

The Significance of Respiration, Including the First Breath

Breath of Life

s previously noted, Fulford, like Sutherland and Still before him, attributed a special significance to respiration. A creative, eclectic assimilator of ideas, Fulford's thinking in this area built upon that of his predecessors. Yet the concept of the First Breath, with its special clinical applications, reflects many of Fulford's original ideas.

Sutherland's Understanding

Sutherland believed that the respiratory cycle affected the potency of vitality on several levels. In *The Cranial Bowl* he described respiration as a profound and fundamental aspect of motion, the indigenous motility of the body, coextensive with life.¹ He asserted the primacy of the cranial respiratory mechanism, and the secondary importance of diaphragmatic respiration.² Only in extended footnotes did he postulate the brain's spontaneous movement. In comments long overlooked, he cited Dr. Dwight Kenney in an address to the Minnesota Osteopathic Society:

Kenney called attention to the molecular electromagnetic potency of the blood corpuscles as the impelling power to the circulating blood, rather than

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the muscle activity of the heart; and that the cerebrospinal fluid circulates under the same law. The amount and efficiency of this electromagnetic power is naturally attendant upon our reserve of vitality.³

In another note he described his personal experiments in concentrating on stilling the endogenous motility and resultant "fluid wave" of his own primary respiratory mechanism.⁴ However, beyond these notes, the balance of the book emphasized the articular mechanics, membranous tension, and fluid dynamics of cranial movement. The emphasis throughout the book is on motion.

Sutherland also noted the profound effect of motion restriction on an individual's development. In the well-accepted elaboration of Sutherland's system, Harold Magoun discussed the primary cause of birth-associated respiratory suppression, anesthesia administered to the mother:

Generally speaking, failure to breathe effectively is due to drug depression or anoxia or mechanical trauma which has locked the cranial mechanism. It is in this field that the cranial concept is most useful.⁵

In this expression of Sutherland's thought, the respiratory "mechanism," and the response of the body, are dealt with primarily from the mechanical point of view.

Fulford's Understanding

Primed with many of Still's mechanical analogies and Sutherland's focus on the aspect of respiration joining vitality, rhythmic motion, and oxygenation, Fulford probed deeper, teasing out other functional implications of respiration. Communication among Fulford, Sutherland, and Russell generated the idea that rhythmic motion reflected the motion of life that was transmitted from the Creator as thought and love. In Sutherland's clinical applications of the cranial rhythm concept, Fulford saw the particular relevance of this idea to palpable physiology. Arbuckle's expansion of Sutherland's thought in exploring the connection between physical health and stress-inducing agents during the birth process confirmed in

Fulford the importance of the birth moment to the continuing health of the individual.⁶

Russell led Fulford to see the interconnections of being, moving, and breathing in the creative act. These had psychological, spiritual, and physiologic implications. The quality of life of the person was tempered by the quality of all these experiential elements.

So, for Fulford, the palpable quality of respiration ("The Breath") in symptomatic patients represented the composite of influences on the individual of their physical and psychological health and trauma history from prebirth to the present. Again, the best medium for appreciating the quality of an individual's vitality was the energetic body; the physical body and its diaphragmatic respiratory pattern were helpful, but were not as sensitive or deeply revealing.

Not surprisingly, in his course description on the importance of the breath, Fulford cited the constancy and the vital necessity of breathing, as well as its association with thought. He noted that, unlike other autonomic vital functions, this process can be subject to voluntary control:

Due to this double nature, breathing can be made the mediator between mind and body, or the means of our conscious participation in the most vital and universal functions of our psychosomatic organism. Thus the conscious control of the breath affects the electrical polarity of the brain and our biophysical luminescence.⁷

Fulford would often assert that each new breath initiated a new thought, or a "turn" in a current thought. He connected breathing with the cerebrospinal fluid: "The 'primary conductor' for the life energy in our body is the cerebrospinal fluid. The cerebrospinal fluid is ionized by breathing exercises."

Fulford also frequently cited Still's mention of the vital capacity of the cerebrospinal fluid to irrigate the "withered fields," so often quoted to us by Sutherland and his other students. Fulford's insistence on nasal breathing was partially based on the proximity of the olfactory bulbs in the cribiform plate of the ethmoid bones to the flow of oxygen in the nasal passages.

First Breath

"As a man breathes, so he is."9

With this aphorism, Dr. Fulford laid the connection to the importance of the First Breath, involved in both our individual existence and our continuing vital capacity. Fulford held that the observable pattern or quality of the patient's breath was partly a shadow of the quality of the actual first breath of the individual.

In teaching his courses, Fulford would present the form of the fetal skeleton in utero and an artist's rendition of the baby moving through the birth canal (Fig. 6-1), which showed the birth presentation with the left side of the occiput engaging the barriers. Sutherland had described the importance of all this for mobility of the cranial base, ¹⁰ and Arbuckle had indicated that the variable pattern of anterior stress bands reflected the imprinting in the membranes of intrauterine stress. ¹¹

Fulford recommended inclusion of the Leboyer method of childbirth to allow the delivered infant to lie on the abdomen of the mother prior to cutting the umbilical cord. The purpose of the Leboyer method was to moderate the abruptness of change in circulatory patterns. In this pose, the inhalation phase of the First Breath would expand the cranial bones in a more relaxed manner and initiate a more complete expansion of the whole body, resulting in life-long consequences for the health of the individual.

The exhalation phase of the First Breath was the baby's first cry. Fulford cited the work of Truby in Sweden, who conducted a longitudinal study of 15000 infants in which he compared the sonographic recording of the first cry to their first seven years of development. ¹³ Truby found that from the form and intensity of the cries he could predict the personality, weaknesses, and relative health of the children. For Fulford, there remained the question of what would have happened if the children in the study with the weaker cries had been rescued.

In his presentations, Fulford would add other references, including the works of Chamberlain, Verny, and Diamond, to describe the significance

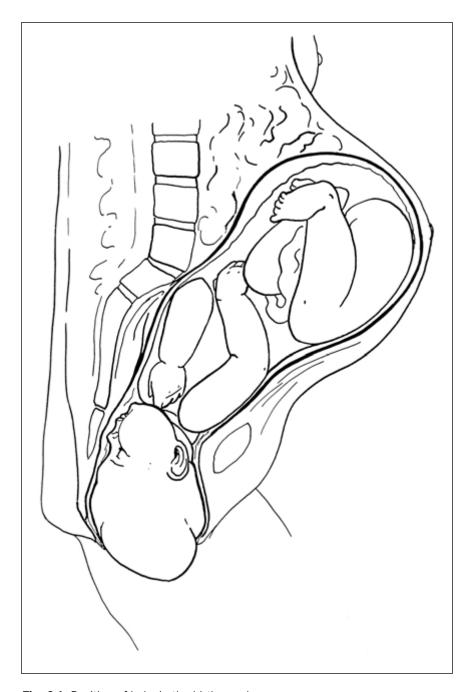


Fig. 6-1 Position of baby in the birth canal.

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of pre- and perinatal life on the infants' functional status. Thomas Verny, M.D., summarized two decades of medical research on the baby's capacity to pay attention, to feel, and to remember. As a psychiatrist, he was mostly concerned with the psychological well-being of the children and their subsequent lives as adults. The intimate bond of mother with child made her an ideal conduit for many of these experiences. He cited evidence for physical responses in a child, such as the heartbeat, to thoughts of the mother. Patterns of thought or attitude could strongly affect the health and vitality of the newborn, and memories were shared. Stress, including social stress, precipitated fear in the fetus and avoidance behavior, such as kicking. Although Dr. Verny's focus was on personality disorders and growth delay from the psychological point of view, his summary of the research on prebirth and perinatal experience confirmed Fulford's belief in the significance of this period in the health of the child and the adult.

David Chamberlain's book *Babies Remember Birth*¹⁶ paralleled this point of view from a psychologist's perspective. He found that hypnotized adults and young children had memories of the prebirth period and the birth process. This work was based largely on the memories of individuals during interviews and therapy sessions.

John Diamond is a psychologist and past president of the International Academy of Preventive Medicine. His work as a whole reflects a commitment to the idea that the body and psyche progress in parallel during the developmental process of the individual. He places special significance on the birth process in diagnosis and in treatment. In his copy of Diamond's book *Life Energy*, ¹⁷ Fulford highlighted those pages involving "birth trauma." Diamond related the deeper issues of fear, hate, and envy that some claim accompany the infant's leaving the comfort of the womb. He believed that the birth event was socially conditioned and that a fearful, anesthetized woman dropping a baby in an alien and sterile environment may induce fear and other negative emotions in the baby. The alternative of a more natural childbirth, for example, following the methods of Leboyer, was preferred:

If a baby can be born without this deep fear, there will be no death instinct, there will be no hatred; he will grow up in a beautiful, loving household, a high-thymus household. His experience of negative psychopathological states will be minimal. He will be creative. He will evolve. 18

Diamond reflected on the benefits of cranial osteopathy as a complement to a Leboyer method-based birth: "With the Leboyer birth, for example, the first breath opens up all these suture bones and opens up the whole body so that the baby's normal development can take place."

Diamond proposed a method for testing the individual's sense of security as reflected in the memory of the birth experience. Using the paradigm of muscle strength testing from behavioral kinesiology, he assessed the patient's response to several stimuli that provoked a birth memory. Most, due to the trauma of the birth process in our culture, showed a negative "comfort test." Diamond then proposed a therapeutic intervention in the form of role playing to reprogram the emotional response to the birth experience. In this form of kinesiologic testing, muscle tone is tested in a relaxed, unprovoked state, using the opponens pollicis muscle. Upon presentation of a test stimulus, repeat testing of the muscle demonstrates a positive or negative effect of the stimulus on the individual, as reflected in the muscle's strength or weakness. Diamond noted that: "The comfort test problem relates to the baby's first breaths. Thus it is not surprising that the specific primary meridian of involvement is the lung meridian, which is called the first meridian." 19

Fulford met and corresponded with Diamond. Fulford grasped the significance of reprogramming the birth experience to reverse subsequent developmental arrest underlying symptoms, even in adults. He incorporated these ideas into his multidimensional approach for treating symptomatic adults and children by using a method that was simultaneously aimed at the emotional level and the physical tissues. The premise of Russell and Stone that "thoughts are things" was reinforced again if one considered retained fears and thoughts. A common denominator in the work and ideas of all these thinkers and practitioners was their connection to respiration.

Respiration Retraining

It has been said that the quality of one's respiration is rarely the cause for subjective reflection. It is often ignored, and the connection between subconscious repression of the breath and trauma can be missed. In his course notes, Fulford reflected:

Strangely, many people actually turn against their breathing. Breathing itself has become an unnatural act for them, a stress, and a chore. Basic to all work on anyone's physical body, we must teach them to like breathing. And this is important because there is a constant balancing taking place between the vital regenerating force of the etheric matrix and the degenerative and decaying forces of the physical body and the environment.²⁰

Fulford described a number of physical exercises that would enhance well-being. In particular, he liked to encourage the total enhanced respiratory response through a protocol he called the *piston breath*. The piston breath begins with an instruction to sit very erect, and to shift one's shoulders back as if in the military posture of "attention." Following this, the arms are brought back with the forearms in maximal supination. At this point of readiness, one begins a steady cadence of breathing without pause. Breath in, breath out, breath in, breath out . . . not rushing, but completely filling and emptying the lungs without pause. On the exhalation, one gets some progressive release of upper body tension and can take up the slack, or new flexibility, by engaging every aspect of the posture to a new barrier of resistance.²¹

The patient is told to practice this exercise once a day, trying to steadily increase the number of counts that could be endured. The maneuver was aimed at engaging, in a general way, any restriction to respiratory mobility, using the power of the lungs to promote freer motion.

It was Dingle, however, who directed Fulford's attention toward behavioral intervention to improve the breathing and its consequences on a physical, emotional, and spiritually developmental level. Dingle taught Fulford the value of respiratory self-training to increase one's vitality or youthfulness. Dingle, like Stone, had studied in Asia and there adopted the name Ding Le-Mei. In the 1950s, as part of an amalgam of eastern

and western teachings, he taught the importance of pranic breathing at the Church of Mental Physics in Los Angeles. He and his followers operated the Institute of Mental Physics, a retreat in Yucca Valley near Palm Springs. The institute continues to distribute Dingle's material to this day. As previously noted, the Fulford family visited and participated in the program.

Dingle explained the importance of breathing in the context of a Hindu-based cosmology. He noted the importance in this system of a balance between the five vital airs or tattvas. Each had its complementary virtues and strengths, and together they supported the physical universe. Like Stone and Russell, rhythmic motion coincident with consciousness was part of the personal experience of being. This rhythm was linked to the breath cycle. Conscious breathing, by maximizing the energy exchange in the breath cycle, enhanced the integration of these principles.

Dingle also wrote in an aphoristic style. The following passages from his writings provide a sense of his message:

The universe is simply one great, wonderful, vibrating, thinking thing.

All Matter is electrical energy.

You know that all energy, the energy that I use to think and write and the energy you use to think and read equally with the energy that you use in doing the work you perform, derives from one source...God, the Creator, the Divine Wisdom, the Creative Spirit, the Supreme Architect, the Primary Power, the indwelling, the Father.

Every person will know that his body is an aggregation of cell life. It is gloriously more than that, for it is an aggregation of infinitesimally tiny universes of radiant energy, not matter as generally understood.²²

These passages reflect the manner in which this evangelical thinker joined the materialistic and vitalistic principles into one potentially unified worldview. The functional application of this concept was the exercise of self-vitalization by more complete respiration. Dingle's view of the energetic universe and the energetic person was continuous with the eastern view of prana. Like food, respiration is nourishing. Prana is present everywhere as an ether; it is ingested through breath and nourishes us. The

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highest action of prana is thought. Thus, correct breathing enhances our consciousness, which is self-creative.

"Health involves correct thinking and correct breathing." ²³ By "correct thinking," Dingle was referring to unified prayer or meditation. His system of correct breathing was represented by a sequence of exercises:

- revitalizing (complete) breath
- inspirational breath
- perfection breath
- vibro-magnetic breath
- cleansing breath
- grand rejuvenation breath
- your own spiritual breath

This system proved too complex for Fulford to use in his clinical work. Instead, he reformulated the principles into those of the piston breath (described above), and added intentionality to increase the effectiveness of the process.

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