CHAPTER 8

‘Being Breathed’: From *King Lear* to Clinical Medicine

Katharine A. Craik and Stephen J. Chapman

I

In Act 2 Scene 2 of Shakespeare’s *King Lear* (1605–06), a servant, Oswald, appears onstage gasping and scarcely able to utter. To the Earl of Kent, the spectacle of Oswald’s breathlessness seems inseparable from his cowardly loyalty to his mistress, the king’s daughter, Goneril:

> Oswald: I am scarce in breath, my lord.
> Kent: No marvel, you have so bestirred your valour, you cowardly rascal; nature disclaims in thee—a tailor made thee.
> Cornwall: Thou art a strange fellow—a tailor make a man?
> Kent: Ay, a tailor, sir; a stone-cutter or a painter could not have made him so ill, though they had been but two years o’ the trade.[1]

K. A. Craik (✉)
Faculty of Humanities and Social Sciences, School of English and Modern Languages, Oxford Brookes University, Oxford, UK

S. J. Chapman
Oxford University Hospitals, Oxford, UK

D. Fuller et al. (eds.), *The Life of Breath in Literature, Culture and Medicine*, Palgrave Studies in Literature, Science and Medicine,
https://doi.org/10.1007/978-3-030-74443-4_8

Oswald's breathlessness reflects not only his moral compasslessness but also the loss of his natural personhood. As Kent puts it, 'nature disclaims in thee—a tailor made thee'. If Oswald is man-made, he is not even properly man-made. He is so ill put together, in fact, that even an apprentice painter or stonemason could not have produced such an assemblage. Only a tailor, proverbially rough and dishonest, would be capable of delivering such a botched job. Later in the same scene, Kent's recollection of Oswald's 'reeking post, / Stewed in his haste, half breathless, panting forth' (2.2.220–21) is in keeping with his drubbing of him as

> A knave, a rascal, an eater of broken meats; a base, proud, shallow, beggarly, three-suited-hundred-pound, filthy, worsted-stocking knave; a lily-livered, action-taking knave; a whoreson, glass-gazing, super-serviceable, finical rogue. (2.2.14–18)

Kent imagines Oswald assembled from a series of scraps no better than the 'broken meats' he eats. He is a patchwork person—not whole, not integral—and his breathlessness seems part of the general unboltedness that eventually prompts Kent to threaten, terribly, to trample Oswald into a filthy human paste: 'I will tread this unbolted villain into mortar and daub the wall of a jakes with him' (2.2.63–65). Losing altogether a sense of bounded personhood, Oswald comes apart at the seams and is trodden into something compound. Now he is a nothing more than a 'zed', an 'unnecessary letter' (2.2.62). To Kent, Oswald's wheezing breathlessness, rank materiality and gross thingness mark him out as the play's 'lowest and most dejected thing'.[2]

This brief and easily overlooked episode suggests the importance of breath, and breathlessness, as a means of articulating early modern ideas about natural personhood and ethical responsibility. Oswald's disintegration also signals Shakespeare's more specific interest in *King Lear* in breath's fundamental role in making us persuasively real—not least to ourselves. This chapter begins by considering *King Lear* as Shakespeare's most extended and subtle study of the relationship between breath and identity. Our second and perhaps more ambitious aim is to offer a novel perspective on present-day breathlessness by considering this within the unfamiliar context of early modern literature and culture. Literary and cultural historians interested in the history of the body and *soma* have generally confined their attention to one historical period at a time. Those working with Renaissance sources have recently explored breath's place

in the formation of late sixteenth- and seventeenth-century subjectivity, uncovering how breath felt, and what it meant, prior to the theorization of respiration through modern science. Focusing especially on the early modern passions or humours, these critics have shown how breath discloses the porous relationship between self and surroundings, revealing an ecology of Renaissance personhood beyond the boundaries of the skin.[3] Our work is indebted to this important research but goes one step further by proposing that accounts of breath, as a lived experience from the past, can shed light on the conceptual categories which shape medical approaches to breathless patients now. Working together as a literary historian (Craik) and a respiratory physician (Chapman), we propose that recovering the existential and social meanings of breath in the Renaissance can reveal unexpected insights for today's medical science. This process also works in the opposite direction since medical science can illuminate some of the important aspects of human and ethical experience which Shakespeare uncovers when he attends closely to breath, breathing, and breathlessness.

Breathlessness (or dyspnoea) is clinically defined as 'a subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity'.[4] The unpleasant sensation and distress associated with breathlessness may be all-encompassing: 'when we are healthy, we take our breathing for granted… But when our lung health is impaired, nothing else but our breathing really matters'.[5] Breathlessness is a highly complex, multifactorial symptom and its underlying pathophysiological mechanisms remain poorly understood. Many recent studies of physiology and neuroimaging have subdivided breathlessness into sensory and affective components. The sensory component of breathlessness describes the intensity and quality of the neurological sensation itself, whereas the affective domain refers to the unpleasantness and distress associated with the symptom.[6] While disease-focused approaches have furthered our understanding of pathophysiology, they have not yet been translated into effective treatments for breathlessness. It remains unclear why breathlessness differs so significantly between individuals with the same disease and indeed why the extent of physiological lung function impairment is such a poor predictor of 'real life' breathlessness severity.[7] More recent medical approaches have therefore favoured what has been described as a 'total breathlessness' model with increased focus on dimensions of breathlessness such as suffering, indignity, shame, guilt, stigma, memory, disability, and social isolation.[8] Such approaches recognise that,

while a lack of holism might be considered characteristic of present-day western healthcare in general, this may have particular consequences for those suffering from breathlessness. The very recent proposal of a 'chronic breathlessness syndrome' as a medical entity emphasises the disability and functional consequences of breathlessness over and above its purely sensory and affective dimensions.[9]

Building on this recent clinical research, our central interest lies in how breath is experienced and felt. Phenomenological work in the medical humanities has already identified important differences between disease (as a set of symptoms, or a diagnosis) and illness (as experienced by patients). While acknowledging the value of scientific empiricism and objectivism, this work offers a balance from the perspective of lived experience. As a theoretical approach, phenomenology tends to disturb neat distinctions between people and things, bracketing '*noumena*—things in themselves—in order to attend to *phenomena*: things as appearances, things as apprehended by the subject'.[10] In the universalist, presentist approaches of Merleau-Ponty, et al., such insights are claimed for everyone. But our own phenomenological project is both historical *and* presentist. *King Lear* provides a particularly rich starting point as one of western culture's most powerful explorations of human suffering and ethical relationality from the distant past which still carries powerful cultural weight today. We focus on two of the play's most important scenes: Gloucester's encounter on the cliffs at Dover with his son Edgar, disguised as the 'spirit' Poor Tom; and Lear's anguished response to his daughter Cordelia's death at the play's conclusion. In both examples, breath emerges as a distinctly early modern experience which also suggests new avenues for clinical practice now—and, more broadly but not unconnectedly, for our continuing ethical relationship to one another.

II

The pagan landscape of *King Lear* often resonates with Christian theology, and Shakespeare would have had firmly in mind Genesis 2:5 where God's breath animates man to enter a life of faith:

> And the Lord God formed man [of] the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul.

Breath was the divine inspiration which infused the body and soul with the Holy Spirit.[11] 'Spirit' indeed simply denotes God himself in John 4:24, and early modern subjects were familiar with the idea of being breathed by God so that to be in breath implied not only individual aliveness but also membership of a fellowship where everyone shared one 'common breath among Christians'.[12] In *Paradise Lost* (1667), Milton describes how Adam was shaped through the 'breath of life' into an image of God's likeness.[13] Renaissance theology and philosophy, looking back to the New Testament and early Christian theologians, regarded breath as indistinguishable from animate life so that a person's ability to breathe was more or less inseparable from their possession of a spirit kindled into a life of faith.[14] Breath was considered by some as an important participatory aspect of the Eucharist: 'the breath of their owne mouthes togither with the signe of the Crosse, may touch the bread and the Cuppe'.[15] Early modern breath therefore encoded the faithful subject's dependence upon and service to God, as well as the shared commitment, responsibility and protection involved in belonging to a Christian community. To breathe as an early modern subject was always to be breathed by, with and among others: 'our breath is not our owne'.[16]

Philosophical and mechanistic Renaissance theories of aliveness were also expressed through breath, looking back to classical and medieval conceptions. The fundamental connections between breath, life, and being were well-established, as Gina Bloom has written: '*Anima*, like the terms *pneuma* and *spiritus*, signifies a range of ideas we associate with living creatures—including mind, soul, feeling, and living being more generally—but is most fundamentally connected to breath'.[17] Air continued to be seen as one of the six 'non-naturals' necessary for life, the others being motion and rest; sleep and waking; food and drink; excretions; and passions or emotions.[18] As Aristotle had written, inhalation and exhalation 'control life and death; for when respiring creatures can no longer respire, then destruction comes to them'.[19] As Long shows in this volume, although different ancient writers used the term *pneuma* in different ways, this 'wind' or 'breath' was generally regarded as essential to all living organisms and often closely connected to *psyche* ('breath' or 'soul').[20] In Hippocrates' *On Regimen*, for example, *psyche* refers to the body's 'vital stuff' but also to a more abstract principle of 'animation'.[21] Later Galen described the body's vital *pneuma* which, distributed through the arteries and processed by the brain into psychic *pneuma*, nourished

the functioning of the soul.[22] All of these theories, together and separately, informed early modern medical understanding of breath. As James I's physician Helkiah Crooke would remember, 'in inspiration and expiration life doth consist' since 'the pulse and respiration… serue one faculty that is the Vitall; for they were both ordained onely for the heart which is the seate of the vitall faculty'.[23] Breath emerges in such accounts as synonymous with being rather than simply supporting or sustaining it, binding the body together with the mind and soul into an integral whole. It is this sense of integral personhood—together with its implied correlative, moral integrity—which the fragmented, unbolted, and breathless Oswald so conspicuously lacks.

Early modern breath *was* life, then, encompassing vitality and sensitivity in the mind, body, and soul. In *The Winter's Tale* (1611), a play deeply concerned with the hazy boundaries between corporeal and spiritual aliveness, Paulina tells Leontes that he may re-marry only 'when your first queen's again in breath'. Later, when Leontes encounters what he believes is a startlingly life-like statue of his late wife, Hermione, his first question probes, through breath, the difference between aesthetic and bodily liveliness: 'What fine chisel / Could ever yet cut breath?'.[24] Earlier, however, Shakespeare had given breath's ability to articulate these same boundaries more sustained attention in *King Lear*. At the start of Act 4 Scene 6, Gloucester has lost his eyes at the hands of Lear's daughter Regan and the Duke of Cornwall and has retreated to Dover, planning to commit suicide. Here the blinded Gloucester, all 'dark and comfortless' (3.7.84), describes his mutilated body as the stub of a candle whose dim, continued smouldering might be painfully borne:

> If I could bear it longer…
> My snuff and loathed part of nature should
> Burn itself out. (4.6.37–40)

His loathsome body, now merely a fragmented 'part' of what it used to be, will consume air slowly towards its natural end unless Gloucester finds a way to snuff it out first. Towards the end of the scene, however, he finds himself persuaded at last that his allotted span is worth living:

> You ever gentle gods, take my breath from me;
> Let not my worser spirit tempt me again
> To die before you please. (4.6.212–14)

Now Gloucester recognises that his desire to stop his own breath evinces his earlier possession by the 'worser spirit' of human frailty. As we will see, the intervening lines contain an unsparing study of breath at the faultlines between life and death, or salvation and damnation.

Here the blinded Gloucester speaks to his own son Edgar, disguised as the beggar Poor Tom, who persuades Gloucester that he is walking along the top of a precipitous cliff, although in reality he is in no physical danger. Poor Tom has earlier been explicitly identified as a spirit, albeit by Lear's Fool:

> Edgar [*within*]: Fathom and half, fathom and half: Poor Tom!
> Fool: Come not in here, nuncle, here's a spirit. Help me, help me!
> Kent: Give me thy hand. Who's there?
> Fool: A spirit, a spirit. He says his name's Poor Tom. (3.4.39–42)

The exposed, wretched Poor Tom may be, as Lear says, an 'unaccommodated man' (3.4.105), but he is also a breath, or a spirit—a semi-carnate agent, either malign or beneficent.[25] And like breath, Poor Tom has the power to prolong or extinguish life, since the elaborate tableau he sketches in the blinded Gloucester's agonised mind of an imaginary and 'horrible steep' (4.6.3) cliff proves as powerfully dangerous (because as powerfully real in Gloucester's imagination) as any 'headlong' (4.6.3) plunge to the ground.[26] Later in the same scene, Edgar encounters his father at what Gloucester believes is the foot of the cliff. Abandoning his Poor Tom persona, Edgar fears for a moment that his father has actually died:

> Edgar: [*to Gloucester*] Alive or dead?
> Ho, you sir! Friend! hear you, sir? Speak!
> [*aside*] Thus might he pass indeed. Yet he revives. -
> What are you, sir?
> Gloucester: Away and let me die.
> Edgar: Hadst thou been aught but gossamer, feathers, air,
> So many fathom down precipitating,
> Thou'dst shivered like an egg; but thou dost breathe,
> Hast heavy substance, bleed'st not, speak'st, art sound.
> Ten masts at each make not the altitude
> Which thou hast perpendicularly fell.
> Thy life's a miracle. Speak yet again.
> Gloucester: But have I fallen, or no? (4.6.45–56)

If Gloucester had been made of anything heavier than gossamer, feathers, or air, his body would surely have 'shivered' (fragmented) into pieces like an egg. But Gloucester's substance is neither fragile nor immaterial, for he is not made of breath—unlike the fiction spun earlier by Poor Tom. The miracle is that Gloucester has survived, despite being made of substantial stuff: 'the clearest gods, who make them honours / Of men's impossibilities, have preserved thee' (4.6.73–74). Nevertheless Edgar's attention to his father's breath plays an important part in this newly realised vitality: 'thou dost breathe, / Hast heavy substance, bleed'st not, speak'st, art sound.'[27] Breath is one of the holy things (like speaking) which has prised Gloucester away from precarity and back to authentic, felt reality. In fact Edgar's intervention goes further, redeeming his father from the humiliating curtailments imposed by mortal life or what he calls 'men's impossibilities'. Gloucester is, miraculously, still in breath—although his spirit, Poor Tom, has departed from him:

> Edgar: Upon the crown o'the cliff what thing was that
> Which parted from you?
> Gloucester: A poor unfortunate beggar. (4.6.67–68)

To Gloucester, the unexpected continuance of his breath at first exposes only the traumatic cracking of his being: 'Is wretchedness deprived that benefit / To end itself by death?' (4.6.61–62). But in time he recognises his life must continue: 'Henceforth I'll bear / Affliction' (4.6.75–76). Gloucester's life, such as it is, is for the time being salvaged through Edgar's determined witnessing and affirming of his father's bodily and spiritual *pneuma*.

Early modern breath has often been understood to signal vulnerability or pliability, standing in metaphorical relation to the fragility of life itself. As the New Testament Epistle of James puts it, life is but 'a vapour, that appeareth for a little time, and then vanisheth away'.[28] Shakespeare does indeed sometimes describe breath in the same or related ways in *King Lear*, as when the Fool dismisses his own song as a worthless nothing like 'the breath of an unfee'd lawyer' (1.4.127).[29] Even when breath's insubstantiality points towards something assertive, early modern cultural historians have tended to emphasise its 'unpredictable movements and subtle material nature', assuming that breath resists our regulation or control.[30] In *Hamlet*, Carla Mazzio has argued, 'th'incorporeal air' becomes part of the play's 'eerie atmospheric haunt', suggesting the limits of knowledge, perception, and observation.[31] And insofar as

Shakespearean breath has suggested inter-relationality beyond the hapless individual subject, it has been recognised mainly as the spreading kind of infectious, 'all-taynting breath' which threatens to disrupt the political commonwealth.[32] In *Coriolanus*, for example, Martius dreads having to beg the 'stinking breath' of the plebeians by seeking their votes for his consulship of Rome: 'You common cry of curs whose breath I hate / As reek o' th' rotten fens'.[33] In the above example from *King Lear*, however, the stakes seem far higher than individual human agency or indeed the vanishing coordinates of a collapsed political structure. Here, in Shakespeare's most uncompromising tragedy, breath involves nothing less and nothing more than one person recognising another's aliveness. As such, witnessing the breath of someone else involves the powerful injunction to stand before and respond to them.[34] Edgar's affirmation of Gloucester's breath in this way recalls the frankness of Cordelia's statement of love for *her* father at the start of the play: 'I love your majesty / According to my bond, no more nor less' (1.1.92–93). Lear cannot recognise Cordelia's words for what they are, or at least not yet; but Gloucester is remade, by what Edgar says, into something more than a dim flame waiting to 'burn itself out'. As the preacher William Perkins wrote, also in 1606, when one man encounters another it is 'breath… [which] sheweth him to be alive'. Breath's mediation of individual agency and identity is most powerfully realised when it is seen, understood, and acknowledged by others.[35] When Edgar observes his father's breath, then, he recreates, reinvents, and redeems him. Even if, as the rest of the play will reveal, this redemption must remain tragically incomplete, Shakespeare's interest in breath allows us to see *King Lear* as something other than a play about 'the melancholy perception of a life no longer recoverable'.[36]

Breath emerges in *King Lear* as synonymous with existential being, fundamental to early modern personhood—and a hopeful marker of our shared aliveness beyond mortal precarity. How might these connections between breath and selfhood be relevant to modern medical practice? Insights have come from a recent series of qualitative interviews with patients suffering severe forms of the incurable lung condition chronic obstructive pulmonary disease (COPD), as well as their informal and professional carers. Patients with COPD describe severe symptoms that cause significant disruption to their day-to-day life in terms implying a passive acceptance or 'weary resignation'; their lung disease is depicted as a 'way of life' rather than an 'illness'.[37] When describing their condition,

patients tell a 'chaos narrative' of their illness characterised by unpredictable and uncontrollable events with little sense of restitution or quest. Unlike in conditions such as cancer, patients with chronic lung disease often tell a disease story that is indistinguishable from their life story.[38] A 'culture of normalcy' of breathlessness has been described, in which this persistent symptom is distressing and disabling, but not perceived by patients as disruptive to their sense of being.[39] This may reflect patients adjusting their sense of self and identity in order to adapt and accommodate the all-encompassing sensation of chronic breathlessness. For some patients this acceptance may be an important coping strategy,[40] but on the other hand it may represent the stigma experienced by many and also lead to harm by disempowering patients and restricting their access to healthcare, as they are less likely to report their symptoms. An example of the latter is the significant underuse of palliative care services in the United Kingdom by COPD patients when compared to cancer patients,[41] resulting in a lack of support and potentially unnecessary suffering at end-of-life for patients with chronic lung disease.

Insights from early modern culture, where breath was central to integrated personhood and mind–body consciousness, suggest that there may be therapeutic value in actively challenging this modern passive acceptance of breathlessness. Particular benefits may arise from a revised understanding of the intimate link between the breath and a sense of the 'whole' self. Raising awareness among patients and public that breathlessness is not a natural consequence of ageing, for example, may result in earlier presentation and diagnosis. Attempts should be made to empower patients with chronic lung disease to have higher expectations and improve their access to health care, including palliative care. An increased understanding among clinicians, too, of patients' frequent passive acceptance of breathlessness will facilitate their role as patient advocate. There may also be value in directly addressing the concept of 'breath as being' through psychological approaches that focus on how patients disabled with breathlessness might retain a stronger sense of integral personhood. Patients' own views and ideals should be at the heart of such research strategies.

At the start of Act 4 Scene 6, as we have seen, Gloucester's life is reduced to something barely tolerable: 'if I could bear it longer'. If the airy spirit Poor Tom is in league with Gloucester's despairing 'worser spirit', in seeming to assist his self-destruction, it is also Gloucester's own breath, recognised by Edgar, which shunts him back into life. To

be sure, what Gloucester experiences—lying crumpled, as he thinks, far below the cliff's 'dread summit' (4.6.57)—is neither a restitution nor the accomplishment of a quest. His restored breath cannot be said to restore any unproblematic sense of identity, Christian or otherwise. But it does stage a modest intervention into a life that had looked inevitably lost; and relatedly, a move away from breath as the register of unavoidable vulnerability or fragility. To be out of breath, in the early modern period, is to be out of life; to be out of breath, in *King Lear*, is to be exiled into the barren psychic and environmental spaces that this play anatomises so unsparingly. But when Edgar raises his father back up, re-affirming the connection between breath and aliveness, he is also raising the possibility of an altogether different and more promising future. In this way, Shakespeare reminds us of breath's fundamental place in existential awareness, and in our lives among others. He returns to this same inter-relationality in the final scene of the play, the second episode thoroughly concerned with the boundaries between living and dying.

III

Utterly humiliated by Act 5 Scene 3, Lear holds his daughter Cordelia in his arms. She is already dead, executed on the orders of Gloucester's bastard son Edmund, but Lear cannot bear to embrace this reality:

> Lear: I know when one is dead and when one lives;
> She's dead as earth. [*He lays her down.*]
> Lend me a looking-glass;
> If that her breath will mist or stain the stone,
> Why then she lives.
> Kent: Is this the promised end?
> Edgar: Or image of that horror?
> Albany: Fall, and cease.
> Lear: This feather stirs, she lives: if it be so,
> It is a chance that does redeem all sorrows
> That ever I have felt. (5.3.258–65)

Cordelia's breath might become visible through mist on a mirror, or through the movement of a feather in the air. These are ways of dramatising—visibly and theatrically, through material props—the transition from life to death. But like breath, and like Poor Tom, the mist and the movement are almost but not quite seen. Once again breath straddles

visible and invisible, material and immaterial, organic and inorganic, body and spirit. Around forty lines later, Lear returns to Cordelia's breath:

> No, no, no life!
> Why should a dog, a horse, a rat have life
> And thou no breath at all?...
> Do you see this? Look on her: look, her lips,
> Look there, look there! [*He dies*]. (5.3.304–310)

The last two lines of this important passage appear in the folio (1623), but not in the version printed in the first quarto (1608). As the play's Arden editor R. A. Foakes points out, the folio addition 'allows us to suppose Lear may die in the joyful delusion of thinking Cordelia is still alive'.[42] The play's heightened emotional climax, in the later version of the play, therefore hinges on whether or not Cordelia is breathing; or, rather, whether or not her breath can be witnessed. Here the play comes full circle in its exposure of the lie that something immeasurable can be measured; this began in the first scene of the play when Lear asked his three daughters 'Which of you shall we say doth love us most?' (1.1.51). The two extra folio lines in Act 5 Scene 3 increase the pathos, and emphasise Lear's own infirmity, but also engage a broader set of questions in keeping with breath's meanings across the play as a whole. The agony of the play's conclusion lies in its collapsing of the difference between empirical reality on the one hand (if the feather *is* moving, this can't be because of Cordelia's breath); and phenomenological or theatrical possibility on the other (Cordelia might still be alive if Lear, and we, were only prepared to believe it). In the folio, Lear opts for what he sees rather than what is. Lear dies in the joyful belief that Cordelia is still alive, raising the prospect of a different version of the future where it is still possible, despite everything, for breath—signalling the possibility of life itself, among those we love—to 'redeem all sorrows'.

King Lear focuses intensely on what it means to look at the breath of someone else; and the consequences of this for both the breathing subject and the person who recognises the breath of the other. Although written more than four hundred years ago, these descriptions of what it means to see, hear, and witness the breath (and breathlessness) of another are highly relevant to contemporary clinical care. Qualitative studies exploring chronic breathlessness from the perspective of patients' informal carers (typically life partners or family members) illustrate the shared impact of

lung disease, with one carer remarking that it is 'harder on the spouse than the patient in some ways'.[43] Strikingly, informal carers describe their partner's disease using the first person plural: '*We* were diagnosed… *We* both have a lot of fear'.[44] Very recent research has gone further, describing a phenomenon of 'vicarious dyspnoea' in which healthy volunteers themselves experienced breathlessness on viewing images depicting breathless people.[45] Interestingly viewers with higher degrees of empathy experienced greater breathlessness. These findings suggest there is a need to study breathlessness in caregivers and to examine the shared experience of breathlessness between patients and their informal and professional carers. In *King Lear*, western culture's most canonised drama about suffering, the stakes involved in witnessing the breath of others, particularly beloved others, could scarcely be higher. Tracing the legacy of breath's cultural meanings into the present might lead us to suggest that modern medicine has failed to recognise and address the wider social context of breathlessness. Modern medicine is moving towards an acceptance of a 'whole body' approach to patient care, including the care of breathless individuals; but perhaps what is really needed is a greater commitment to a 'whole family' or even a 'whole society' approach to breathlessness. Such a commitment might do better justice to breath's relational dimensions, and the wider phenomenological possibilities involved in feeling, perceiving, and articulating the experience of breath in the world. After all, as we remember, 'our breath is not our owne.'[46]

IV

Tracing through *King Lear* the historical roots of the close connection between breath and selfhood, we have aimed to recover the forgotten legacy of this connection in the present. As Jamie McKinstry and Corinne Saunders have recently argued, 'breathing and breathlessness can only be understood fully by drawing not only on physiological and pathological evidence, but also on cultural, historical, and phenomenological sources'.[47] Our chapter has sought to spark a mutually enriching dialogue between early modern literary studies and very recent research into chronic breathlessness with the twofold aim of illuminating in new ways Shakespeare's anatomisation of self, *soma,* and ethical relationality; and of informing and improving clinical approaches to breathless patients today.

With these goals in mind, we have focused on two particular synergies. The first relates to the inseparability of breath (and breathlessness)

from affective life. We have seen how early modern medical, philosophical, and spiritual ideas about subjectivity were often articulated through descriptions of what it meant, and how it felt, to be in or out of breath. Breathing goes far beyond the mechanical operation of inhalation and exhalation—although the pathos of Lear's feather, at the play's conclusion, momentarily reduces the limitlessness of life and love to exactly that. Nor does breath merely signify life's precarity. Instead early modern breath, particularly as it is revealed in *King Lear*, stands for a broader, more vivid and more promising version of aliveness. At this time, and in this place, aliveness meant the fulfilment of Christian hope and the possibility of redemption. Today, in clinical practice, patients still experience and starkly express the inseparability of breath and aliveness. This tends, however, to emerge through 'chaos' narratives where breathlessness seems inseparable from the story of life itself, as it is lived. Being breathless is 'just the way it is', and becomes something of 'a way of life', as patients adapt their sense of what is possible in order to accommodate their condition. We propose that, for breathless patients now, the continuing inseparability of breath from affective life has led towards a too-hasty acceptance of loss, limitation, and the curtailment of freedom. The next question for clinicians, and surely for us all, is whether this must be so. The connection between breath and aliveness, if more fully historicised and carefully understood, might allow for the recovery of breathless patients' sense of personhood and potential—which might, in turn, open avenues towards the improvement of their quality of life.

Secondly, and building on recent phenomenological work in the critical medical humanities, we have considered how breath is perceived, witnessed, and experienced by others. Breath is bestowed upon Adam in the Book of Genesis, inaugurating a reciprocal relationship between God and humankind. *King Lear* retains a powerful sense of breath's spiritual ramifications, not least through the abject Oswald whose gasping breathlessness suggests, at least to Kent, his utter abandonment of justice and integrity as he descends into mere materiality. But through Edgar's testimonial witnessing of Gloucester's breath, and Lear's wishful revival of Cordelia's, Shakespeare draws attention to the profound implications of breath's inter-relationality. Acts of witnessing and describing the breath of beloved others are integral to these two scenes in which Gloucester, Edgar, Lear, and Cordelia are disclosed to one another in new ways. The transformation works in both directions, since those who imagine or describe the breath of others are seldom themselves unchanged. It is

this mutually transformative exchange, rather than the fact of breathing itself, which is, as Lear says, 'a chance that does redeem all sorrows'. Redemption is withheld in this bleakest of tragedies where a different ethical realm, and the possibility of human relationality, remain out of reach. Shakespeare nevertheless shows their unfulfilled potential as breath carries the weight of responsiveness and responsibility involved in all human relations.[48] In clinical practice today, breathing again emerges as a shared rather than an individual experience—'*we* were diagnosed'—and breathlessness precipitates further breathlessness among healthy volunteers. Just as four hundred years ago, then, breathing involves not a singular, isolated self but is instead more accurately understood as a reciprocal or shared exchange. Attending carefully to breath in *King Lear* allows us to suggest something of the continuing existential possibility—as well as the risks—of the togetherness implied by breath's intimate and forgotten relationality.

Acknowledgments The authors would like to thank David Fuller, Jane Macnaughton, and Corinne Saunders for the opportunity to pursue this work. Thanks are also due to Sarah Waters for research assistance.

Notes

1. *King Lear*, 2.2.51–58. All references are taken from R. A. Foakes' Arden edition (London: Arden Shakespeare, 1997; repr. 2003).
2. This is Edgar's line, spoken of himself in the person of Poor Tom, as he prepares to embrace the 'unsubstantial air' upon the heath (4.1.7).
3. See, for example, Gail Kern Paster, *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago: University of Chicago Press, 2004), especially at p. 41 on the 'ambiguity of breath'; and Mary Floyd Wilson and Katherine Rowe, *Reading the Early Modern Passions* (Philadelphia: University of Pennsylvania Press, 2004). Mary Floyd Wilson's chapter in this volume, 'English Mettle', describes how the air people breathed was understood as a marker of early modern ethnic distinction, 130–46, at 133.
4. Louis Laviolette and Pierantonio Laveneziana (on behalf of the ERS Research Seminar Faculty), 'Dyspnoea: A Multidimensional and Multidisciplinary Approach', *European Respiratory Journal* 43 (2014), 1750–62.
5. Capucine Morélot-Panzini, et al., 'Breathlessness Despite Optimal Pathophysiological Treatment: On the Relevance of Being Chronic', *European Respiratory Journal* 50 (2017), 1701159.

6. Robert W. Lansing, Richard H. Gracely, and Robert B. Banzett, 'The Multiple Dimensions of Dyspnea: Review and Hypothesis', *Respiratory Physiology and Neurobiology* 167 (2009), 53–60.
7. Rebecca Oxley and Jane Macnaughton, 'Inspiring Change: Humanities and Social Science Insights into the Experience and Management of Breathlessness', *Current Opinion in Supportive and Palliative Care* 10 (2016), 256–61.
8. Anja Hayen, Mari Herigstad, and Kyle T. S. Pattinson, 'Understanding Dyspnoea as a Complex Individual Experience', *Maturitas* 76 (2013), 45–50.
9. Miriam J. Johnson, et al., 'Chronic Breathlessness: Re-thinking the Symptom', *European Respiratory Journal* 51 (2018), 1702326.
10. Kevin Curran and James Kearney, 'Introduction', *Criticism: Shakespeare and Phenomenology* 54/3 (2012), 353–64, at 358. For an account of phenomenology's usefulness in the study of the experience of disease, including breathlessness, see Havi Carel, *Phenomenology of Illness* (Oxford: Oxford University Press, 2016), esp. 35–39.
11. Genesis, 2:7. All biblical quotations follow the King James version (1611). As Gina Bloom notes, 'The Latin term *spiritus* derives from the Proto-Indo-European base *(s)peis*, 'to blow' and comes into English as spirit primarily through the Vulgate, where it serves as a translation for the Greek *pneuma* and the Hebrew *ruach*—used in the Hebrew Bible to refer to the breath of life that animated Adam in the book of Genesis.' See Bloom, *Voice in Motion: Staging Gender, Shaping Sound in Early Modern England* (Philadelphia: University of Pennsylvania Press, 2007), 80.
12. Philip Stubbes, *A Motive to Good Works* (London, 1593), 181.
13. *Paradise Lost*, ed. by Alastair Fowler (Harlow: Longman, 1991), Bk 7, l. 526.
14. For discussion of earlier developments of these ideas, see Thomas E. Hunt's essay in the present volume.
15. John Willoughbie, *Mnemosynon Kyrio-eucharistion* (Oxford, 1603), 121.
16. John Dod, *The Bright Star Which Leadeth Wise Men to our Lord Jesus Christ* (London, 1603), 30.
17. Bloom, *Voice in Motion*, 81.
18. As earlier essays in the present volume have shown, continuities can be found in the development of ideas about breath and breathing through classical, medieval, and early modern sources.
19. Aristotle, *On the Soul. Parva Naturalia. On Breath*, trans. by W. S. Hett (Cambridge, MA: Harvard University Press, 1935), 443.
20. See also Sylvia Berryman's article on 'Pneuma' in *The Encyclopedia of Philosophy*, ed. by Donald M. Borchet, 2nd edn, 10 vols (London: Routledge, 2006), vol. 7, 649.

21. Elizabeth M. Craik, 'Holism of Body and Mind in Hippocratic Medicine and Greek Tragedy' in *Holism in Ancient Medicine and its Reception*, ed. by Chiara Thumiger (Leiden: Brill, 2020) 184–200, at 184.
22. Berryman, 'Pneuma', 649.
23. Crooke, *Mikrokosmographia: A Description of the Body of Man* (London, 1615), sigs. 2O1^{v}–2O2^{r}; 422–23.
24. *The Winter's Tale*, ed. by Susan Snyder and Deborah T. Curren-Aquino (Cambridge: Cambridge University Press, 2007), 5.1.83 and 5.3.78–79.
25. On *pneuma* as discarnate personal agency, see Berryman, 'Pneuma', 649.
26. Edgar again makes clear the power of the imagination in an aside: 'I know not how conceit may rob / The treasury of life when life itself / Yields to the theft' (4.6.42–44).
27. James Kearney argues that 'a world of ethical promise' lies in the play's deferral of Gloucester's recognition of Poor Tom as his son; it is this deferral which stages 'the possibility—or impossibility—of an ethical relation to the stranger'. See '"This is above all strangeness": *King Lear*, Ethics, and the Phenomenology of Recognition', *Criticism*, 54/3 (2012), 455–67, at 456, 465.
28. The Epistle of James, 4:14. According to Calvin's *An Abridgement of the Institution of Christian Religion* (1585), 'the soule or spirit of man is only a breath of power inspired or poured into the bodie', 74.
29. Compare *The Rape of Lucrece* where the 'lust-breathed' Tarquin describes the imagined ravishment as 'A dream, a breath, a froth of fleeting joy'. See *Shakespeare's Poems*, ed. by Katherine Duncan-Jones and H. R. Woudhuysen (London: Arden Shakespeare, 2007), ll. 3 and 212. The Duke addresses life itself as 'a breath… / Servile to all the skyey-influences' in *Measure for Measure*, ed. by Brian Gibbons (Cambridge: Cambridge University Press, 1991), 3.1.8–9.
30. Bloom, *Voice in Motion*, 85.
31. *Hamlet*, ed. by Ann Thomson and Neil Taylor (London: Arden Shakespeare, 2006), 3.4.14. See Carla Mazzio, 'The History of Air: *Hamlet* and the Trouble with Instruments', *South Central Review* 26/1–2 (2009), 153–96 (159). Compare Carolyn Sale's account of breath's importance in *Hamlet*'s generally 'relentless materializing of everything it discusses'. Sale argues that Shakespeare envisages the early modern theatre itself 'as a place for the exchange of breath'. See 'Eating Air, Feeling Smells: *Hamlet*'s Theory of Performance', *Renaissance Drama* 35 (2006), 145–68, at 148, 161.
32. John Marston, *The Scourge of Villanie* (1598), 4. For an account of 'perceptions of smoky air'—as both a cultural construct in art and literature, and a material reality in Shakespeare's London—see William M. Cavert, 'Airs: Smoke and Pollution, 1600–1775' in *The Smoke of London: Energy*

and Environment in the Early Modern City (Cambridge: Cambridge University Press, 2016), 32–39, at 33.

33. *Coriolanus*, ed. by Peter Holland (London: Arden Shakespeare, 2013), 2.1.229 and 3.3.119–20. See Hristomir A. Stanev, '"A Plague's the Purge to Cleanse a City": Harmful Touch, Rotten Breath, and Infectious Urban Strife in *Coriolanus* and *Timon of Athens*' in *Sensory Experience and the Metropolis on the Jacobean Stage, 1603–1625* (Farnham: Ashgate, 2014), 161–82, esp. 166–78.
34. Here our reading is indebted to Emmanuel Levinas' influential account of the ethical relation between self and other in *Entre Nous: Thinking of the Other*, trans. by Michael B. Smith and Barbara Harshav (London: Continuum, 2006), esp. 124–26 and 131.
35. William Perkins, *A Godlie and Learned Exposition upon the Whole Epistle of Jude* (1606), 27.
36. David Bevington, '"Is This the Promised End?": Death and Dying in *King Lear*', *Proceedings of the American Philosophical Society*, 133.3 (1989), 404–15, at 404.
37. Hilary Pinnock, et al., 'Living and Dying with Severe Chronic Obstructive Pulmonary Disease: Multi-perspective Longitudinal Qualitative Study', *British Medical Journal* 342 (2011), d142; Ann Hutchinson, Natalie Barclay-Klingle, Kathleen Galvin, and Miriam J. Johnson, 'Living with Breathlessness: A Systematic Literature Review and Qualitative Synthesis', *European Respiratory Journal* 51 (2018), 1701477.
38. Pinnock, et al., 'Living and Dying with Severe Chronic Obstructive Pulmonary Disease', d142.
39. Oxley and Macnaughton, 'Inspiring Change', 256–61.
40. Gunvor Aasbø, Kari Nyheim Solbrække, Ellen Kristvik, and Anne Werner, 'Between Disruption and Continuity: Challenges in Maintaining the 'Biographical We' When Caring for a Partner with a Severe, Chronic Illness', *Sociology of Health and Illness* 38/5 (2016), 782–96.
41. Chloe I. Bloom, et al., 'Low Uptake of Palliative Care for COPD Patients within Primary Care in the UK', *European Respiratory Journal* 51 (2018), 1701879.
42. 'Introduction' in *King Lear*, ed. by Foakes, 139.
43. Amanda Belkin, Karen Albright, and Jeffrey J. Swigris, 'A Qualitative Study of Informal Caregivers' Perspectives on the Effects of Idiopathic Pulmonary Fibrosis', *BMJ Open Respiratory Research* 1 (2013), e000007.
44. Belkin, et al., 'A Qualitative Study of Informal Caregivers' Perspectives on the Effects of Idiopathic Pulmonary Fibrosis', e000007.
45. Michaela Herzog, et al., 'Observing Dyspnoea in Others Elicits Dyspnoea, Negative Affect and Brain Responses', *European Respiratory Journal* 51 (2018), 1702682.
46. Dod, *The Bright Star*, 30.

47. 'Medievalism and the Medical Humanities' in *postmedieval: A Journal of Medieval Cultural Studies*, 8/2 (2017), 139–46 (143).
48. Compare Derrida's account of 'a form of involvement with or relation to the other that is a venture into absolute risk, beyond knowledge or certainty'. 'The Gift of Death' in *The Gift of Death & Literature in Secret*, trans. by David Wills (Chicago: University of Chicago Press, 2008), 7–8.

Seleted Bibliography

Bloom, Gina. 2007. *Voice in Motion: Staging Gender, Shaping Sound in Early Modern England*. Philadelphia: University of Pennsylvania Press.

Hayen, Anja, Mari Herigstad, and Kyle T. S. Pattinson. 2013. Understanding Dyspnoea as a Complex Individual Experience. *Maturitas* 76: 45–50.

Herzog, Michaela, et al. 2018. Observing Dyspnoea in Others Elicits Dyspnoea, Negative Affect and Brain Responses. *European Respiratory Journal* 51: 1702682.

Johnson, Miriam J., et al. 2018. Chronic Breathlessness: Re-thinking the Symptom. *European Respiratory Journal* 51: 1702326.

Kearney, James. 2012. 'This Is Above All Strangeness': *King Lear*, Ethics, and the Phenomenology of Recognition. *Criticism* 54 (3): 455–67.

Lansing, Robert W., Richard H. Gracely, and Robert B. Banzett. 2009. The Multiple Dimensions of Dyspnea: Review and Hypothesis. *Respiratory Physiology and Neurobiology* 167: 53–60.

Laviolette, Louis, and Pierantonio Laveneziana. 2014. Dyspnoea: A Multidimensional and Multidisciplinary Approach. *European Respiratory Journal* 43: 1750–62.

Mazzio, Carla. 2009. The History of Air: *Hamlet* and the Trouble with Instruments. *South Central Review* 26/1–2: 153–96.

McKinstry, Jamie, and Corinne Saunders. 2017. Medievalism and the Medical Humanities. *postmedieval: A Journal of Medieval Cultural Studies* 8/2: 139–46.

Oxley, Rebecca, and Jane Macnaughton. 2016. Inspiring Change: Humanities and Social Science Insights into the Experience and Management of Breathlessness. *Current Opinion in Supportive and Palliative Care* 10: 256–61.