

"BREATH TAKING

MOMENTS"

PROPOSAL

(FIRST CHAPTER

~~IN~~ OXYGENESIS

~~PUBLICITY~~

~~PROPOSAL (FILE)~~

OPA INTERNATIONAL

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SAN ANSELMO, CALIFORNIA
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We know from experiments that in their moments of greatest effort sportsmen, far from being tense, record alpha levels of repose in the brain that are equivalent to a state of meditation.

Only a fraction of our daily life depends on the conscious will. It is simply a physiological fact that most of what we have to do is taken off our hands by this remarkable motor system we have inside us. It walks our legs for us, it does several jobs at once for us, it blinks our eyes for us, it breathes for us.

We say we do these things 'naturally', quite as if somebody else was doing them for us. Yet we 'learn', we 'train'. That is, we induce our 'nature' to take on tasks we could never manage by means of our cerebral cortex or will.

Happily we don't have to tell our arm to raise itself when we're drinking a cup of tea or coffee, any more than we have to arrange our mouths to salivate.

Reworking the Motor

This is why we give our motor system so little attention – because no amount of thinking will alter it. So it invariably works at half strength. It may be given to breakdowns which we cannot understand – small, hardly noticeable lapses as well as major ones which we then call panic or stress. It isn't that panic or stress can be avoided. But they can be contained and rehabilitated *autonomically*, though only if the system is working as it should – that is, if the right physiological conditions are

there. Stress and tension can't be talked or persuaded away. They can be trained away, physiologically.

We can only perform properly *if there are two selves* at work – one performing and the other at perfect rest. This discovery is called in Oxygenesis 'the dialogue'.

Why 'Cellular' Repose?

A certain subsidiary cell within most of our other cells controls the oxygen/carbon dioxide exchange. This is why Oxygenesis calls the repose it achieves 'cellular'. The cell is called the mitochondria. Some biologists call it the 'evolutionary' cell. Some even call it the 'building bricks' of the body. It speaks a code unknown to our organisms – the only foreign code we allow. A breath-master at the court of a Chinese emperor was once asked by the emperor 'Why do some of my courtiers look young and have vigorous sex lives at a great age, and others not?' and he replied 'They have the breath and the breath communicates with the world.' It isn't likely the emperor understood what he was told. In Oxygenesis this extraordinary tapping-in process brings us, if we have a mind to seek it, information that is both intimate to ourselves yet about the world in the most practical and immediate sense.

introducing to the UK

MAURICE ROWDON'S

OXYGENESIS



A dramatically effective
breath initiation

All enquiries and appointments:

The Hale Clinic

7 Park Crescent

London W1N 3HE

Tel: 01425 461740 (Medical Director's Unit)

Maurice Rowdon began devising his breath system nearly twenty years ago, after long practice of daily pranayama or yoga breathing, which he learned under the Indian teacher Selvarajan Yesudian in Switzerland. From 1981 he taught Oxygenesis in Berkeley Ca. and San Francisco, as well as in Italy where he has led workshops. He has published twelve books, both here and in the States, his last being on animal intelligence. At Oxford he read philosophy as his main subject and took two degrees for his MA, the first in history. He is currently finishing a non-fiction book called *The Evolution of Mad Apes An animal study of humans*.

- ⊕ *Oxygenesis brings about a state of 'cellular' repose within moments, and this can be made the resident mode of the body.*
- ⊕ *Once activated, the breath is virtually a new organic function, a new vehicle for metabolizing, perceiving, imagining, working, handling crisis. Until then we are passive breathers, unaware of the very source of our life and energy.*
- ⊕ *Oxygenesis examines the physiology of your breathing. Breathing exercises on the basis of patterns adopted since childhood and entirely unexamined are an absurdity.*
- ⊕ *We are all required to perform. We performers must have ease. We must belong to ourselves. Without activating the breath we can't achieve this basic necessity of all work and health.*
- ⊕ *Oxygenesis initiates flexibility, and flexibility is the great stress-destroyer.*
- ⊕ *The popular fallacy is that we need to take in as much air as possible and*

that we breathe 'shallowly'. But 'shallow' and 'deep' breathing are two sides of the same coin. The one produces the other. Economical breathing, which must be learned step by subtle step, is the basis of both well-being and longevity.

⊕ *The human nervous system is in crisis due to intolerable pressures. This has compounded wrong breathing habits inherited at birth with wrong emergency ones provoked by necessity*

Whatever we are doing with our breath we are doing with our life.

If I observe someone's bellows box (as I call our breathing muscles) I can see the forces at work which we call our 'nature'. Now we can't decide on our own natures. They have been there, apparently, since birth.

What we *can* do is to see if the bellows box is working as it was meant to. And, miraculously, we only have to adjust it, in the subtlest manner, with neither strain nor striving, and our 'nature' seems to become our own for the first time.

Oxygenesis is thus a journey of discovery. When we begin making changes in our breathing system – a system we may never have thought about or questioned because we were told it was 'natural' – we find changes going on in our lives which make our previous self seem somehow surrogate, conditioned from outside.

People who do Oxygenesis say things like 'I have my own face now', 'I fit into my own skin', 'I'm content to be me'. They still can't see their own 'nature' – this is always

hidden to us – yet they have been on a journey to the source.

How does this happen?

Oxygenesis deals with that marvellous *motor control* which takes us through each day by doing the things we are used to doing without any orders from us. So ingenious is this motor control that we can drive a car while listening to a friend and answering him as well as half-listening to the radio too and not only steering, braking, accelerating the car but reading the road signs and following them. It is all done automatically or, more exactly, *autonomically*.

And the great supplier of our motor system is oxygen – or rather the metabolism that exchanges oxygen for carbon dioxide within the organism. This isn't a simple matter of fuelling the body. If oxygen is a fuel it has so many properties, can be used in so many different ways, that the word 'fuel' should properly read *source control*.

Repose is the key

During their training hours sportsmen are really setting up motor systems, whether they are weight lifters or runners or pole jumpers. These require *a state of calm*, not tension through effort. This is so that the organism may do its automatic work without any interfering anxiety or doubt or self-criticism on the part of the mind. Any human performance whatever, including looking after a baby, can only be on the basis of what Oxygenesis calls *cellular repose* if it is to succeed.



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My personal number (415) 527.0877

12.8.1984

Dear Molly Friedrich,

Following our phone conversation I've sent you by separate cover the proposal we discussed, called BREATH TAKING MOMENTS.

George Weidenfeld in London told my agent there once that I wrote the best proposals in his experience but this isn't one of them. Partly my problem is that my archives on the subject are so huge---I've dedicated the last five years to the subject in all aspects. The doctors don't know about it on the one hand and the people you'd expect to know all about it, the yoga masters, seem just as ignorant about the (to me) obvious essentials. I haven't read or even heard about a book that comes anywhere near to seeing what these are, let alone explores the extraordinary by corners and avenues leading right back to the ancient cultures where I believe these breath practices were used in initiation ceremonies and seen as essential to the maturation of the human being.

By the end of the Roman period those practices are hardly remembered, let alone used, and what you then have, in the Christian society built on top of Rome, is the arousal society such as is in climax, or rather dire crisis, today.

When I say arousal I mean something physiological that can be demonstrated on the body. I've watched people breathing thousands of hours---hundreds of people---and for me most people, certainly in the west, live in a state of semi-arousal. (The arousal or sympathetic zone is the ribcage, and the autonomic or parasympathetic is the abdomen, as you will see from the proposal).

This means no support system---a disturbed sexuality, disturbed digestive system, frequent insomnia---unaccountable fears---aggression, expressed or suppressed---a feeling of loss irrespective of apparent prosperity, wellbeing.

You say, quite rightly, people are terrified of World War Three (the kids more than anyone--- a report has just come out of UC Berkeley about that). I say it isn't the



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problem itself, that's not the real crisis. It's the human nervous system that's in crisis.

Living in semi-arousal, that is, I repeat, being without support you lose control of your environment. The ecology problem and the nuclear problem are the same one. You don't know what you're going to do next, what's going to happen to you next. Like the animal, the human being was at one time in control of his environment.

The first time women experience their support-system and discover their abdomen to have been more or less left out of account since early childhood or even birth, they are frequently spellbound that the essentials of life were never taught them, passed on to them. The perpetuation of arousal patterns thus means the extinction of the race, and not by nuclear warfare. That won't be necessary.

So for me the two world wars---and the possible imminence of the third---arise from a change that took place in human physiology and abruptly severed the link with the environment and the rest of the animal kingdom. This process began in an observable fashion in the sixteenth century, it climaxed in the nineteenth with the Victorians and industrialization. That was when the breath 'went up' and stayed up. You get those macho stances, in both men and women of the period. You remember those photos, the daguerrotypes---high shoulders, chests thrown out, chins lifted---the very condition of asthma, emphysema, congestion and alarmed attitudes, a disposition to war and self-assertion.

The woman's belly went in---it wasn't seemly to be loose---so I deal every day with what I call 'washing boards'. The hardest one I have belongs to a 19-year-old girl.

The above is to give you an idea of the breadth of the approach---that which the proposal completely falls short of!!



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The Riechian breath-teachers, the Alexander Grof 'hyperventilation' school, the rebirthers---all the other people who use the breath, including the respected Himalaya Institute, have to my mind no sense of the momentousness of the thing they're dealing with---because they haven't thought about it, they haven't observed the breath quietly, in adults and babies and animals, over many thousands of hours, as I said above, so that a new picture of the human being as a creature quite distinct from any predecessor could take shape.

It seems to me feeble to reduce this to exercises, as I do in the proposal. - I'm not that sort of a writer anyway. It needs to be brought in line with all my other work---the biographies, the histories, in some way.

But without exercises what will the reader take home? A promise that if he's lucky he'll find an Oxygenesis teacher?

Would a physiologically oriented book that simply analysed the situation on the lines of the above do the trick? I'd love to have a dab about breathing habits among the Victorians and the early American settlers. For starters I'd just have to go through the novels and the accepted cliches, from his breath came in short pants onwards.

It must be a picture of a creature in shock.

The hospitals are getting more and more hyperventilatory cases, especially among the young (emphasis on the girls). They say 'I don't know how I should breathe, what I should do, how to get my breath.' A creature that doesn't know how to breathe! I think I've met two people, in all the distinguished people I've worked on in four countries, who were breathing, in my sense. And I don't mean deep breaths, yoga breaths and all that rubbish: I mean enough, efficiently enough, for the lifeline to be working.

As I told you on the phone I was approached by a TV station here who is, I mean which is interviewing me next week for a CBS nationwide enquiry on the effect of 'alternative'



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therapies on depression. So I enclose my first letter of reply to Jeff Samuels on the subject. That will help give you a picture too of the physiological stuff involved.

Bonnie Weiss who is a publicist wizard here will be launching a three-month publicity campaign this month for Oxygenesis. That will be initially in the Bay Area only. Then LA. Then nationally. She would of course like to hook it to the book.

What a letter. You obviously have a most stimulating effect on me.

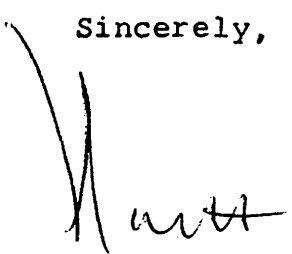
I would prefer to keep our sights on this proposal for the time being, we can talk about the novel and other material later, if and when this project gets going.

I wrote the proposal intending to hook the book to 'top performance'. But that's ridiculous. Jesus, some people can't even get out of bed in the morning.

And it shouldn't be a 'doctor' book. Apart from the fact that I'm not a doctor, there's nothing more irritating than their glad shining faces all over the dust jackets. But the proposal has a tendency that way.

I can tell that Jane Fonda never took a breath in her life. I can tell from the state of her skin.

Sincerely,



Maurice Rowdon

A PROPOSAL

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



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.

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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

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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.

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. 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.

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 Oxygenesis, 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

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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.

* * *

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. Now 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.

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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 uncaring 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

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 destructuring 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 destructures 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

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.

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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.



CHAPTER EXCERPTS

(FIRSTDRAFT)

1.

THE BASIC BREATH.

1.

Myths about the Breath

In my experience, when you ask people what they think 'breathwork' is, about they generally tell you 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... 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, powerful rather than slight. These are the goals.

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

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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 favored by aerobic enthusiasts, sportsmen and some yoga teachers, grow dizzy within seconds of beginning to breathe regularly in the thoracic area.

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. It is most disturbing for the nervous system.

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.

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

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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 or 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 paralysis, they are undergoing important changes, especially in the matter of 'getting rid' of 'trash' or 'garbage'.

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

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remember that when we breathe strenuously without exercise we are pouring energy into the body which that body wishes to use beneficially, if it 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 has to be learned, systematically), we realise that there is in fact no 'trash' or 'garbage' 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.

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.

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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

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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.

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 gasses 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

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'. 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.

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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. 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 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.

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

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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.

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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 many gerontologists see them, are produced by this metabolism. As age advances, these molecules start winning their fight against the

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

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 thinking says that this process is '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. 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.

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it improves health and quality of life. The lifespan tends to remain unaffected. Dr Richard Cutler, the gerontologist, maintains that the key to producing or storing large quantities of superoxide dismutase may well lie less in exercise per se than the attainment of repose, which in people ~~of advanced age~~ is no easy matter.

This is where Oxygenesis comes in. It makes a clear distinction between muscular relaxation and the 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

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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.

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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

~~There's another hoary myth about breathing---~~

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 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, 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

~~relegate to passive~~

function, they are no longer 'passive'.

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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 without an awareness of this muscular structure, and without flexibility in its use.

The two parts are the ribcage and the abdomen. We may call the ribcage, worked by the two-layered intercostal muscles (one layer for contraction and the other layer 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.

The ribcage is therefore rather like a concertina, its axle the spine. Like a concertina it sucks air into a vacuum when expanded, and emits air on contraction. As we shall see later, the intercostal muscles work in conjunction with the diaphragm, a dome-shaped muscle which rises in and out of the chest cavity, separated from it by two layers of tissue called pleura, which act as a protective, smoothly yielding wall against 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.

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

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effects box'. 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 come into play. They expand the chest as we inhale. 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 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.

This will 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 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.

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Another special effect of the 'special effects box', apart from allowing a sudden increased charge of oxygen, is arousal. 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 increases.

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 some of its marvellous repertoire of special effects.

The mouth is designed to be used 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 person crying will give the impressions of 'heaving' with the shoulders. Laughter, shouting, sneezing, coughing all require a similar action, 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

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 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 for the organism. Even in sleep the matter remains uncorrected. And, paradoxically again, 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. For the paradoxical breath is the most passive of all passive forms. The abdomen may feel over-vulnerable, raw, sensitive to touch. Insomnia, 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.

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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 pattern is proper.

This soft and gentle form of breathing connects with the parasympathetic nervous system and the autonomic functions---the digestive and reproductive processes. This is why there will seldom be a change of awareness after abdominal exercises. In the Fire Exercise (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 physical processes and immune 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' on the other hand connects with the sympathetic nervous system (fight-or-flight) 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 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 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 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

grounds that sleep or drowsiness represents (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 substitute for it.

I've heard of rebirthers (using a simple arousal technique) urging their clients to 'breathe---just breathe', without instructions as to how or where. Thus they will sometimes rebirth a person 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 proceeding in the early sessions, especially if the client has been breathing paradoxically most of his life. The toxic situation (which there must be, as a result of the paradoxical breathing) is 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 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---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.

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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:



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



BBI

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 trauma, doubt and anxiety is written there---in the sound, the rhythm, the volume and the regularity or otherwise, as well as in the bellows movements.

Coughing, sneezing, sighing, laughing, crying, gasping, yawning are all effects produced by the nervous system so that the organism may deal optimally with its ever-changing 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 stressful environments, we require the constant use of emergency-systems, some of which may involve a chronic malformation of the breathing patterns, a loss of all sense of what 'natural' breathing is, 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 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 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. 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 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 (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 creates strong anxiety, which the organism must therefore avoid.

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

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.

* * *

But what is normal breathing?

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

On the other hand we do have long periods of repose and sleep, 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 ~~or~~ 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.

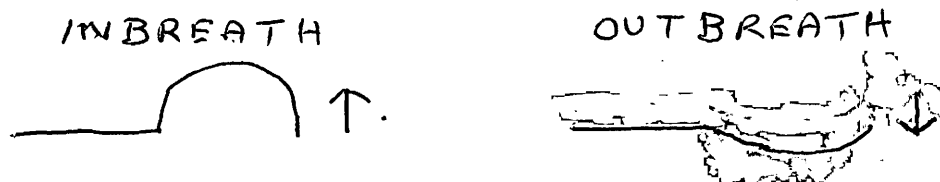
So here is a basic-breathing exercise, which should follow the attainment of bellows-flexibility.

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

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.

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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 in the fact that one pulls the oxygen in and the other lets the carbon dioxide out. The inhale marginally raises the heartrate, the blood pressure, the 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. The outbreath here is much like a free fall into space, creating the fear that, going out, the breath will never return. For this type of person the universe cannot be trusted, and constant vigilance, constant alertness are required to navigate safely through 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, even passive temperaments.

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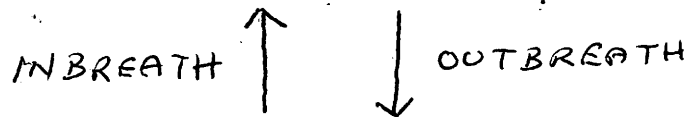
In the course of these exercises we shall be eliminating both the inhale grab, its element of urgency and even panic, and the cut or rushed exhale.

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 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. Mastering the exhale is one of the most important steps in disentangling hidden traumas or anxieties from the breath, and leaving it untrammelled to do its perfect work.

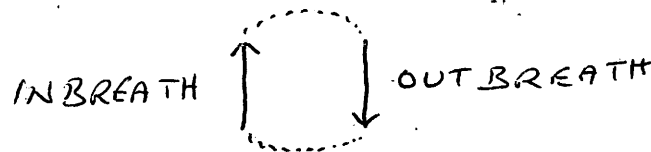
We may also notice when we are panting heavily after exertion that our breaths are not broken from each other but run continuously from inflow to outflow, without the epiglottis tightening to stop the flow, as it does when we hold the breath, cough etc. The point about this is that the soft 'joins' between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

The best way to find out what the curve feels like is to do the opposite, that is, 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:



(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

on to the next part of the book.

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 quietsens, until it may become almost silent in the ears.

This silent breath is 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.

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

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say, even in outwardly relaxed circumstances, I feel

uneasy'. For this is the way hypertension, that 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.

Practising the silent breath is a first step to conquering hypertension, as it is the 'ideal' breath which the organism should gradually learn to take as its model, though it cannot and should not be used 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. Breath and the movement of the diaphragm are synonymous. 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.

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 no awareness of the bellows-system, and the way a vacuum is created

in the lungs for each breath. But 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 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 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, spent. One should think of this as completing the exhale properly, laying it to rest.

Here we have our basic breathing pattern. This

is how we should breathe at all times of 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.

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 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, that area had remained reluctant to expose itself, which of course put a cautious and self-demeaning mark on this lady's whole personality.

The exercise I asked her to do is a useful one to

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 subdue the shame traditionally attached to both. (For this reason it may at first cause some mental nausea). Y

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 our society denies 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

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 breathing of the former is quiet and rhythmic and smooth, while that of the 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.

To perceive the difference between performance 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.

AB1

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This is because sound in breathing means velocity, as we have seen. The greater the sound, the greater is 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 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

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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.

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 true breath, it will be difficult to find his 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, 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 '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 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

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.

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 animal the reticular self still works, 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.

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.

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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 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, would be far beyond the cerebral cortex to maintain

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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 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.

For it is tension that expects and demands dramatics from the breath (tension in both therapist/teacher and subject). 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 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!'

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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,

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 do precisely the same, incorporating sound in the breath by means of the vibrations of the vocal chord---to make language. 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 full against the forward palate, so that the breath must break through it to create the right sound. The word 'who' requires a sligher 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

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, from first speech to last breath.

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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

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lose it. For the breath of the actor influences the breath of the audience---that is, they are swept along by him, the autonomic factor takes over. An actor who has difficulty with the breath, or is a chronic passive or inturned breather, can 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

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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

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 heart rate 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.

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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

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.

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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. 'Spirit' is derived from spiritus, the breath. 'Inspiration' comes from inspirare, to breathe in, and 'aspiration' from aspirare, to breathe out: these words adequately define the difference between the inhale and the exhale, as it appears through special-effects breathing. The Greek pneuma meant air or spirit, and perhaps approximated in meaning to the Sanskrit prana. In Arabic rih means 'air' and ruh means 'soul'. The Greek psyche is related to psychein ('to breathe') and phusa ('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.

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

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.

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.

BREATHTAKING 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 of 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.

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A

Introduction

A. B.

OXYGENESIS

THE BACKGROUND

BREATHAKING MOMENTS

The Way out of Depression

Depression is an increasing global phenomenon. The way out is ~~through the~~ ^{by} ~~the~~ neuron system. direct action on the neuron system.

FA

"FALKEN ANGEL"

The Synopsis note
for the "Creative"
book + McKristal

'FAUCEN ANGELS'

Category??

MAURICE ROWDON is a British writer with twelve published books. His novels include HELLEBORE THE CLOWN, OF SINS AND WINTER, PERIMETER WEST (about West Berlin), AFTERWARDS. His biographies include LEONARDO DA VINCI (over 30.000 sold in hardback) and LORENZO THE MAGNIFICENT. His history works include THE SILVER AGE OF VENICE (which he made into a 55-minute BBC film), and THE SPANISH TERROR, a study of sixteenth-century religious persecution. His travel books include ITALIAN SKETCHES, A ROMAN STREET, THE COLLINS COMPANION GUIDE TO UMBRIA. His latest book, ELKE AND BELAM, was about animal intelligence. It made over \$30.000 in advances and under the title THE TALKING DOGS had major serialisation in a British newspaper for one week and second serialisation in two others, with two national competitions. The first serialisation rights were sold for \$10.000.

His publishers in the US include Praeger, Putnam, St Martin's Press, Regnery. His publishers in Britain have been Macmillan, Chatto and Windus, Heinemann, Weidenfeld, Collins, Constable and Gollancz. He has been published in Germany by S. Fischer Verlag, and in Japan.

His plays include ESKIMO TRANCE (two productions) and MAHLER (two productions). One-time director at Light and Dark Theater, London, and Studio Theater, Munich, Germany.

Has lived most of his adult life in Italy, and now has a small farm near Siena. He has a BA in History and an MA in Metaphysics from Oxford. Lecturer in English Literature at Baghdad University for one year. Twice married.

F A L L E N A N G E L S

The Illusion of Self Improvement

A Proposal

by

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FOREWORD

The substance of FALLEN ANGELS is drawn from the work of the two authors in their San Francisco company, Creative Process Consultants. Karen McChrystal works in psychotherapy, Maurice Rowdon in a non-verbal therapy called Oxygenesis.

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Most clients came to us interested in the creative process. That is to say, their models were usually creative or artistic geniuses. But early in our work we came to realize that what they were really looking for was a self-improvement program, much as if they had gone to a spiritual master or an enlightenment group. They saw 'becoming more creative' as the way to overcome psychological conflicts and discomforts in their lives.

More surprisingly, we began to see that the self they wished to improve was the last thing they were willing or able to recognise, so that their deepest desires were left out of account, and remained largely unknown even to themselves. Indeed, the very program of self-improvement which they wished to pursue seemed more an obstacle than a benefit. It was a source of new anxiety, because it set up goals, prohibitions and a chain of self-reproaches often worse than the original state.

Frequently clients felt that they were creative geniuses without ever having written or painted a line or taken more than a perfunctory interest in books and art. But they rarely wished to examine their real aptitude for the chosen art form, or the question of whether their feeling of being a genius was truthfully related to artistic desires at all.

Similarly, people who attend prosperity seminars sometimes report that afterwards they get into worse financial troubles than ever before. Many who undergo forms of 'spiritual training' say they experience the worst upheavals of their lives. Meditators report that their meditation is sometimes followed not by feelings of bliss or repose but rage and irritation, or acute depression. Is there something in the self-improvement program that sets up such anxiety that the self is hidden even more effectively than before?

We certainly weren't inclined to say that the search for self-improvement was itself wrong, that creative effort or meditational procedures were wrong, that spiritual masters whose devotees went through difficulties were inadequate masters. Nevertheless, we were struck forcibly by the fact that the structure of these people's lives was no different

from before, but simply had a new terminology. Depressions, negativity and discouragement tended to continue, if not increase.

In fact we began to notice that almost every client revealed strong suicidal drives of which they had previously been unaware. These drives were usually artfully concealed, and often masqueraded as worthy and life-affirming programs.

In most of our clients the very desire to be 'creative' seemed to exacerbate the suicidal drive, and began to appear to us only an ill-informed attempt to counteract the deep self-destructive process. 'I feel worthless' often came in the same breath as 'I feel I'm really a writer'. The very desire to create an imaginative structure (in the form of a book) implied a need to vindicate the author's life, and was, in that, a clear acknowledgement that this wasn't worth living. More, it was a disguised attempt to perpetuate that state of affairs. The book served as a clear 'deferral stratagem' whereby the suicide was postponed, without the drive behind it having been detected, much less examined. A long autobiographical novel often exacerbated family problems for the author, and the confessional element in the writing secured no release whatever.

Was the very desire for self-improvement a concealed flight from the self? Did a certain extreme form of anxiety crave for concealments, literary, artistic or spiritual, in order never to expose the deepest drive of all, namely the suicidal one?

Certainly, strong anxiety creates an anxious desire to avoid the effects of anxiety in one's daily life. It is this that drives people to seek some form of program which will remove these effects, though the removal simply enhances and strengthens the cause of the anxiety.

Indeed, people often cling to the neurotic structure by adopting therapies which they secretly know (or secretly hope) will be ineffective. 'Being a writer' may be a neurotic structure, and the book itself the ineffective therapy. Another form of this system, adopted by many, is continually to change one therapy for another, with the hidden design never to examine the original suicidal impulse. This is especially the case with depressive people (most of mankind?) because of the great pain involved in uncovering the original source of discouragement. Success is a universally adopted therapy in this respect.

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It was further demonstrated to us (with more conclusiveness than we thought possible) that the anxieties we observed were not simply a matter of personal problems, but something more dynamic, certainly more universal, which could not be dealt with on the lines of classical psychology alone. We saw the same syndromes repeated with only minor variations due to specific individual backgrounds.

The suicidal impulse seemed to be the result of a profound discouragement, felt not only in childhood, at the hands of parents and schools, but more generally and enduringly, in the very culture which pervaded everyday life. To treat the individual in relation only to his past, his family or lover

was to leave unexamined the thousands of daily reinforcements to his or her discouragement, which were encountered everywhere, even in the myriad self-improvement programs, which advertised the message 'You have no one to blame but yourself'.

Verbal psychotherapy was useful in helping the individual to clear up strictly personal aspects, but a further procedure was clearly needed to take the individual beyond everyday consciousness, in an experience which involved neither language nor the reasoning faculty. Unless there was a technique for locating the self as essentially non-private in nature, the problem could not be solved.

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Though we have found eastern enlightenment models interesting for what they reveal about the anatomy of bliss, we became convinced that the western importation of enlightenment techniques has failed to impart any genuine knowledge of how to attain bliss, or what might be called cellular repose, because of their failure to tackle the problem of the sheer tenacity of the western mind, and its tendency to translate eastern disciplines into further intellectual programs. We felt that under these programs, however much accompanied by meditation and chanting, the most extreme psychosis or schizophrenia could survive and flourish. It was somehow necessary to break these intellectual programs at the root, and to discover the mysterious connection between these programs and the suicidal drive. We found the 'creative genius' model useful to study precisely because it contained within it the effort to come to terms with the stresses and upheavals of daily life without either withdrawal or self-bifurcation.

But, more than this, we began to feel that something had fallen out of human history, some essential faculty or experience which had once (perhaps in the civilisations previous to the Graeco-Roman world) guided human beings and put them in touch with a knowledge no less rational than the one we achieve through deduction but of a deeper and more exhaustive nature. We thought that the intense rationality of the post-Roman world was perhaps due to the loss of that faculty rather than to the acquisition of anything new, and that if today we are confronted by an unworkable world it is because of the failure of the rational faculty to produce a full picture of experience, so that its blueprints work only partially, and contain a large element of destruction.

The more we encountered helplessness in people, the more strikingly distinct we found the 'creative genius' whom they wished to study or emulate. Was the creative genius a throwback to the earlier state, however unwittingly so, and however erratic his life? Did he preserve in some form the faculty which the generality of mankind had lost? Was it possible to retrieve that faculty? Above all, was the loss of that faculty connected with the suicidal drive we noticed so often?

It seemed to us useless, in the long run, to work with people unless we could remove that suicidal drive. But we

also concluded that we could never do this unless we revived, or attempted to revive, the faculty which we felt to be so deeply and tragically missing in people, and which amounted to a deep-laid principle of inner guidance. This is what we set out to do, and *FALLEN ANGELS* is an account of our efforts.

I. SUICIDE AND THE CREATIVE PROCESS

Clients who wake up with fear clutching the heart
(sometimes in panic sweat) have a number of specific fears:

Will I survive (emotionally, financially?)
I'm not loved, therefore do not feel I exist.
The future is bleak, if a repetition of the past.
I can't make it.
I can't make it alone.
I'm totally alone.
I'm not understood.
Who am I?

Here are a number of statements on the same theme:

"I enjoy nothing, I have no feelings, I only think."

"I feel good when I see a film sometimes or drink or smoke
pot or flirt but not when I'm working, making love, having a
relationship, being domestic."

"Sometimes I feel on the side of the murderers, thieves,
criminals---it makes life seem colourful and free and adventure-
ous---the three things my life lacks."

"I want to write a long letter full of my dreams until it
becomes the size of a book---my letters get to the bottom of who
I am---listening to myself for the first time---no one ever
listened or was interested---the blank page is my first listener."

"I haven't the courage to commit suicide. I feel dead
already so there's no need,"

"The whole world's messed up and no one's doing anything
about it, so what's the use of living? So I just want to
write and be on my own, get money that way, and influence
people without moving from my apartment."

"I'm depressed and this one won't go away."

"Everything's war---we're at war all the time---this is
no peace---it doesn't need bullets."

"I don't know who I am. I don't know who or whether I
love. I don't know what love is. I don't belong to myself.
I want to write so that I can see myself from outside, from
a distance."

"It isn't that I hate myself---I just don't feel SEEN,
even by myself."

"I don't know what to eat, how much to eat, where to go,
what to think. If I could paint it would make me feel calm,
and maybe I could sell my paintings."

"I feel guilty all the time."

"I'm in a battle of hand to hand combat. I must win---
it's my life I'm fighting for. I can't lose this time ---give

up, or give in, or lay passively defeated on the mat so my physical self will not die---for my soul will. I must fight---harder and harder. I've been avoiding going to work---" (Her work was hospice work among the aged)---"I can't fight for others when I'm in this battle for myself." (This was written during a session by a woman who, as a first step to becoming a writer, bought an expensive word-processor).

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An architect said, "There's no meaning in my work. It used to be personally meaningful for me---deeply so. But that's clouded over by feelings of guilt and shame now." (His mother had smothered him with over-protective kindness. He claimed that whenever as a child he had revealed any spontaneity and sense of adventure his mother had disapproved). "My mother was threatened by my spontaneity and adventuresomeness. She seemed very much to need me to be a perfect achiever, which impossible goal I strove to fulfil but never could. Each attempt resulted in the shame of not having really made it, however well I did."

A bright, successful young woman said repeatedly, "There's something wrong with me. I feel I'm a fraud. I'm continually guilty. Under the guilt there's a feeling that I'm responsible for my mother's decline into hysteria and alcoholism."

This client ultimately felt that her success was won at the expense of her mother, and fervently believed that her mother would be jealous and threatened by it.

Another basically robust woman felt ill every time she had the chance to realise some personal success. It was apparent that the illness had a deep psychological significance, because in every other respect she was strikingly healthy. It was later revealed that in the family of alcoholics in which she grew up she had never been allowed to express her feelings or be heard except when she was sick. That was the only time it was permissible to 'be herself'.

A gifted professional writer said, "I've always lived in terms of other people's expectations---I've lived a double life and I don't want to any more."

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Many clients felt even in childhood that their parents were weak, incompetent, anxious or neurotic. But until undergoing therapy they hid this from themselves (thus never questioning its truth).

The young of our species react very protectively toward the parent, because, since they depend on the parent for survival, they cannot afford to admit to the weakness of the parent: it would mean admitting to the perilousness of the environment, that is, to the possible collapse of their own security. The child then constructs a security system by picturing himself as protector of the parent. The way in which he does this is by identifying himself with, or behaving like, the parent, thus providing reinforcement. For example,

the child of an anxious mother will adopt an attitude of anxiety; the child of an hysterical mother will adopt a style of hysteria; the child of a depressive mother will adopt a depressive orientation to life. (It was not until twenty years after the death of her depressive alcoholic mother that one client was able to retrieve a sense of her own life, which had been 'deferred', through recognising that she had been living as though half alive.)

In 'protecting the parent' or 'reinforcing the parent' the child seems to be saying to the parent "I shall not abandon you in your weakness." But truly what the child fears is that he will be abandoned in his weakness, and so he makes this secret compact.

As a result of these identifications the child's own life, his innate spontaneity, brilliance, sense of adventure, his basic ability to be here-and-now, may be deferred. It is usually only later, in adult life, when the child has outgrown the actual childhood condition of vulnerability, that he may lay to rest his concern about the parent and reclaim his life.

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We frequently see cases where clients have dreamed of or actually begun writing a book which puts to rights all the childhood perceptions hitherto foregone. These clients have used a creative process (in the form of a novel) as a vehicle for expressing the complete body and fabric of the life they have been obliged to deny in themselves. However, these clients have either not begun or not completed their manuscript out of a continuing fear that to expose their parents, to reveal what actually they have felt all these years, would somehow be devastating for the parents, whom they still perceive to be weak and vulnerable.

But in fact it is the clients themselves who still believe themselves to be vulnerable, even though they have 'rewritten' their history in a vein which seems truer to their real selves than the history they duplicitously lived in their earlier years as victims. Their belief in their parents' vulnerability is actually a screen for their own guilt about being stronger than the parents. Thus there remains for these clients further work to do in establishing the 'facts' about their existence. The last ghosts of discouragement have to be laid to rest. And this depends on the ability to recognise the value, indeed perfection, of the self. This recognition (which depends on a long process) of itself overcomes the fear that other people will be threatened by it.

One of these clients in fact finished the sixth version of her long autobiographical novel, which gave portraits of her parents and husband, but not of the 'I' of the book, which was clearly herself. She was reluctant to submit the manuscript to publishers, despite its being a first-class piece of work; and when she did submit it, she invariably recalled it 'for further revision'. She believed she would hurt her parents. Six times she produced a clean manuscript without visible corrections, as if to wipe out the previous one. But a common thread ran through these versions---the

fact that she herself was left out of the narrative as a strong personality motivating others. Her reluctance to publish and her fear of hurting her parents were clearly a screen for her belief in her own weakness and vulnerability rather than belief in her strength. She wasn't able to affirm her worth as a person until she'd relinquished a basic feeling that she was guilty for her parents' suffering and her husband's death. Her belief in her guilt prevented her from stating the degree of her participation in any 'bad' situation she might be describing.

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A young woman who wrote and published poetry told us during therapy, "All I ever looked for in any literary situation---public readings, publication parties, discussion groups or interviews---was a possible sexual contact. When, as a result of therapy, this appetite fell away, I felt that life had become completely empty." This wasn't all. Her desire to write collapsed along with the collapse of the sexual drive, though she didn't connect the two.

There are manifold ways of sabotaging our actual powers, screening them over by claiming powers we only wish to possess, or which we think it would bring us kudos to display, in a continuance of the childhood effort to live according to the supposed needs and demands of other people, that is to some program external to ourselves.

But real creativity follows our recognition of our innate capacities, not those we would like to have because the program looks acceptable, socially or otherwise.

II. FALLEN ANGELS

We thought that with increasing stress and personal misery the drive for celebrity, wealth and creative genius would increase proportionately, and on a global scale.

In an African village, once the technology arrives, the desire for a protective cultural structure must sooner or later follow. Manuscripts start to be written, pictures painted. Drama schools are established. The capitals of media technology--New York, Los Angeles, London, Munich etc---quickly become Meccas. Places which never aspired to having a literature for the simple reason that nobody ever read or wrote, are now subsidised in dollars, pounds or francs to produce one. A great literature becomes an inalienable social right along with airports, credit cards and paid vacations. New universities get their creative writing departments, and it will be obvious to everyone that the nation only lacked a literature because it didn't have the cash.

Under this prestige program the idea soon gets around, often with the support of the media, arts councils and creative writing departments, that being a creative genius can be made

comfortable in the technological world.

However, most of the creative geniuses we know about not only suffered monstrously but were mostly unheard of when not publicly despised, persecuted and deprived. Mozart was a classic example.

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Yet the desire to imitate the creative genius isn't just an idle wish for prestige or money. Nor even is the desire to have a literature. Perhaps people recognise in the creative genius some stamina or extra force which survives the daily blasts of discouragement and which makes him peculiarly satisfied with being himself. And he seems to derive from the darkest scenes in his work a sense of bliss. He is in some way an angel, if a fallen one.

Is it this suggestion of an angelic immunity in the creative genius that tempts the technological victim to imitate him? How was it possible for Edgar Allan Poe to write so persistently and with such evident pleasure and momentum, though he remained neglected in his own country, and died a drunkard and a pauper?

If we look back on the imaginative works of mankind we see a dramatization of unthinkable misery, frustration and disappointment, in other words a thousand variations on the theme of human suicide. Is it possible that every one of us, not simply the lone genius, has been the victim of a pervasive discouragement at the core of social life, which we translate, for fear of facing the true reality, into a drama going on with the parents and in terms of what Freud called the 'primal scene'?

Is it that the lone artist was (in the days before social security) singled out for particular and spectacular discouragement while in fact the discouragement was general, if unexpressed and unlocated by the majority---including the upper classes who only saw themselves fortunate by comparison with those lower down in the social scale? Has the western world specialised in a subtle torture of its inhabitants, robbing them of their inner resources while urging them in the name of high moral endeavour ('creativity' is part of that call, today) to lift themselves out of the mire?

In psychotherapeutic sessions the questions arise again and again, first, how did such utter self-rejection come about; second, how did it manage to hide itself under such convincing displays of self-acceptance---to hide even from the client himself; third, where does the energy come from to go on?

Energy there certainly is, and it seems to come from the awareness in almost everyone of some inimitable uniqueness in themselves which cannot be quenched but which, on the contrary, makes material for hope out of discouragement.

The 'creativity' in today's world is enormous. For every book published there are thousands that never get beyond manuscript form. The cost of publishing escalates to the point where a manuscript is judged first for its market appeal and second for its value (the one must not be overwhelmingly

disproportionate to the other). Every year thousands of plays pour into the theaters and the dramatic agencies---as theaters go bankrupt and the cost of the normal show makes even a three-month run at 95% capacity audiences a mere breakeven project. Gallery owners, to survive heavy rents and small sales, ask for as much as 80% in commission from their artists. Filmscripts go the rounds of the companies and agencies that don't even look at them or return them for the simple reason that films come about largely as pre-arranged packages within the industry, or from a best-selling novel. But nothing daunts the 'creative'---rejection slips, gallery rents, dark theaters, the collapse of the film industry, the indifference of the TV companies: these things are grist to the mill. People paper rooms with rejection slips---remembering that Beckett got thirty or forty for his first prose work.

III. I THINK THEREFORE I AM

Does the deep inner discouragement we find so often in ourselves (if we allow ourselves a long look) have a historical basis? Is it more than the work of a few technological decades, more even than the work of two centuries of industrialization?

In the mediaeval period we see the Christian so humbled, compared with his Greek and Roman forbear, that we must wonder whether in Christianity there hasn't been a systematic discouragement of the human being (from the beginning, and whether this essentially Christian structure of ideas doesn't continue to underpin our lives, though transmuted now into quite untheological terms. (Oddly enough, Christ himself has little place in this discussion because it is difficult to find a breath of discouragement in anything he said).

The doctrine of renunciation was so pervasive in mediaeval times that we might well wonder whether buried in it was a powerful suicidal drive---so great is the contrast with the joy and forgiveness of the original Christian teaching as it was expounded in Christian Alexandria under the gnostics and neo-platonists. Was the morbid awareness of death in mediaeval times, the sense of reward or punishment on the other side of death, so deep as to incur a virtual collapse of the human auto-immune system in the form of deadly plagues?

The Renaissance has been so called because it ended this period by harking once more back to the ancient world and its doctrine of the 'perfect man', that is the uniqueness of every creature that made him an image (for the neo-platonists) of that most perfect of all men, Christ himself.

But that 'rebirth' was abortive. Or rather, the child was certainly born but stifled before it came of age. First Rome, then Florence was sacked---Rome by the Holy Roman Emperor using Spanish troops, Florence by a Florentine and a de' Medici, Pope Clement VII, who also used Spanish troops. The 'Spanish

occupation' of Italy began, cauterizing the artistic imagination for centuries. What Spanish soldiers didn't do in the public squares, another Spanish army, the new Jesuit order, with its General, did in the conscience and the heart.

There were other revolutions, largely political---the Protestant revolution in Germany, the French revolution, the American revolution, all three in a large sense against the inner discouragement of privilege, and connected with each other. But they too failed to stem the tide.

Albert Camus said about suicide, 'An act like this is prepared in the silence of the heart, as is the great work of art.' Is it possible that suicide can also be prepared racially, and that our situation today is the result of millenia of clever preparation, with the result that the atomic theory of the ancient Greeks grew by some terrible compulsion into the lethal radiation of our day?

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One aspect of Christian civilisation separates it from its ancient predecessors and that is its well-nigh obsessive intellectuality. Were Greek rationalism and the Christian intellectuality which it parented the result of a loss of bliss in the human psyche, amounting to a loss of identity?

Certainly there is a striking difference between the quiet, ecstatic smile of the early Greek stone head and the tragic mask of the late period. The Etruscans too differed sharply from the Romans in this respect, as if they still had contact with an earlier, more blissful consciousness. The Egyptian face too had that smile. And we know that Pythagoras, when he went to Egypt for his enlightenment, was told by a priest to give up his 'knowledge', that is the very reasoning faculty that was Greece's pride.

Aristotelian thinking, too, with its emphasis on system, analysis and the need for continual effort to achieve perfection was a departure from the former consciousness. It entered Christian thought at its germination, with the result that St Augustine and St Thomas Aquinas appear to us more scholars than mystics. They gave rise to a scholastic tradition that dominated the mediaeval monasteries to the point of obsession.

The cartesian doctrine was necessary for the modern scientific process. It rescued the Christian mind from superstition, undefinable fears and scholastic absurdities by continuing the best traditions of the mediaeval schools of mechanics and mathematics. It firmly established a universe operating according to objective and unchangeable law.

But with this new approach came the collapse of whatever eluded law, analysis and formulation, namely, most of the human being's life. Thought, it seemed, could not account for more than a fraction of experience, and art now tended to supply the rest.

IV. ART AS A VISION

To Art now fell the task of describing and in some sense explaining human experience, almost to replace a lost religion. However subjective and private it might be declared to be by science, its products continued to pour forth---and to create resistance by celebrating the very things society was less and less concerned about, namely love as opposed to money, doubts and guesses and fears as opposed to the certainties of empirical knowledge, tragedy and pessimism as opposed to the positivist vigor of the men who increasingly saw society in mathematical, functional, secular terms and were actually bringing it about.

The nineteenth century philosophy of the lone creative genius, the 'great' man, maintained that there was something born in him, a unique and inimitable facet which other men lacked. A theme ran through his life from early childhood marking him out for a path quite different from others. As society became more industrial and the human being more narrowly defined in terms of his work, so the lone genius stood outside it all as a challenge, often a judge or prophet who dazzled and inspired in order to be heard. At work in him was a tumultuous unconscious activity which in some way put the current rationalism to shame, and which no amount of striving or training by other men could reproduce.

V. THE MYTH OF THE CREATIVE PROCESS

As soon as we look at the process by which the so-called creative genius produces a work of art we find it extremely difficult to locate the creative element.

Who exactly is the creator? Behind the artist's 'flash of recognition', his 'inspiration', there seems to lie an automatic zone over which the conscious or trained mind has little control. The material for his work comes largely in the form of memories (and these in the form of images), though paradoxically these are memories of things that never happened. They arrive in the mind already packaged. Thus we have constant declarations by writers, painters, sculptors ('I simply carve it out of the stone, it's already in there') and composers that they are more spectators, receptors, witnesses of their work than creators in the deliberate sense.

The memories or images are already packaged for the artist 1) in respect of their being endowed with an aura of pain, anguish or pleasure and 2) in their being precisely physical or figurative. The same applies to every medium including music. It is like a genetic choice, far below the level of the conscious mind, over which the artist has no pre-control whatever.

Creative writing schools can teach techniques, and identify these through comparison, but they cannot charge memories with overwhelming force or reorganise the perceptive packages of a whole lifetime. Nor can they create that

peculiarly organic self-identification with his medium that we find in the born artist. Right back in Berthold Brecht's childhood we shall find the aptitude to dramatise everything, in Henry Moore's the love of touching and changing surfaces, in Kokoshka's a powerful sense of colour and form.

Yet no aptitude for writing, painting or whatever it is will be enough either. For in the born artists, if we are to trust their almost universal accounts, their work never begins from aptitude but from a certain inner charge that demands expression at all costs and even defies the lack of aptitude, training, technique and knowledge. Thomas Mann once said that he began as a writer because of his painful inability to form German sentences. It is compulsion rather than design that gives the final work its hypnotic and durable quality, and the lack of it which makes lesser work fashionable for a day. It is the hypnosis of the 'compelled' work that enables it to cross geographical frontiers and to survive translation. It may be even more striking in validity centuries after its author's death.

VI. 'BLISS WAS IT IN THAT DAWN TO BE ALIVE'

It is difficult when reading biographical accounts of great artists to avoid the impression that an ecstatic element pervaded their lives with singularly little interference from hardship or even destitution.

Again and again we read of ecstasies interpolating themselves with no explanation or preamble into periods of suffering, in an artist's life. No one could have had more daily and consistent (and escalating) disappointment than William Blake: but here is England's most visionary and blissful artist and poet of the nineteenth century.

It is as though a memory of some lost racial bliss were alive in the artist from birth. He can plunge into the darkest experiences for his material and yet come up sane. The powerful unconscious charge of the enduring work of art, the blissful element that transfuses it, both seem to be connected with the artist's identification with an inner perfection immune to moral judgement, pain or self-destruction.

VII. IS ART A SKILL?

The nineteenth century philosophy of the lone genius became unpopular this century with universal education; and art came to be seen as a skill like any other. It was thus that the 'creative process' came to be analysed and discussed.

There was a great need in people, now that their right to express themselves had been acknowledged, to go to art for that very element of bliss which they felt in the artist's

personality and which emanated indirectly from his work. Audiences say of Charles Bukovsky that he looks and sounds hideously ugly at his readings until he reads his verse and then he becomes 'an angel'. It is this peculiar self-transmutation in the artistic process that fascinates and allures. Something therapeutic seems to be at work in the most offensive artistic productions; and naturally enough the idea comes about that if you could train yourself to be an artist you could thereby get the bliss and the therapeutic effect.

But for the artist it works the other way round. The bliss is what moves him to work, not vice versa. He can perceive it in the pain, the darkness. Basically there is no darkness for him. Pain and darkness are so to speak the inner core of the bliss, and the bliss the inner core of the pain, in an endless unfolding of the 'veils of illusion' that the Indians describe as maya. He never entered the so-called creative process as a deferral system, namely to defer the suicide or the feelings of misery or failure. He was led into it by a great constructive sense of his inborn powers, a forceful conviction of his capacity to overcome obstacles and render even destitution bearable by the absurd means of working day and night at something he might not be able to sell. How William Blake found the money to print his own books and lithographs was a source of wonderment to his friends and not least to his wife.

The democratic interest in the creative process seems, however, quite as much a search for identity as for bliss. Many of the books published today are efforts to objectify a life felt not to have properly existed. We must expect that as society becomes fragmented, and ethnic, family, religious and sexual ties break down, more and more people will feel that unless they have a book to their name they aren't fully alive.

Such people frequently describe their first efforts as 'taking the lid off the garbage'. These words fitly reveal the suicidal or self-rejective mood.

Again and again in therapeutic sessions people say, "I realize I've never been fully alive" or "It was always dangerous for me to be myself" or "If I revealed who I was, I would not be liked". It is here that a secret conviction may arise, "I am a creative genius and deeply unhappy because unrecognised." It may be a false assumption but this isn't the point: it enables one to defer genuine self-confrontation.

VIII. CREATIVITY AS VENGEANCE

At this point the creative effort becomes an exquisite act of vengeance. The parents, relatives and friends of the writer, on behalf of whom the original self was abandoned, become, once the book is published, a slavish audience.

One enters a 'hall of fame', ridiculous though the idea may be, and hopefully one may occupy this hall for many years after one's death, quite as if one were to be embalmed. Sometimes these pseudo-programs are rejected. One of our clients, in a book on her experiences as a Hollywood star, writes that the real joys of her life in Hollywood were her home, her husband and her children. She took a long time convincing her publishers that she could hardly pervert her happy story into an unhappy one, which they seemed to want on the grounds of market appeal. The unique thing about her book was indeed the fact that it didn't embrace the pseudo-programs of Hollywood life and therefore the unhappiness which these entail.

That is, she didn't defer her life. She was like a roulette player who makes a big win and then avoids the casinos. But the usual story is that the hunger for success, far from abating with success, is further stimulated by it. What the success was designed to defer continues to be deferred, until, quite frequently, a surfeit of success brings the whole structure down in ruin and the suicide can no longer be put off: there is either physical suicide, nervous breakdown or a collapse of talent. The writer or artist or actor begins to repeat early formulae and even to look back on the days of obscurity with nostalgia. The bad days become good days, because failure may in the end be a more effective deferral than success, as it is forever striving.

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Since the evidence for all this is so striking and universal, the question arises, is a deferral system inherited, namely, built into our mental structure from early childhood? Certainly the Christian religion might be called a deferral religion, however little support it may have received for the deferral idea from Christ himself. That is, heaven and hell, in the Christian cosmology, take place after death, and life is seen as a struggle to attain the one and avoid the other, rather than something to be lived for itself. Today we unknowingly accept mental structures that derive from the deferral heritage.

In this heritage, bliss was early to disappear, to be labeled heresy. Ecstasies in the religious sense were becoming extremely unpopular in power circles in the sixteenth century. Philip II of Spain, the greatest power in Europe and the strongest influence on the pope, instigated the persecution of the *adumbrados*, for whom ecstatic states were the substance of devotion. Yet Philip II's father, Charles V, Holy Roman Emperor, had ecstasies and considered them a normal part of the devout life.

This conflict---between ecstasy and dogma---was precisely the same as that between the Renaissance, with its concern for the 'perfect man' in everyone, and the Counter Reformation which followed it, which saw grace as something that had to be won with pain and anguish. Jesuits were disciplined to imagine themselves burning in hellfire, being licked by the flames.

In this conflict one side wanted (and claimed to experience)

perfection and ecstasy now, the other side wanted it deferred. One side marvelled at the miracles and splendours of life, the other scorned this 'vale of tears'. It was the same in the Hindu world. One side celebrated life as a manifestation of love in all its forms (bhakta); the other called it maya, or veils of illusion, to be cast aside as soon as possible.

What could reveal more of a suicidal drive than this life-deferral system at work in people's minds for so many centuries, in both east and west?

Is it why people couldn't expect to live more than an average thirty or forty years in Europe before the eighteenth century (when theology began to lose its hold on the western mind)? For the impression naturally grew up, under the life-deferral system, that life was a sort of conveyor belt rushing us all precipitately from birth to death in order to get us enrolled either in heaven or hell.

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Today's secular society still contains the shadows of the early cosmologies. Our minds continue in the same depressive mode. And modern self-improvement therapies are frequently reassertions of the deferral system, perpetuating the depressive state simply by declaring that the self is anything but perfect.

With the collapse of any serious belief in heaven and hell today, we are left with a sense of life as a mad conveyor belt over which we have no control, and which seems to have no reason at all for existing, except as a mechanism for rushing us from one place to another as fast as possible (and filling us with the terror of arriving).

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It may seem absurd to expect that the publication of a book, our names on the credits of a film, or an exhibition of canvases with colours on them could in some way halt the conveyor belt, but at this point, especially with the end of the world facing us every day as a plausible fact, we snatch at small mercies.

The deferral of 'real' life (in the religious sense) until after death has meant the deferral of life here and now, within the organism, so that we seem to be watching ourselves, our feelings, from a distance---and it is the cortical part of the brain-system that does the watching.

IX. A DREAM DEFERRED

Is there some guiding principle in bliss which, once it lapses, leaves the organism peculiarly undefended, so that an extra defence of over-cortical activity is now required to redress the balance?

The idea grew up in eighteenth century Europe (the epoch of encyclopedism) that we govern our lives consciously. But, apart from the fact that the working of our organisms is largely autonomic, the three parts of the cerebral or outer brain---namely, the sensory, the motor and the associative or judgemental---are largely receivers of information, and more sifters, analysers, organisers and judges than initiators (even motor initiation is determined by needs and motives outside that area). But, despite the facts, the idea that we govern and determine our lives consciously has a much stronger hold today than ever before.

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Current brain researches tell us more. They demonstrate that the amygdala and the hippocampus, the two memory areas in the limbic system, supply the cortex or conscious part of the mind with memories that are already packaged, both as to their durability (namely, whether they are to be long-term or short-term memories) and their flavor, quality and meaning.

For instance, a memory may appear suddenly to the conscious mind without any conscious provocation. It may, for no good reason that the conscious mind can see, appear poignant and significant. It may return to the mind again and again, yet never signify its inner meaning or the reason for its regular appearance. Its atmosphere may be one of anxiety. Yet there may be an inexplicable admixture of pleasure or mystery. A certain street, a certain shop perhaps, at a certain period of childhood: but few other details. There are no surrounding thoughts or associations. The memory is simply there, significant but without apparent meaning.

Now who is processing these memories, behind the conscious mind, and delivering them from time to time to that conscious mind, without warning or prior consultation?

Obviously there is a vast world of invisible activity going on behind the conscious self which nevertheless takes decisions and makes connections long before the cortex is aware of it (if it ever becomes aware of it).

We are obliged to believe that a thinking individual is at work behind the conscious mind.

For sometimes memories appear precisely when they are needed. They 'come from nowhere'. They are 'brainwaves' or 'flashes of inspiration'. They happen even to the scientists who don't believe in them. Major breakthroughs of this kind, from Kekule's demonstration of the benzene molecule to Otto Loewi's first demonstration that chemicals are involved in neural action, have been happening inscience since the first mediaeval guidelines for scientific procedure were laid down.

Who is this 'thinking individual' of whom we are largely unconscious, though he is our very self?

Do we have access to it through bliss? Does this account for that 'compelling' action we find in the genuine artistic imagination? Is the reason that over-cortical activity creates confusion in the nervous system the fact that the blissful connection has been lost?



The Fallen Angels

(1)

The fact that suicide is little known.

More males commit suicide than females. More males harm themselves, & do extreme physical violence to themselves (e.g. the use of a gun, a knife, a rope) than women. More women than men attempt suicide with ~~suicide~~ 'suicidal' letters, more women than men use gas & pills to die. Male suicides are more efficient than female. Male suicides (an increase this year in Japan of over 12%) are going up world-wide. But so are females.

Over 20,000 Americans kill themselves a year. Young people are less likely to commit suicide than the middle-aged & old. But, at least in America, the statistics of young & adolescent suicides is ^{rising} ~~beginning to equalize with~~ those of the older. ^{car - (may include we marked suicides)} ~~Accidents~~ ^{suicide} is the third highest cause of death in the 15-19 age group.

Even children nowadays take their lives.

It is a tragedy for people with the disease. But, there is the matter that at some time, & all of us,

due to the increasing modern life, the use, usage of it -
communication, look critically at the last possibility of this
reluctance. We are reluctant to look again, to see the threat
of the mind might produce action ~~one day~~; and this
reluctance manifests in reluctance work on the
world-wide phenomenon of suicide. ~~Doctors, psychiatrists, psychologists, etc.~~

~~Left to writers: George Orwell, 1984. It is very~~

~~suicide - research is primitive relative to the area.~~

~~(This is not an ill-founded reluctance.)~~
~~of research: Doctors and psychiatrists, though it is with~~
~~know no, consider the phenomenon, every day of their~~
~~lives. Male doctors commit suicide at a rate 12% of~~

~~of males generally in the United States. Women doctors~~

~~of medical students commit suicide at a rate 4 times~~

~~the rate of all women in the country. Male doctors~~

~~tend to kill themselves after the age of 45, female~~

~~doctors before. Among doctors, psychiatrists commit~~

~~suicide at a rate three times higher than the rest~~

~~of the population.~~

The result of our reluctance we
to examine these matters is twofold:

i) We overlook the inbuilt suicidal
tendency in the modern human being, which is ^{and physical} ~~not~~ ^{suicidal}

②
ing the spectacle of relatively rare expression
(measured using 24 minutes in the US). Thus,
we overlook the suicidal structures proper to us
at these midlife places, contain a sabotage
good decisions, reverse positive feelings = a continued
hori-kari of the mind, spoil relationships, submit
out of fear to schedules, work-structures which we
know are destroying our health, and (as will etc etc).

ii) We overlook the relatively simple
measures that can be taken to undo these unusual
unlike suicidal structures and which have to
do, like the degenerative diseases which have
"exploded". (Omura - "A Century of Epidemiological
Transition in the United States" & Preventive
Medicine, March 1977, 6(1): 30-51), with

the auto-immune system. ^{Now to the point of regard} degenerative = suicide, (80%
(i.e. avoidable quality) ^{current diseases are stress-related})

This system rests on the unique function
of the organism, the is to say, on that organism's
ability to find its own genius. The nervous
system, with the autonomic and the motor
function areas, cannot function successfully until →

And the, to return full circle, means
the his sickness system - that is to have
the medical system - cannot function =
the is unigly individual too.
When we, called Oxygen, the
is andible = the breath of most
the breath is guided is natural
Kidney become serious, of
and the system to disappear, the
difficultly being done. ~~He~~ ^{Until}
has found in an unigly breath,

* In the present case, called Oxygenin, the suicidal tendency is audible - the breath of most client. Once the breath is guided to natural patterns this tendency becomes serious, often traumatically, and then begins to disappear, until a long period of difficulty being endured. ~~the suicidal~~ the the suicidal has found in our unique breath, carry to Oxy. no cannot be a unique individual.

→ This unique quality which, and again is found.
While there is ~~forced to rest on external~~
~~collapse.~~ The uniqueness seems to be a human ideal - and
~~large social structures such as are laid down~~
~~into structures like the reg. power, & so-called states,~~
~~in a desire to the contrary, or to improve~~
~~the program like this place - the anti-human system, much~~
~~the deep, the unique deep mind is the best~~
~~collapsing worldwide and give way to the human presence,~~
The organic cannot be found.
Particulars indicating etc.
1984 was Orwell's description of
prediction of mass suicide. It was a picture
of a race too covered over by examining the
our processes, and therefore reduced to constant
ment and constant surveillance of invisible
Big Brother who ^{were} ~~right~~, himself, as blind to
helpless - That he opposed itself to the other.

1984 was Newell's description of

prediction of mass suicide. It was a picture
of a machine that

we have covered the 1x line & the 1x line

our processes, and therefore reduced to a slave -
alliance of infinite

our presence, and therefore
went and contact surveillance of him
was ^{as} blind to

ment and constant ^{way} ~~right~~, deeply as blind to
Big Brother the ^{way} ~~right~~, deeply as blind to
himself in the Red Room.

Big Brother the ~~right~~, and
helpless - That he depends on the Red Army.

Suicide Prevention Society

The reluctance to make a multi-
relational for suicide statistics and statistics -
analysis. In certain, the actual suicide rate
up the tip of the iceberg. has 'unreported'
suicides we perhaps may 100% of present
higher than the unreported. There are
unreported as, in my case, are reported
to with relation to police.

My reported here -

CRISIS CENTERS adjacent.

Refugee literature at Cal.

Alameda County Mental Health

Association

We may even find a decline of suicide
because the day-by-day suicide is so much
easier. the use of this, the less the suicides.

↓
The healthy immune-system helps with grief
then.

(2)

The inability of the child to self-alienation requires
the refusal to continue the femininity - a self-
prostitution, the investment in alien programs -
a willingness to come to terms with the self
unsupported by the workplace / ~~external~~
~~structures~~ distractions & pseudo-structures -

A woman willing to refuse all this in order
to be permitted to leave for outside involvement
but on her own day self-satisfied
melancholy. This is, the easy expression of
desires and personal growth denied in self-
denial but - the contradiction uses

FA

A

The deep-improvement programs, and bogus 'creative' quests, are actually preventing, & their emphasis on traditional attitudes derives from societies regulated by safe and powerful middle classes, preventing the very deep realization its purpose is to stimulate. The objective of ^{any genuine} Creative Process fundamentally then becomes to lead the client away from the traditional 'artistic' restrictions, precisely in order to discover ~~the~~ ^{the very} ~~unrestrained~~ ^{releasing} and in the belief that not any social or cultural prohibition of (19) might make the ~~decision~~ ^{no's} or ~~the~~ the discovery of the ^{no's} ~~the~~ genius lies. The true creative process is ~~the~~ ^{both} this process of discovery. 1984 was apparently of mass suicide. ~~1984 may be as dark as~~

Politics a primal performance in the Freudian sense — doubly dealing with harsh policies, whether soft or hard, according to the needs of the next election.

XI

of the media, the ~~medical~~ pharmaceutical

GENIUS

not knowing his own genius, the ~~genius~~ is used
The suicidal disposition is detectable in the breath.

One medical informant who has had 30 years of experience
in the field as a neurologist and epidemiologist tells
us the shallow, thoracic breathing is ~~for the~~ ^{for the} ~~experience~~
a general rule + patient body.

Shallow breathing can only be corrected by ^{proper guidance} ~~technique~~ ^{corrective} ~~breath~~ up ~~corrects~~
the difficulty. There is a reason for this. Shallow
self-improvement doctrines with their emphasis
on the right healthy way ~~is~~ ^{is} ~~not~~ ^{not} ~~the~~ ^{the} ~~→~~
the until the individual has ~~his~~ ^{his} own
unique breath he cannot be a unique individual.

~~of desires of the unique breath~~
~~has been not be the result of taking breath~~
~~Technique - it may be obtained by just 5 steps,~~
~~of the presence of a powerful force, &~~
~~is nothing less than~~
~~But without in doing any passing through the day and~~
~~in the mind~~
person, the race cannot retain its unique
constitution but a decline ^{kind} ~~it~~ ^{helpless} ~~suicidal~~
uniform which by sheer inertia acts as
universal suicide, on the level of experienced
animal manipulation.

You have given me a yr life inspiration
because I'm the only one who can understand
you vrief, yr depth, yr intelligence. Yr
word ed yr special chapter of word ed
yr insight.

The place ad power make yr
any. So much any the householder
the games - the controlled under the will
we are not is place yr. But the
death,

To see for the yr performance +
we - ad I can for the time. A done
work.

To see for the yr performance +

Sutter Street
Francisco 2045.

FA

The likelihood is that...

A massive defragment will grow in the human race as the pressures become greater, and the suicidal drive remains either undetected or, when detected, turned quickly into a too unpleasant case to mention, much less analyse. When the analysts themselves are afraid to deal with it (as the others are in this case) we are in trouble indeed.

FA

"Meditation"

Note the meditation explained in the book of
Siddha Yoga. the little of it is done in the ~~asana~~ at asana
The emphasis is (quite right, given the dangers of meditation for
very long periods) on chanting.

I have had devotees of 12 years standing - the hour
when I was left alone, of course; not (not) after spiritual
or intellectual.

FA

The Masculine - mother-rejection society

The importance of ART in this work is that it is the
of SECOND BIRTH allowed in the masculine-repression
society that is not. (NB the the homosexuality in our
society exactly reflects the of ancient Greece, due to the
same principle of mother-rejection at work) At all
costs REGRESSION to the mother has been curtailed. In
American society we could say that the child is ejected,
metaphorically, from the womb, rather than simply emerging.
(The 19 - horror scene of midwives).

On the basis of "Apollonian" art (Nietzsche)
- it transforms the transitory and fragmented into
an 'eternal' setting. We thus are freed from space
and time (this is from BIRTH TRAUMA - MR).

Neither Freud nor Otto Rank (who also wrote
a book called Birth Trauma) sufficiently emphasized the
reason for the trauma is primal anxiety. Yes, they
defined the desire to regress, to re-enter. But
the trauma of birth lies in leaving eternally, in
being entrapped = then, ^{almost} the reverse ~~is~~
~~for classical psychology = in the~~ of 'the womb
means security, paradise, life being born from it'
applies — namely, the ^{BIRTH} ~~life~~ is an ENTERING

FA

Misadventure - no other - negative society

(2)

NOT A DEPARTURE. It is entering in the Timeliness of the world (and previous existence, if we are inclined to the persuasion) a time-bound structure which next by its nature create anxiety. In the Lebringer births the child under suffering, instead of crying in alarm after a step on the back, because the Transition into structure is made smooth for him.

Art is of such importance in the Christian world - and it cannot be placed together with any other activity of the kind in other societies - because it secures for the Timeliness, the structure-endowed - with - freedom, which no other society (Chinese, Japanese, Persian, Egyptian, Babylonian) needed to do because its second-birth Techniques were readily available.

The absurdity of the (19) romantic concept of the artist (usually people say "poet" when they want to make this sort of observation) as SICK, derives from the corruption frequently in the artist himself of the very second-birth process which he is the vehicle of, unknown. ~~By the artist is essentially, this~~

~~He~~ He is really making an orientation out of himself. He has opted for all the mother-rejective values — men's doctor is a infantile relationship + he in body, is an erecting recipient of media information, fits into the structure as a wage-earner — and so is obliged to see his work as Apollonian but as manifestation of his inability to fit the society he hates completely. Psychoanalysis may have helped him here — with its crude definitions of the artistic process as a 'flight from reality'; ~~there is enough~~ ~~both the Freud and Rank say that the process~~ ~~to be made not because he cannot~~ especially as much as is a flight from reality.

Nietzsche's 'Dionysian' art — the alternative to Apollonian — being a ecstatic self-expression which doesn't require ~~an audience~~, ^{less} ~~but~~ a desire to communicate, and ~~less~~ — participating audience, is this (and the Greeks) attempt to manifest one of the forms of second-
link in the dionysian process directly. The

difference between the Apollonian and the

FA

Masculine rather rejection principle

(4)

Dionysian, in Nietzsche, is essentially the tension between ~~the need to~~ the creation of an apparently timeless structure and the experience of the timeless itself. It is in this sense that the creative genius is a 'thwarted' to a certain state - in his recognition of the possibility and need of the other state, almost his memory of it as an experience, and the accessibility of the means to achieve its structuralisation.

The few many writers or artists know (or even of themselves in disguise) that if they are 'healed' they will no longer know a subject, derive their vitality to see this is the, indeed, freed the neurotic structure, the deep structure, the work becomes ever clearer. For the need to structure continues, often during, despite the oriental contemplation in art-forms an academic. These writers or artists never achieve Tragedy, but remain in the ^{occasional} verse, ~~some~~ relatively trivial area of ~~short~~ verse, short prose-pieces etc.

For Nietzsche saw TRAGEDY as the melting of the Apollonian and Dionysian. Let the

FA

Musculine mother-rejective principle

(5)

in the the combination isn't possible without the aspect
 in the Dionysian, the = the ecstatic, which is
entirely dependent on health. ~~For~~ This is the
 'compulsive' or 'blind' element = the genuine
~~the~~ creative genius, as opposed to the neurotic,
 contriving, piecemeal one-consciousness > the
 Apollonian artist (who may produce appealing or
~~repulsive~~ repulsive work — his attempt at timelessness
 is here expressed by 2 vehicles, which are unopposedly
 opposite): the the artistic genius is capable, however
 fleetingly, of ecstasy. The neurotic type has to depend
 on drugs, various other forms of neurotic stimulation
 which may include hypochondriacal/masochist relationship
 + doctors and hospitals who obligingly maintain the patient
 in the sickness ~~the induced~~ by treating the symptoms ^{while}
 knowing it to be self-induced.

What was originally the Dionysian music and
 dance, in which the CHORUS evoked of themselves the god,
 and lost all sense of alienation from nature, is given
in tragedy an Apollonian form. 1. the foreground,
 says Nietzsche, is Apollonian, but the background,

FA

Maximally with negative seeing

(6)

the Dionysian, the chorus, is he gives it with.

This was Greece's, great age, he says: the tragic age. But it didn't last long (I would say because it was a last spending energy, on the cortex took over: the imagination).

Here then entered, he said, a new spirit — incapable of the mystery and terror implied in Dionysus. This was the critical, which destroyed myth as "unreal" and thereby destroyed tragedy. (The time/space structure now became the only reality) (This required enormous manufacture, over the centuries — to isolate the outer structure as the only one, in its surface or conscious components), He destroys the tragic with Euripides but, he held for Plato, SOCRATES, & Nietzsche. Socrates means the DISCURSIVE — ^{logical} — operation of N. a modern form of this, the logical position takes over the Dionysian spirit; and Socrates also means ~~the~~ SCIENCE in the modern sense.

~~Nietzsche, who~~ N's doctrine v. much depends on the idea of the pain of ordinary existence (i.e. the primal trauma ~ anxiety). Schopenhauer was

N's background for this — his theory of 'desires';
 For Schopenhauer the will is prior to the
understanding. It is conscious, though it manifests in
 consciousness. It is the thing-in-itself, as opposed to
 the thing outwardly, seen by science as in parts, and
 describable. The will is blind and purposeless. Life
 is not controlled by reason. It has no goal = reason
 is used to reach goals, but these make no difference,
 they comprise no purpose or achievement. There is Schopen-
 hauer's "provision". BUT there is 2 ways to attain
 happiness, he says: 1) we must escape the ever-turning
 wheel of 'understanding' ^(or life) and have rest; we then
 become masters in our house; or we the free
in the dominion of the will, we come near to the THING
 IN ITSELF. This is achieved by the perception of
beauty. If we see within the space/time object the
 Idea (a platonic doctrine, here), we feel a beauty which
 is lifting us beyond space & time free as if the finite
 will (as with Träume - MR). The mind becomes, while
 perceiving beauty, UNIVERSAL. The Idea can be found
 in anything. The mind that can see this and persevere
 the vision is other is called Schopenhauer GENIUS.

FA

Musculine in the negative sense

(8)

(this is, the natural self-release for both trauma).

However, music is not the perception of ideas. It approaches life even more closely. It is direct, without mediation. (Hence its collapse in our day - MR), and the impact of the critical, 'narrative' view of life as structure. It doesn't give us knowledge, it goes to the heart of things, and, freeing us from space and time, is UNIVERSAL in appeal.

2) we can secondly escape through the moral life. SYMPATHY is where the ego overcomes its individuality = in goodness also the mind escapes the will and attains to reality and rest.

But neither, for Schopenhauer, is more than fleeting. No ~~only~~ true way, it is lasting and eternal way, is through asceticism and sainthood.

(Note the of Hegel the real is the rational. It is this idea that leads to "progress" — this is, the increasingly critical approach).

Note how Nietzsche echoes our pain-transformation idea: 'I feel myself impelled to the metaphysical assumption that the truly existent and primal entity, even suffering and is contradiction with itself, needs

at the same time the aptuous vision at the joyful appearance for its redemption! For Schopenhauer the ideal is rose and suffering, and pain is a feature of the phenomenal world, and 'to going back to ideal' (i.e. the reality under phenomenal appearances — the thing-in-itself which is free from the storms of life) we can be rid of it.

For N. tension and pain are at the heart of things, and he rejects Schopenhauer's principle of renunciation. He said the Greek + his resorting to suffering was prone to the Buddhist negation of the will, etc. etc. saved him, and life saved him to art.

Apollo, a personified life = the he creates, Dionysius in the ordinary world (reaching the primal unity). Two types of creative process. 1 - the latter

a man becomes 'primordial being itself'.

It is difficult to get round N's 'it is only as an aesthetic phenomenon that existence and the world are eternally justified', which he iterated throughout his life.

Oxygenes says the N. & Schopenhauer are combined — Dionysius, the ecstasy, the exultation and the power, is combined with ^{S's} rest and peace.

N's joy was that the pain etc was constantly changed, gods fell, others rose etc — this was Dionysian power. and Schopenhauer's pessimism was the there was no joy in this = neither in a real sense

penetrated appearance. They were struggling for second birth, trying to make sense out of a world where the essence of human experience was missing, so the Schopenhauer arrived at ~~po~~ defeat, Nietzsche at madness. They weren't wrong for our world. Or for the Greek world.

N's ache for second birth, in his ~~retroactive~~ definition of Dionysian man as the who, ~~having~~ 'in complete self-forgetfulness becomes one with the primal basis of the world'.

For N. Greek society was the most efficient producer of artistic geniuses there ever was (he follows S. in meaning of 'geniuses' artists). For S. the artist was a man who had become the passionate spectator of the reality behind phenomena. For N., the Greek + S. that the artist was well adapted to ordinary life, added the that he was an elite, and this fitted in well with the fact the Greek society was based on slavery. The majority were there to provide the top, the genius.

Rivalry and competition were the motives behind artistic production - to keep its high quality. Indeed ^{question} ~~the~~ ~~was~~ the dominant motive in Greek life = (FA will say this is the first stress - so chief, to which was then returned in a unglorious turn). The chief natural talent was developed of CONTEST. The chief reward was public honour and glory (that is, a harcinistic reward). (FA will say the homosexual relief today shared in Greek society because of the

(11)

mother-rejective, phallic-masochistic background is stress.

But nobody should be best. There was envy and resentment in ambition, but the prevention of adulation was a safety valve against this. Heraclitus of Ephesus describes how HERMODORUS, among the Ephesians, is sent away because of his ~~genius~~ ^{genius} and told 'be with him none who is best among us; if this be any such, let him be elsewhere and among others'. Heraclitus adds that the Ephesians, in this, seen to be leaving their city to "beardless men" (FA will relate this to the cult of youth, which is part of the stress-motivated society, and an important feature of the suicidal drive, programming people to die early).

The Greek world was also savage, and this for N. was an important energy which produced the civilization. "Then the Greeks, the most humane men of ancient times, have in them a trait of cruelty, a tiger-like delight in destruction." This law was to execute all male citizens and to sell the women and children into slavery. The Greek "tiger," N said, had "a voluptuous cruelty in his fearsome eye". Hence the battle pictures of the Iliad, the continual tragic and stressful story of the Greek epic.

The "fair" city-state of Greece was thus filled with of greed, envy, pitiless cruelty and hatred.

(12)

only FORCE, N says, can the decaying city state be maintained. War was necessary to keep the fighting spirit alive, for H. Though no one state ever finally conquered another. Thus the Greek was the most destitute in beauty & the most hard and in suffering, pain, horror & the other.

Persimmon undisciplined this story, and perhaps the most ~~success~~ ~~success~~ ~~success~~ suicidal declaration ever made was the of THEOGNIS OF MEGARA: "The best lot of all for man is never to have been born, nor seen the breaking of the turning over; failing this, to pass the gates of Hades as soon as he may, and lie under a goodly heap of earth." (Nor the Theognis took →

Culture alone, said N., made Greek life bearable, and gave the Greek an appearance of severity and happiness. It justified all the misery and oppression ~~the~~ a child it was based.

Slavery, N said, was necessary, but an evil. The "ordinary" man is of no value compared to the "Olympian beings," but his suffering is evil. The conqueror is a benefactor but evil. Power is just, but evil. (FA - but is the unworkability of the society which no longer knows second birth).

NIEZSCHE

H. A. Reylson

London: Macmillan 1948.

→ his own statement too seriously — tho' it did, for
his purpose of describing a melancholy society — and
indeed had no desire to shorten his life, and said
"I rejoice to drink deeply and to sing to the pipes;
I rejoice when I hear the tuneful lyre." And:
"No mortal man, as soon as he is covered + earth
and goeth down to the house of Persephone + Erebus,
is rejoiced any more with the sound of lyre or pipe,
or with receiving the gifts of Dionysius. Behold,
this I will make my heart merry, while yet my limbs
be bright and I carry an unshaking head." (But,
in ^{support} of N., there are of rather suicidal state-
ments of death-belief, death-programmings).

⑦

Heaven was one of male gods. The primal mother is turned into demons - Keres, Furies, Harpies, Sirens, and feminine monsters - Hecate, Gorgon, MORMO, LAMIA, GELLO, EMPUSA.

FA is supported in the sense of a fall in Greek times, in respect of primal paradise & the maternal aspect of Egyptian religion and the fact that the woman was HIGHLY VALUED, and the right of the mother securely protected. So we take the masculine reversal which sets in Greek times and comes to a climax in Christendom, supported by the tribal nature of the Huns etc., as a reversal due to the collapse of the sacred.

The ~~rebirth~~ veneration of the moon goddess ISIS. The sun = rebirth. When it goes down it lies up the underworld and certain privileged ones of the dead may rise and breathe again and travel on the boat, ^{the} Sun-God back into life. ~~The high~~ ~~in the world~~. This is the Egyptian rebirth.

Egyptian influences first mixed with Greek in CRETE, forming the Mycenaean culture.

SUICIDE (FA)

③

Lyricism, violence, sexuality. Eros and Thanatos were both 17th, in the world.

We felt justified in seeing a global racial suicide drive = the deferral mechanism. Freud = the mind as a "natural" way of thinking.

Suicide (FA)

AIDS and Suicide

It is already clear that the suicidal drive is not a conscious process, and the we are saying that the collapse of the immune system for short-term reason is the signature of this drive, meaning the withdrawal of the immune system; alarm or warning operation, and the lack of "proper control".

The theme of FA is that all disease, all death "by senility" is suicide, self-chosen demise. Behind the factor for there is a will, a "thinking individual", and one appears to be "karmic" diseases, malformations may also be deeply planned in a way our conscious and our theoretical minds simply cannot grasp.

In AIDS and herpes, casual sex seems to be essential, and we are saying that ~~the~~ casual sex is stress related. Stress reduces IQ in children, and it reduces the efficiency of the immune system generally, so much that it is probably the single most important factor in producing old age. We are therefore saying that 'old age' in its usual sense of stiffening joints etc is entirely unnecessary, and, if anything, the ~~single~~ work commonplace symptom of the suicidal drive which has helped this civilization for the beginning.

SUICIDE (FA)

(2)

This nervous system tends to experience the world perceived themselves to, is BURN-OUT. ~~Appearance~~ appearance & presentation of self, a stumbling kind of walk, hunched shoulders, mouth frequently held open, especially during the smallest exertion, the nervous gaze, the attitudes frequently contradictory and inconsistent, frequent bouts of silliness or giggling, strong dependence on others (family, friends, doctor, ~~others~~ shrink etc), and a tendency to feel victimised ('no one supports me'). At this end of the telescope danger can be seen as a distant lid for suicide — a lid of the promised 'other' world.

An deferral is hidden suicide, by saying that this world is not enough, I am myself not enough; 'I hope, I shall be, it will be. An idealism, that has tripped the western world since the eighteenth century, is deferral, and makes the miseries escalate by its belief in nothing. over the head of life to the distance.

The Greek world was a world fixated on THE OTHER. The whole Mediterranean 'culture', as it developed after the decline of the Egyptian world, is beguiled by death — to this day. Now idealism is absurd because unnecessary: all hopes of the future, all release, aside in death. It is behind Mediterranean cynicism, apathy,

SUICIDE (FA)

(7)

The moment you say you see your life as youth, middle age, old age and death, the moment you go to a doctor to allow pain & take a pill, you have indicated a suicidal structure. Fearing death and looking forward to death are the same thing: death is seen (either painfully or pleasantly) in the guarantee the itudeen within form of life, even though this may be a state of eternal oblivion.

But there is nowhere else to go. You come into this structure and you may leave (by death) this structure, but the structure is the life, it is the to which life adjusts itself.

The newborn child emerges into this environment and with difficulty adjusts its timeless background to the structure. 50% of the infancy mortality is due to apnea or breath cessation. The baby simply doesn't breathe enough in sleep. It is the voluntary withdrawal from life is the nervous system.

The nervous system is a protective organ against perceiving the energy at source, the spiritualist. It can be used for total withdrawal. As the nervous system withdraws, ^{the mind} for electric shock, heat, painful contact etc., so it protects against the invisible area. We see the effects of drugs, long-term, after people have passed

FA

The "unconscious intelligence"

The doctrine of the unconscious mind has virtually a monopoly today has bedevilled the whole discussion of the complex the self. The 'intelligent being' the operator in the auto-tune system, as the coding and using memories, certainly in a state of dark, unguided, reservoir-like state of anti-consciousness the the word appears. It is very difficult for us to realize today — because so many shared a common factors depend on cortical alone. then and not pre-cortical patterns ^{(such as} ~~the~~ ^{(etc depend on} family) etc — that the self manifests in a will the is not at all unconscious, and the we know this self in a non-conscious way.

FA

in America

Post-Freudian analysts have tended to avoid
Freud's emphasis on the death-drive, apart from the very
few Lacanians (including the neo-Lacanian, Schneiderman)
~~but in the field it has any status,~~
with the paradoxical result that it has been
encapsulated into ~~theory as something that does not~~
~~belong to~~ the natural order of things, and the
itself requiring elucidation. It is a kind of double-
edged acceptance. Put this against the fact that the
suicide is this country's psychoanalysis is three
times higher than the average of the general population and
we have a man expected, but much more eloquent
result is the reluctance to face what this drive
is, how subtly and unconsciously (as well as
obviously) it works, ~~whether it is global or personal and~~
~~how far it goes in expressing~~
enduring) it works, ~~practical~~ ~~the use of its radicalizing~~
fragmenting condition, ~~ad, but~~ ~~possibilities~~
^ if global, (as opposed to rhetorical idealistic)

FA

Chauvinism (America)

The way the world has never do 10 years later. A woman president? (how many years after Israel, India and Britain?).

The 'unsubtle to be at all eyes' ended in hands. A period of the, the it passed. As the tension passed. If political tension came to the U.S., with the in the other way round. It was a surprise probably to be regarded also as a threat to the existence of the Brigade Rosse, Pious League, and other groups. The R.A., an eyes of a special vitality and America do it would have to be initiated?

Anyman here (Helmut Schmidt - ex of Germany) 'put all the eggs' in the America basket, but the means of the people are understood with the utter complacency →

as the receiving point as any
colonial-type which we can see.
It has books and things. An amazing
look of political education is
symbol of the divide

knowing and help to take these people,
if they are going to turn and do
things like that? A - interesting
way of picture of a kind of world
chief program, still to see

→ complex aspects of the world —
with the book will be the world — by the average
American citizen. Use the book very much
at your own risk and the American
enjoying our occupied, people — turned
on TV said 'there are no dog seats'

FA

The feminist movement almost everywhere
is very weak - healthy - that is, how women are in
the power. The American position toward the helplessness,
agreeable, starving ciphers. ~~In the country, women~~
~~are - to judge by their performance - if only the~~
~~few feminists realize, that women are behind~~
male made progress. It was probably a first
the first suggested by the house - 'certainly',
not as the last. It was a woman's movement,
not a man's. The voted to keep Britain out of
America in the funds the house a 'protection',
it was women who, according to ladies, no -
time victory General Archibald, the
initiated the move to keep Britain out of
the British club in India - certainly there was
no discrimination before wives were allowed
to accompany the men. That is to say, women
were certainly not stuffed ciphers - they had
definite strong ideas. They were saints, generous

great thinkers and artists, and if really they
is a death of great come with the the
contrary. Women is the just, because they were
a definite action force = life. could be comp.

Cruelty is in depth = come.

The Spanish bullfight. The matters stone
of cruelty is relationships. The feminist
argument is that cruelty is not a response
to environmental and frustration — but it does
is, in male as well. The just is better
than the cruelty is sex/mas or not. Soldiers
= the front line of the fight so that there is
this way.

Feminism is - Transference of the old
male attitude of PRIMAL REPRESSION (i.e.
rejecting the woman as inferior, socially undesirable
ing her, meaning to reject the primal libido and
repression is culturally) = it has now spread to
women = a biological ANOMALY induced

Poet = snobbery

The prestige — she is it lay up?

As we read them, addresses they
notices the = they do it to each other.

More anger, competition, jealousy and

backbiting the is with the fields.

Why? Who is the "poet" claiming?

the suicide.

SEE
OTTO
RANK

FA

①

As death is suicide for the west, in the sense that it is voluntary (Freud's theme the ego goes on in the unconscious) and a cutting-off, a cessation, a self-annihilation, not at all the death acknowledged in the ancient world, encapsulated in the word 'immortality' and surviving even to this day, underneath modern scepticism and rationalism, in Mediterranean countries.

Much discussion goes on about the death drive with a death being in any way defined, quite as if we were all agreed that that it is, and as if the ~~agreement~~ same definition has held throughout history. After Descartes the western concept of death necessarily changed. With only the human mind properly existent, because in touch with the divine mind, it necessarily typified a dead universe, a dead animal kingdom, a dead nature; and to a sufficient degree we grow up with this impression of our environment, and the schools we go to follow suit by making academic an intellectual and this higher one. It is quite usual to see, in the work, a scholar-

try taking away more, the prizes is an annual prize-giving
 the winners can hardly breathe, walk or gesture late naturally, and
 one appears to have little interest in his surroundings & the human
 beings. He is called 'millionaire'. He will later, possibly at
 a major university, convey this 'millionaire' - this into an extra-
 critical activity & the other, younger people. ~~There would be~~
~~very great~~ Quite possibly ~~he would be~~ ^{his mood is preoccupied, one?} ~~that~~
~~his~~ despair ~~that~~ ^{but} the new manifesto, because ~~unlike~~
~~not~~ unused to manifesting is, a act, a oppressed
 is a theory. ¹⁰ Each theory is abstract & in environment, the
 has all been ruined in environment.

Properly speaking, the Freudian — and certainly
the Lacanian — death-drive ^{is nothing but} ~~is~~ the suicidal drive, ^{the} Freud says that the sexual drive and the
death drive mix. They produce sadism. And we
are surrounded by sadistic forces, in a lightened
entertainment, in the ^{architectural} structures we surround ourselves
with, in our approach to animals and our environment,
in ~~our~~ crime-rates which have never been equalled
in the history of civilization, either for frequency
or ~~as a~~ refinement of cruel invention. It is
this sadism which ~~some~~ ^{has} reacted, not
essentially to the male. And ~~perhaps because~~ ^{feminism} has,
though the infusion of the 2 drives ^{is} its strong
sadistic component.

→ ^(chronic) The, theorising, the ~~text~~ well-known
obsessive critical over-protection, is keep the man
from an expression of the suicide. It encapsulates
a rejection of the imagination, in favour of the type.
It is precisely in line + Cartesian thinking.

→ with little to do with wanting to float in
sea of eternal light, according to the Freud
and his disciples called the 'neurotic-principle'.
It is doubtful if suicides are really that
but lies on the other side, in the anxiety of
leaving this side.

Fallen Angel

$\frac{2}{18}$

$\frac{1}{9}$

conflict
irritants

Given the added social pressures since the
Fifties, the added pollutants and the added
it is astonishing that the suicide rate of white
males has increased ~~only~~ less than ~~2% from 18.1~~
2 points, from 18.1 ~~in 1950~~ to 19.8 in
1976, per 100,000 population; while white
female suicide ~~has~~ increased from 5.3 to 7.2 in
the same period; all the while for 7.8 to 11.0
and all other females from 1.8 to 3.2. ~~From the~~
~~white had the higher rate~~ The latter rates
are probably due to the previous low incidence of
suicide in those groups, and to an equalizing
process, ~~with the ~~same~~ ~~as~~ ~~one~~~~ do the or that expect
these ~~high~~ ~~rates~~
a ~~consequence~~ - It is the increase in rates of the
white groups. (National Center for Health Statistics, US
Dept. of Health, Education & Welfare, Washington DC)

It is reasonable that ^{the} suicide rate will
decline as the ~~suicidal potential~~ of the
'mini-suicide', is the the final physical cell,
'grows'. In the case the physical cell becomes more
a more 'completion' of a process played out in the
human race is the form of ~~the~~ stress, ~~conflict~~ →



card and degenerative disease

epidemiology
VIII. 1984

~~not a mass suicide~~
~~drive~~

far below the normal level,

VIII. 1984

In Oxygenesis sessions the 'suicidal' disposition is detectable in the breath, ¹ One of our medical informants, who has had thirty years of clinical experience in neurology and epidemiology, tells us that shallow thoracic breathing is a general rule among her patients.

Such breathing can only be corrected by prolonged guidance. Snatching deep correctional breaths will only worsen the matter. The result of guidance is that the unconscious death-preoccupation, masked under various stratagems and structures, begins to disappear. Efficient oxygen-utilisation rehabilitates the organism in a remarkable way.

There is one thing that self-improvement doctrines, with their emphasis on the right healthy way, overlook, and that is the fact that until the individual has his own unique breath he cannot be a unique individual. This is the very basis of Oxygenesis.

The discovery of the unique breath is nothing else than the dhyanic process, without which the human race cannot return to its unique manifestations but must follow present signs and symptoms, and gradually decline into a helpless suicidal uniformity. ^{1m} ~~The race will reach the level of experimental animals helplessly manipulated by the media, and the advertisers financing the media.~~ For, short of knowing its own genius, the human organism simply cannot function in the sense of organising its environment. Today, the human race simply does not know what its fate will be, whether or not its environment will disappear, or deteriorate rapidly or slowly, or poison future generations, or render the soil unusable for perhaps thousands of years. ~~It is under 'expert guidance', except that this guidance works in a hundred contradictory directions, finally confounding itself.~~

'Creative' quests usually prevent the very self-realisation they set out to achieve. The objective of any genuine creative process consultant thus becomes one of leading the client away from the traditional (and essentially nineteenth century) ~~artistic~~ 'artistic' objectives precisely in order to discover the uniqueness of the self, and on the basis of that, not on any social or cultural predilection, whether there is real artistic interest, and if not where the genius of the organism lies. The true creative process is this process of discovery.

Orwell's 1984 was both a description and a prediction of mass suicide ^{up} ~~FALLEN ANGELS~~ declares that this is already on us.

LENGTH: 80.000 words.

Indivisible

practical
free.

the race
is doomed
to be

→ Oxygens, the best and similar techniques, have
been practiced & almost by all of
the world and the field of practice
is the ~~effect of breath~~ ^{conceal} is perhaps
~~1000~~ failure of people in
hundred clients to ~~discover~~
~~not yet~~ ~~late~~ = no practice

→ have practiced oxygens
for ~~the~~ in the 1st 2 years
and so far have failed to find
~~another~~ the case of mixed breath, any
had a diet
these ~~no~~ ~~admission~~ ~~the~~ ~~high~~
the ~~for~~ ~~techniques~~ ~~and~~
are the same.

CASS CANFIELD

^{my} interestingly AIDS and herpes at the center of the proposal. I do not mean ^{it} by the way, the word 'plague' to anything apocalyptic but I refer to a possible global collapse, the ^{human} auto-immune system ~~is the human organism~~, of which the 2 sexual diseases, because they seem to be transmitted by semen (a highly efficient and penetrating virus-beaver), are ^{initial} minor indications. The results may be all too apocalyptic, unless something is done ~~(massive Vitamin C doses are, at least, a step~~ to examine the auto-deterioration that is going on in the human organism. ^{So well as glucose} ~~But the more dose,~~ a Vitamin C, ~~would have if~~ like a massive dose, ~~would be a help.~~ largely unconscious.

Secondly, ~~the inclusion of FA are not~~ ~~is giving the reader~~ I find a great deal of support for an ~~inclusion~~ ~~stronger~~ ~~action~~ in the most advanced medical opinion. (Dr. CJ, see me)

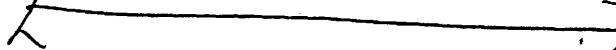
the most brilliant, knowledgeable doctors I've ever anywhere
= the world, who studied with Bill & Harvard. Tell me
~~the need of the world is AIDS-prevention & the need of~~
~~the world diff. there is to get for patient. Is do~~
~~the prescribed thing. my conclusion is FA. or if~~
anything understated in the point of view (and I'm working on it).

Of course then is may the factors are
could cover in a short period. ^{for instance} regard the wine-
rate as a ~~factor~~ feature of auto-increase ~~of the~~ failure,
however close the ~~infecti~~ + ~~unplanned~~.
~~The difficulty + FA seem to be~~
~~the people (I'm telling that the market has) don't~~
~~want to hear but hear a little on the way to~~

FA ends in a suicidal statement
of a client, but the book itself would ~~have to~~
present an optimistic program for the relatively
simple reasons of the auto-injuring system, ~~and~~
~~which would reflect a very aspect of human existence~~
~~and thus, and change another which like~~
~~the nuclear question) can be changed~~
~~entirely in a very brief~~ in the most urgent program the
human being has ever had to

as the most urgent program the
house being has evolved to
control, as well as the of attention
to self-extinction. *A

AIDS prevention - no hold the use of
AIDS the ^{theory} idea was necessary, ~~the the revival~~
~~A the system it has been achieved.~~

* A, insert / is left writer (e.g., ^{J.M.} Thomas, The White Hotel, Arav) to analyse the connection between the sexual and the death drive in as detail, though, again, have made a dash at it in her ^{last} ~~two~~ seminars. 

→ The fear of confronting of the issue seems to be because underneath it lies the fear of abandonment, which is meeting the fear of death — the loss, total and unsmoothing isolation. We could therefore expect the least confrontation in fragmented societies, where norms are established for large groups ^{needing} in the regard of specific family, social, religious structures. In American you are lucky to see a funeral. In the Mediterranean world, where there was a ritual basis a virtual cult of death, ~~that~~ — still for far dead, you see the funeral every day. For the cult made death not the final abandonment but the final return, the final and total rehabilitation.

It is the get-rid-of-desires fixation that
increases the reluctance to look at the death-drive, and
we view the risk of a society that at all costs wants
fairy tales, & ^{agreements} ~~states~~ become merely experts in
providing them. Of course death does create fear,
but as J. Lacan pointed out this fear is not
of the horror which the promise of a ~~long~~ life
apparently lures the the accepted of a promise
in most people. (In an experience, the gap between
this home were diminished than others).

The fixation, however, if approved desires
the death-drive deeper, of the simple reason that
it takes unchallenged possession of the region.
Perhaps "1984", the Orwell novel, is a description
of entire population ~~also~~ rendered unconscious
with state-fed fairy tales, and ^{at the level of the} ~~itself~~ ~~became~~
an experimental animal.

The virtual isolation of Robert Jay
LIFTON in current American thought is symptomatic,
he being the expert in holocaustal and death-symbiosis.

As Stuart Schneiderman points out
in his ^{recent} work - Lacan, ^{it is} the physicians & the
American Psychoanalytic Association ~~who~~ who, those 'the

(1)

FA T Apis for a few hancians, the freudian school
have looked away from Freud's death drive, paying too pleasure
of telling the sex and masochism the it always * INSERT [A]
II his reluctance to work it, in a sense

~~in a sense and a sense of suffering phenomenon like~~
death, is a symptom of its hypnotic hold on
the organism, and its secret frustration of the Teller.
The suicide rates of the medical profession or illuminating,
is his refusal. Many psychiatrists one third

III. The main problem is separate psychoanalysis from
medicine, is not as this is not a spirit psychoanalytical
circle, is that the medical environment is fixed, con-
firmed, in the subject of cure, in the removal of disease,
and virtually refuses to therapise. This is its weakness,
~~people~~ its ~~entire~~ failure, too, because it leaves the
human being, beliefs, attitudes and assumptions
largely untouched, and these seem to be the cause
of the degenerative diseases like have all but
"exploded" (Owen) this century. May analysis itself
feel that the psychoanalytic technique cannot as it is
itself is maintaining current society rather - a
mechanic maintains an old car. It has to
speculate & theorise in the, safe, less speculative
Journ of Travel, and ~~also~~ we question the need
of travel itself. * INSERT [B]

FA

(3)

TV But we in self work in the matter itself, and remove the fears, disorientation and frustration perpetuated, and perhaps ~~even~~ engendered. In the established medical community, we find a much healthier and optimistic picture than we could have hoped for.

The figures I provide ... this perspective ...
 nurse, and this ~~present~~ present ... 20% is
 $100/500 \frac{2\%}{100,000} \frac{1}{5000}$, make up one person in
 5000. And this may appreciably decrease as
 the death-drive refines its psych. strategies
 and clear structure, by means of which the organ
 kills it in 12 pieces, then making a physical
 'completed' act unnecessary, and even crude.

INSERT "B" Freud ~~never~~ held the a: medical
 will not make it easier to read psychoanalytic texts.
~~background in no way helped the analysis do this~~
~~understand his job~~ But it is doubtful if he would have
 had much of an influence of a ^{much less a. rational} practical kind had he
 remained fixed within the ^{proper} medical establishment. * Lacan
 not attached his doctrine to the medical.
 I moved this up I say the psychoanalysis didn't
 aspire to cure patients. He and the 'cure' was a
 welcome side-effect.
 * This is perhaps the
 most accurate interpretation of
 Lacan's view.

WJT

Psychoanalysis and Oxygenesis

(2)

unconscious! It is the directed dialogue + the dead. For having become verbalized, it may not even be unconscious.

WDJ

Psychoanalysis and Oxygenation ①

If he hadn't planted psychoanalysis first in the medical area Freud would never have achieved such influence in his lifetime, 'except as a thinker, a philosopher'. But it has devastated analysis ever since. He himself said that a medical background was no help in reading a psychoanalytic text. (Lacan, ^{phm} the greatest ^{prv} breudian, ~~after Freud at his own time the~~ ~~water's an anti-freudian~~ went further and said clearly that the goal of psychoanalysis was not to cure people. That if it did the one naturally to be welcomed. But by and large analysis has gone on to the Stuart Scheidegger in his work called 'The Life Movers'. He is, I and I say, the same exorcising of death and the 'death-drive'. The goal is in the established medical context to the point of fixation.

Lacan's emphasis. The analysis has as its major task the repairing of one's relationships + the deed, not with the alive people.

It is here the Oxygenation complete psychoanalysis, and avoids massive 'verbalizing' the

Oxygen does not react with
plasma, unlike trace, and the way -
infrared ideas, the division of the
major step ('1 for 5 of the') so
the 21st the feel within the part,
in the in principle, it is the
major, and so on.

FA

INSERT "1984"

[In his famous analysis of suicide
E. Durkheim ~~described me~~
of the causes of suicide as ANOMIE. The
anomic indiv. who takes his own life feels isolated
alone, unsupported by any external structure, ~~and~~
~~unaware~~ However much the stick of this they
may be. This is far more important, in my opinion,
in the anatomy of the suicidal drive. The
argument in the suicide-research field has yet
acknowledged. For us, anomie is nothing but the
failure of the organism to reach its point of
uniqueness ~ genius. ~~Just as the human being~~

~~has a unique blood-composition, ~~strong~~ and~~
~~like the external structure or external~~
~~structure, as in ancient slave-based society, in~~
~~certain limiting states, the individual soul feels~~
~~unsupported and alone, notwithstanding the lack~~
~~of unique realization. But today, ~~and free~~~~
~~epoch = "Xia-oriented society"~~
~~the external structure fails to be~~
~~convincing. (It may →~~

Clinging to rational structures produces
even worse anomic. Comps
underlying tensions, ... *

We are to be guided by rational structures,

but those rational structures are fictional =

Any, church, state, family, class - all
fail, today, to exercise the hypnotic hold

they once had on us minds. We are thus
back to UNIQUENESS OR ANOMIE.

1. the lack of unique realization

~~for the modern human being~~ We are failing to

create society from within ~~of this society~~ ^{then}

"1984" is the final "invented" society, we
the simple enslave, which has as it were
committed suicide on behalf of its individual
parts.

exercise a hypnotic hold on the imagination
for a time ~~(the army, the church)~~ ^{the church}
it is a strong group (the army, the church)
can it keep this hold of imp. the frag-
menting and dissolving structures of
culture are too great for any rational
structure to keep a lasting place. Unique
self-realization thus becomes essential