



Introduction: Reading Breath in Literature

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Abstract This chapter presents current debates around breathing and breathlessness in the medical humanities and frames this collection of essays as a series of interventions that attend to literature’s role in such debates. Specifically, these essays consider what literature might offer to discussions of breath as a phenomenon that blends physiology with culturally rich metaphors.

Keywords Breath · Medical humanities · Markedness · Embodied poetics · Literature

Breath is an autonomic function that is essential for life. Luce Irigaray writes, in “The Age of Breath,” “breathing, in fact, corresponds to the first autonomous gesture of a human being.”¹ In a less anthropocentric, more physiological sense, breath, as a term, catches and brings together all those processes by which beings with lungs take in and release air: the mechanical, the chemical, the affective and the metaphoric. The diaphragm contracts. It drops. A vacuum appears in the chest cavity, which allows the lungs to expand with air. While the lungs are surfeit with air, oxygen passes through thin membranes in the alveoli to bond with haemoglobin, which, in turn, releases its load of carbon dioxide. The experience can be ecstatic, as for Keri Hulme in this description of breathing

from *Te Kaibau/The Windeater*: “It was ecstasy, it was *sweet*, air soughing in and all my little alveoli singing away with joy and oxygen-energy coursing through every space and particle of me.”² It may also be deeply distressing, as in this passage by Michael Symmons Roberts in *Breath*:

Baras closes his eyes and tries to settle his breath into a slower, deeper rhythm. Ever since his lungs were damaged, he has found it hard to see it as a failure of his own body. Somehow now on the brink of having his weakest lung cut out and replaced with a new one, he can't locate the problem in his own chest. Sure his chest is heaving as his lungs try to drag in the air, but it still feels like a problem with the air, not with his own body. On that April morning so many years ago the air itself was altered, and his sensitive lungs failed to adapt. ... His lungs were designed to take the cream off the thick air, and now the cream has gone he cannot recalibrate.³

For Hulme's narrator, breath brings a heightened bodily connection to her environment. Baras's breathing, on the other hand, seems to alienate him from his environment. Yet, in both descriptions, a clear interest in the mechanical and the chemical aspects of breathing is subordinated to figurative language. For Hulme, this figurative language emerges in the verbs she chooses: breath “soughs” like the wind, “sings” like the voice, “courses” like water. Baras finds similar expression in metaphor: “His lungs were designed to take the cream off the thick air.” Literary representations of breathing like these, whether pleasant or unpleasant, demonstrate a grammar at work in thinking and writing about breath. This book responds to this implicit demand for a grammar of breath by developing, through five case studies, methodologies for considering breath in the literary medical humanities.

Literature in the medical humanities no longer simply offers a narrative supplement to medical insights. Narrative medicine, in its traditional iterations, prioritised literature's potential to build empathy and understanding of the patient's experiences.⁴ More recent work has suggested that literature, and other such disciplines, might intervene more directly. Viney et al., for instance, focus on “intervention” explicitly: “Can the medical humanities intervene more explicitly in ontological questions—in particular, of aetiology, pathogenesis, intervention and cure—rather than, as has commonly been the case, leaving such questions largely to the domains of the life sciences and biomedicine?”⁵

In a similar vein, Whitehead and Woods open the *Edinburgh Handbook to the Critical Medical Humanities* by taking the “primal scene” for the medical humanities—the clinical encounter between doctor and patient that unfolds in the diagnosis of cancer—and asking “why this scene has come to matter so much in and to the field, what interests might be invested within it, and what is potentially occluded from view?”⁶ At the same time as the medical humanities, more generally, has begun to invite a more critical stance, work in the literary medical humanities, specifically on illness narratives, has appeared to go in the opposite direction. While critics like Ann Jurecic and Stella Bolaki have done much “to counter dismissive views of illness memoirs as ‘victim art’” (Bolaki), or “misery memoirs” (Jurecic), on first glance it appears to have come at the cost of their criticality.⁷ By embracing models of reading practice informed more by Eve Kosofsky Sedgwick’s “reparative reading” than Paul Ricoeur’s “hermeneutics of suspicion,” Jurecic and Bolaki seem to turn away from calls to make the medical humanities “critical.”⁸ *Pace* this “postcritical” reductive response to Jurecic and Bolaki, their work demands new forms of critical engagement. “What options,” Jurecic asks, “are there other than didactic humanism of those who see narrative as redemptive or the radical doubt promoted by contemporary cultural and literary criticism?”⁹ Similarly, Bolaki finds in “formal complexity, ambiguity and open-endedness ... important tools for challenging instrumental approaches to the medical humanities.”¹⁰ Both Jurecic and Bolaki find justification for this new criticality as a nuanced response to the emergence of illness narratives, a genre that is self-evidently oriented towards the medical humanities. As such, they are understandably interested in condition: they are, of course, concerned with somatic awareness, but most specifically as it relates to illness.

In an effort “to extend the gaze of medical humanities from the clinical interaction to critically examin[e] the evidence base that underlies that interaction,” Jane Macnaughton and Havi Carel aim “to apply medical humanities understanding and approaches to the study of ‘somatic’ phenomena—breathing and breathlessness—with a view to challenging and broadening the evidence base on which breathing symptomatology is addressed clinically.”¹¹ What Macnaughton and Carel propose, then, is to turn our attention from illness, broadly conceived, to its constitutive parts or symptoms, like breathlessness. They argue that “breathing and breathlessness [are] phenomena pregnant with historical, cultural and existential meanings that are often overlooked in the clinical context.”¹²

This oversight constitutes an epistemic gap: “an apparently unbridgeable mismatch of understanding not only of knowledge but also of how that knowledge might be obtained, between the clinic and the person who experiences breathlessness.”¹³

Such a gap can only be bridged by interdisciplinary approaches. Carel, for instance, shows how the experience of breathlessness, in an expanded, phenomenological sense should include a geography, an epistemic framework and a social architecture.¹⁴ Breathlessness frames perceptions about the climate and the built environment. These become more or less hostile to the person with breathlessness. At the same time, the immediacy of the experience of breathlessness creates an epistemic mismatch between the person suffering and the person observing: the experience is all-consuming for the sufferer, while remaining all too invisible to the observer. Both Macnaughton and Carel argue that cultural responses to breath have an important constituting role to play in this philosophical and medical humanities work. But, while some of this cultural critique has developed in response to film, most responses to breath in literature are isolated to their particular area of literary studies.¹⁵ This book proposes to address this inattention to breath, by considering how breath works in literature. In this sense, it prepares the ground for further conversations on the role its insights might play in developing an applied literary intervention on conversations about breath in the medical humanities.

In developing our reading of breath within the literary medical humanities, then, it might seem natural that we, too, should aim to address the breath–illness relation. Were we to focus on this relation, we might attend more closely to our second example above, Michael Symmons Roberts’s *Breath*, which also appears in Macnaughton and Carel’s work. But two interventions in the health psychology of breathlessness, both led by Ad A. Kaptein, warn us off moving too quickly from literary breathlessness to illness proper.¹⁶ Kaptein et al. argue that literary texts, when read alongside cases of respiratory illness, may be put to a variety of “uses,” whether educational, empathy raising or behaviour-changing.¹⁷ Additionally, “an important aspect of this documentation is the view that the representation in novels, poems, films, music, and paintings of various respiratory illnesses reflects how patients experience their respiratory disease.”¹⁸ By way of example, the authors take Raymond Queneau’s “descriptions of an episode of severe acute asthma” in *The Skin of Dreams* and suggest that “reading the quotation aloud will

induce breathlessness in the listener.”¹⁹ Reading the quotation, aloud or otherwise, may attend to certain features of the “sensation” of breathless, but it is unlikely to precipitate the kind of empathetic response anticipated by Kaptein et al.:

Louis with his two fists propped on his knees, Louis, bent over, begins to breathe badly ... he is in the process of becoming conscious of his respiration. He cannot be said to be panting ... but he is affected ... afflicted with a constriction of the lungs, of pulmonary muscles, of the pulmonous nerves, of the pulmonic canals ... it is kind of stifling ... that starts from below, that also starts from both sides at once, it is a thoracic stifling, an encirclement of the respiratory barrel. And now something is very wrong. It is worse than strangling, worse than encirclement, an anatomical nightmare, a metaphysical anguish, a revolt ...²⁰

Kaptein et al. do not support their claim that reading this passage aloud will induce breathlessness with any evidence, whether from readers’ report or the text itself. In its English translation, the passage appears to be more concerned with conveying breathlessness through repetition and qualification than mimetic stimulation. Alliteration (“begins to breathe badly”), emphasis (“Louis ... Louis”) and enumeration (“an anatomical nightmare, a metaphysical anguish, a revolt”) cause the eye, or the ear, to tarry on certain details, while also attempting to revise or refine descriptions of these details (“affected ... afflicted”; “that starts from below, that also starts from both sides at once”). Perhaps these tropes induce breathlessness; perhaps they do not. Certainly, they demonstrate “the process of becoming conscious” of something to do with respiration, even if it is not the direct, unmediated, mimetic “sensation” of it, envisaged by Kaptein et al. Indeed, the case studies that follow will consider how stylistic features, including but not limited to repetition and qualification, might develop a sense of how breathing and breathlessness comes to be mediated through literature.

There are, of course, examples of clinical writers who nuance literary representations of respiration. François-Bernard Michel’s *Le Souffle coupé: Respirer et écrire* explores chronic breathlessness as a stylistic feature.²¹ Michel’s study of “breathless” French writers of the nineteenth and twentieth centuries builds a theory of breathless style around the asthma of Queneau, Marcel Proust and Prosper Mérimée, the coughing of Paul Valéry, and the tuberculosis of Jules Laforgue, André Gide

and Albert Camus. In this sense, he performs that “physiology of style” that Walter Benjamin would identify, but not explore, in Proust’s syntax: “Proust’s syntax rhythmically and step by step reproduces his fear of suffocating. And his ironic, philosophical, didactic reflections invariably are the deep breath with which he shakes off the weight of memories.”²² Michel, Professor of Respiratory Medicine in the Medical Faculty at Montpellier when his book was published, draws these moments of breath-inflected poetics together under the strange dialectic of the asthmatic. The asthmatic is not ill, except for those moments of crisis when she feels as if she will “die of suffocation.”²³ Asthma, in Michel’s reading, is marked, since it is only present, in a phenomenological sense, during a crisis; otherwise, it is absent, for all intents and purposes, a non-existent illness. For this reason, the reading of “asthmatic style” concerns itself primarily with “crisis”: the moment the asthmatic “refuses to breathe out and, at the same time, refuses the essential reality of human biology, the natural rhythms of the body.”²⁴

All of this might simply affirm that breathlessness’s immanence, its resistance to metaphor, recalls Susan Sontag’s key insight in *Illness and its Metaphors*, that “illness is *not* a metaphor and that the most truthful way of regarding illness ... is one most purified of, most resistant to, metaphoric thinking.”²⁵ When breath approaches the medical, in literary studies, its attention to medical issues either dissimulates any reliance on aesthetic mediation whatsoever, or, alternately, is engulfed by those metaphors of which Sontag remained so suspicious. These two tendencies, of great interest when dealing directly with breathing bodies, present difficulties for developing the role for literary mediation in the growing scholarship on breathing and breathlessness in medical humanities. Indeed, texts do not “represent” breathing bodies, nor do they, whatever the avowed intention, actually “mimic” a breathless syntax, however attractive that thought might be. A preferable position to take might follow Sasha Engelmann’s work on air poetics, which “provokes thought toward the material, aesthetic and affective qualities of airy experiences.”²⁶ Engelmann proposes an air poetics that “dissolves distinctions of body-environment boundaries, renders explicit air’s materiality and fosters an openness to the affective intensity of air in shaping the patterns of atmospheric space-time.”²⁷ A similarly attentive response to breath poetics attends to the breath’s interactions across body-environment boundaries, disclosing the intensities, pleasures and pains of air’s materiality, and questioning whether the affects produced are

necessarily useful or desirable. By re-engaging aesthetic theories of breathlessness, and their origins in sensation, literary descriptions of breathing and breathlessness might, *pace* Sontag, be more interesting for their aesthetic processes than for any exacting mimetic accuracy.

This book offers itself as a set of literary responses to breath, not to close down conversations with the literary medical humanities, but precisely to expand its conceptual scope in responding to the long intellectual history to this vehicle of the soul. Whether the basis for cosmological metaphor (*pneuma*), the limit point of the rhetorical arts (*cola*), the object of medical scrutiny (*respiration*), or the principle of corporeal unity (*prana*), breath understood as metonym for life itself, rather than as a discrete physiological process, has often acted as a philosophical first principle.²⁸ To expand this sense of breath beyond the illness narrative, then, I want to consider some of the ways in which metonymic breath has also had its share of tensions.

After all, it is against breath as first principle that Jacques Derrida set his *Grammatology*, his famous response to the long tradition of “natural writing,” which “is immediately united to the voice and to breath.”²⁹ Such writing, Derrida argues, “is not grammatological but pneumatological.”³⁰ In Michael Naas’s gloss,

Grammatology would in effect announce the end or the closure of a certain Greco-Christian pneumatology, that is, the closure of an epoch where what is privileged is language’s seemingly natural relationship to speech, voice, the verb, the living breath and so on, as opposed to writing.³¹

If anything, the weight of aesthetic theory on the breath in literature appears to work against this closure. Breath still enjoys a privileged place in aesthetic theories of composition and meaning-making, linguistic or otherwise. Whether as measure or as rest, breath confers metre, dictates pauses, conditions meaning or points to the limits of semantics. It presences the actor, musician, artist to a particular moment in a particular place. In its absence, it still seems to regulate, to pattern, the written word, through diacritics, notation or typographical spacing. Breath is foundational.

Since poetry, in the vitalist tradition, has often aspired to recreate elements of the spoken word, poets have received a disproportionately high attention. Much of this work, in Anglophone poetry, has focused on poets with a biographical connection to breathlessness, like John Keats,

or on poets whose works challenge “normal breathing,” through the length of the line (Walt Whitman) or the use of sprung rhythm (Gerard Manley Hopkins), or on poets whose manifestos attempt to recharge writing with etiolated vitalism (Charles Olson, or Allen Ginsberg, or Jack Kerouac).³² In the German tradition, Rainer Maria Rilke and Paul Celan represent rich sources of “breath-thought” and “breath writing.”³³ German literature is also abundant in respirational prose: the walking texts of Robert Walser, the tuberculin fantasies of Thomas Mann and the suffocating rhythms of Thomas Bernhard.³⁴

In performance studies, “breathwork” comprises a number of widely used and conceptually sophisticated techniques.³⁵ Sreenath Nair, for instance, has considered in great depth how Yogic medicine has been integrated into the performance practices of Kerala, particularly Kudivattam.³⁶ This is more an observation of localised universalism than orientalisng exoticism, since similar insights have been made of the performance tradition that arises in response to Samuel Beckett’s *Breath*.³⁷ Since performance avows, in some sense or another, a presence, studies of performance can make more assumptions about shared embodiment than is ever possible in the transmitted literary word.

The challenge, then, is to address the multivalent, contradictory meanings of breath in these different aesthetic contexts. Whether or not Derrida was successful in announcing “the closure” of “Greco-Christian pneumatology,” his attempt to decentre breath affirms that an antimony exists: either language has a natural relationship to speech, thereby prioritising the breath for the language arts; or writing, as grammatology rather than pneumatology, precedes, and thereby sets itself in contrast to, the breath. Bearing this very antimony in mind, literary investigations may focus on the intersections of both poles and ask how characteristics of “writing” pervade spoken breath-rhythms and how breath inscribes itself in writing.

In the essays that follow, the authors stage a series of aesthetic interventions into the ways this travel happens. Breath functions differently in literature from the medieval period to the present. These essays do not presume to trace a complete intellectual history of breath, even in the Anglophone tradition to which they restrict themselves. Nor do they claim to present a comprehensive understanding of breath in Anglophone literature. Rather, they propose, through a series of case examples, techniques by which “breath” might be more rigorously thought as useful, if under-examined, resource for thinking about

literature. In keeping with the nature of the intervention, the essays insert themselves at interstices between common assumptions about breath and ways these assumptions are taken up or rejected in literary texts.

Consider, for instance, Charles Olson's poetic manifesto, "Projective Verse," perhaps the most influential Anglophone text about respiratory poetics to be written in the mid-twentieth century.³⁸ "Projective Verse" tracks the antimony between natural language and grammar precisely in its celebration of breath as both foundation of natural language and feature of language's work in the age of technical reproduction. It balances a celebration of the poet's breath against an anti-vitalist coding of breath to the spacings of the typewriter. So, it begins: "Verse now, 1950, if it is to go ahead, if it is to be of essential use, must, I take it, catch up and put into itself certain laws and possibilities of the breath, of the breathing of the man who writes as well as of his listenings."³⁹

This vitalism, however, is muted by the typewriter: "It is the advantage of the typewriter that, due to its rigidity and its space precisions, it can, for a poet, indicate exactly the breath, the pauses, the suspensions even of syllables, the juxtapositions even of parts of phrases, which he intends."⁴⁰ To be sure, Olson's "intentions" do maintain the pneumatological primacy of speech, criticised by Derrida. Breath, as a pneumatic essence, still underwrites the typewriter. But, implicit in Olson's account, is the idea that writing, or its presentation on the page, can dictate the patterns of breath, rather than, as seems in a natural writing, the other way round. Typography marks the breath in a way that differs significantly to rhyme, rhythm or even diacritics.⁴¹

Perhaps because breath functions so easily as an aesthetic substrate, it has been difficult to say anything substantial about it, in itself.⁴² So often the vehicle for metaphors, breath is remarkably resistant to explanation as tenor. Less metaphor, then, than marker. Marking designates a word whose phonological, grammatical or semantic features distinguish it from its dominant, "default" meaning.⁴³ Marking, as concept, begins as linguistic deviation from the breath. Nikolai Trubetzkoy, the first theorist of linguistic markedness, introduces it in his foundational *Principles of Phonology*: "In any correlation based on the manner of overcoming an obstruction a 'natural' absence of marking is attributable to that opposition member whose production requires the least deviation from normal breathing. The opposing member is then of course the marked

member.”⁴⁴ By asserting the unmarked as “the least deviation from normal breath,” Trubetzkoy elevates the breath to a vitalist absolute: a normative measure. Markedness may have originated in biological correspondence with normal breathing patterns, but, as it became embedded in linguistic discourses, across phonetics, morphology and functional grammar, it demanded a less vitalist, more contextual approach. Deviation later came to be measured not through “normality,” but through consistencies or inconsistencies, in context.

Marking, as contextual deviation, has implications for how we understand breath, when it appears as a signifier. Since novels, plays, poems or short stories have no need to mention the breath, of characters, speakers, or as metaphoric constructions, any mention of breath necessarily contributes either to a narrative message or the concerns of its method.⁴⁵ Breath contributes to the narrative or the description, but it functions as neither a narrative device, nor a descriptive detour. This link between world and subjective experience has important consequences for thinking subject–space relations. Not being necessary or optimal for concision or meaning, a “superfluous” mention of breath must therefore designate an emphasis. This assertion relies on a structuralist understanding of breath: it may be taken as an arbitrary sign, whose referent is marked by virtue of unusual semantic or syntactic activity. Again, we find a movement of concepts, whereby breath travels between vitalism and machinism.

Our essays draw out the possible ways in which marked breath may indeed be explicated, whether in its relation to affective trauma, to Galenic humours, to embodied aesthetic theory, to rhetorical poetics or to political metaphors. Deliberately drawing attention to aspects beyond representation and mimesis, they explore breath and breathlessness across various literary genres and in different historical and cultural areas. Beginning with the medieval period, Corinne Saunders considers the critical role breath plays in reflecting affective experience in Chaucer’s romances. In his treatment of affect, Chaucer draws on medical theories of the time to portray how the movements of the vital spirit create powerful physical responses, which at their most extreme cause swooning and breathlessness. This physiological emphasis, central to Chaucer’s depiction of love and grief, and his treatment of gender, infuses his use of romance conventions with originality. Moving forward in time to the early modern

period, Naya Tsentourou addresses a historical episteme in which the sigh comes to signify wasted energy, with particular implications for the staging and direction of Shakespeare's *Hamlet*. The essay traces the slippery significations of sighing: hypocritical, instrumental, communicative, self-consuming and self-revealing, breathing in *Hamlet* has no fixed referent but shifts as often as the characters shift their position and perspective, constantly pointing to the impossibility of ordering an individual's or even a state's disordered breathing pattern. Peter Garratt's contribution is dedicated to the impact respiration—as metaphor, physiological process and embodied response—had on Victorian aesthetics. Late nineteenth-century attempts to define aesthetic experience in terms of its attendant physiological reactions still drew on breath's immaterial poetic associations (air, wind, spirit) while being alert to the way respiratory control shifts easily between voluntary and involuntary modes of experience (will/automation). Stefanie Heine explores how in post-war America the Beat writers configured a body-based poetics around breath that parallels concerns with orality and breathing in Ancient Rhetoric. Tracing these parallels shows how the supposedly new American poetry is in fact a Renaissance of classical thought and the idea of a pure bodily writing evoked by Allen Ginsberg and Jack Kerouac is upset by the cultural memory invoked. Finally, Arthur Rose addresses how breath becomes a sociopolitical concern in postcolonial literature, focusing particularly on Salman Rushdie. Considering the relation between breathing bodies and contested environments in *The Moor's Last Sigh*, the essay investigates how a combat breathing in Franz Fanon's sense links the postcolonial subject to their condition of being-in-the-world.

In its earliest iterations, this book's working title was *Breathroutes: Interventions into Respiratory Writing*. With the implicit reference to Celan, we want to provoke our readers into thinking of "breath" as more than simply a physiological signifier that maps onto an aesthetic preoccupation. We hope our essays track those moments when texts turn towards their own relationship with breath, to think through breath. In this way, we follow Jean-Thomas Tremblay, who concludes his introduction to a recent special issue with the poignant phrase: "no one is ever just breathing."⁴⁶ At the same time, we offer these essays as avenues for opening up, rather than closing down, further efforts to read breath in literature.

NOTES

1. Irigaray (2004, 165). See also Škof and Holmes (2013) and Škof and Berndtson (2018).
2. Hulme (1988, 216).
3. Symmons Roberts (2008, 103–104).
4. See, for instance, Hawkins (1993), Frank (1995) and Charon (2006).
5. Viney et al. (2015, 3).
6. Whitehead and Woods (2016, 2).
7. Jurecic (2012, 22) and Bolaki (2016, 10).
8. Sedgwick (2003) and Ricoeur (1974). See also Felski (2011).
9. Jurecic (2012, 26).
10. Bolaki (2016, 16).
11. Macnaughton and Carel (2016, 294).
12. Ibid., 295.
13. Ibid.
14. Carel (2016, 106–129).
15. For responses to breath in film, see Quinlivan (2011), and special issues by Garwood and Greene (2016), and Tremblay (2018). Further references to breath in literature in the chapters that follow.
16. Kaptein and Lyons (2009) and Kaptein et al. (2015).
17. Kaptein et al. (2015).
18. Ibid., 252.
19. Kaptein et al. (2015, 249–250).
20. Queneau (1987, 11–12).
21. Michel (1984).
22. Benjamin (1968, 214).
23. Michel (1984, 7).
24. Ibid., 195.
25. Sontag (1978, 3).
26. Engelmann (2015).
27. Engelmann (2015, 432). See also Ash (2013).
28. On *pneuma*, see Horky (2018); on *cola* and the Buber-Rosenzweig bible, see Friedman (1988, 61); on *respiration*, see Culotta (1972); on *prana*, see Sivananda (1935).
29. Derrida (1997, 17).
30. Ibid.
31. Naas (2011, 30).
32. On Keats (and Coleridge), see O’Gorman (2011) and Kay (2016), and on breath in Romanticism, see Abrams (1957); on Whitman, see Ginsberg’s “Improvisation in Beijing” (Ginsberg 1994); on Hopkins, see Dau (2005).

33. Rilke (1923), Celan (2011).
34. Walser (1917), Mann (1924), Bernhard (1981).
35. See, for example, Berry (1973) and Boston and Cook (2009).
36. Nair (2007).
37. See Goudouna (2018).
38. Olson (1966).
39. Ibid., 15.
40. Ibid., 22.
41. For the epistemic shift brought about by the typewriter, see Kittler (1999).
42. See, in a parallel argument, Macnaughton (2018).
43. Markedness has a fraught history in linguistics, primarily because it is difficult to assert unequivocally whether a particular inflection, form or meaning of a word is unmarked (dominant), or marked (subordinate). Although I will return to markedness's verifiability, for the moment I want to consider its usefulness in denoting the multiple ways that an author might place a stress on a word, phrase or syntactic form.
44. Trubetzkoy (1969, 146).
45. At the same time, if certain works are obviously "about" breath and therefore mark it for thematic and structural purposes, it does not follow that other novels, which do not take breath as an obvious thematic or structural concern, have unmarked breath. Indeed, of all the modal elaborations available to the novelist, realist or other, the least necessary has to be the mention of breath. Since no character in a novel need breathe, or, at least, no mention is necessary, all references to breath are significant and may be taken as marked to some extent or another by virtue of an emphasis principle. For a similar argument on the stylistic significance of "heavy breathing" and *respiración pesada* in English, Russian and Spanish literature (and translation), see Chapter 10 of Magrinyà (2015).
46. Tremblay (2018, 96).

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