thought is, ~~it~~ ^{thought,} a state of consciousness. This is why R.D. Laing needed a reliable definition which described, in better words, could, the state itself.

He was wrong to compare it with Freud's 'free association' except in the initial or preparatory state of letting the thoughts flow uncontrolled and in, or it was, unsupervised order. The free assoc. means something in the Freudian sense but in meditation it is insignificant, → The breath can take you into this state without any such preparation being necessary. It is the state of seeing clearly as if there were no longer a self, or, to be more precise, as if there were now two selves, the one an emotional and sometimes rational and mental and behavioural

→ however violent, massive etc.

Oxygenation

(2)

me, and me a deep the looked on either commitment.
and, it's a very emotional center. We are going to do
something now that will give us a notion of this, but
is the form of an experience, not a thought, not an idea.

THE SILENT BREATH: we want first
examine the difference is between a noisy and
a silent breath, and a nasal and an oral breath. This
will make it easier for us to get the experience.

I shall be doing nothing here that is of the
slightest danger. There is no need for danger in the
practice of techniques that lead to joy and information.
There are two categories which most manifest in the
practice of Oxygenation. A perfect state of relaxation,
a sense of well being, the ability to sustain and
maintain oneself during critical nervous crises, such as
can happen to anyone in the present state of the world —
these are ^{some of} the aspects of the attainment of the two
main prizes, joy and information.