



Call for papers for an *ephemera* special issue on:

Intangible breath? Exploring the organization of respiration

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In times of Covid-19, it has become increasingly apparent that breathing is not only a vital life process indicating the leakiness (Shildrick, 1997) and connectivity of bodies, but also a matter of organizing. The numerous pandemic practices unveil the organizational aspects of respiration: meeting and breathing together in indoor spaces often requires sociomaterial regulation. We enter public ‘breathing spaces’ (Mitman, 2008) with vaccination or testing certificates; ‘respiratory publics’ (Nguyen, 2020) develop hygiene or ventilation concepts; containment scouts track shared air zones; people quarantine to protect others from their respiration or organize their used face masks for airing on walls. Such organizational practices that aim to facilitate breathing rely heavily on sociotechnical infrastructures and specific materiality (e.g., filter, disinfectants, masks, antigen and PCR tests, ventilators, air conditioners, air quality measures, QR codes, Bluetooth connections, or apps). Aside from pandemic issues, breathing is being organized for other reasons too – for example, in yoga, dance, singing, or birthing classes; in ventilation architecture; and in safety policies for polluted or chemically hazardous environments.

In this special issue, we seek to explore respiration: the ins and outs of its daily corporal, political, and sociomaterial organization and disorganization. At first sight, breathing occurs below the level of

consciousness. That is, we are usually unaware that the vital process relies on many corporeal materializations: the body is slightly moving while inhaling and exhaling; countless transformation processes are performed; reaction chains are initiated. Moreover, since the main component of breathing — air — is a boundless, intangible, difficult-to-discipline medium, the organizational processes of breathing have their limits. Although air's materiality is being classified, evaluated, and studied, it remains multiple, unstable, elusive, and relationally boundless.

In this tension of dis/organizing the practice of breathing and its sociotechnical interplay, many interesting questions arise: How does breathing allow new perspectives on dis/organizing? How can we situate and study the organizational aspects of breathing? How do messy air and vulnerable bodies interact with policy concepts? How do bodies enact organizational politics through breathing (Allen, 2020; Górska, 2016, 2018; Nieuwenhuis, 2018)? How does the dis/organization of breathing relate to inequalities and differences?

Based on these questions, we want to call attention to the relationality as well as the differentiability incorporated into respiratory dis/organization. For one thing, breathing is an 'ongoing metabolic relation' (Choy, 2020: 587), as the inhaled air is an element of relating, an interface where humans and more-than-humans, bodies, and the world meet and mingle (Adey, 2014; Baake, 2018; Górska, 2016). Everybody is embedded in these human-atmospheric relations. However, the shared air affects bodies in different ways. Breathing is thus enrolled into social, material, political, corporal, and cultural differences (Choy, 2011, 2012), and the dirty breathing air emitted in late industrial environments needs to be situated (Ahmann, 2020; Ahmann and Kenner, 2020; Fortun, 2012). Like smog (Choy, 2011; Kenner, 2018, 2019) or indoor chemical exposures (Murphy, 2006; Shapiro, 2015), SARS-CoV-2 made vividly apparent that 'being able to breathe freely' (Ahmed, 2010: 210) is not a matter of course: the likelihood of infection, vaccination breakthroughs, and mortality rates, for example, encounter socioeconomic disparities. The virus meets various bodies with unequal lung capacities, different immune defences, and situated work relationships all surrounded by specific air qualities.

Accordingly, not everyone has the same capacities to build a safe place to breathe (Brown, 2017; Garnett, 2020: 61; Murphy, 2006).

In sum, we invite contributions at the crossroads of Organization Studies, Science and Technology Studies, Media Studies, Anthropology, Sociology, Critical Geography, and other academic disciplines to give voice to the situatedness, complexity, and multiplicity in the dis/organization of breathing and air. Possible topics include but are not limited to one or more of the following:

- *Theorizing the sociality, culturality, and mediality of breathing:* Respiration and social interaction orders; cultural techniques of breathing and their embodiment (Peters, 2018); socioeconomic and gendered aspects of breathing; medial aspects of respiration.
- *Sociotechnical infrastructures and the sociomaterial dis/organization of breath:* Agency of nonhumans and their specific effects; infrastructures, aerial mobility (Adey, 2010), and medical shortages; air monitoring and modeling practices (Garnett, 2020; Calvillo, 2018a, 2018b); air's technical manipulations (Graham, 2015; Sloterdijk, 2009); and technologies embedded in the organization of breathing, e.g., ventilators, disinfection, air purifiers, air conditioners, tracking apps or face masks (Lupton et. al, 2021).
- *Organizational experiences of breath and breathlessness:* Chronic respiratory diseases and their (daily) management (Life of Breath, 2020); practices of dwelling in quarantine; lived experiences of healthcare workers; invisible suffocation.
- *Locating breathing:* Organizing (pandemic) breathing in elevators, schools, restaurants, or quarantine hotels; the organizing principles of public breathing spaces; spatial smell organization (Canniford et al., 2018; Corbett, 2006; Riach & Warren, 2015); breathing dynamics and respiratory politics of buildings and atmospheres, e.g., invisible dangers lurking in the indoor air or lungs coated in smog.

- *Ethics and politics of aspiration*: Air-related political control, regulation, and policies; aerial politics, protests, and activism; antimaskers and public breathing spaces; hospital bed or ventilator distribution; management of unruly and unpredictable bodies; the rise in risk factors.
- *Breathing as a matter of care*: Practices of ‘air care’ (Brown et al., 2020); (non)care for high-risk and long-Covid patients; advocacy for clean and safe indoor air; increasing focus on breathwork as a self-care trend; care for nonhuman breathing.
- *Affective and sensual moments of breathing*: Enacting vulnerability and risks (Górska, 2016); affective well-being and breathing spaces; corporal differences and risks; collective breathing affects; sensual bodies and relations with air; breathing techniques for sensual reorganization; affectivity, politics, and organization of atmospheres (Borch, 2010, 2014; Philippopoulos-Mihalopoulos, 2016).

Deadline and further information

The deadline for submissions is October 31, 2022. All submissions should be sent to one of the special issue editors: Lisa Wiedemann (wiedemal@hsu-hh.de), Vanessa Weber (vanessa.weber@hcu-hamburg.de), or Hannah Grün (gruenh@hsu-hh.de). *ephemera* encourages contributions in a variety of formats, including articles, notes, interviews, book reviews, photo essays, and other experimental modes of representation. The submissions will undergo a double-blind review process. All submissions should follow *ephemera*’s submission guidelines, which are available at <http://www.ephemerajournal.org/how-submit> (see the ‘Abc of formatting’ guide in particular). For further information, please contact one of the special issue editors.

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