

General Self-Regulation & Well-Being Training Framework

A belief-minimised, physiology-first training specification

1. Purpose

This programme is a general training system for improving the individual's capacity to regulate and utilise their own physiological and attentional state.

Its objective is not meditation mastery, altered consciousness, spiritual development, "energy activation", kundalini awakening, qi cultivation, or adherence to any particular historical tradition.

The desired outputs are:

- lower unnecessary physiological arousal;
- greater ability to increase or decrease activation deliberately;
- faster recovery after stress;
- improved attentional stability;
- improved awareness of internal physiological state;
- better discrimination between tension, relaxation, effort and discomfort;
- improved breathing control;
- improved posture, balance, coordination and movement quality;
- greater tolerance of stillness without lethargy;
- greater ability to remain calm without losing alertness;
- improved transition between rest, concentration and physical activity;
- improved subjective well-being and functional performance.

The governing concept is regulatory flexibility, not maximal relaxation.

A highly regulated system should be capable of becoming quiet when quiet is useful, activated when activation is useful, and returning efficiently towards baseline afterwards.

2. Governing Philosophy

2.1 Mechanism before metaphor

Every practice should first be expressible mechanically.

For example:

"Recite a mantra" -> maintain a regular respiratory and attentional rhythm using an auditory or verbal pacing signal.

"Move qi into the abdomen" -> direct sustained attention towards respiratory movement, pressure, muscular activity and sensation within the lower abdomen.

"Open the energy channels" -> reduce unnecessary muscular tension while performing slow coordinated movement through comfortable ranges of motion.

The traditional description may later be restored if it proves psychologically useful. It is not part of the mechanical specification.

2.2 Function before sensation

Warmth, tingling, pulsation, heaviness, lightness, pressure, vibration, apparent movement, emotional release and altered body perception may occur.

They are observations, not targets.

Their appearance does not constitute progress.

Their absence does not constitute failure.

Training must therefore avoid creating an incentive to manufacture increasingly dramatic subjective experiences.

2.3 Control before intensity

The programme favours small, reproducible changes over large perturbations.

The desired progression is:

notice -> influence -> reproduce -> transition -> recover

rather than:

intensify -> endure -> intensify further

2.4 Skill acquisition rather than ritual performance

Every component is treated as a trainable skill.

Frequency and consistency therefore take precedence over heroic individual sessions.

2.5 Minimum sufficient intervention

No component should be retained merely because a historical system includes it.

A technique remains in the core programme only when it plausibly contributes to one or more of:

- respiratory regulation;
- autonomic regulation;
- attentional control;
- interoception;
- proprioception;
- mobility;
- balance;
- coordination;
- muscular relaxation;
- stress recovery;
- behavioural adherence.

Everything else belongs in an optional layer.

3. System Architecture

The core programme contains six interacting training domains:

A. Respiratory regulation - Train voluntary manipulation of respiratory rate and pattern without respiratory strain.

B. Attention regulation - Train the ability to place, maintain, release and redirect attention deliberately.

C. Interoceptive discrimination - Train perception of internal physiological signals without requiring an interpretation of them.

D. Postural and motor regulation - Train relaxed, deliberate, coordinated movement with minimal unnecessary muscular activity.

E. State-transition control - Train deliberate movement between quiet, alert, active and recovery states.

F. Recovery capacity - Train efficient return towards ordinary baseline after cognitive, emotional or physical activation.

4. Core Practice I - Respiratory Regulation

Primary exercise

Target:

approximately 0.1 Hz respiratory frequency
approximately 6 complete respiratory cycles per minute

Default starting pattern:

5 seconds inhalation
5 seconds exhalation
No breath hold

Breathing should remain comfortable and relatively quiet.

The practitioner should not deliberately take unusually large breaths. The objective is to alter respiratory frequency, not to maximise ventilation.

Preferred breathing route:

- comfortable nasal breathing where practical;
- relaxed diaphragm/abdominal involvement;
- minimal unnecessary shoulder and upper-chest movement.

Initial duration

5 minutes.

Standard duration

10 minutes.

Advanced routine duration

10-20 minutes.

Longer duration is not automatically superior.

Individualisation

0.1 Hz is a population-level starting point rather than a universal optimum.

Once the basic skill is stable, neighbouring frequencies may be tested:

- 4.5 breaths/minute;
- 5 breaths/minute;

- 5.5 breaths/minute;
- 6 breaths/minute;
- 6.5 breaths/minute.

If objective HRV/biofeedback measurement is eventually introduced, the breathing frequency producing the strongest useful cardiovascular oscillation can be identified individually.

Until then, 6 breaths/minute is the mechanical default.

Failure conditions

Reduce intensity or return to ordinary breathing if there is:

- air hunger;
- repeated yawning or gasping;
- dizziness;
- numbness;
- strong tingling;
- headache;
- uncomfortable cardiac awareness;
- escalating anxiety.

These indicate that maintaining the protocol has become more important than maintaining physiological comfort, which reverses the programme's priorities.

5. Core Practice II - Attentional Control

Attention is trained independently of any spiritual object.

Four operations are required.

Operation 1 - Placement

Choose a sensory target deliberately.

Examples:

- airflow at the nostrils;
- movement of the abdomen;
- contact between feet and floor;
- hand temperature;
- environmental sound.

Operation 2 - Maintenance

Maintain attention on the selected target.

When attention moves elsewhere, identify this and return it.

The objective is not uninterrupted concentration.

The trainable event is:

detect deviation -> redirect

Operation 3 - Translation

Move attention intentionally between targets.

Example sequence:

feet -> abdomen -> hands -> shoulders -> face -> external sound

Operation 4 - Expansion

Move from narrow attention to broad simultaneous awareness.

For example:

**single respiratory sensation
-> whole respiratory movement
-> entire body
-> body plus surrounding environment**

This trains control over attentional aperture rather than only concentration.

6. Core Practice III - Interoceptive Discrimination

The purpose is to improve the fidelity of internal perception without imposing explanations upon it.

Observe variables such as:

- respiratory movement;
- respiratory effort;
- heartbeat if comfortably perceptible;
- warmth/cold;
- muscular tension;
- pressure;
- contact;
- bodily asymmetry;
- fatigue;
- restlessness;
- comfort/discomfort;
- activation/calmness.

The instruction is:

detect -> locate -> describe -> leave unexplained

For example:

Warm sensation, approximately palm-sized, left upper abdomen, increasing during exhalation.

rather than:

Energy is collecting in my solar plexus.

The first preserves information.

The second adds a theory.

7. Core Practice IV - Slow Motor Regulation

This component incorporates the mechanically useful common denominator of practices such as tai chi, qigong and slower forms of yoga without requiring their traditional movement vocabulary.

Movements should emphasise:

- slow velocity;
- continuous control;
- comfortable joint range;
- weight transfer;
- left/right symmetry;
- spinal mobility;
- balance;
- coordination with respiration;
- reduction of unnecessary muscular tension.

Basic movement categories

Each session should contain some combination of:

Weight transfer

Shift body weight slowly: left <-> right; forward <-> backward.

Controlled squat/raise

Small comfortable lowering and raising of the centre of mass.

Rotation

Controlled rotation through: neck; shoulders; thoracic spine; pelvis.

Reach

Slow multidirectional reaching without sacrificing balance.

Single-leg balance

Brief supported or unsupported balance according to ability.

Continuous movement

Link several motions without abrupt stops.

The objective is not flexibility at the end range.

It is controlled mobility through the available range.

8. Core Practice V - Tension Regulation

The practitioner should learn the difference between:

- necessary muscular activity;
- habitual muscular activity;
- defensive/guarding tension;
- complete relaxation.

Training consists of alternating moderate contraction and relaxation in selected muscle groups.

Example:

**contract hands moderately for 3-5 seconds;
release;
observe the difference for 5-10 seconds.**

Repeat with:

- shoulders;
- jaw;
- abdomen;
- gluteal muscles;
- thighs;
- feet.

Eventually the explicit contraction phase becomes unnecessary.

The skill becomes:

detect unnecessary contraction -> release it without disturbing required posture or movement

9. Core Practice VI - State Transitions

Relaxation alone is not sufficient.

A robust regulatory system should be able to enter and leave quiet states easily.

Training therefore includes deliberate transitions.

Quiet state

- Slow respiration.
- Reduced movement.
- Broad, non-demanding attention.

Alert state

- Return respiration to spontaneous rhythm.
- Open visual attention.
- Adopt upright posture.
- Increase environmental awareness.

Active state

Walk, perform controlled movement, or undertake another light activity.

Recovery state

Stop activity.

Allow respiratory rate to decline naturally.

Observe the transition without immediately imposing slow breathing.

State-transition training teaches:

activation -> regulation -> recovery

rather than teaching only how to remain inactive.

10. Standard Daily Session

A complete baseline session requires approximately 25-35 minutes.

Phase 1 - Arrival

2 minutes

- Normal breathing.
- No attempt to change state.
- Observe: activation level; respiratory rate; muscular tension; attentional stability.
- This provides a baseline.

Phase 2 - Respiratory regulation

10 minutes

- Approximately 6 breaths/minute.
- Comfortable breathing.
- No breath retention.

Phase 3 - Attention/interoception

5 minutes

- Alternate attention deliberately between several body and environmental targets.
- Do not search for unusual sensations.

Phase 4 - Controlled movement

10 minutes

- Slow: weight transfer; rotation; reaching; balance; controlled lowering/raising; continuous whole-body movement.
- Maintain ordinary comfortable respiration.

Phase 5 - Quiet integration

3-5 minutes

- Stand or sit comfortably.
- Allow respiration to regulate itself.
- Broad body/environment awareness.

Phase 6 - Return

1-2 minutes

- Stand.
- Look around.
- Move normally.
- Resume ordinary activity.
- The session ends in functional alertness, not trance or sedation.

11. Minimum Session

When time or motivation is limited:

10 minutes
1 minute baseline
6 minutes slow breathing
2 minutes controlled movement
1 minute return

Maintaining continuity is more valuable than abandoning the session because the full protocol cannot be performed.

12. Extended Session

Maximum normal training session: approximately 45-60 minutes.

Additional time should primarily be allocated to:

- movement;
- attentional practice;
- mobility;
- ordinary quiet observation.

It should not automatically be allocated to increasingly extreme breathing or increasingly prolonged immobility.

13. Initial Eight-Week Progression

Weeks 1-2 - Establish control

Daily target: 15-20 minutes.

- comfortable 0.1 Hz breathing;
- basic body awareness;
- simple slow movement.
- No pursuit of unusual experiences.

Weeks 3-4 - Stabilise

Daily target: 20-30 minutes.

- deliberate attentional switching;
- broader movement vocabulary;
- tension detection;
- basic balance work.

Weeks 5-6 - Integrate

Daily target: 25-35 minutes.

- Combine breathing + attention + movement + recovery.
- Begin explicit state-transition training.

Weeks 7-8 - Individualise

Maintain approximately 25-40 minutes on most training days.

- slightly different slow-breathing frequencies;
- different movement sequences;
- sitting versus standing attention;

- auditory versus visual pacing;
- morning versus evening practice.
- Retain whatever produces the strongest combination of comfort + reproducibility + useful after-effects + adherence.

14. Weekly Structure

The programme should normally be performed on 5-7 days per week because most components are low-intensity skill training.

A representative week:

- 5-7 x respiratory/attention practice
- 3-5 x slow motor/balance practice
- 2+ x conventional strength training
- regular aerobic activity

The latter two are important because contemplative or regulatory exercise should complement rather than replace ordinary physical conditioning.

General health training therefore has two interacting branches:

Regulatory conditioning

- Breathing
- attention
- interoception
- mobility
- balance
- recovery

Physical conditioning

- Cardiovascular capacity
- strength
- muscular endurance
- bone loading
- ordinary locomotion

Neither substitutes completely for the other.

15. Measurement

The programme should be judged by changes outside the training session.

Primary outcome variables

Rate weekly from 0-10:

- perceived baseline stress;
- ability to settle after stress;
- concentration;
- sleep quality;
- daytime energy;
- emotional recovery;
- bodily tension;
- movement comfort;

- subjective well-being.

Functional questions

Can I deliberately become calmer within approximately ten minutes?

Can I do so without becoming sleepy?

Can I recognise unnecessary muscular tension earlier?

Can I redirect attention more easily?

Do I recover from stressful events faster?

Can I distinguish bodily sensation from my interpretation of that sensation?

Do I move with greater control and less unnecessary effort?

Optional physiological measurements

If useful:

- resting heart rate;
- HRV;
- respiratory rate;
- blood pressure where appropriate;
- sleep measurements;
- balance duration;
- mobility measures.

These are secondary observations rather than daily targets.

In particular, HRV should not become a game in which every individual session is judged by whether one number increased.

16. Progression Rule

Increase training only when the current level is:

comfortable + reproducible + recoverable

Do not progress merely because an arbitrary number of days has elapsed.

Progress may involve:

- increased duration;
- improved precision;
- greater attentional control;
- smoother movement;
- greater environmental distraction;
- easier transitions between states.

Progress should usually not mean making breathing progressively slower or more extreme.

17. Deliberately Excluded From the Baseline

The following are not required for ordinary well-being training:

- prolonged breath retention;
- repeated hyperventilation;

- deliberate hypoxia;
- extreme cold exposure;
- extreme heat exposure;
- prolonged fasting;
- sleep deprivation;
- pain endurance;
- lengthy sensory deprivation;
- multi-hour meditation;
- attempts to provoke dissociation;
- attempts to induce kundalini-type experiences;
- attempts to produce involuntary movement;
- deliberate pursuit of euphoria;
- extreme muscular locks or straining.

Some may have legitimate specialised uses.

Their risk/benefit profile is different from the general programme and they should not be smuggled into it merely because historical traditions sometimes associate greater intensity with greater advancement.

18. Treatment of Traditional Practices

Mantra / repetitive prayer

Possible mechanical components:

- respiratory pacing;
- rhythm;
- attention anchoring;
- auditory feedback;
- memory reduction;
- emotional framing.

Core programme translation: rhythmic pacing signal.

Chanting

Possible mechanical components:

- extended controlled expiration;
- respiratory pacing;
- vocalisation;
- rhythmic entrainment;
- social synchronisation where performed collectively.

Core programme translation: paced respiratory-vocal exercise.

Chakra or dantian concentration

Possible mechanical components:

- sustained spatial attention;
- interoception;
- respiratory awareness.

Core programme translation: body-region attentional target.

Pranayama / qigong breathing

Possible mechanical components:

- respiratory frequency;
- inspiration:expiration ratio;
- ventilation;
- attention;
- posture.

Core programme translation: parameterised respiratory exercise.

Tai chi / qigong / slow yoga

Possible mechanical components:

- balance;
- proprioception;
- mobility;
- weight transfer;
- motor control;
- respiratory coordination;
- attention.

Core programme translation: slow integrated sensorimotor training.

Meditation

Possible mechanical components:

- attentional stability;
- attentional switching;
- metacognitive awareness;
- interoception;
- reduced behavioural reactivity.

Core programme translation: structured attention training.

Visualisation

Possible mechanical components:

- attentional targeting;
- expectation;
- motor imagery;
- affective regulation.

Core programme translation: optional cognitive control signal.

Ritual setting

Possible mechanical components:

- context-dependent learning;
- removal of distractions;
- behavioural cueing;
- expectation;
- habit formation.

Core programme translation: training environment design.

19. Optional Overlay Architecture

Any cultural, philosophical, aesthetic or symbolic material added later must remain separable from the core.

The system therefore uses three layers.

Layer I - Physiology

Mandatory.

Specifies:

- frequency;
- duration;
- movement;
- posture;
- attention;
- recovery.

Layer II - Interface

Optional.

May include:

- music;
- counting;
- spoken pacing;
- visualisations;
- environmental design;
- rhythmic phrases;
- guided instructions.

An interface element is retained when it demonstrably makes the mechanical practice easier, more pleasant or more consistent.

Layer III - Interpretation

Entirely optional.

May contain:

- philosophy;
- religion;
- qi;
- prana;
- chakra systems;
- spiritual imagery;
- personal meaning.

No claim in Layer III is required to justify or operate Layers I or II.

20. Success Criterion

The programme succeeds if training produces a person who can increasingly:

**perceive their current state accurately;
alter it deliberately;
remain functional while altering it;
and return efficiently towards baseline afterwards.**

The ideal endpoint is therefore not an extraordinary training-session experience.
It is ordinary life becoming easier to regulate.

21. Core Formula

The entire programme can be compressed to:

Observe -> Regulate -> Move -> Transition -> Recover

or, more formally:

**Self-regulatory capacity =
respiratory control + attentional control + interoceptive discrimination
+ sensorimotor control + state flexibility + recovery efficiency**

trained repeatedly at tolerable intensity.

The historical traditions may provide numerous interfaces for accomplishing these operations.

The operations themselves constitute the programme.