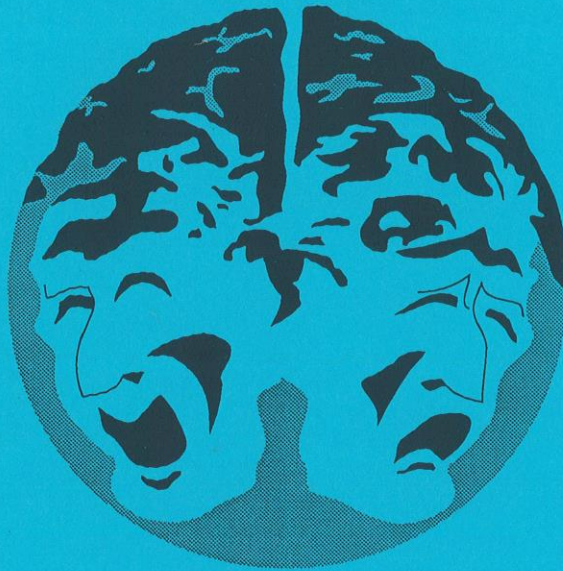




ISRE '94



ISRE '94

**PROCEEDINGS OF THE VIIITH CONFERENCE
OF THE INTERNATIONAL SOCIETY
FOR RESEARCH ON EMOTIONS**

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THE INCORPORATION OF THE 'MATERIAL' IN THE SOCIAL DOMAIN: EMOTION AND RESPIRATION

Margot L. Lyon

Australian National University

Emotion links bodily and social processes

An understanding of the body in social process requires an articulation of its significance in both physical and social terms. The mediation of bodily and social processes is best demonstrated through emotion, which is both embodied and social relational.

A demonstration of the point that emotion makes possible the conceptualization of the interconnectedness of bodily and social being and action is difficult. This is because both these 'aspects' of emotion are part of the very constitution of social life. One bodily process, however, facilitates both movement between physical and social realms, and the comprehension of their simultaneity: respiration. Respiration is a capacity of the body which is mobilized in all behavior and is at all times implicated in the generation of emotion, whether the subject is aware of it or not. The phenomenon of respiration (the physiological and mechanical processes associated with breathing) is the only bodily capacity which is simultaneously under both autonomic and 'conscious' control. Respiratory function is continually being modulated through either or both 'channels': one 'internal', the other socially mediated. This modulation is mostly below awareness, and varies complexly in terms of internal physiological factors, type and level of physical activity, and subjective aspects of social experience.

The 'dual control' of respiration means that particular patterns or styles of breathing--in their appropriate social contexts--may come to be differentially associated with particular types of subjective and social experience. These patterns may be habitual or voluntary, activated directly or indirectly, and be used consciously or unconsciously. Although such links may be observed primarily in cases of unusual behavior or states (e.g., in trance or ecstasy), the relationship between respiratory patterns and subjective experience is a basic feature of how our bodies and 'selves' function. It is part of the 'background' of our bodily and social being in the world.

My aim is not to reduce feeling to respiratory function, nor to match specific experiential states to particular respiratory patterns. Rather, the interconnectedness of emotion and respiration can demonstrate emotion's simultaneous linking of bodily and social-relational experience (Lyon 1994). Embodiment is especially experienced when we feel. The relationship between embodiment and emotion, experience and action, is partly mediated through the respiratory system, for respiratory patterns are associated not only with internal physiological regulation but with the generation of feeling states, as well as with their expression through vocal and other forms of communication.

Respiration serves both metabolic and behavioral functions

Spirit and breath are represented by a single term in many languages giving unitary conceptual form to the complex inter-relationship of breathing, consciousness, and feeling (Onians 1954). The interrelationships of 'mind', emotion, and breath which figure in such linguistic conceptions seem to mirror the complex anatomical and physiological connections which in fact link the human respiratory and other bodily systems. These interconnections can be understood partly through the fact that the respiratory, cardiovascular, and other organ systems "share" the pathways of the

autonomic nervous system. The autonomic components of the nervous system, along with the limbic and hypothalamic areas of the brain, are of key importance in emotion. Variations in breathing patterns are linked to variations in emotion states, both processes being mediated by the autonomic nervous system. Expression, too, is mediated autonomically, and facial expression, for example, is not unconnected to respiratory neural mechanisms, for there is apparently a close neurological relationship between respiration and facial expression grounded in the common phylogenetic relationship of the muscles used in facial expression and those of the gills in lower animals (Rinn 1984).

Respiration, as noted, is under both 'voluntary' and autonomic or 'involuntary' neural control. The skeletal muscles attached to ribs and between ribs and sternum, which serve to raise and lower (expand and contract) the rib cage to draw in and expell air, are subject to voluntary control (we can intentionally take a deep breath). These muscles are also innervated by branches of the autonomic nervous system which further provides the major innervation of the smooth (rather than skeletal) muscle of the diaphragm. Breathing is thus also 'automatic': we do not have to think to breathe. As the only autonomic function of the body so mediated, breathing thus serves both metabolic and behavioural systems (Plum 1970). Particular respiratory patterns can come to be associated with particular feeling states both by convention and by conditioning, and can be used in the direct manipulation of physiological and subjective states. Further, respiratory patterns and their accompanying manifestations are communicative both in a surface and a deeper sense. They can reveal to an observer clues as to the physiological and subjective state of the person. They are also one of the chief mechanisms mediating the establishment of common interactional rhythms and synchronous behavior in groups.

The point here is that breath is one pathway through which this interrelationship between body, emotion, and social being is constituted and through which it can be explored. Breathing is also implicated in the production of speech, song, and all forms of bodily movement, as well as facial expression, and so forth. Respiratory patterns thus cannot be isolated from the wider bodily and psychosocial context of which they are a part.

The medical, psychological, and psychiatric treatments of the respiration-emotion couple emphasize abnormal states, that is, the association of 'abnormal' respiratory patterns with physical or psychological pathology. Most emphasis in this literature is given to ventilatory forms such as hyperventilation ('overbreathing') and its frequent association with anxiety or panic states, as well as a whole range of somatic manifestations. The concern with both physiology and the experience of emotion also figures in studies of catharsis and abreaction.

Effects of overbreathing are rapid and diverse. The inflation of a balloon, for example, may induce dizziness or a sense of lightheadedness. The repeated long exhalations bring about a reduction in partial pressure of blood carbon dioxide which in turn acts on the nervous system to cause vasoconstriction of both arteries and veins supplying blood to the brain, particularly the neocortex. This leads, in effect, to a mild form of hypoxia associated with changes in circulation rather than with a deficiency of oxygen in inspired air. This vasoconstriction can commence after only a few seconds of overbreathing, and is mediated by the central nervous system on which the carbon dioxide acts. Thus, it is carbon dioxide, not oxygen, which is the primary stimulus for the respiratory system, and its varying levels are associated with a number of physiological responses including the control of cerebral blood flow, particularly to the forebrain (Lum 1976:203). The emotional response often associated with hyperventilation is thought to be facilitated by lowered cortical control associated with reduction of blood flow to this area.

Although the clinical literature gives emphasis to negative correlates such as anxiety or panic, Lum argues that in fact anxiety is quite often the product of hyperventilation itself which may be triggered by any number of other factors which go unrecognized by physicians (Lum 1975:380). For example, it has been suggested "that the loss of voice seen in singers and their conditions of anxiety and stress may be due to hyperventilation" (Lowry 1967:16). Or, the association of hyperventilation with crying observed in children who "thinking tears were warranted but finding them not quite spontaneous, facilitate crying by taking a few deep breaths" (ibid.). The trigger for hyperventilation "is not necessarily associated with fear or anxiety...Laughter, pleasure, excitement or animated conversation may all do it--even watching the television. Likewise exertion or the malaise of real physical illness. With frequent repetition the response takes on the characteristics of a conditioned reflex" (Lum 1976:198). It should be noted also that over- or underbreathing is always subject to manipulation by individuals for particular effects. It is said, for example, that Charles Darwin and Florence Nightingale both exploited the effects of overbreathing to bring on apparent states of syncope or collapse (Pickering 1974).

The relationship between respiratory patterns and emotion is also easily observed in socio-cultural contexts in which unusual states are manifest. These may be associated with the intentional use of a particular breath technique or with some form of rhythmic action which serves to establish a particular respiratory pattern. Examples are states of heightened emotion in trance or possession dances (Sargent 1973; Katz 1982), or lowered emotion as in certain Asian meditation traditions or other meditative techniques in which breath regulation is highly developed (Wallace 1970).

The uses of breath-work in various Western, somatic-based therapies to enhance emotional arousal and expression, provide additional examples. Most of these techniques favor hyperventilation. A combination of deep diaphragmatic and thoracic breathing is used, for example, in 'rebirthing' and 'primal therapy', to facilitate the experiencing of emotion and its open expression. The reduction of blood carbon dioxide levels and the consequent reduction (through vasoconstriction) of blood flow to the forebrain, is implicated in reduced neocortical control, apparently reducing the ability of the 'conscious' mind to 'override' or integrate emotion within everyday action. Such effects thus enable a more focused and intense experience and expression of emotion.

Emotion and bodily agency: the "capture" of bodily capacities by emotion and vice versa:

Tomkins states that "[t]he breathing mechanism is continually being captured by the prevailing affective responses" as the "breathing patterns of normal human beings are continually modulated by such affects as fear, joy, depression, grief, startle, distress and anger" (1962:48). Tomkins emphasizes that this process is an ongoing part of the 'background' of being. The bodily experiences associated with alterations in respiratory patterns are therefore part of the embodied awareness of one's subjective state in any relational context, i.e., are a dimension of emotion. We know also that the 'dual' control of respiratory capacities means that particular techniques of breathing may be used to facilitate the generation of emotional experience. The modulation of breathing patterns is thus part of the constitution of emotion. Its role is implicated in most areas of human activity including major communicative acts such as talking, crying, singing. Even in sleep, this relationship pertains: "Asleep as well as awake, man's breathing reflects his emotional state. If something absorbs his interest, his breathing reflects his excitement....Indeed, the respiratory system is a major mode of expression for a variety of feelings. The breath-holding of temper tantrums or anger; the singing, humming, or whistling of happiness; the sighing of passion; and

the sobbing and crying of sorrow or grief are only a few examples" (Slonim & Hamilton 1976:142).

Through its role in mediating emotional response, respiration also has a more profound function in the constitution of social life and action, which is evidenced in the role of respiratory patterns in interactional rhythms and synchrony in groups. Studies in nonverbal communication, micro-analysis of interaction, and physiological sociology (Davis 1982; Barchas & Mendoza 1984) have examined how various bodily systems may be implicated in the establishment of rhythmic or synchronous relationships between individuals in interaction. Rhythm in this sense is a form of temporal patterning grounded in both biological and social functions. It is a property of structures (which are simultaneously social and bodily), not an entity in itself. Rhythms, thus, are about relationships in time.

The synchronous relationship of breathing rhythms has communicative functions, both in itself and through its role in other behaviors such as speech rhythms and intonation patterns. Variation in respiratory co-rhythms also has implications for the experience and generation of emotion in groups (as well as the reverse). This is not limited to the level of small group or face to face interaction. It can pertain at any level of engagement in society. 'Synchronous'--as well as 'out of synch'--relationships, indeed relationships of any kind, have emotional dimensions and emotional consequences. Respiratory patterns are then an aspect of the mediation of such emotional dimensions of structured relationships. Although the work of sociologists of emotion such as Kemper and Scheff do not refer to respiration, an account of the bodily aspects of the emotional processes in society to which they refer would encompass it. Scheff (1988), for example, in his discussion of social conformity studies, shows how being 'out of synch' with the group of which one is a part can result in shame. The mediation--through emotion--of the state of 'being out of synch' would obviously involve bodily as well as social responses. The same would pertain in terms of the emotion-mediated social and bodily responses to variations in power and status relations (Kemper 1984).

Affective order:

Alterations in respiratory patterns thus may be seen to be an important bodily mechanism through which physical and emotional experience and action are shaped or 'tuned' in the context of social relations. This mechanism is therefore fundamental in the establishment and ordering of social relationships for emotion inheres in and is a product of social relations.

Emotion organizes human behavior, and it does so in ways that go beyond what may be understood through concepts such as motivation or 'arousal'. Durkheim saw that action in groups engendered what he termed a "moral force". Such a force, for Durkheim, is partly grounded in emotion, that is, the emotion which originates in particular social forms and group action. These emotions or collective sentiments are the basis of the productive power, the efficacy, of society (Durkheim 1915 (1965):406). Durkheim was thus concerned primarily with the social ontology of emotions. To this must be added the place of bodily agency in the ontology of emotion.

The treatment of respiration here has sought to understand how social processes, through emotion, are embodied. Respiratory functions can be said to play an important role in the establishment of "affective order". They provide a mechanism through which both individual-psychological and social-relational dimensions of emotion are made manifest in social life, and how they are therefore part of the organization of human behavior simultaneously at individual and group levels.