The Forgotten Obvious: Breathing in Psychoanalysis

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VAGITUS-RATTLES

When Samuel Beckett described his 35-second play *Breath*, he made of it a straightforward sound and light show: ‘It is simply light coming up and going down on a stage littered with miscellaneous unidentifiable muck, synchronized with the sound of breath, once in and out, the whole (ha!) begun and ended by the same tiny vagitus-rattle’.¹ In its bare minimalism, *Breath* appears to reduce existence to an ontic essentialism: the passing of a single breath. More historically situated interpretations link *Breath* to transcriptions and notes Beckett made from his reading of psychology, particularly psychoanalysis, from spring 1934 into 1935 during his analysis by Wilfred Bion.² Read as an intertext, the ‘vagitus-rattles’ that frame *Breath* echo Otto Rank’s controversial *The Trauma*

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of *Birth* (1925), in which Rank traces the origin of anxiety to the first psycho-physical trauma: birth. Certainly Beckett's work develops a refrain that takes birth to be a foundational trauma: 'birth was the death of him', for instance, or the Beckettian neologism 'wombtomb'. More relevant to our purpose, however, are intersections between this original trauma and breath, coincidences in Rank that are granted further significance by Beckett's sporadic note-taking. Rank, according to Beckett's transcription, considers that 'all neurotic disturbances in breathing (e.g., asthma), the repeating feeling of suffocation, refer directly to physical reproductions of the birth trauma' and 'esse [to be] means to breathe'.³ Beckett's notes return neurotic disturbances and the metaphysical problems of being to a *physical* point of intersection: the breath.

In this essay we are interested in the changing status of the breath as an object in psychoanalysis. The story of Beckett's *Breath* offers a pendant to our argument: underneath the apparently ahistorical, essential considerations of breath as a feature of hysteria, anxiety, or eroticism in psychoanalysis, there lurk histories of rivalries, misreadings, and terminal breaks. *Breath* renders breath 'uncanny' by focussing on an autonomic function that generally escapes our attention. Freud describes the uncanny as something that 'is in reality nothing new or foreign, but something familiar and old-established in the mind that has been estranged only by the process of repression'.⁴ Psychoanalysis, as we will see, also turns breath into an uncanny object, precisely by estranging it. From the late nineteenth century to the 1930s, successive theoretical formulations of breath in psychoanalysis had as much to do with the personal relationships between the theorists as with the function of the breath itself: from Josef Breuer and Freud, to Freud and Wilhelm Fliess, to Jung and Rank, and finally to Otto Fenichel. Throughout these crucial decades, breath proved a surprisingly divisive topic, inciting arguments about vitalism, the status of matter and spirit, the meaning of symptoms, the hierarchies of the senses, the structures of mind, and the openings of access through the body.

ON THE SELF-STEERING RESPIRATION

Before I proceed ... I must apologize for revisiting the fundamental problems of the nervous system. There is always something oppressive about this kind of 'descent to the mothers', but the attempt to dig up the roots

of a phenomenon is always bound to lead irresistibly to fundamental problems that cannot be avoided. With this in mind, I hope that the abstruse nature of the following observations will not be judged too harshly.⁵

Energy and its transformations were of fundamental interest to scientists of the nineteenth century, including the question of what drove life itself: was it mechanism alone or a 'vital force'? This was the context of the first appearance of breathing in what would become psychoanalysis.⁶ Freud's mentor and collaborator, Josef Breuer, was originally called to the bedside of Anna O., the first patient of psychoanalysis, to tend her 'extremely acute' cough, which he quickly identified as *tussis nervosa*.⁷ This respiratory disturbance, an involuntary contraction of the glottis, had started during a long night nursing her ailing father, 'whom she adored'. Through the window she heard the sounds of a party: dancing, laughing, and rousing music. She wanted to go and dance but could not leave her station.⁸ The motor impulses that compelled her to joyful movement were transformed into pathological somatic symptoms. Later, hearing such music would trigger her neurotic respiration. This was an example of what Breuer called 'reflexes of the affect', a reflex association in the nervous system between hearing music with a beat, the stifling of a desired expression, and the closure of the glottis. The nervous system of a susceptible person was unable to discharge extreme 'intracerebral excitation' through appropriate pathways. Energy, in a scientific environment dominated by Hermann von Helmholtz's theory of its conservation, could neither be created nor destroyed; there was nowhere for excess quanta of excitation to go.⁹

The solution was conversion; extra excitation was usually transformed into a somatic symptom that bore little, if any, resemblance to whatever had originally instigated it. Through the process of conversion the original ideas or experiences could become entirely hidden, even to 'intelligent and observant patients'.¹⁰ Though a cough was not the strangest or most troubling somatic conversion symptom displayed by his patient, Breuer paid close attention to it. Each and every somatic symptom was a 'shadow cast upon the wall by objects that are real but unknown'.¹¹ Symptoms as ordinary as shortness of breath, given close attention, pointed to underlying maps of association that eventually revealed their sources in complex, dynamic, and normally hidden processes.

But Breuer was attentive to his patient's respiratory complaints for another reason: as a physiologist, he was interested in the mechanisms that

drove the life of the body through its breathing. Roughly a decade before he saw Anna O. in private practice, Breuer had ‘dug up the roots’ of respiration itself, making a major contribution (with his mentor Ewald Hering) to the physiology of respiratory control. And it was precisely involuntary closure of the glottis that he used to motivate the main questions of the 1868 ‘Ueber die Selbststeuerung der Atmung’ (On the Self-steering of the Respiration), co-authored with Hering.¹² Their experiment was based on the clinical observation that different *mechanics* causing shortness of breath led to different *kinds* of shortness of breath. If respiration was controlled—somehow—by the absolute levels of oxygen in the blood, then *how* that oxygen arrived there, as long as it did indeed arrive, should not matter.¹³ But clinical evidence made it clear that it did in fact matter. The *movements* of the body breathing, distinct from the chemistry underpinning breathing, appeared to have something to do with the mechanism governing its control.

The neologism ‘self-steering’ was first used in a biological context by the physician and physiologist Ernst Brücke, in whose laboratory Freud would meet Breuer.¹⁴ Before Brücke used the term to refer to the mechanism of the beating of the heart, *selbststeuerung* was often used in mechanics to describe the design of steam engines (*dampfmaschine*) and air pumps.¹⁵ As Anson Rabinbach and others have shown, this imagining of the heart as a kind of self-regulating steam engine was part of the larger project of translating the body into an organic Helmholtzian motor. The steam of this biological motor was, in some formulations, like Wilhelm Wundt’s, nothing less than the *mind* itself. Brücke had transformed Aristotle’s *primum movens*, the heart, into a thing that moved itself. Breuer’s use of *Selbststeuerung* clearly refers to Brücke’s project and extends his teacher’s idea of ‘self-steering’ to another bodily function closely associated with life itself: respiration. All this raised a question that suggests, in retrospect, unseen and unconscious forces at work in the body and mind: which part of the self was the breather?

In two communications of their experiments, Hering and Breuer described what we might today call a simple feedback loop. A circuit connected the vagus nerve, the surfaces of the lungs where the nerve attached, the central nervous system, and what was then a relatively unknown black box called the ‘central nervous organ for breathing movements’.¹⁶ It was the expansion and contraction of the lungs themselves that stimulated the vagus nerve, inhibiting further lung inflation, and triggering exhalation. Respiratory movements were thus produced

by a self-governing automatic control system. Self-steering, a mechanism that controlled respiration before the breather was aware of it, was not a top-down or precisely localized process; rather, it was a dynamic one that occurred across various levels of the organism, allowing it to respond to and attenuate the atmospheric pressure under which it lived. Breathing worked automatically, driven by precise equilibration of the energy economy of respiration. Unlike others studying the vagus nerve and respiration, Breuer did not use electrical current to artificially stimulate a cut nerve ending, but rather studied the ‘natural’ source of vagal stimulus in breathing by observing the moving lungs of cats, dogs, and rabbits. Breuer minimized interference with his experimental animals, discovering the control patterns and mechanisms hidden beneath a manifest respiration pattern by allowing the body to move without inhibition, to ‘talk’, much as in his later Cathartic Method he would allow Anna O. simply to talk.

Passive observation did not preclude acting on the system. A feature of the Hering-Breuer reflex that may not be immediately obvious—but which was the definitive demonstration that control was centred in the reflex—was that if the breathing rhythm was indeed self-controlled (by the movement of the lungs in an anaesthetized animal), the rhythm could be driven mechanically from the ‘outside’ by entering the ‘control circuit’. A rhythm given, say, by the bellows of an experimenter would replace the spontaneous breathing rhythm of the animal. In Breuer’s experiments, a kind of mechanical ‘suggestion’ drove the respiratory pattern of an anaesthetized rabbit: ‘During artificial ventilation of the lungs with the aid of a tracheal cannula and bellows one can therefore render the rhythm of an animal’s active respiratory movements *wholly dependent* on the rhythm of inflation’¹⁷ (italics added). The respiratory control reflex was in fact extremely sensitive and could be easily driven artificially by stimulating the vagus nerve (though in situ, Breuer triggered it via lung inflation).

Breuer’s work on respiration took place before Charcot’s popularity peaked with his famous public demonstrations of control over the appearance and disappearance of a patient’s hysterical symptoms. Breuer, moreover, did not use hypnosis in his practice until around the time he saw Anna O. as a patient. But throughout the nineteenth century, despite its variable reputation, people were aware of the possibility of changing physical symptoms using hypnosis.¹⁸ The image of an animal on the experimental table incorporating the breathing pattern that Breuer introduces is reminiscent of Charcot’s use of hypnosis to ‘look under the

hood' of a patient's nervous system, gaining direct access to it, thereby producing somatic symptoms on demand (or at least so he claimed). Breuer's later account of the genesis of hysteria, rooted in the relationship between breathing, hypnosis, and the nervous system, would echo the Hering-Breuer model of the control of respiration.

Breuer believed that hysteria had 'two great pathogenic factors': being in love, and attending closely to the breathing of an infant while nursing. These were situations that might cause a susceptible person to slip into a hypnoid state, and ultimately, if they occurred with sufficient frequency or if a trauma took place during such hypnosis, cause hysteria. A mother, in a calm and perhaps dark environment, would train all her attention on her child, in particular listening for and focusing on the rhythm of her baby's breathing. As she nursed, her breathing rhythm would come to match that of her infant. Much like the entrained breathing of Breuer's experiment, this breathing could easily cause a state of auto-hypnosis in the mother.¹⁹ Not unlike the rabbit on Breuer's experimental table, or Anna O. with her repetitive cough, a mother might find that a 'symptom'—her breathing—was driven by something 'external' that was of the right sort to enter the circuits of her nervous system. There was nothing really mysterious about this; it was simply how reflexes, psychic energy, and the very processes of life governed themselves.

JUNG'S PNEUMOGRAPH

Given Breuer's interest in respiration, and his view of it as fundamentally 'unconscious' and automatic, it is curious that the young Carl Jung, having studied Freud's dream book and in his experimental phase at the Burghölzi Clinic following the standard psychophysics of the day, tried in 1905 to follow respiration as one of the somatic roads to the unconscious. He determined, however, that unlike the pulse or sweating, respiration was far too much under *conscious* control to be of any use, a dismissive response that paralleled Freud's. The research programme of his laboratory of 'experimental psychopathology' relied heavily on the use of word association tests.²⁰ Jung was interested not in the conscious but in the *unconscious* associations made by patients; the hesitation, delay, or physical reactions to a particular word were not noticed by the test subjects themselves, but were clearly visible to observers.²¹ Then conventional experimental techniques (association, the pneumograph, the galvanometer, and kymograph recordings) were thus used in

the service of a novel theory of mind. Out of this laboratory work came the two co-authored papers that used the galvanometer (which detected electric current) and the pneumograph (which transduced the thoracic breathing movements into wave-like tracings on a rotating cylinder) as ‘indicator[s] of psychic processes’.²² Unlike the practitioners of Wundtian psychophysics who had originated the use of such instruments, Jung was interested in revealing associations that were produced by but were not available to the study subject (patient). That is to say, he was interested in revealing an unconscious.

Writing in 1907 and entirely apprised of the not insubstantial amount of work on the subject in the German literature, Jung claimed that ‘the relation of the respiratory innervation curve to psychic processes in both normal and pathological conditions has not yet been thoroughly investigated’. Nonetheless, he felt that the pneumograph was far less revealing than the galvanometer, since, as he put it starkly: ‘respiration is an instrument of consciousness’. This was not merely a matter of the need to accumulate more studies, however. It was, instead, a limitation inherent in respiration itself:

It is a matter of everyday experience that the respiration is influenced by our conscious emotions, especially when they are strong, as instanced in such expressions as ‘bated breath’, ‘breathless astonishment’, etc. Such inhibitions of breathing are noticeable in many pneumographic curves, particularly in association with expectation and tension. *But perhaps the emotions of the unconscious, roused up by questions or words that strike into the buried complexes of the soul, reveal themselves in the galvanometer curve, while the pneumographic curve is comparatively unaffected.* Respiration is an instrument of consciousness. You can control it voluntarily while you cannot control the galvanometer curve.²³

It was impossible to connect breathing directly to ‘the buried complexes of the soul’, those hidden repositories that would produce visible emotions if opened with the proper keys, words, questions, or images. Far from revealing hidden contents, Jung’s work with the pneumograph and galvanometer suggested to him that breath tracked *conscious* states. Breathing was a physical manifestation that the ‘conscious’ mind could control, while sweating was more occult. The act of continuing to think on an emotional stimulus no longer passing through the body—a memory of a meaningful event—could indeed be seen in a respiratory tracing. It

was possible to see evidence of some emotional stimuli in the respiratory curve, but these were clearly more under the influence of conscious processes than what the galvanometer registered, which was ‘an index or measure of *acute* feeling-tone’. The pneumographic traces could show ‘traces of conscious reminiscence’, but not the most valuable hidden contents of the unconscious.

Jung’s decision to rule out the breath as a possible bodily pathway to or representation of the unconscious, despite Breuer’s demonstration of its significance (though he did not put it in such terms), had a basis in the physiology of the day. But it also reflected an earlier antagonism on the part of his mentor, Sigmund Freud.

AGAINST BREATH: FREUD AND THE FORECLOSED SYMPTOM

Unpacking Breuer’s interest in breath in light of Jung’s subsequent work opens up a discussion around Freud’s dismissive attitude to respiration in *Studies on Hysteria*, which he co-authored with Breuer. In Case 4 of *Studies on Hysteria* Freud recalls a meeting with a serving woman called Katharina as he looked out from a refuge at the top of a mountain he had just climbed. Katharina complained of breathlessness, which Freud went on to diagnose as a symptom of an anxiety disorder precipitated by an abusive encounter with her ‘uncle’ (actually her father, as Freud later notes). ‘Katharina’ told Freud: ‘I get so out of breath. Not always. But sometimes it catches me so that I think I’m suffocating’.²⁴ Freud glosses it as follows:

Now at first this didn’t sound like a nervous symptom, but soon afterwards I thought it likely that it was simply a description standing in for an anxiety attack. She was unduly singling out the one factor of restricted breathing from the whole complex of anxious feelings.²⁵

Freud’s gloss is telling: it betrays a refusal to accept shortness of breath as a nervous symptom, and it masks that refusal by imagining that it is Katharina who has isolated this symptom ‘out of the complex’ and laid ‘undue stress’ upon it. Katharina, however, invokes breath, or breath-like responses, when describing several moments of trauma: most notably when she catches her father *in flagrante delicto* with her cousin Fränsiska. In this instance, her response was to breathe abnormally, and then

to vomit. For Freud, at this point, these somatic responses disclose an associative anxiety: they mark Katharina's hysteria, but they remain associative rather than significant in themselves. The consequence, as Freud would write in 'On the Grounds for detaching a particular syndrome from Neurasthenia', is an affect of anxiety rather than a neurosis of anxiety.²⁶ Affects of anxiety are external stimuli that come to be associated with the anxiety, not intrinsic features of the anxiety itself. So if breathlessness, as a somatoform response, becomes associated with the original affective anxiety, it will precipitate a neurotic response, not because it is intrinsically significant but because it is an associative response. In an implicit contradiction of his co-author, Breuer, Freud suggests that breathlessness *qua* breathlessness cannot tell us very much.

Why did breathlessness mean so little to Freud, if not simply as a point of divergence from Breuer? Perhaps Freud's re-envisioning of psychoanalysis as an archaeological process, wherein the analyst must always be going deeper, made breath too superficial to be interesting in its own right. If anything, marked references to breath in the *Collected Works* confirm this bias. Only when breath discloses an etymological, cultural aspect—whether it is *ruach*, *spiritus*, and *anima* in *Moses and Monotheism* or the Maori *hau* in *Totem and Taboo*—does Freud grant it any sustained attention. (We will consider Freud's particular agenda in these cases below.) At the same time, this explanation is hardly satisfactory. After all, Katharina's case study begins with Freud's own breathlessness. He has climbed a mountain, in part to take some time away from his work on neuroses. He comes across Katharina at a refugio because he needs to catch his breath after the hike. This is by no means the only time he mentions climbing stairs and mountains in his work: he returns to both as figures of anxiety production. Dora, for instance, is caught up in an associative chain in which her breathlessness while climbing mountains or stairs stands in for her father and mother having intercourse. So in a sense, though Freud observes the breathing of his patients, he remains blind to it.²⁷ A compelling explanation can be found in an intimate friendship that developed during the break with Breuer, as Freud found his next collaborator and confidant in the Berlin ear, nose, and throat doctor Wilhelm Fliess.

NASUS-INTERRUPTUS

I am, of course, very much looking forward to your nose-sex. ... I am so certain that both of us have got hold of a beautiful piece of objective truth... We shall find many more things, I hope, and correct ourselves before anyone catches up with us... I hope that in this book [*Nose and Sex*] as well you will discuss some of the basic views on sexuality that we share.²⁸

In his book *Sensual Relations*, the anthropologist of the senses David Howes identifies the possible sources of a curious omission in Freud's account of the erotogenic zones of the body: the nose. Attentive to olfaction, Howes asks: if, according to Freud's erotogenic zone theory, the libido attaches itself to each orifice in turn (mouth, anus, genitals), why is there no nasal stage?²⁹ Wilhelm Fliess was a Berlin doctor preoccupied with theorizing 'nasal reflex neurosis', the relationship between the nose and sexuality, and developing treatments for it that included cauterization and topical cocaine. In intimate letters written during the last decade of the nineteenth century, Freud and Fliess often discussed the peculiar relationship of the nasal passages to sexuality. Freud also provided periodic updates on his faltering relationship with Breuer, as well as frequent reports on the various discharges from his own nose, which had apparently been entrusted to Fliess's care. In May of 1895, for example, it 'discharged exceedingly ample amounts of pus' (throughout which Freud 'all the while felt splendid').³⁰

Howes points out that the association of the libido with specific locations (orifices) of the body—an idea that became the core of Freud's erotogenic zone theory—had Fliess's nose as the paradigmatic erotically linked orifice.³¹ That is to say, without Fliess's nose, and the associated inhalatory smelling that it allowed, there would have been no erotic anatomy at all. Throughout the letters, we see that Freud is thinking with Fliess, with the body, and with the nose in particular. In an 1897 letter, using a language that he surely assumes Fliess will understand, Freud works out an early version of what will become another central psychoanalytic idea, repression, in Fliess's own nasal terms: 'To put it crudely, the memory actually stinks just as in the present the object stinks; and in the same manner as we turn away our sense organ (the head and nose) in disgust, the preconscious and the sense of consciousness turn away from the memory. This is *repression*'.³² If the nose, in this early version of

repression, seems a potentially rich area of interest, Howes draws attention to Freud's later denigration of smell as a sense in his perceptual anatomy, for example, in *Civilization and its Discontents*, in which Freud explains that having evolved to walk upright, we came to *see* rather than *smell* the genitals.³³

Freud's friendship with Fliess began to unravel dramatically around 1901, and the nose—and the significance of the odours known through inhalation—became a stinking memory for Freud. Freud's personal breaks first with Breuer and then Fliess—both of whom included breathing and olfaction in their understanding of reflex and psyche—strongly affected the image of the body that Freud would depict in his work. Freud's body would barely breathe, it would have no nose, and a poor sense of smell. With no mention of the forgotten Fliess, Otto Fenichel, known as the great systematizer of psychoanalysis, would later contribute the claim that inhalation and smelling are a single act in the unconscious.³⁴ But this is not breathing as it appears—or more often does not appear—in the breathers of Freud's case studies.

THE WOLFMAN

Freud's fullest exposition of inhalation and exhalation may be found in his 1918 case study 'From a History of an Infantile Neurosis', based on the life of Sergei Pankejeff, known as 'The Wolfman'. Freud's analysis of Pankejeff focusses on a nightmare the analysand had as a young child, in which he was terrified by a pack of wolves sitting outside his bedroom window. Freud links this dream to the eighteen-month-old Sergei's witnessing of the primal scene: he awakened in his crib to see his parents having intercourse. Although he mentions it only in passing, Freud also notes a particular pattern in Pankejeff's breathing:

At this time he used also to adhere to a peculiar ritual if he saw people who inspired pity in him, beggars, cripples, old men. He had to breathe out noisily in order not to become like one of them, and under certain conditions also had to inhale deeply.³⁵

And again:

The only way he could account for it to himself was that he did it so as not to become like them. [...] this was connected with his father [...]

[His mother] took them to a sanatorium where they saw their father again; he looked ill and his son felt very sorry for him. His father, then, was the archetype of all those cripples, beggars and poor people, the sight of whom obliged him to breathe out, just as the father is normally the archetype of the grimaces seen in anxiety states and of the caricatures drawn to express contempt. We shall discover elsewhere that this pitying attitude goes back to a particular detail of the primal scene, which took effect at this late stage in the obsessive-compulsive neurosis. The resolution not to become like them, which was the motivation for his breathing out in front of cripples, was thus the old identification with the father transformed into a negative. And yet he was also copying his father in a positive sense, for his noisy breathing was an imitation of the sounds he had heard his father make during intercourse.³⁶

Pankejeff's breathing patterns, for Freud, signalled his Oedipal anxiety, his desire to reject the father, expel him, while also mimicking him, desiring to become him and take his place. Freud then glosses this as follows: 'In my analysis of the breathing rituals prompted by the sight of cripples, beggars, etc. I was able to show that this symptom could also be traced back to the father, whom he had felt sorry for when he visited him in the clinic during his illness'.³⁷ In his 1926 *Techniques*, Otto Rank confirmed his break with Freud, already far advanced by the publication of *The Trauma of Birth* (1924), by devoting some attention to the question of why Pankejeff was not in fact locked in an Oedipal relation. Freud, Rank argued, had missed Pankejeff's transfer of affection, *i.e.*, transference, for the mother onto Freud himself, since Freud was essentially offering to 'rebirth' him. Freud was affronted, interpreting Rank's answer as 'calculated to cut the tablecloth between us'. It was a hypothesis that risked appearing like 'self-parody' because of its suggestion that Freud had been taken in by his patient.³⁸ As riling as Rank's suggestion might have been, there is another explanation for Freud's adamant rejection of any but an Oedipal diagnosis of Pankejeff, and it is found in his reasons for writing 'The History of an Infantile Neurosis'.

According to his own footnote, Freud published the study shortly after the conclusion of his treatment of Pankejeff, and 'in light of the recent attempts to re-interpret psychoanalytic material undertaken by C. G. Jung and Adolf Adler'. Against challenges to the libido theory by Jung and Adler, Freud wished to demonstrate beyond a doubt that disturbances of childhood sexuality (*Kernkomplex*) were sufficient to account for all adult neuroses.³⁹ But there was another line of powerful argument against

Jung at work, one that brings us back to the religious resonance of the breath. During their friendship, Freud had followed Jung into the psychology of religion, writing to him hopefully before their break: 'So you too are aware that the Oedipus complex is at the root of all religious feeling. Bravo! What evidence I have can be told in five minutes'.⁴⁰ Jung responded by saying that 'the outlook for me is very gloomy if you too get into the psychology of religion. You are a dangerous rival—if one has to speak of rivalry. ... Our personal differences will make our work different'.⁴¹ Jung was not convinced of the centrality of the Oedipus Complex.

Freud wrote *On the History of the Psychoanalytic Movement* in a defensive posture after their split, claiming that Jung could not tolerate having infantile sexuality and the Oedipus complex at the root of religion because, while it seemed for a time that Jung was 'ready to enter into a friendly relationship with me and for my sake to give up certain racial prejudices which he had previously permitted himself', he remained the Swiss son of a clergyman who would not surrender Christianity—and perhaps religiosity more generally—to Freud's theory of childhood sexuality.⁴²

In Pankejeff's case, then, Freud took pains to show not only that Sergei's obsessional neurosis had a sexual origin, but also that a key symptom of his neurosis was compulsive religiosity and its major practice an obsessive breathing ritual that served as a neurotic 'diversion from sensual processes to purely spiritual ones'.⁴³ In the beginning, before Sergei was faced with the novel data of his father's penis disappearing into (what appeared to be) his mother's bottom, he (not coincidentally, born on Christmas Day) believed that he was Christ, and his father God; indeed, he was born of his father alone, while his sister was the child of his mother alone. Learning, through witnessing the primal scene, that his mother had been involved in his birth was deeply troubling. The ambivalence of love and hate for his father ensued, only intensifying when he saw that he had become a pitiful creature. Pankejeff's solution to his ambivalence about a father who both was castrated and could castrate was the breathing ritual: he could use it to identify with his father's capacity to castrate, 'for his noisy breathing was an imitation of the sounds he had heard his father make during intercourse', while at the same time exhaling the pathetic, castrated aspect that he had witnessed during the hospital visit. Freud summarized the solution in a serious joke intended precisely for the estranged Christian Jung: 'The Holy Spirit owed its origins to this sign of erotic excitement in a man'.⁴⁴

RESPIRATORY EROTISM

If breath, for Freud, needed a high-stakes argument with Jung to warrant interest, Otto Fenichel's 1931 essay 'Respiratory Introjection' offered a rereading of Pankejeff's case as an introduction to respiratory erotism per se. Known as the author of what would become the standard, 'orthodox' textbook of psychoanalysis, *The Psychoanalytic Theory of Neurosis*, Fenichel explained respiration in the context of Freud's theory of infantile sexuality, the erotogenic, and object relations.⁴⁵ While Freud used breathing as a convenient weapon against Jung, Fenichel took Pankejeff's breathing much more literally. And Fenichel had another agenda: he used the breath as a lever, first taking Freud seriously on the matter of breath magic, but then gently going further to expand the functional anatomy of the psychoanalytic body. Fenichel's work indicates an alternative respiratory logic in psychoanalysis, in which the somatic begins to gain its own significance, apart from its function as a symptom of underlying neuroses.

Michael Heller has comprehensively documented the significance of Fenichel for the history of embodied approaches to psychotherapy, challenging Wilhelm Reich's placement of himself at the centre of the return of the body to psychoanalysis.⁴⁶ Heller's attention to both theorists and practitioners also allowed him to recognize and reintroduce a hidden source for both Fenichel and Reich: the Berlin teacher of 'gymnastik' Elsa Gindler. Introduced to her classes by his future wife, Fenichel found relief from terrible migraines that his analysis with Radó had not resolved. Gindler's view of breathing, as described in her one surviving essay 'Gymnastik for People Whose Lives are Full of Activity', was that 'Good undisturbed breathing happens involuntarily'. Any forcing of the breath would prevent the 'small lung vesicles' from opening and filling with air. Movements paired with forced or voluntary breathing required 'excessive and inappropriate effort'. The body would then be dominated by constriction and tension, together with the experience of anxiety.⁴⁷ Undoubtedly influenced by Gindler, in 1928 Fenichel wrote 'Organ Libidization Accompanying the Defense against Drives', which was an attempt to integrate this idea of muscle tension with libido theory, and then in 1931 'Respiratory Introjection', which aimed to show the existence of what Fenichel dubbed the 'autonomous erotogenicity' of the respiratory tract. (As Heller points out, Fenichel does not even mention Gindler's name.)

Why respiratory *introjection*? According to Fenichel's reading of Freud and Karl Abraham,⁴⁸ at the origins of perception was the experience of gaining satisfaction by putting something in one's mouth: this is why the oral stage was the earliest focus of the libido. The libido would later be associated primarily with the anus and finally, should all go well, with the genitals: each pregenital stage was a form of 'selective incorporation'. At the very beginning, the ego of the infant was undifferentiated, with no separation between the self and the so-called external world. Freud, Fenichel explains, described the stage in which all pleasure is incorporated into the ego and all unpleasant sensations rejected and placed in the 'external world' as the *purified pleasure ego*. Incorporating something was a way to persist in being pleasurable united with whatever was taken in; taking in and identifying were a single gesture. Introjection, the executive of the 'primary identification', had been taken to be first an oral thing. But Fenichel begins with a discussion of this possibility of identification through *respiratory* incorporation:

Freud has demonstrated that identification with an object of the external world [...] is conceived of as an oral incorporation [...] Abraham has demonstrated that there exist other ideas of incorporation besides oral ones [...] an anal one [...] an epidermal one [...] finally a respiratory one is suggested by an episode in the history of the Wolf Man: the patient, whenever he saw a cripple, had to exhale forcibly, in order not to become like him. Since he thus exhaled objects, he must have previously incorporated them by inhaling.⁴⁹

Fenichel is cautious. He does not commit entirely to respiratory introjection—he still sees it as 'an intermediary factor in comparison to oral introjection'—but he nevertheless grants it an erotism: 'nasal introjection corresponds to respiratory erotism'.⁵⁰ If introjection was the attempt to 'make parts of the external world flow into the ego', then respiratory introjection was the pre-genital ego's attempt to use the respiratory apparatus to identify with pleasant experience and reject negative or unpleasant experience.⁵¹ The pleasure-ego sought the 'original objectless condition': this oceanic state, and the longing to return to it, was the source of the mystic's ecstasy, exuberant patriotism, and other forms of the immature ego's need to participate in something 'unattainably high'.⁵² The ubiquity of 'primitive' breathing magic in many cultures and the traditional identity of breathing with life and soul are thus explained: 'There exists no

narcissistic-animistic philosophy of life in which breathing as the expression of life itself is not invested with narcissistic libido'.⁵³ To breathe was to be, both self and other.

Why was respiratory erotism overlooked in the past? Fenichel writes, 'The function of breathing has heretofore been treated by psychoanalysis in a rather stepmotherly way, and this is due to the fact that its erotogenicity appears in such close connection with oral and anal erotism, [in] bronchial asthma or breathing compulsion. But indications are not wanting that the respiratory tract too has autonomous erotogenicity'.⁵⁴ The personality of the asthmatic was closely aligned with that of the anal personality, and this 'anal orientation developed from interest in smelling' (here then is smelling, but relegated to the earliest stages).⁵⁵ The physiological 'model' of respiratory introjection was the act of smelling.⁵⁶

Fenichel's reading of his own two case studies led him to suggest, against the traditional Freudian understanding that smoking stems from an oral fixation, that 'in smoking [...] respiratory erotism and introjection may play a greater role than oral erotism' because of 'a pregenital tendency to inhale'.⁵⁷ Moreover, as he goes on to show in the cases of 'sniffing', 'asphyxiation', 'coughing', and, in other texts, 'bronchial asthma', there is an autonomous respiratory erotism that has 'an archaic pregenital character', which, while minor, is nevertheless distinct from other erogenous zones. It is not hard to imagine a translation of Gindler's anxiety-producing respiratory constriction into the psychoanalytic idea of the repression of the narcissistic/pre-genital pleasures of the respiratory tract—pleasures such as breathing in and smelling, perhaps giving the infant a sense of unity with the mother.

For Fenichel, anxiety and respiration were closely linked. Failure to resolve castration anxiety could appear masked as a respiratory symptom: 'A patient imagined that the analyst might cut off his supply of air with scissors. He fantasized that his supply of air was arranged like that of a diver's and was being cut off by his analyst, thus choking him. This fantasy was a cover for the anxiety lest the scissors cut off his penis'.⁵⁸ Though he does not mention the exiled Rank as a source, Fenichel also argues, in distinction from Freud, that respiratory erotism is constitutive of anxiety: 'respiratory innervation belongs to the very essence of anxiety. They were present in the archetype of every traumatic situation, namely, the act of birth, and even later anxiety is a partial re-experience of this situation'.⁵⁹

Having attended to the Freudian view that breathing is a symptom of more archaic conditions, Fenichel suggests that we understand breathing in its own right. This might give a better sense of (1) the analysand's own body and (2) the analysand's observation of and relation to others. Not only does this mean that we must begin to consider the breath less as a uniform, ideal patterned movement than as an idiosyncratic, dystonic rhythm liable to alter with the moods, attention, and energy levels of the breather, but it also means that the continued alteration of our breathing patterns might itself demonstrate how we respond to different people. Fenichel thus echoes Gindler's views when he writes:

Breathing is like other muscular functions: the average person does not carry them out optimally, but exhibits remarkable phenomena of an inhibitory character [...] the continuous minor psychic changes exert their inexpedient dystonic influence on the respiratory function by changes in the rhythm of respiration, mostly in a passing stoppage of breathing, in variable, uneven participation of the parts of the thorax in breathing out.⁶⁰

As a consequence, when we observe breathing irregularities, we can diagnose anxiety, but even more importantly, 'in inhibiting breathing at an intended new action, at a perception, at a change of attention, the ego tests out whether or not it needs to be afraid'.⁶¹ Moreover, this testing also expresses itself in non-pathological interactions, wherein we identify or empathize with others and thus mimic or take on their expressive actions. Perhaps, Fenichel concludes his essay, we do this in large measure by following the other's breathing with ours.

We have come a long way from a similar scene in Breuer: a mother is vulnerable to hysteria and creates the conditions for it by matching her breathing to that of her nursing baby. Fenichel has also brought us some way from Freud's tendency to respond to breath as a superficial sign or symptom of more important anxious disorders. Not only might the breath and the anxiety be co-productive, but there may indeed be aspects of the breath that the analysand follows, or 'inhales', when developing anxiety responses. This may in turn be related to a mimetic faculty in which becoming the other means, in part, assuming the other's breathing pattern.

CONCLUSION: RESPIRATION AND PERSONALITY

Not long after Freud died in 1939, still another interpretation of breathing appeared in the newly founded *Journal of Psychosomatic Medicine*. It was by Franz Alexander, one of the journal's founders, and a 'bête-noir' of Fenichel's.⁶² Alexander used respiratory traces similar to those Jung had studied in 1905 but made quite the opposite claim, arguing that an individual's breathing pattern was as personal as a fingerprint. Like the voice, no one could replicate the tracing of an individual's breathing; the breath was a unique, personal signature, identifiable whether in the panting of running for a bus or the gentle breathing of sleep.⁶³ A respiration tracing revealed something about who a person essentially was, even if they tried 'consciously' to hide it. Alexander promised to explore further the idea in a Part Two that never (to our knowledge) appeared.

The idea that a perfect record of the gestures of respiration would reveal individuality was, perhaps, closer to Fenichel/Gindler's earlier position than to Alexander's eventual view of bronchial asthma, a paradigmatic case study for his 'psychosomatic medicine' that sought to correlate psychoanalytic findings with laboratory ones, adding 'emotional' factors to known laboratory aetiologies.⁶⁴ In this later work, Alexander would claim that the emotional component of bronchial asthma was a 'repressed desire for the mother', a defence against the longing to return to her, with the gesture of wheezing resembling the attempt to suppress crying.⁶⁵ But this immaterial psyche did indeed exist in an environment full of allergens. A spasm of the bronchioles, where we began with Anna O., was in the psychosomatic school of the 1950s thought to be caused equally by emotional and allergenic factors. Complex aetiology was a problem, Alexander wrote, well known in the physiology lab as the 'summation of stimuli': treating either causative factor would be effective.⁶⁶ This complex and layered breathing mind—repressed and full of longing, somehow squeezing the bronchioles—would disappear as the incidence of fatal asthma rose rapidly in the 1950s and powerful inhalational bronchodilators were introduced at the end of that decade and in the early 1960s.⁶⁷

NOTES

1. 21 April 1969. Quoted in James Knowlson, *Damned to Fame: The Life of Samuel Beckett* (New York: Grove, 1996), 501.

2. See Matthew Feldman, *Beckett's Books: A Cultural History of the Interwar Notes* (London: Continuum, 2006).
3. Otto Rank, *The Trauma of Birth*, trans. unknown (London: Kegan, 1929), 51; 171.
4. Sigmund Freud, 'The "Uncanny"' [1919], in *The Complete Psychological Works*, vol. 17 (London: Hogarth Press, 1955), 217–56, 241.
5. Sigmund Freud and Josef Breuer, *Studies in Hysteria*, trans. by Nicola Luckhurst (New York: Penguin, 2004); Breuer, 'Theoretical Issues', *Studies in Hysteria*, 195.
6. See James E. Strick, *Wilhelm Reich, Biologist* (Cambridge, MA: Harvard University Press, 2015), 22.
7. Freud and Breuer, *Studies in Hysteria*, 27.
8. Freud and Breuer, *Studies in Hysteria*, 44.
9. On Helmholtz and nineteenth-century physics, see Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York: Basic Books, 1990).
10. Freud and Breuer, *Studies in Hysteria*, 209. On the history of debates between localization and association and early psychoanalysis, see Katja Guenther, *Localization and Its Discontents: A Genealogy of Psychoanalysis and the Neurodisciplines* (Chicago: University of Chicago Press, 2015).
11. Freud and Breuer, *Studies in Hysteria*, 250.
12. Josef Breuer, 'Die Selbststeuerung der Atmung durch den Nervus vagus', in *Sitzungsberichte der Akademie der Wissenschaften Wien, math.-naturw.* Kl. 58/2 (1868), S. 909–37.
13. Elisabeth Ullman, 'About Hering and Breuer', in *Breathing: Hering-Breuer Centenary Symposium*, ed. by Ruth Porter, Ciba Foundation Symposium (London: Churchill, 1970), 3–15.
14. Margaret Muckenhoupt, *Sigmund Freud: Explorer of the Unconscious* (Oxford: Oxford University Press, 1997).
15. The term appears as a criticism of the anti-vitalism of Brücke's mechanistic view of the heart in Joseph Hyrtl, *Über die Selbststeuerung der Herzens: ein Beitrag zur Mechanik der Aortenklappen* (Wien: Wilhelm Braumüller, 1855). For Brücke and Hyrtl's debates about mechanism and vitalism as a context for Freud and Breuer, see Henri F. Ellenberger, *The Discovery of the Unconscious* (London: Fontana, 1970), 266.
16. Elisabeth Ullman, 'Preface. Two Original Papers by Hering and Breuer Submitted by Hering to the Akademie Der Wissenschaften Zu Wien in 1868', in Porter, *Breathing*, 357.
17. Ewald Hering, 'Self-Steering of Respiration through the *Nervus Vagus*', in Porter, *Breathing*, 359–64, 362.
18. Ellenberger, *The Discovery of the Unconscious*, 120.
19. Freud and Breuer, *Studies in Hysteria*, 220.
20. Frank McLynn, *Carl Gustav Jung* (New York: St. Martin's, 1996), 70.

21. Ibid., 70.
22. Frederick Peterson and C. G. Jung, 'Psychophysical Investigations with the Galvanometer and Pneumograph in Normal and Insane Individuals', in *The Collected Works of C. G. Jung*, ed. by Herbert Read, et al., vol. 2 (Princeton, NJ: Princeton University Press, 1973).
23. Peterson and Jung, *Collected Works of C. G. Jung*, vol. 2, 512.
24. Freud and Breuer, *Studies in Hysteria*, 129.
25. Ibid.
26. Sigmund Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 3 (1893–99) (London: Hogarth Press, 1962).
27. This point is discussed both by Didier Anzieu in *The Skin Ego*, trans. by Naomi Segal (London: Karnac, 2016), and by Jean-Louis Tristani, *Le Stade du Respir* (Paris: Minuit, 1978).
28. Sigmund Freud, *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904*, trans. and ed. by Jeffrey Moussaieff Mason (Cambridge, MA: Belknap, 1985), Freud to Wilhem Fliess, February 13, 1896, 172.
29. David Howes, *Sensual Relations: Engaging the Senses in Culture and Theory* (Ann Arbor: University of Michigan Press, 2003), 180.
30. Freud to Fliess, May 25, 1895, *Letters of Freud to Fliess*, 130.
31. Howes, *Sensual Relations*, 196.
32. Freud to Fliess, November 14, 1897, *Letters of Freud to Fliess*, 280.
33. Howes, *Sensual Relations*, 197.
34. 'Respiratory eroticism is most intimately connected with the pleasure of smelling; particularly so since the function of smelling and that of breathing are not differentiated from one another in the unconscious', Otto Fenichel, *Outline of Clinical Psychoanalysis*, trans. by Bertram D. Lewin and Gregory Zilboorg (New York: The Psychoanalytic Quarterly Press and W. W. Norton, 1934), 218.
35. Sigmund Freud, *The 'Wolfman' and Other Cases*, trans. by Louise Adey Huish, intro. by Gillian Beer (London: Penguin, 2002), 214.
36. Ibid., 265–66.
37. Ibid., 284–85.
38. E. James Lieberman and Robert Kramer, eds, *The Letters of Sigmund Freud and Otto Rank: Inside Psychoanalysis*, trans. by Gregory C. Richter (Baltimore: The Johns Hopkins University Press, 2011), 260.
39. Freud, 'A Case of Obsessive-Compulsive Neurosis [The 'Ratman']', in *The 'Wolfman' and Other Cases*, 176.
40. William McGuire, ed., *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung*, trans. by Ralph Manheim and R. F. C. Hull (Princeton, NJ: Princeton University Press, 1974), 1 September 1911, 441.
41. *Freud-Jung Letters*, Jung to Freud, 14 November 1911, 460.
42. Makari, *Revolution in Mind*, 334.

43. Freud, *The 'Wolfman' and Other Cases*, 313.
44. *Ibid.*, 266.
45. Otto Fenichel, *The Psychoanalytic Theory of Neurosis* (orig. printing: W. W. Norton, 1945; London: Routledge, 1996).
46. Michael Heller, *Body Psychotherapy: History, Concepts, Methods* (New York: W. W. Norton, 2012), 417.
47. Elsa Gindler, 'Gymnastik for People Whose Lives Are Full of Activity', in *Breath, Bone, and Gesture: Practices of Embodiment*, ed. by Don Hanlon Johnson (Berkeley, CA: North Atlantic Books, 1995), 5.
48. Karl Abraham 'A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders', in *Selected Papers of Karl Abraham: With an Introductory Memoir by Ernest Jones*, trans. by Douglas Bryan and Alix Strachey (London: Hogarth Press: 1927), 418–501.
49. Otto Fenichel, 'Respiratory Introjection', in *The Collected Papers of Otto Fenichel*, First Series, ed. by Hanna Fenichel (New York: W. W. Norton, 1953), 221.
50. Fenichel, 'Respiratory Introjection', 222.
51. Otto Fenichel, *The Psychoanalytic Theory of Neurosis*, 39.
52. *Ibid.*, 40.
53. Fenichel, *Outline of Clinical Psychoanalysis*, 221.
54. Fenichel, 'Respiratory Introjection', 222.
55. Fenichel, *The Psychoanalytic Theory of Neurosis*, 322.
56. *Ibid.*, 332.
57. Fenichel, 'Respiratory Introjection', 223.
58. Fenichel, *The Psychoanalytic Theory of Neurosis*, 249.
59. Fenichel, 'Respiratory Introjection', 238.
60. Fenichel, 'Respiratory Introjection', 239.
61. *Ibid.*
62. Russell Jacoby, *The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians* (Chicago: University of Chicago Press, 1983), 35.
63. Franz Alexander and Leon J. Saul, 'Respiration and Personality—A Preliminary Report. Part I: Description of the Curves', *Psychosomatic Medicine* 2/2 (1940), 115.
64. See Anne Harrington, *The Cure Within: A History of Mind-Body Medicine* (New York: W. W. Norton, 2008).
65. Franz Alexander, *Psychosomatic Medicine: Its Principles and Applications* (New York: W. W. Norton, 1950), 139.
66. *Ibid.*, 140.
67. Mark Jackson, *Asthma: The Biography* (Oxford: Oxford University Press, 2009), 175.

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