



# Combat Breathing in Salman Rushdie's *The Moor's Last Sigh*

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**Abstract** This chapter considers how thinking about the postcolony often invokes a language of breathlessness. Moments of severe breathlessness in postcolonial literature and criticism give way to observations of more systemic distortions in breathing patterns. By tracing the breathing metaphors in Salman Rushdie's *The Moor's Last Sigh*, the chapter offers a literary rapprochement to these different understandings of postcolonial breathlessness, particularly in the work of Frantz Fanon. It demonstrates the importance of the breath metaphor for postcolonial literature. Reciprocally, such literature shows how the cultural baggage of these breath metaphors leads to forms of catachresis and markedness. The language of breath and breathlessness often conflates their overlapping meanings in health, hygiene and literature. This chapter shows how Rushdie's work helps to signal these overlapping significances.

**Keywords** Salman Rushdie · Breath · *The Moor's Last Sigh* · Frantz Fanon · *A Guide to Health* · Postcolonial literature

In the wake of the Black Lives Matter movement, any consideration of the literary value of breath must also address how its politics projects itself into the postcolony, thought broadly as a condition rather than a

geographical locale.<sup>1</sup> “I can’t breathe,” repeated Garner as he was pinned to the ground in an illegal chokehold by a New York police officer. He was killed for what Tony Medina has called, “being black and breathing.”<sup>2</sup> Ashon Crawley opens *Blackpentecostal Breath* by quoting Garner, calling the phrase one of the most striking expressions of the devaluation of black lives in the USA today.<sup>3</sup> But Crawley also finds in Garner’s words an implicit challenge to think otherwise: “a desire for otherwise air than what is and has been given, the enunciation, the breathing out the strange utterance of otherwise possibility.”<sup>4</sup> Under the aegis of “expressing experiences of hostile environments and efforts to make life within them more liveable,” Jean-Thomas Tremblay argues in his review of Crawley’s book, “breath” articulates the somatic effects of subordination but it also has an “impulse to create and sustain human relationships.”<sup>5</sup> With this heightened attentiveness to breath in Black Life, it is perhaps unsurprising that more attention was paid to Frantz Fanon’s descriptions of postcolonial breathlessness. In *Black Skins, White Masks*, Fanon had taken the cause of revolt in Indochina as being “because quite simply it was, in more than one way, becoming impossible for them [the colonised] to breathe.”<sup>6</sup> By late 2014, Tremblay argues, “Fanon’s claim was resurrected on social media, as an extended version of ‘I can’t breathe.’” Moreover, as Tremblay notes, “the subject of the claim had been adapted to a more general ‘we’: ‘When we revolt it’s not for a particular culture. We revolt simply because, for many reasons, we can no longer breathe.’”<sup>7</sup>

By revising Fanon’s work, from “them” to “we,” activists could testify to their own oppression, while also commenting critically and reflexively upon the conditions behind it. In so doing, they relied on a compelling politicised image: the person who can no longer breathe. Given the work this image is meant to do, and the sensitivity of this work, any purely aesthetic engagement with it poses something of an ethical dilemma. An aesthetic discussion of Black Lives Matter and Garner’s death risks dis-simulating the political importance of the former and the real anguish of the latter. So as to recall this context without appropriating it, I focus on another case of postcolonial breathlessness, where the sufferer himself has already mediated his breathlessness through literature: Salman Rushdie and his 1995 novel, *The Moor’s Last Sigh*.

For, if a number of Rushdie’s novels mark the unusual properties of breath in providing an interface between the physiological, the metaphoric and the linguistic, breath’s permutations are perhaps most emphasised in *The Moor’s Last Sigh*, a multigenerational saga about a family of spice merchants, as narrated by their last scion, Moraes Zogoby.<sup>8</sup>

Breath is marked throughout Rushdie's *Sigh* from the playful opening sequences—"when you're running out of steam, when the puff that blows you onward is almost gone, it's time to make confession" (*MLS* 4)—to the final, implacable pilgrimage, made "in spite of these lungs that no longer do my bidding" (*MLS* 433). Many of the narrator's meditations refer explicitly to breath, a reminder to read the novel thematically and formally as Moraes's "last sigh." Given the emphasis it places on breath, the novel invites formal aesthetic responses to its meditations on the respiratory. But it also has a clear biographical connection. As Rushdie himself would recall in his memoir *Joseph Anton*, *The Moor's Last Sigh* was written during the fatwa, proclaimed by Ayatollah Khomeini in 1989. Like *The Moor's Last Sigh*, Rushdie is plagued by late-onset asthma, which comes to be associated with the loss of freedom he experienced under witness protection in *Joseph Anton*. When he told his security protection that he wanted to leave the house to accept the Mythopoeic Fantasy Award for *Haroun and the Sea of Stories* in 1992,

he inhaled deeply. (His reward for giving up smoking was the arrival of late-onset asthma, so he was sometimes short of breath.) 'You see,' he said, 'I was under the impression that I am a free citizen of a free country, and it's not really for you to *allow* or not *allow* me to do anything.' ... 'In this free country,' he said, 'I am not a free man.'<sup>9</sup>

Asthma brings together, in this passage, breath(lessness) and (a lack of) freedom. In *The Moor's Last Sigh*, a similar incident is given a more transhistorical purpose. Consider the moment when Moraes's father, Abraham, first hears the story of Boabdil the Unlucky ("Zogoiby"), the last Moorish king of Granada. Boabdil, as he exits the Alhambra, gives forth a sigh that marks the end of his kingdom and gives its name to Rushdie's novel. As he hears the story, Abraham feels "all the mournful weight of Boabdil's coming-to-an-end":

Breath left his body with a whine, and the next breath was a gasp. The onset of asthma (more asthma! It's a wonder I can breathe at all!) was like an omen, a joining of lives across the centuries, or so Abraham fancied as he grew into his manhood and the illness gained in strength. (*MLS* 80)

Abraham takes the onset of his asthma to be "an omen," connecting his life to Boabdil's, across time. This is consolidated as Abraham grows, and his illness becomes more debilitating. Abraham can make this

connection because Boabdil's sigh parallels his own experiences of asthma as a "whine" and a "gasp." Somatic modes of awareness, according to Thomas J. Csordas, are the "culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others."<sup>10</sup> Rushdie attends to the somatic effects of Abraham's breathlessness, but he also shows how Abraham attends *with* his breathlessness. "Attending to a bodily sensation," Csordas argues, "becomes a mode of attending to the intersubjective milieu that give rise to that sensation. Thus, one is paying attention with one's body."<sup>11</sup>

This is not a new way of thinking about literature and embodiment.<sup>12</sup> But it does permit us to think of breath in the novel as playing with multiple modalities of awareness. Abraham's asthma attack serves to navigate the system at work. The attack begins with an exhalation ("a whine"), followed by an inhalation ("a gasp"). This is the immediate moment of postcolonial breathlessness, brought on as a result of a sympathetic response to the displaced Boabdil. Abraham's is a physiological, not a cultural, connection across history: "[he] felt all the mournful weight of Boabdil's coming-to-an-end, felt it as his own" (*MLS* 80). This connection is immediate and particular: it simply becomes impossible for him to breathe. The extended effect of this sympathy is more damaging than productive, for both Boabdil and the Da Gama-Zogoiby clan.

Breath conjoins Abraham and Boabdil in a manner that follows the operations of Homi Bhabha's much-contested term, hybridity: "the interstitial passage between fixed identifications ... to entertain difference without an assumed or imposed hierarchy."<sup>13</sup> Hybridity offers opportunities to subvert that which might otherwise be simply mimicked, in order to form new epistemic modes of connection. Breath, then, might be an enabling condition for hybridity, since it acts as a conduit between the asthma of Boabdil and Abraham. But, as Atef Laoyene has demonstrated, Rushdie's "post-exotic" style demolishes postcolonial hybridity:

Rushdie's postmodern superimposition of Andalusian history and India's national narrative in *The Moor's Last Sigh* is less a nostalgia for an exotic and lost Golden Age, as many Rushdie critics have suggested, than an attempt to map out the limits of postcolonial hybridity as an empowering subject position.<sup>14</sup>

The limits, for Laoyene, are expressed in Rushdie's attitude to Aurora's artwork: "its variations on the Andalusian theme do not

foreground realistically enough the plight of India's masses."<sup>15</sup> "The Andalusian theme" might refer as much to Boabdil's influence on Abraham's asthma as on Aurora's art. Boabdil was forced to abdicate to Isabella of Spain, thus bringing an end to Moorish Spain and the *convivencia* (or "living together") between Christians, Jews and Muslims. The *convivencia* acts as a loose paradigm for subsequent celebrations of multiculturalism and hybridity. But, Laoyene argues, Rushdie's inclusion of "the Moor" does not aim to endorse these celebrations. It critiques them. Abraham's identification with Boabdil gives way to palimpsestic reproductions of Boabdil (by the artists, Vasco Miranda and Aurora), that eventually turns the Moor into a "phantasmagoric hollow man."<sup>16</sup> In keeping with this hollowness, the elevation of Abraham's moment of physiological crisis to the metaphysical matter of destiny leads to subsequent deformations suffered by the family. His postcolonial breathlessness is a physiological response that he elevates to a transcultural, transhistorical network of shared suffering. Abraham will use this physical fragility as the basis of his criminal empire, as "a mughal of human frailty" (*MLS* 182). Although Abraham's forays into the sex and drug trades have little to do with breath, the implication is that he recognises the ways of capitalising on human weakness through his own, physiological vulnerability. The reality of physiological crises, confirmed and consolidated through the somaticising body, is that they put into play a series of attitudes and behaviours with long-term social consequences.

A conventional biographical reading of Rushdie authorises this sense that breathlessness, rather than its consequences, forms the "real" substrate of the novel. But it is also a fancy. Abraham's whine-gasp is taken to be *like* Boabdil's last sigh. The solidarity of Abraham's momentary breathlessness acts as the "deferential complaisant surface," the "overneath," to his actual life as a criminal mastermind, ruling "a Mogambo-ish underworld" (*MLS* 180). Rushdie implies something like Fanon's connection between breathlessness and an absence of freedom when describing Abraham's asthma. But, if we attend simply to the somatic immediacy of moments like these, we risk ignoring the ways in which these moments highlight other, systemic problems with the postcolonial state.

The task then that faces us in discussing the image of breathlessness in postcolonial literature and thought is not, then, simply the immediate appearance of exacerbated breathlessness and its resolution. We must also consider how systems of breathlessness come to operate in more

covert, insidious ways. In contrasting immediate breathlessness with its more systemic conditions, our reading of Rushdie is, again, anticipated by Fanon. When considering the role Algerian women played in the Algerian War of Independence, Fanon makes a brief aside that links the phenomenological effects of occupation to respiratory distress: “there is not occupation, on the one hand, and independence of persons on the other. It is the country as a whole, its history, its daily pulsation that are contested, disfigured ... under these conditions, the individual’s breathing is an observed, an occupied breathing. It is a combat breathing.”<sup>17</sup> If, in early Fanon, a postcolonial breathlessness was a refusal brought about the immediate inability to breathe, by late Fanon, colonial occupation is far more subtle in its imposition of distorted breathing patterns.<sup>18</sup> When daily life itself suffers from a disfigured pulsation, no simple liberation narrative can suffice. Fanon’s varied breathing, a *poesis* under political pressure, implies a complex problem: the need to reconfigure the conditions of breathing, as much as any more overt resistance.

We can illustrate Rushdie’s concern with a systemic distortion of breath by recalling, in our reading of the novel, Mahatma Gandhi’s *Guide to Health* (1921/1946), where breath becomes the basis for developing Gandhi’s ideological concerns with purity, pollution and contamination.<sup>19</sup> *The Moor’s Last Sigh*, like *Midnight’s Children* before it, is critical of Gandhi’s “sentimental claptrap of spinning your own cotton and travelling third-class on the train” (*MLS* 54). Rushdie’s response satirises the nativist elements of Gandhi’s programme, which sought a return to pre-colonial modes of production. Following Joseph Alter’s *Gandhi’s Body*, we can consider both the spinning and the travelling as elements in a broader project of biopolitical control: “Gandhi’s search for Truth was manifest in his biomoral politics and his experimentation ... must be understood as integral to his project of *satyagraha* as a whole.”<sup>20</sup> Similarly, Srirupa Prasad shows how Gandhi’s health protocols, particularly those given in *Guide to Health*, are important in understanding not simply his nationalist politics but his sustained attempt to contain, curtail or restrict his affective affinities: “If *swaraj* or self-rule entailed manipulation and mastery over the body and its physiological processes, such dominance was in essence command over the fluctuations of emotions as well.”<sup>21</sup> Control the body and you control the affective self. Rushdie’s satire seems well situated to follow this extension of Gandhi’s social activism into discourses of biopolitical control. After all, Rushdie’s characters are notoriously incapable of controlling

themselves, precisely because their bodies let them down: think, for instance, of Aurora's rages, Flora's madness or Moraes's uncontrolled ageing (he ages twice as fast as the "norm"). Again, these afflictions come from their lack of control over their bodies, a lack of control that manifests as much in the formal profusions of Rushdie's relentlessly associative prose as in the characters it represents. After remarking that it is easier to breathe in than out, Moraes goes on to liken this to passive resistance: "As it is easier to absorb what life offers than to give out the results of such absorption. As it is easier to take a blow than to hit back" (*MLS* 53). The latter has a family resemblance to a phrase, attributed to Gandhi, in Mahadev Desai's 1931 account of the First Round Table Conference held to discuss India's constitution in 1930. Speaking to a group of children from London's East End, Gandhi "explains how it is better by far not to hit back than to return a blow for a blow."<sup>22</sup> *Satyagraha*, or "the Force which is born of truth," came to replace "passive resistance" in Gandhi's philosophy, because the former implied strength and an adherence to truth where the latter might be confused with weakness and makes no mention of truth. But, when Moraes, the narrator, talks about passivity, it is not in conjunction with strength or truth; he advocates passivity because it is "easier." In these terms, Rushdie reverses Gandhi's protocols for the healthy body as the stepping stone to the healthy nation: often the unhealthy body is precisely what indicates the ill health of the state.

Rushdie had already challenged Gandhi's correlation between the health of the body and of the state in *Midnight's Children*, where the Indian State is "twinned" to Saleem Sinai more in sickness than in health. But it is Saleem's constantly dripping nose that is particularly at odds with the protocols of *Guide to Health*: "nasal congestion obliged me to breathe through my mouth, giving me the air of a gasping goldfish; perennial blockages doomed me to a childhood without perfumes."<sup>23</sup> For Gandhi, "that man alone is perfectly healthy ... whose nose is free from dirty matter."<sup>24</sup> This is not his sole marker of health, but it is sufficiently important that Gandhi will return to it numerous times over the course of the pamphlet, stressing both the need to keep the nose clean and "to breathe through the nose."<sup>25</sup> "The air which is inhaled through the nostrils is sifted before it reaches the lungs, and is also warmed in the process."<sup>26</sup> In fact, breathing through the nose is so important that people who find themselves breathing through the mouth should "sleep with a bandage around the mouth."<sup>27</sup> If it warms

the breath, breathing through the nose also acts as a filter, “a sieve,” for impurities in the air. In this, breath control fits into the wider biopolitical concern with purification and pollution in the *Guide*.<sup>28</sup>

Mary Douglas, in her seminal *Purity and Danger*, begins her analysis of pollution by defining dirt as “matter out of place.”<sup>29</sup> Pollution, according to Douglas, is determined not by a substance’s quiddity, but by its position. Pollution pollutes when it transgresses into forbidden places; it violates laws formulated for moral reasons, rather than for principles of hygiene. Douglas’s thinking demonstrates just how morally based Gandhi’s hygiene practices are.<sup>30</sup> Protecting the body from dirt requires a clear moral stance on what constitutes dirt. And while Gandhi’s examples are scarcely questionable (he cites London’s smog, for instance), they do draw on “biomoral” politics. The instance of London smog appears fairly innocuous, but the specific place, “London,” has a significant political charge, given Gandhi’s work to secure Indian Independence from Britain. *A Guide to Health*, first written in Gujarat for *Indian Opinion* in 1913, ostensibly gains a political element when it is historicised, that is, put into relation with time. Will Viney introduces his study of waste by expanding Douglas’s remit to include time: “this insistence on spaces of waste can confuse and obscure the crucial influence that time has in our experience of and dealing with waste things. Waste is also (and in both senses of the phrase) matter out of time.”<sup>31</sup> If both Douglas and Viney are ultimately more concerned with waste things, their arguments impact on how we assess Gandhi’s ideological preoccupation with purity. For, while we should acknowledge the empirical importance of the hygienic practices he is proposing, these practices do rely on an epistemic practice where each thing is kept to its proper place and time. The nose has just such a responsibility for Gandhi: it protects the body from outside pollutants. For Rushdie, the nose abdicates this responsibility, since it has an affective relation with these supposed contaminants that registers both in space and in time.

In *The Moor’s Last Sigh*, the nose is marked as a site of affective contamination. These contaminations may register in linguistic, economic, erotic and physiological ways, but they have corresponding affective consequences. Camoens, Moraes’s grandfather, pronounces his name “Camonsh-through-the-nose” (*MLS* 9), marking the family’s commitment to their Portuguese (“alien”) roots. When Moraes’s parents, Abraham and Aurora, first make love, they do so on some pepper sacks, imbuing their skin and sweat with the smell of pepper: “what had been breathed in from

the air during that transcendent fuck" (*MLS* 90). Contaminants through the nose destabilise the moral callings of other characters: notably Flora, Abraham's mother, and Oliver D'Aeth, the comic, photophobic Anglican priest, are driven mad by the smell of pepper on the lovers. Ultimately, when Aoi Ue tells the story of defeated love, it is not the substantive matter of betrayal that she cites as the reason she leaves her husband, it is those "small habits" that makes her leave: "the relish with which he picked his nose" (*MLS* 425). Finally, the physiological effect of a blocked nose correlates to an open mouth. When Uma, Moraes's lover, kills herself, the Police Inspector forces Moraes to take the remaining suicide pill by grabbing his nose: "Airlessness demanded my full attention .... I yielded to the inevitable" (*MLS* 292). Here, Moraes yields to the inevitable urge to open his mouth and breathe. A similar correlation between closed nose and open mouth occurs at the property of Hindu Nationalist, Raman Fielding, where the guard, Sneezo, is "permanently bung-nosed and – perhaps in compensation – less tight-lipped" (*MLS* 366). Nasal blockages effect a loss of control over the mouth, both physiologically and psychologically. In each situation, the nose is not, or has ceased to be, an adequate sieve. It either fails to keep the body pure from contaminants in the air or manages to do so only by blocking itself from outside influences. In our discussion of somatic modes of attention, it became clear that, instead of turning bodily sensation into the symptom of some other condition, Csordas suggests a mode of attention that uses the body to pay attention to the world. By paying attention to phenomena like Camoens's name, Abraham and Aurora's shared odour, or Sneezo's bunged up nose, we are not simply reading symptoms of the deformations of colonialism; we are reading its effects as they are imprinted on vulnerable bodies.

Rushdie's concern with the nose reminds us that images of postcolonial breathlessness require us to attend equally to descriptions of immediate breathlessness and to the respiratory systems which underpin them. In order to exercise a postcolonial literary analysis of this work that is at least as attentive to form as it is to sociopolitical conditions, it is necessary subject Fanon's phrase, "combat breathing," to a more critical appraisal. Considered as a contested, disfigured daily pulsation, "combat breathing" might be recast as a form of chronic stress, whereby the protracted exposure to "a real or perceived threat to homeostasis or well-being ... can cause pronounced changes in psychology and behaviour that have long-term deleterious implications for survival and well-being."<sup>32</sup> "Medicalising" the term risks evacuating from it the

specific form it takes in Fanon's essay. In context, it appears in a passage which relates to Fanon's broader psycho-phenomenological project: "it is not the soil that is occupied .... French colonialism has settled itself in the very centre of the Algerian individual and has undertaken a sustained work of cleanup, of expulsion of self, of rationally pursued mutilation."<sup>33</sup> Fanon's epiphora suggests that the breathing of the occupied becomes a mangle that includes the immediate experience of the colonised subject, the long-term conditions of the colonial environment and the contestation of their "daily pulsation." Fanon's combat breathing is not, then, a protocol of military training or a medical diagnosis; it is the marker of a colonial distortion that includes subjects, environments and activities.

In this exposition, "combat breathing" might simply describe parallels between the breathing complaints of Moraes and his family, and their extended experience of those colonial, and postcolonial, distortions that constitute threats to their homeostasis. Albert Memmi argues in *The Colonizer and the Colonized* that "colonized society is a diseased society in which internal dynamics no longer succeed in creating new structures."<sup>34</sup> Without a dynamic social system, the colonised society is unable to adapt to intergenerational conflict. It hardens into "a mask under which it slowly smothers and dies."<sup>35</sup> The distorted breathing patterns of the family, in this analytic, are symptom of "a dying colonialism": a succession of smothering situations that may be diagnosed as the problems of the colonised society. But taking such a schematic approach to combat breathing fails to address the dynamic role that breathing plays in the novel, since it is not simply the passive indicator of underlying distortions; the presentation of distorted breathing is, like other forms of mimicry, "at once resemblance and menace."<sup>36</sup> But no adequate reading of the novel could take it to be a passive narrative of colonial subjugation, given how complicit the Zogoiby family and their antecedents, the Da Gamas, are with the colonial and postcolonial economic structures that bring about this systemic breathlessness.

As the novel opens, the family business, the pepper trade, is given as a root cause of colonialism, "what brought Vasco da Gama's tall ships across the ocean," "for if it had not been for peppercorns, then what is ending now in East and West might never have begun" (*MLS* 4). As Matthew Henry convincingly demonstrates, the economic successes and setbacks of the family are often set against the backdrop of major political periods, like the Indian Independence Movement, Indira Gandhi's Emergency Rule and the rise of Hindu nationalism

(parodied in the novel as “Mumbai’s Axis”).<sup>37</sup> Indeed, the fortunes of the family rise and fall by the vicissitudes of the spice market, and, later, the building industry and the sex trade. Art, both that represented in the novel and the novel itself, is rendered complicit with this long history of exploitation. Rushdie contrasts the foregrounding of an “Epico-Mythico-Tragico-Comico-Super-Sexy-High-Masala-Art” to the existence of the poor and undocumented “invisible” workers in Bombay. These workers are responsible for a city invisible to public scrutiny (i.e. not seen by building code inspectors). Together, workers and city form the hidden side of a palimpsest: “Under World beneath Over world, black market beneath white; ... the whole of life was like this ... an invisible reality moved phantomwise beneath a visible fiction, subverting all its meanings” (*MLS* 184). A more complex analytic of the novel would address this complicity as an example of that “rationally pursued mutilation” that occurs when colonialism “settles” in the centre of the individual.

Again, there are correspondences between this reading and the novel’s treatment of breath. Breathing in the family’s spice precipitates allergic responses in Great-Grandmother Epifania, who is happier spending money than developing the business that earns it, in a satiric separation of capital from the concrete conditions of its production. Epifania’s allergies set up a dialectic between the abstract conditions of colonial capital and its concrete, “breathed” experience. But they also imply a formation, as postcolonial breathlessness turns into combat breathing. Inherent in Epifania’s distress are two distinct time periods: the moment of crisis (the allergic attack) and the formation of a response (her anticipation of further attacks). Thus, Epifania’s allergic reaction to spice leads her to the decision to invest in perfume. Epifania’s sneezing is the result of her breathing the family’s spices in through her nose: “good perfume take the place of these stuffs [the spice] that maddofy my nose” (*MLS* 35). The first financial disaster for the Da Gama family fomented as a result of her desire to replace the spice business with perfume. This is only the first time that breath (and allergies) will develop a politics that in turn dictates the economic decisions of the Da Gamas and the Zogoibys, in the formation of “combat breathing.”

Insofar as it gathers together subjects, environments and activities, the novel uses breath as a conceit that extends beyond the body. Breath, in this sense, stands for other issues raised by the novel, rather than for, or only for, itself. Combat breathing “substitutes” for a generalised response to colonial rule. But it also describes the specific, physical

manifestation of colonial distortions. Breath, always already a transient, ephemeral experience, collapses together a complex array of social, political and cultural conditions with a highly specific physiological response to these conditions. The consequence of conflation, for the wider project on breath and literature, is that combat breathing becomes a point of tense metaphoric connection between the internal, somatic conditions of postcolonial subjects and the external, fraught environments they inhabit.

The consequence might simply be that somatic modes of awareness inevitably give rise to a problematic politics of culture. Laoyene, in a sense, anticipates the cultural aspect of my argument, since he shows how Rushdie criticises the political naiveté that might use a complex political occurrence like the *convivencia* to allegorise an anodyne paradigm of multiculturalism. Laoyene's conclusions about multicultural bodies, based, like mine, on the Abraham-Boabdil hybrid, do not ultimately draw on somatic effects; in fact, the real of the body barely features in Laoyene's essay.<sup>38</sup> Even the sophisticated intertextual accounts that make passing reference to the breathless body, like Alberto Fernandez Carbajal's *Compromise and Resistance*, fall short of examining the body as anything more than a symptom of something else.<sup>39</sup> Breath does not need to be "diagnosed" as a subjective phenomenological formulation of a more objective reality, be it political (Laoyene), economic (Henry) or literary (Carbajal). If anything, it is breathlessness that forms a more objective reality for the novel, since the hallucinatory variations of the political, the economic and the artistic will depend, at some point, on the deformations of people's breathing. In order to understand the politics inherent in Rushdie's literary mode of breath awareness, as a system of signs including both the sustained deformations of "combat breathing" and the more immediate "political breathlessness," we can return once again to Abraham's asthma attack. The asthma attack does link lives, though this link is only superficially to be found between Abraham and Boabdil. In fact, it quilts Abraham together with individuals from across the whole Da Gama/Zogoiby clans, whose various breathing ailments commit the novel to a chain of respiratory signification. Asthma, argues François-Bernard Michel in *La souffle coupé*, is characterised by moments of "crisis," in which the otherwise healthy subject becomes temporarily ill.<sup>40</sup> Asthma throws the "normal" dichotomy between the normal and the pathological into disarray, since, for the asthmatic not in crisis, illness is absent as bodily experience, while remaining present as a source of anxiety or concern. It is, in other words, latent.<sup>41</sup>

Asthmatic latency links together what might be regarded as the novel's symptoms: the sighs and allergies that I have already discussed in relation to political and the economic concerns have an underlying somatic order, when read alongside the familial asthma. But, to read asthmatic latency as simply symptomatic of more material conditions ignores the discursive regimes in which breath acts as a sign: the way in which the sighs and allergies index existential anxieties in response to political troubles "in the air." And yet, these are still terms that mediate our experience of reading a novel, rather than either the immediate physiological experience of breathlessness or the more systemic conditions of "combat breathing."

References to breath in the novel are, after all, signs, rather than actual embodied conditions. More specifically, breath terms can be taken as signs that directly refer to felt concerns about invisibility and transience in the postcolony, for which politics, economics and intertextuality are reified abstractions. In order to develop this interventionist reading of breath, I want to turn towards breath's linguistic features in *The Moor's Last Sigh*, namely catachresis and markedness. Then, I show how these features contribute to an implicit critique of a purely biopolitical understanding of combat breathing.

These features are evident in a particularly contained way in a page and a half meditation, where Moraes Zogoiby enumerates a plethora of breath significances. The meditation, which begins "in my family we've always found the world's air hard to breathe," interrupts the narrative at a climactic moment: the narrator's maternal grandmother, Isabella, has just died of a combination of tuberculosis and lung cancer (*MLS* 53). By transferring the focus from Isabella's cough to "the world's air," Moraes displaces the family's "breathing problems" to a broader social epistemic atmosphere (*MLS* 53). The failure of the body interfaces with the failure of the air, already understood to be "Life's Last Gasp Saloon," or "the Ultimo Suspiro gas station" (*MLS* 4). Yet, immediately, "a sigh isn't just a sigh. We inhale the world and breathe out meaning" (*MLS* 54). On a physiological level, this might refer to the sense of ease the asthmatic feels when she is finally able to exhale. Yet it also implies that a chaotic jumble of sense-data ("the world") is, through the process of breathing, ordered and made meaningful. The relationship between individual and world is not a matter of thought, but of breath, transformation and meaning-making. For Rushdie's asthmatic, breath twins the vulnerability and resilience of the postcolonial subject.

The respiratory permutations of this meditation pull at a number of different traditions: physiological, literary, philosophical and etymological (*MLS* 53–54). Moraes will draw on all these traditions to consider what it means to become one's breath in a moment of asthmatic crisis. So, he notes, "such force of self as I retain focuses upon the faulty operations of my chest: the coughing, the fishy gulps" (*MLS* 53). "It is not thinking makes us so," he gently chides Shakespeare's Hamlet, "but air." "*Suspiro ergo sum*. I sigh therefore I am," he utters in playful homage to Descartes. "The Latin as usual tells the truth: *suspirare* = *sub*, below, + *spirare*, verb, to breathe. *Suspiro*: I under-breathe" (*MLS* 53). The Latin, of course, does not tell the truth, nor does it follow that Rushdie's playful reworking of Shakespeare or Descartes is much more than a baroque elaboration. But the meditation does highlight formal features and functions of breath explored in the novel, which cut across philosophical, literary, physiological and etymological disciplines. Collectively, these formal features, when read across their disciplinary divisions, anticipate the observation that breath is divided, across disciplines, into aesthetic and biopolitical functions

Breath replaces thinking as the first principle of Moraes's sceptical philosophy. If Descartes began from the principle that, in order to doubt, he must think, and therefore be, Moraes begins from the more playful assumption that, since air is what makes us so, his sighing is proof that he exists. This may be a reference to embodiment; more likely, however, we read it as an allusion to the novel's title. This is, after all, Moraes's (the Moor's) last sigh. The metatextual reference is to Moraes's self-identification as a textual construct, whose "being" is entirely bound up in narrating the text (sighing). But breath is a particularly unreliable first principle, since its referent slips easily between bodily function and aereous substance. In Moraes's meditation, the slippage develops between four distinct, discursive practices: physiology, literature, philosophy and etymology. The result is catachresis, or, what Jacques Derrida has called "the violent and forced abusive inscription of a sign, the imposition of a sign upon a meaning which did not yet have its own proper sign in language."<sup>42</sup> Breath, the violent sign, imposes itself on breathing in its heterodox meanings as physical process, poetic expression, philosophical principle and etymological elucidation. Breath is catachrestic because it imposes a generic sign onto a heterodox series of protocols connected by little more than a metaphoric connection to human respiration. This has political ramifications, particularly for postcolonialism, as

Gayatri Spivak observes when she invokes catachresis as a political means for “reversing, displacing, and seizing the apparatus of value-coding.”<sup>43</sup> In this light, Moraes’s suggestion that “we inhale the world and breathe out meaning” becomes altogether more sinister. The meaning that Moraes breathes out in his *Sigh* imposes on his references to Descartes and Shakespeare the collective sense of a postcolonial subjectivity that, perhaps, yields darker implications when associated with the structural manipulations of Abraham’s criminal empire.

The different registers of breath “breathe out” not altogether compatible meanings. These incompatibilities are emphasised because Rushdie compresses them into a single paragraph. *The Moor’s Last Sigh* marks breath as much in its differences as its repetition. Therefore, if breath is catachrestic, eliding or violating different conceptual registers, it is also “marked.” The net effect of both the differences, or inconsistencies, and the repetitions, or continuities, is to emphasise breath or mark it. In the introduction to this volume, we discussed “marking,” those phonological, grammatical or semantic features that distinguish the particular iteration of a word from its dominant, “default” meaning. By asserting its deviation from the norm, marking grants the marked term a conceptual significance. Deviation may be measured through consistencies or inconsistencies, but it must emerge in context.

Contextual deviation has wider implications for studies of the novel genre. My underlying generic assumption is that breath, in novels, intensifies what Frederic Jameson has called “the antinomies of realism.”<sup>44</sup> Since novels have no need to mention that characters breathe, any mention of breath necessarily contributes either to the novel’s “destiny” (the narrative message) or its “affect” (the concerns of its narration).<sup>45</sup> 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 postcolonial subject–space relations, which I will turn to in due course. 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. But it is worth recalling a further aspect of our earlier discussion of markedness. Markedness originates as a biological reference to normal breathing patterns in Trubetzkoy’s *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.”<sup>46</sup>

Trubetzkoy’s use of “normal breathing” as an index should provoke readers of *The Moor’s Last Sigh*, not least because all breathing is somewhat abnormal in the novel. This extends from the unhealthy narrator, Moraes, who focuses “upon the faulty operations of my chest” to the bodyguard, Sammy Hazaré, whose lack of “breathing problems” itself implies an abnormal lung capacity: he wins “impromptu lung-power contests (holding of breath, blowing of a tiny dart through a long metal blowpipe, extinguishing of candles)” (*MLS* 53; 312). If the “normal” is unmarked, it tacitly promotes a standard rhythm and volume for breath, against which any variation may be measured. Moraes’s standard, however, is recognisably “faulty”; it deviates, but from what? Clearly, norms are being challenged here, but first we should consider briefly which norms these might be. Breath has two significant “normalities” that work in quite different, even contradictory, ways: aesthetic symmetry and physiological function.

Aesthetically, breath is often understood to be a symmetrical cycle of inhalation and exhalation. For example, Samuel Beckett’s *Breath*, the 35-second performance piece that fades in and out over a stage covered in rubbish, turns the inhalation and exhalation of a single breath into a symmetrical procedure.<sup>47</sup> Beckett allots inhalation and exhalation equal time and sound intensity, despite there being little physiological basis for this correspondence. *Breath’s* stage directions suggest the symmetrical inhalation and exhalation should each be associated with a cry, or “vagitus.” These first and last cries are present, equally symmetrically, in *The Moor’s Last Sigh*. Moraes will say of himself: “I am what began long ago with an exhaled cry, what will conclude when a glass held to my lips remains clear” (*MLS* 53). Later, we find that Moraes actually gives forth a “vagitus uterinus,” or first cry in utero: “I ... unleashed a mighty groan” as Aurora hears “my first sound emerging from inside her body” (*MLS* 145). Yet again, he truncates his life cycle to phono-aesthetic symmetry: “From Moo to Moor, from first groan to last sigh: on such hooks hang my tales” (*MLS* 145). While *Breath* alienates the aesthetics of respiration from its physiological basis by making it wholly symmetrical, Rushdie attempts something more complicated. After all, Rushdie’s breath, as the aesthetic focus of an art object, is not wholly symmetrical: “it is easier to breathe in than out,” Moraes tells us (*MLS* 53).

In *The Moor's Last Sigh*, aesthetic symmetries and physiological exigencies of breath coalesce into a normative practice. In many ways, their tension maps imperfectly on to the tension that Aurora Zogoiby, Moraes's mother, experiences in her artwork, post-Independence: "the tension between Vasco Miranda's playful influence, his fondness for imaginary worlds whose only natural law was his own sovereign whimsicality, and Abraham's dogmatic insistence on the importance ... of a clear-sighted naturalism that would help India describe herself to herself" (*MLS* 173). Rushdie's implicit challenge here is to ways in which aesthetic play and physiological naturalism both ultimately prioritise problematic normative practices.

In order to unpick the normativity implied in breath, it is worth thinking about how a supposedly apolitical physiology may be just as ideologically marked as any form of aesthetic symmetry. Here, we have a precedent in Lundy Braun's excellent *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics*.<sup>48</sup> Braun addresses the problematic ways in which spirometry was used to naturalise racial distinctions in medical practice. At least some of the standard measures used in spirometry, Braun argues, occlude a deeply troubling racial history, where the normalised practice of "correcting" for ethnic grouping forgets its origins in slave plantations and indentured service. Breath science has a biopolitical edge with consequences for the whole notion of normal breathing as physiological function. If "normal breathing" is a contested site, the biological basis of Trubetzkoy's markedness is necessarily suspected. Although work in linguistics has recognised these problems and moved on from Trubetzkoy (not least through Joseph Greenberg's work on frequency), biologically based markedness still has conceptual value in thinking about breath. It just requires a two-stage approach. First, the deviation ("the marked term") is noted, and then, second, the norm ("the unmarked term") is assessed for the ideological baggage it carries. In thinking about this play between markedness and unmarkedness, alongside the immediacy of postcolonial breathlessness and the more protracted problems of combat breathing, Braun's biopolitical concerns clarify why breath is a sign, rather than a symptom, of political, economic and, in the novel, literary control. If breath was a symptom, it would simply point to the underlying, "real" conditions of the novel, whether political or economic or cultural. But, in a real sense, these conditions are formed in response to and in concert with somatic effects that morph and change over time.

Earlier, we found Rushdie's nasal anomalies to be the more marked when set against Gandhi's hygiene norms. This might be the basis for a further, symptomatic reading, in which a comparative reading of Gandhi and Rushdie might diagnose in the ills of the nose a symptom of the nation's ills. But it seems more pertinent to return to my discussion of Gandhi, via the subsequent observations in this chapter: that the acute crisis of postcolonial breathlessness can deform itself into an extended period of "combat breathing"; that exercising a symptomology of breath may well hasten, rather than hinder, this process of deformation; that the cat-achretic qualities of breath, as a term with multiple, conflicting meanings, may contribute to this deformation; and that Rushdie highlights some of these effects by "marking" breath's normativity. The consequence, then, of reading *The Moor's Last Sigh* alongside *A Guide to Health* is nothing less than a deconstruction of a breath-related postcolonial politics. If the anticolonial gesture is to disrupt the pervasive effects of combat breathing, by instantiating new, "healthier" regulations for physiologies, the obvious point of concern for the postcolonial critic is the striking resemblance new regulations bear to colonial-era policies.<sup>49</sup> Breath patterns may have immediate deformities, whether in the asthmatic crisis or the nasal blockage. But when these deformities are systematised, as regulatory conditions whose distortions are interpolated by breathing subjects, mere resolution of the individual crisis or blockage will no longer suffice. Indeed, "resolving" the problem, in its acute phase, may well occlude precisely those systemic problems that Rushdie's breath metaphors help disclose. If the need for actual medical attention in actual moments of respiratory distress appears to offer compelling reasons to dismiss this "systemic critique" as a luxury of the fit and the well, we must remember that combat breathing offers not just the rallying cry it became, but a warning against such language, which, all too easily, collapses distinctions between actual, suffering bodies and their mobilisation for political purposes. What Rushdie ultimately offers us is not a resolution for the problem of combat breathing. Rather, he reminds us that subjects who breathe will always be mediated through a language more attentive to breath's poetic significances than the mundanity that attends each individual, unmarked breath.

## NOTES

1. See Black Lives Matter (2016). For Christina Sharpe's account of Eric Garner, breath and "wake work," see Sharpe (2016, 112–117). On the matter of the postcolony, Mbembe (2001) remains seminal.

2. Tremblay (2016), Medina (2003, 20).
3. Crawley (2016).
4. Ibid., 2.
5. Tremblay (2016).
6. Fanon (1967, 201).
7. Tremblay (2016).
8. Rushdie (1996). Hereafter *MLS*.
9. Rushdie (2012, 307).
10. Csordas (1993, 138).
11. Ibid.
12. See, for instance, Hillman and Maude (2015).
13. Bhabha (2004, 4).
14. Laoyene (2007, 145).
15. Ibid., 157.
16. Laoyene (2007, 160).
17. Fanon (1965, 65), Tremblay (2016).
18. For scholarly responses to combat breathing, see Perera and Pugliese's special issue in *Somatechnics* (2011).
19. On Rushdie's well documented feelings about Mahatma Gandhi, see Rushdie (1992).
20. Alter (2000, 31).
21. Prasad (2015, 49).
22. Jack (1956, 256).
23. Rushdie (1995, 213).
24. Gandhi (1921, 10).
25. Ibid., 13.
26. Ibid., 21.
27. Ibid.
28. Prasad (2015).
29. Douglas (2002, 36).
30. Dürr and Jaffe demonstrate how this needs to be qualified against the obvious biomedical consequences of dirt: "While pollution is in many ways a cultural construct, it is simultaneously an 'objective', quantifiable phenomenon that impacts negatively on human and ecological health" (2010, 5).
31. Viney (2014, 2).
32. Herman (2013, 1).
33. Fanon (1965, 65).
34. Memmi (2003, 143).
35. Ibid.
36. Bhabha (2004, 123).
37. Henry (2015).

38. Goodman (2018) notes a lacuna around medicine and health in Rushdie criticism. Goodman's focus is on alcoholism and *Midnight's Children*, but I see our projects as similarly engaged with Rushdie's choice "to interrogate the legacy of Empire through a medical lens" (309). "Combat breathing," as I theorize it, connects the systemic critique of empire that was the staple of earlier responses to Rushdie with Goodman's history of medicine critique.
39. Carbajal (2014).
40. Michel (1984, 3). See also Janssens et al. (2009); von Leupoldt et al. (2006).
41. On latency and *Stimmung*, or "atmosphere," see Gumbrecht (2012, 2013).
42. Derrida (1982, 255).
43. Spivak (1990, 228).
44. Jameson (2013).
45. *Ibid.*, 19.
46. Trubetzkoy (1969, 146).
47. Beckett (1984, 211).
48. Braun (2014).
49. See Henry (2015).

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