

Why Breathing Is Political

WHEN, IN 2010, I started researching breathing from a queer feminist and intersectional perspective, I was often met with raised eyebrows. “How is breathing a queer feminist issue when it’s just a biological bodily process?” or “How is breathing relevant to understanding social structures of oppression?” I was asked. “Isn’t breathing a research object more relevant to natural sciences and medical research?” some scholars objected. Indeed, breathing is a well-established research topic in those two fields of research. But breathing is also much more than we tend to think it is.

Parallel to the way in which queer studies have problematized the naturalized understanding of sex and gender by deconstructing relations of matter and meaning, breathing needs to be understood as a material-semiotic and a political phenomenon. In that sense, the understanding of breath needs to be queered. The queering I refer to here is not merely a form of identity politics but rather a process of re-formulating the material and social conditions of power relations, as they are enacted bodily, affectively, socially and environmentally. Such queering of breath needs to take place in social, symbolic, and material manner. It needs to reach as deep as lungs and cells. It needs to disperse in the way air circulates throughout the planet while obtaining its geopolitical and cultural specificity according to the spaces it saturates. Such a queering

engagement with breathing from a social and political perspective can show how bodily materiality, physiological processes, and affective and physical ways of inhabiting the world are issues of intersectional social justice.

We are co-respirators

First of all, breathing inspires us to rethink the relation of embodiment, subjectivity, and environment. By breathing, human and non-human beings daily recycle the air that exists on this planet. As breathers we also metabolize each other – we not only share air but also breathe each other by breathing air that has been exhaled by those we share a physical space and the planet with. Breathing, hence, teaches us that we – human and non-human beings – are not independent entities but are constituted through our relational existence. Dependence on air makes us – respiratory beings – dependent on each other. We cannot breathe without the forests, oceans, soil, and other animals that are part of the worldly respiration. We co-become through our breathing that is a form of co-respiration.

In that sense not only are we situated *in* the world but we are *of* the world. Or as feminist quantum physicist and philosopher Karen Barad puts it, “Human bodies and human subjects do not preexist as such; nor are they mere end products. Humans are neither pure cause nor pure effect but part of the world in its open-ended becoming” (2007, 150). Who we are as breathing bodies and subjects is constituted *through* our becoming-with the world.

Air is saturated with social power relations

While we are constituted through a universal process of breathing, this process itself, however, is not the same for everyone and we do not breathe on equal terms. Who we are as breathers has a material, environmental, social, and political specificity. This point is clearly articulated by ethicist Harriet Washington, who shows how racism and environmental toxicity are entangled in creating specific discriminatory conditions of living:

Black and minority ethnic populations are [...] more likely to live in neighbourhoods where they are exposed to high levels of lead and to air pollution. Greater exposure to air pollution has long been tied to shorter life expectancy. It can exacerbate heart diseases, trigger hypertension and compromise immune systems. (Washington 2020, 241)

Human bodies are not bounded entities delimited by the surface of our skin – we are what we eat, we are where we live, we are what we breathe. This materiality of living is saturated with social power relations that justify, according to the hierarchizing logic, polluting specific neighborhoods and their environments more than others, hence making certain lives (literally) less breathable and livable than others. When we breathe, we breathe air that is already structured through socially hierarchizing power relations.

Suffocating in environmental and social toxicity

Therefore, while we think of breathing as a universal phenomenon – all respiratory beings need to breathe to live – breathing is differential. As I said above, we breathe differently in relation to environmental toxicity. But we also breathe differently in relation to social toxicity.

Social toxicity signifies ways in which societies are hierarchically organized and structured through processes of privileging and marginalizing certain bodies, certain forms of subjectivity, certain values, and certain ways of living. Some characteristics of social toxicity are the persistence of, for example, gender normativity, racism, ableism, classism, and sexism, which delineate specific bodies and ways of living as more valuable than others.

In that sense environmental toxicity and social toxicity operate hand in hand. Social toxicity constitutes our physical environments and it also constitutes the values, beliefs, and concrete social structures that humans inhabit. Importantly, just as the environmental toxicity changes in relation to its specific local (e.g. neighbourhoods) and global (e.g. regions) situatedness, social toxicity also obtains its meaning and material enactments through its historical and geopolitical context (e.g. the relation of

racism, white supremacy, colonialism, and capitalism). Much in the same way that environmental toxicity is an effect of specific determinations of neighborhoods as pollutable, social toxicity is an effect of sedimented and operationalized social ideologies and power relations, such as racial capitalism, gender normativity, or the imposing Western concepts of gender and gender relations on non-Western contexts. And both have biopolitical and necropolitical effects on whose lives are breathable and how.

The concepts of biopolitics and necropolitics are important here because they describe forms of social power relations that create conditions for the (un)breathability of lives. The concept of biopower was defined by historian and philosopher Michel Foucault, (2003) who argues that it emerged at the end of the eighteenth century as a new form of power. Biopower operates on a population level and delineates the care and control of a population. Contemporary biopower over breath is manifested in Harriet Washington's discussion of environmental toxicity where she describes how some (Black, Indigenous, low income) parts of the population, due to the discriminating effects of racism, do not have the same access to breathable air as other (white, middle class, and rich) parts of the population that, due to systemic privileging, are less affected by air pollution. While biopolitics name a domain of power that makes (some) lives more livable and breathable, the notion of necropolitics – developed by philosopher Achille Mbembe (2003) – shows how certain bodies and populations are exposed to death. Necropolitics at work mean that specific groups of people are exposed to polluted air in order to protect other populations and enable their more breathable lives. Mbembe shows us how inequality is intrinsically embedded in social definitions of life: who counts as human, and whose lives are sacrificed in order for other lives to be protected – to be breathable. And as the feminist philosopher Rosi Braidotti (2007) points out, biopower and necropower operate as two sides of the same coin.

As discussed so far, social and environmental toxicity operate in a biopolitical and necropolitical manner with environmental and physiological effects. But they also have power over psychic and emotional dimensions of human lives. As feminist scholar Ann Cvetkovich notes,

depression, for example, manifests how power operates “not only by targeting populations but also more insidiously by making people feel small, worthless, hopeless” (2012, 13). We could call this insidious operation of power on a psychic, emotional, and bodily level, that manifests itself as, for example, feelings of worthlessness and depression and the experience of bodily pain or shallow breath, micro biopower and micro necropower – micro because it points to the way the operation of power over a population is experienced in everyday life.

This operation of power through social norms creates conditions of living that are suffocating for those who do not fit into the standards of “proper human subjectivity,” whose lives are deemed to be of lesser value through processes such as the binary understanding of gender and sexuality, racialization, the colonial heritage of dehumanization, the ableist privileging of normative forms of embodiment and subjectivity, the capitalist valuing of life-worth based on productivity and profit. Living in one or multiple configurations of such psychic suffocation means a daily struggle for breathable life that takes a significant physiological and psychological toll. The daily struggle for a breathable life has deep effects on mental health and can even have deadly effects – a hard lesson queer and trans folk articulate in fighting against the homophobic and transphobic social and state violence that takes place, in different forms, around the world. The struggle takes the form not only of political demands or street protests, but also of a painful impossibility of living one’s life in the context of the structural repression of one’s existence.

The politics of taking breath away

The biopolitical and necropolitical operations of power over breath are also clearly manifested in the current historical moment, in the Black Lives Matter protests that demand an end to structural racism. As anti-racist activists and scholars have pointed out for generations, who can breathe and who is in constant danger of losing their breath is clearly structured along the socially and environmentally toxic lines of racism.

Those “lines” – or rather, relations of power – are intersectional (Crenshaw 1989); they obtain different shapes and meanings through the way

race is constituted together with other axes of oppression such as gender, class, dis/ability, migration status, and so on. Eric Garner and George Floyd were killed not only by the police officers who literally and brutally took their breath away, but also through the daily suffocation they suffered at the hands of the institutional racism that occupied their lives and breath, i.e. through the biopolitical and necropolitical intersections of race, masculinity, class, and neighborhood, to name just a few factors.

This (social and environmental, bodily, affective, and political) suffocating toxicity takes place in its specificity (e.g. US police violence) and in its broader, dispersed geopolitical formations. And while the breath of Black people is taken away by systemic racism in the US, racist toxicity is part of Europe and its past and present colonial context. This is manifested, for example, by the dehumanization of lives that shapes the fortification practices of Europe. These practices have been taking the breath of thousands of people who drown on European sea borders because their lives are sacrificed in a necropolitical manner.

This local specificity and global character of intersectional racist suffocation was also clearly articulated on one of the protest signs at Italian Black Lives Matter demonstrations that read, “From the Mediterranean to Minneapolis under water or under a knee, I can’t breathe” (Turati 2020). This slogan was brought to public attention by Judith Sunderland, deputy director of the Europe and Central Asia Division at Human Rights Watch, who argues that “just as justice for George Floyd requires addressing structural racism, ending deaths in the Mediterranean requires coming up with a different approach to human mobility” (Sunderland 2020).

In that sense, the relation of racism and breath should not be externalized as merely a US problem but be addressed in a broader context of global racist formations that hierarchize and sacrifice lives in a differential manner across planet Earth.

Respiratory crisis

Intersectional operations of racism and of social and environmental toxicity should be seen as part of a broader respiratory crisis. While the

COVID-19 virus has been marked by media as a democratic agent that does not discriminate, the pandemic shows that the effects of the virus are far from non-discriminatory.

Infection and mortality rates of COVID-19 are unequally distributed along historically specific processes of racialization of and discrimination against specific populations. As journalist Kim Harrisberg points out, in South Africa the coronavirus replicates the geographical patterns of apartheid, as “[t]he coronavirus is hitting SA’s mainly black townships harder than areas that were once the exclusive preserve of white people, according to new data that highlights the lasting impact of apartheid-era housing policies” (Harrisberg 2020).

The importance of the historical specificity of respiratory inequality is also present in the police violence against Black people in the US, which – as writer and literary critic Nathaniel Mackey (2016) points out – resonates painfully with the racist practice of breaking trachea through deadly practices of lynching. Past and present deadly consequences of suffocating racism – and, in their differential character, also other forms of social injustice and violence – resonate with the argument of political philosopher Franz Fanon (1965) that, under occupied conditions of living, breathing becomes “combat breathing,” a way of mobilizing life energies in order merely to survive the daily injustices experienced by discriminated against and occupied populations. It also puts the current Black Lives Matter protests into a perspective described by Fanon: “We revolt simply because, for many reasons, we can no longer breathe” (1967, 216).

The combination of COVID-19 and the police brutality at Black Lives Matter protests obtains another respiratory dimension when, ironically, pepper spray and tear gas are being used against the protesters. As journalist Will Stone points out, these chemical irritants can harm the body in a manner that may lead to the further spread of the coronavirus and enhance the severity of COVID-19 symptoms, and have immediate and long-term consequences. Stone continues: “The coronavirus that causes the disease COVID-19 is highly contagious, spreads easily through the air via droplets and can lead to severe or fatal respiratory illness. Deploy-

ing these corrosive, inhalable chemicals could harm people in several ways: expose more people to the virus, compromise the body's ability to fight off the infection, and even cause mild infections to become more severe illnesses" (Stone 2020). In the time of a respiratory pandemic and societal and economic shut-down, the choice of delivering respiratory harm in order to suffocate an overdue societal change is a further mark of historical and current respiratory injustice.

"Next world"

As writer Arundhati Roy (2020) points out in her analysis of the COVID-19 pandemic and its societal effects, "[n]othing could be worse than a return to normality" because "normality" has already been unjust. She further notes that the current situation could be a "portal, a gateway between one world and the next." This "next world" needs to be based on respiratory – social, environmental, bodily, and affective – justice. As scholars we need to understand and challenge how human bodies and affective ways of living are constituted through toxic structures of discrimination – in other words, how, for example, racism, environmental destruction, and social toxicity are physiologically, psychologically, and politically suffocating. In such an analysis, breathing is not just a metaphor, it is a material-semiotic process that manifests current power relations and has the potential of queering and transforming the future.

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