

Breathing as Politics and Generational Transmission: Respiratory Legacies of War, Empire, and Chinese Patriarchy in Colonial Hong Kong. *Public Anthropologist*

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Abstract This article draws on biographical, autoethnographic, and experimental forms of writing in order to reflect on the intergenerational transmission of war and displacement in the late colonial period of British rule in Hong Kong, and Japanese occupation. Intimate histories across three generations reveal experiences typically neglected by customary Chinese or colonial readings of the period. Specifically, the article privileges breathing as a site for analysing the interplay between body and home, dwelling and displacement, and the corporeal and psychic transmission of Chinese patriarchy and Anglo-Chinese intra-familial relations. It links the body as a dwelling for assaults on the ability to breathe—through tuberculosis, opium smoking, asthma, and panic—with the physical home that is, in turn, assaulted by bombs, killing, intimate betrayals and fatal illness. Aptly, the Covid-19 “pandemic of breathlessness”, during which the research was conducted, serves as a mnemonic for the reprisal of fears of suffocation and dying.

Hong Kong; British colonialism; breathing; war; displacement; violence; trauma; patriarchy

This article reflects on biographical and intergenerational aspects of war, violence, and empire in colonial Hong Kong through details of a single family, namely my own. Relevant historical frames comprise transnational, colonial, and postcolonial relations encompassing British rule in Hong Kong (1841-1997), the Japanese occupation of Hong Kong during World War 2 (WW2) (1941-5), and post-war immigration to Britain. The article draws from wider research conducted onto the family history¹ and life-history conversations conducted with my mother during the Covid-19 pandemic in 2020, but also over her lifetime. The emphasis on patrilineality in both the ancestral records and oral family history certainly downplay the experiences of Chinese women and children who faced extreme gender inequality and subordination under Chinese patriarchy. Thus, generational biographies of women such as my mother, and her mother, provide hidden “disruptions” to customary Chinese narratives and insights into practices and experiences that are marginalised or suppressed by imperialism, patrilinearity, and patriarchy—specifically to gendered injuries that are reproduced by colonial and heteropatriarchal exploitation and

¹ Material includes two centuries of patrilineal descent lineage recorded in the ancestor book in the family’s ancestral hall in Guangzhou, Southern China, and the oral history narrative of deceased male relatives transcribed by their sons.

repression.² They beg questions about ways extraordinary and ordinary violence of “minor histories”³ are ‘handed down’ or reprised across family generations, and they worry the silencing of colonial women by the epistemic violence of phallogocentric tradition, feminist criticism, and Eurocentrism.⁴

Specifically, the article takes breathing as lens for understanding the intergenerational, transnational transmission of trauma and displacement, and its physical, psychic, and imaginary return in family relations across colonial Hong Kong and post-colonial England. Breathing in this scenario signifies as a mode for understanding the past, the interplay between body and world, occupation/colonisation and contamination, and the corporeality (perhaps heritability) of national and family politics. That is, respiratory illnesses, asthma, and panic attacks describe violent logics inscribed in the body, and offer an alternative view of colonial and postcolonial family history across three generations. In this perspective, the breathing body is a vessel for relations of the person and world—a kind of social lung that expands or constricts with the shifting of intensities of wartime and violence as they permeate the present with memories of the past. Breathing links the body as a dwelling for assaults on the ability to breathe, with the physical home that, in turn, is assaulted by bombs, killing, violent betrayals, and fatal illness.

Correspondingly the article employs biographical, including autoethnographic, approaches to anthropological writing to enhance the expression of intimate knowledge about war, displacement, and empire. Unpacking complexities of family history involves ethnography as both an epistemology and an anthropological mode of inquiry. The article experiments with creative literary approaches in anthropology that cross boundaries between fiction, poetry, imaginal, and other expressive arts⁵ in order to write against “colonial common sense”, prioritise intimate, intra-familial and psychic histories of empire,⁶ and ethnography as an experiential method that is foregrounded in contemporary writing.⁷ Thereby it seeks to capture charged

² Spivak, G. C. (1993). “Can the Subaltern Speak?” In L. Chrisman and P. Williams (eds.) *Colonial Discourse and Post-colonial Theory: A Reader*. Harvester Wheatsheaf.

³ Stoler, A. L. (2009). *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*. Princeton University Press.

⁴ Spivak 1993.

⁵ Pandian, A., McLean, S. eds. (2017). *Crumpled Paper Boat: Experiments in Ethnographic Writing*. Duke University Press.

⁶ Stoler 2009.

⁷ McGranahan, C. (2020). *Writing Anthropology: Essays on Craft and Commitment*. Duke University Press.

atmospheres of everyday life requiring haptic description in which the object of analysis is discovered through “writing out its inhabited elements in space and time”.⁸ Further, storied ethnographic approaches can elaborate between theory and data in the process of archival research, conceptual development, and writing.⁹ Although I have been writing anthropologically about war, violence, migration and empire for many years—only now am I writing about these phenomena personally.¹⁰ Writing is an experimental mode of gathering female knowledge about the respiratory and bodily effects of war and colonialism transmitted in the family. Hélène Cixous exhorts, “Writing is for you, you are for you; your body is yours, take it”, and “Write! and your self seeing text will know itself better than flesh and blood”.¹¹

The article questions: what kinds of knowledge bodily and respiratory illnesses reveal about the intergenerational legacy of war and imperialism, particularly as they speak to registers of endurance that are constitutive of forms of life and getting by? How to situate enfleshments of body-world experience within the quotidianity of a mother-daughter relationship across generations? What textures of war-related violence and traumatic dislocation register in the flesh and in the forms of life that sustain it? What can disorders of breathing (asthmatic, tubercular, somatic) reveal about the shared knowledge of war and violence inflicted on and within the home between family generations?

Breathing as Politics and Intergenerational Transmission

While my mother had previously recounted details of her life, we began conversations in earnest during the spring of 2020 when she was 87 and feeling, as she periodically always had, the imminence of death. These conversations developed on previous stories, details, and fragments shared over many years, now assuming an unacknowledged urgency due to our mutual unspoken recognition of her mortality. They also occurred during the long days of the Covid-19 pandemic in 2019-20 that saw oppressive lockdown measures imposed on the nation, stringently for citizens

⁸ Stewart, K. (2011). “Atmospheric Attunements” *Environment and Planning D: Society and Space* 29(3): 445-453.

⁹ Stoller, P. (2007). “Ethnography/Memoir/Imagination/Story” *Anthropology and Humanism* 32(2): 178-191.

¹⁰ Fully informed consent and institutional ethical approval were given for the decision not to anonymise my mother and grandparents.

¹¹ Cixous, H., K. Cohen and P. Cohen. (1976). “The Laugh of the Medusa” *Signs* 1(4): 875-893.

over 70.¹² While death rates surged, the Pope addressed a rainy, empty St Peter's Square with the words "we find ourselves empty and lost",¹³ words which my mother, a devout Catholic, assumed as an instruction for feeling and identification.

The enforced confinement of lockdown augured an atmosphere of wartime, curfew, anxiety and breathlessness. It induced asthma and panic attacks for me and corresponding feelings of anxiety impressed with the memory of other earlier epidemics in the family that threatened the ability to breathe. In the uncommon night-time silence of the lockdown I became attuned to a sudden shortening of breath. My heart racing, I laboured to control my panic by slowly inhaling and exhaling through an emotional atmosphere of panic that was also a fear of dying and a historical fear of repeated incursion into the home. I timed my racing heart, mobile stopwatch in left hand, two fingertips of my right hand on my left pulse, while I pushed the stopwatch with my left thumb and measured my arrhythmic heartbeat against the clock's time: too fast. I do this repeatedly. In my fears about dying and being unable to breathe, I worried the thought that this "war" will claim my mother's breath, as with the death of her father. Will I have the opportunity to tell my daughter about her history, which is now also a "bio-biography" and a story of becoming breathless? In the respiratory sensorium uncovered through these new measurements of breath, panic, and temperature I imagined a slow death by suffocation, and in measurements that fail to keep time. These night terrors dissipate in daylight. I slept with unread books beside the bed (Favret-Saada, Duras, Montaigne), my inhaler on the pillow. Strange comforts, a lover slept there last year.

The crisis also bore on my urgent fears that my mother, elderly and asthmatic, should keep breathing, alongside the resurfacing of transmitted intergenerational states of fear, grief, and sudden breathlessness surrounding my grandfather's death in Hong Kong from tuberculosis during the Japanese occupation (1941-5) which resulted in famine, widespread killings, and executions.¹⁴ The viral encroachment of Covid-19 on our collective ability to breathe was mooted by politicians as a metaphor for war, as in the words of PM Johnson, "We must act like any wartime government...to win the fight".¹⁵ As a mnemonic and "pandemic of breathlessness"¹⁶ the

¹² <https://www.bbc.co.uk/news/uk-51917562>

¹³ BBC1 6pm News. Broadcast 27 March 2020.

¹⁴ Snow, P. (2003). *The Fall of Hong Kong: Britain, China and The Japanese Occupation*. Yale University Press.

¹⁵ Rawlinson, K. (2020). "'This Enemy Can Be Deadly': Boris Johnson Invokes Wartime Language" *The Guardian*, 17 March.

¹⁶ <https://lifeofbreath.org/2020/04/a-pandemic-of-breathlessness/>

crisis provoked thoughts about intergenerational infection, contagion and historical trauma circulating with the looping effects of real war (and virus-time as wartime), and their historical creep into the family.

Covid-19 governance in England—with its measures of social distancing, lockdown, empty streets, and eerie silence—described an attempt to manage this attack and to direct bodies, lungs, and respiratory pathways to more benign circulations and criss-crossings of space and time that would not cause people to infect one another but to align more benevolently. The coronavirus excited unimpeded fears around Britain’s colonisation by an alien virus causing breathing problems, asthma, and the restriction of movement outside the home. If it represented the return of an anxiety symptom around desires to enforce borders of belonging that outsiders cannot have, it also represented a resignification of the threat of foreign takeover and the viral toxicity of nationalist politics for the environment: issues of the post-Brexit era. In this island prison the air became putrid, infectious, an intense indicator of panic and despair, and a paradox of national and medical progress amidst accelerating deaths.

Air, toxicity, and the struggle to control one’s own and others’ infectious breathing interact with imperial, colonial, neoliberal, and other political rationalities. By end June, the pandemic saw 50k dead in Britain and 10m infections globally.¹⁷ Breath, violence and inequality— matters intimately connecting my mother and me—were furiously propelled to the forefront in mass global protests that followed the death of a black man George Floyd from respiratory failure and the visible constriction of his neck in police custody in Minneapolis on 25 May.¹⁸ The protest slogan “I can’t breathe”, the last words of the black man Eric Garner who died in a police chokehold in New York in July 2014, revived as a rallying cry against endemic failures to eradicate racism. Black protestors, overwhelmingly at greater risk of death to respiratory failure due to Covid were at the vanguard, while police attacked crowds, including teenagers, with rubber bullets and chemical gas, causing choking, wheezing, coughing, crying, and excruciating pain.¹⁹

Breathing is our most fundamental interaction with the world. Breath and air are ephemeral, yet fundamental. As political incarnates they hold moral powers, trans-corporeal

¹⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

¹⁸ <https://www.independent.co.uk/arts-entertainment/music/news/george-floyd-death-nick-cannon-i-cant-breathe-again-video-protests-a9541661.html>

¹⁹ Schmidt, S. 2020. “Everyone Went Moving Backwards and Crying”. Teens Describe Getting Gassed and Hit with Rubber Bullets. *The Washington Post*, 6 June.

<https://apple.news/ALMSQkAWgTuWCCSMsvPwa7A>

ethics,²⁰ and the state's control of movement, disease, and ventilation. Breath describes a sensuous interplay between the borders of body and world, soul, and city. Breath bears on Billé's somatic metaphor of border-as-skin that "are imagined as diaphanous membranes yet are interactive zones of substantial depth" whose textures are marked by state violences ranging from haptic interpellation, traumatic dislocations, and partitions.²¹ Asthmatic breathing (like the effects of violence) is unique, individual, and asynchronous; "asthma" is an umbrella term for multiplicities of medical, historical, political, and environmental entanglement that coalesce in disordered breathing.²²

If "flesh comes to us out of history", Angela Carter asserts,²³ the inability to breathe has advanced through my family like smoke, in severe asthma induced by traumatic shock in my mother as the daughter, and again in her daughter, and in cross-generational memories of violence that intrude variegatedly and must be brokered and reckoned with: in epidemics reprised for the present.

104 Johnston Road

In summer 1932 when my mother Yuen Miu Ling was born, 104 Johnston Road in Wanchai, Hong Kong, was owned by my maternal grandmother Yuen Lo Wai Jun's family, and a three-storey building as now. Before it was bombed during the Japanese occupation, Wai Jun's sister-in-law lived on the top floor with her two children, a boy and a girl. Her brother had another wife and travelled between Hong Kong and Australia (Cairns) for business interests, like his father who had owned a sugar cane farm in Australia's Northern Territories. After sugar first arrived in Australia in 1788, many Chinese labourers worked on ventures in the Northern Territory and

²⁰ Alaimo, S. (2010). *Bodily Natures: Science, Environment and the Material Self*. Indiana University Press.

²¹ Billé F. (2018). "Skinworlds: Borders, Haptics, Topologies" *Environment and Planning D: Society and Space* 36(1): 60-77.

²² Kenner, A. (2018). *Breathtaking: Asthma Care in the Time of Climate Change*. University of Minnesota Press.

²³ Carter, A. (1979). *The Sadeian Woman: An Exercise in Cultural History*. Virago.

Queensland.²⁴ Others, including Wai Jun's father, established farms on land around Darwin; Chinese sugar producers in Cairns flourished into the early 1900s.²⁵

On the second floor lived Miu Ling's maternal grandmother, Leung Yok Waan, with her younger daughter Wai Hong, my grandmother's sister—and later Wai Hong's daughter Miu Wan, whom she bore with her sister's husband, my grandfather. On the first floor lived my grandfather Yuen Sing Chi, my grandmother Wai Jun, my mother, and my uncles Hung and Kuan. The ground floor was leased as a shop, and later variously became a barbershop, hair salon, food specialist shop, and other enterprises. Their floor comprised three rooms, and a small glass-fronted sunroom with flowerpots and a dining table overlooking the street. In the main room, a large rosewood daybed or opium bed with marble inlay occupied the centre. When Sing Chi became debilitated by tuberculosis, his breathing painful and laboured, he smoked opium here. He was the home's heart, enclosed jealously like a jewel by its rooms and routines, and the enveloping care of its women. As a child Miu Ling played with her father's pipes, although he mostly prepared them himself. She described the home being permeated with illness and unhappiness from the beginning—her father's illness, mother's unhappiness, aunt's treachery—and learnt early that a family could hide and protect the worst betrayals.

Each floor housed a basic bathroom containing a tap, wooden bucket filled with water and wooden ladle for washing. There was no toilet. The communal waste bucket was carried downstairs to the night soil collector each morning and sold to farms for fertiliser. After the war, when the building was rebuilt with a maternal uncle's money, toilets were installed. The bathroom remained rudimentary, containing just a tap. When my mother returned to Johnston Road as a married woman, she was frightened by the bold nocturnal wanderings of large rats through the rooms, cockroaches that zig-zagged freely over the kitchen floor. Now Wai Hong was householder, the house had grown unruly.

My mother used the word "building" to talk about Johnston Road; never "home", or house. As the site of her parents' deaths and a bomb that raised the home, "building" evokes the silenced schisms of violence, severance and war, and the stifling memory of the bombsite as constitutive of traumatic losses of home for orphan siblings who had to (re)inhabit an alien setting. "Building" reveals ways the body of Hong Kong, an eviscerated tubercular, addicted, and

²⁴ May, C. (1984). *Topsawyers: The Chinese in Cairns, 1870-1920*. James Cook University History Department.

²⁵ May, C. (1995). "The Chinese in Cairns and Atherton: Contrasting Studies in Race Relations, 1876-1920" In: Macgregor, P. ed. *Histories of the Chinese in Australasia and the South Pacific*. Museum of Chinese Australian History.

war-torn metropolis, was sundered and transformed into a theatre of repeated violence for political and family conflicts, and for physical and ontological displacements of strange encounters and cleavages from multiple pasts to dissipate through the national and domestic landscape. Writing about the state's destruction of a sacred Australian Aboriginal site, Jackson underscores the accompanying losses of social value invested in such sites, and existential losses of people whose land and voices are trampled.²⁶ In Hong Kong likewise, grief took shape in the sudden, breathtaking destruction of minute, habitual ways of living which invisible women and children had lived out unnoticed and which, amidst grief's greater fever, were simply overlooked.

Bombsites and demolitions also stand for another kind of topography: a palimpsest of localities that in their successive multiple re-inscriptions, reclassifications, constructions, ruins, repairs, ghostly outlines, and renovations undo and remake historical atmospheres and time.²⁷ Pandolfo takes the city as a site for uncovered memory, and Freud's metaphor of the psyche as city to remind us that rhythms of psyche, memory, and city are commensurable.²⁸ Thus: rather than reprise the colonial archivist's story for the present, the Chinese one, or any one family's, how might the home, and forms of homelessness and displacement, sensitise us to the spatial and temporal rhythms of family relations in wartime, and their lapping and overlapping material, domestic, and respiratory histories?

After my grandparents' deaths, Wai Hong took the children to live with her sister near Northpoint, then to her father's concubine.²⁹ Kuan was placed in an orphanage for some months while 104 Johnston Road was rebuilt. In a reversal of previous spatial designations Wai Hong, lived downstairs in her sister's place, and my mother and Hung slept on a bunkbed in the corridor. The war robbed many families and Wai Hong's single status was no longer uncommon, illegitimate, below that of a concubine.

Chinese polygamy and concubinage were still common practice, and all the male relatives in Yuen Sing Chi's line took concubines after marriage. For example, my grand-uncle migrated to

²⁶ Jackson, M. (2013). *Lifeworlds: Essays in Existential Anthropology*. University of Chicago Press.

²⁷ Khan, N. (2020). "Sindh in Karachi: A Topography of Separateness, Connectivity, and Juxtaposition" *Environment and Planning C: Politics and Space*. <https://doi.org/10.1177/2399654420909395>

²⁸ Pandolfo, S. (2018). *Knot of the Soul: Madness, Psychoanalysis, Islam*. University of Chicago Press.

²⁹ A concubine is a woman who cohabits with man in a sexual relationship whose status is inferior to his wife, but whose children are the husband's legitimate heirs.

in Singapore after marriage, another British free port where business opportunities flourished and took three concubines in addition to his wife. He loved his fourth wife best, causing jealousy. Jealousies were intensified by the British colonial legal practice after 1867 of according customary Chinese concubines the new status of “wife” on a par with Muslim polygamy in Singapore—therein effacing the Chinese hierarchy of principal wife and concubines, and creating new sexual and social injustices.³⁰ Chinese concubinage and polygamy were only finally outlawed in Hong Kong in 1971.³¹ However, my aunt’s affair with my grandfather was taboo and caused immense suffering. Wai Hong was not a concubine and she never claimed maternity of Miu Wan. She hid her pregnancy and spent her confinement in Singapore, later returning to Hong Kong with the baby who she claimed she had adopted from her sister. She evaded Miu Wan’s questions about her origins by insisting “You burst from a rock”, even into adulthood.

In Wai Hong’s care my mother’s breathing thickened with grief as she was put to work “like a maid” (*mui jai*). She cleaned, cooked, had to stop attending school, and delivered lunches to her half-sister at the school-gates. The distributed use of orphaned children within the family for servitude was common, and my mother’s sibling sisters in Singapore were taken in by relatives to perform domestic work and childcare. This created new distinctions between legitimate women (wives, daughters) directly related to the household head and “menial women”, including kin, who entered the household as bonded labour.³²

Between 1900-40 in many Hong Kong households, membership was highly fluid; distinctions between household members were often unclear; servants, including servile menials, could be spoken of as kin, and kin treated as servants.³³ Maids (*miu jai*) were bondservants, commonly young daughters sold by their parents into unpaid domestic servitude around age eight; *miu jai* were common in nineteenth century China, and although abolished in Hong Kong in 1923, social evaluations persisted.³⁴ Watson notes two forms of “slavery” well-represented in the

³⁰ Ding, N. 2007. “Wife-In-Monogamy and the Exaltation of Concubines” *Interventions* 9(2): 219-237. Chinese customary marriage was finally abolished in Singapore in 1961 (Ding 2007).

³¹ <https://www.scmp.com/magazines/post-magazine/short-reads/article/2114162/archives-how-hong-kong-ended-concubine-system>

³² Ebrey, P.B. (1986). “Concubines in Sung China” *Journal of Family History* 11:1-24.

³³ Watson, R. (1991). “Wives, Concubines, and Maids: Servitude and Kinship in the Hong Kong Region, 1900-1940” In: Watson, R. and Ebrey, P.B. eds. *Marriage and Inequality in Chinese Society*. University of California Press.

³⁴ Jaschok, M. (1988). *Concubines and Bondservants: The Social History of a Chinese Custom*. Zed Press.

colony: domestic servitude, and the acquisition of women for prostitution.³⁵ He suggests *mui jai* persisted in substantial numbers until WW2. Concubines were also bought (*mai*, to buy, described the acquisition of a concubine), typically outright for life from a brothel, dealers in concubines and maids, or her parents; concubines in the Pearl River Delta were often *ex-mui jai*. Although concubines mainly served reproductive ends, many men took concubines to enhance their status, for example the *nouveau riche*.³⁶

This strange reversal of roles and fortunes wherein my mother became a maid, and her aunt a queen who usurped her dead mother, points to a ghostly materiality. It might draw us to the Freudian uncanny, the *unheimlich*, or unhomely, where beyond the familiarity of the actual historical event, a stranger more chromatic encounter and fundamental revelation with experience can occur.³⁷ For Freud, the uncanny belongs to all that is terrible—to “what arouses dread and horror”; it is not clearly definable, except insofar as it coincides with dread about the unknown, and is opposed to everything familiar, native, and of the home. Thus, perhaps it was fitting the building should collapse alongside the world for these children, reduced to a rubbly grave. Their foundations and futures now dangerously adrift, my mother and uncles stole apples from the street, ashamed of their hunger. Others searched the debris of bombed-out dwellings for saleable objects. In this way my mother joined the simple search of the insane, of all those war turns insane: those who went insane from dispassion, easy death, who died of hunger on the road, in the corners of their homes, half devoured by giant rats, dogs, and cockroaches.

The bomb laid everything bare, snatched their breath away. There was nothing left, so to speak, to sweep under the rug. The nightmare house rose up, repaired and changed, from the rubble. While its patterns of habitation were reversed, the memory pathways of habits etched into walls and floors were not. The unfaithful house appeared to Miu Ling as the embodiment of decay; its mocking face revealed a house in flux, capable of reinvention, a heaving, rasping cadaver now become a mutilated husk requiring upturned ways of living on. Passing through its unpredictable unfurlings the sibling children wandered like strangers, as if in a dream of death. As a dream-house, the building revealed burned, blackened walls, potholed floors, a memory staircase that opened like a swamp having fantastically survived the bomb. A dumping ground for unwanted children, the interior was empty, abject, inside out. The siblings, distrustful of the

³⁵ Watson 1991.

³⁶ *Ibid.*

³⁷ Freud, S. (2001) (1919). “The Uncanny” in Sigmund Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVII (1917-1919): An Infantile Neurosis and Other Works*. Vintage Classics.

house, slept on the street. They ate *congee* (rice porridge) rations, afraid of the intimacy of their displacement and abandonment. They paced their breath, together, through their rising panic, fear, and the thick smoke of fire and exploded bombs.

Wai Hong promised my mother and uncles that upon her death they would inherit a floor of Johnston road each, thus binding them to her whilst simultaneously emptying the building of them, and human traces of the past. A wealthy property owner, she took another lover. Although they remained together for the rest of her life, he slept on a fold-up Canford bed in the main room, indicating perhaps Wai Hong's enduring shame concerning sexuality, and compulsion to disavow her desire which was never legitimated, in either a European or Chinese marriage. When the siblings were adults and dispersed across the globe, she sold the treacherous building in exchange for a cooler, higher view on Cloudview Road where she could breathe more freely, the past now behind and below. The unhomey building now assumed the aura of liquidated cash, the capitalisation of familial division and entropic loss, and fully ruptured relationships between the siblings and their half-sister, who inherited everything. After her death, Wai Hong's vengeful daughter evicted her mother's lover and finally claimed for herself the building, her mother, and all her possessions.

Figure 1. Yuen Miu Ling and Yuen Kuan. Hong Kong, circa. 1943.

This summer evening in 1943 in Wanchai district, Hong Kong, my grandfather lies on the bed, his racked body still atop the finely woven matting. He has tuberculosis, even though he is a doctor of tuberculosis. He is smoking opium to dull the painful contortions caused by his bloody cough, his fever, flushed cheeks, the ache of his sunken, too-brilliant eyes, his bones. This disease has eaten his flesh, his "shoulder blades.. [are]...like the wings of the birds".³⁸ Opium smoking is *his* doctor's prescription, though once the relief has passed both know he will cough more protractedly, desperately. My mother, a child, has prepared his pipes. He taught her in play how to heat the pin over the lamp's flame, roll opium onto the pin, and heat and roll it alternately on the bowl to coax it into readiness for smoking. Now she prepares one in earnest. She approaches her reclining father, his head on the small headrest for smoking, pushes the hot black resin into the pipe which he holds in both hands, his right hand cradling the resting bowl and his left raising the long end to his mouth. She watches, and cares, as he inhales the vaporising smoke in short and long bursts, deeply, until every last tendril is pulled into all corners of his lungs and holds onto the

³⁸ Dormandy. T. (1999). *The White Death: A History of Tuberculosis*. Hambledon Press.

precious smoke and his desire for oblivion before exhaling. After three preparations he is sufficiently distant and removed from his fading body which will not survive long, from the pain of knowing he will die young, leave his wife and six children, his lover and their child who live upstairs, and from the shock of the bombs and relentless war which the British have done nothing to alleviate. My mother knows that the comfort of smoking is temporary, but makes the pipes so she can be near her father.

This evening all the family are home. My grandmother rocks the baby busily at the stove where she cooks, my infant uncle plays on the floor. My grandfather's lover is upstairs with her child and her mother, who is also my mother's grandmother. The peaceful anticipation of eating together is interrupted by a fracas on the street. Two Japanese soldiers shout after a young woman. They enter the staircase of the building, turn their way upwards and beat the door. My grandmother opens, they burst in. In fright she drops the baby. The woman the men are looking for is a prostitute they shout. They insist she is hidden in this building, in this flat. Furious at the unyielding homely scene, they instead turn their boots on my grandfather, smash his face and body, leave him unmoving. Afterwards my grandmother will tenderly clean and try to repair him, but he will die days later, 26 August. For my mother, his death, and the death soon after of her mother in the same building, will mark the end of all hope and the beginning of survival.

My mother sought forgetting in a refusal to remember until she became old, unlike her father who died at thirty-three, leaving us now to recreate a factual heritage from her fragmented and reluctant memory—although her imparted, inhalatory, and affective history is an ancient, familiar one. The connection of breathing and urgent unmet needs is one learnt in infancy; crying and breathing are so interlinked sometimes so entwined an infant cannot stop crying because to stop crying is to stop breathing. I wonder if grieving is as natural as breathing too, and if to stop grieving is to stop being alive.

My mother only recounted the details of her mother's death at 87, when she felt less the imperative to keep silent, feared less my father's judgements, her shame, or the sense that wartime trauma could not translate across time, distance, or the chasm from Chinese to English.³⁹ No longer brushing away tears that did overflow, horrifyingly, by insisting "I can't talk", or "I don't know", perhaps she wanted to finally turn her face to the past, be known.

³⁹ Schwarcz, V. (1998). *Bridge Across Broken Time*. Yale University Press.

Two years after Yuen Sing Chi died, just short months from the war's end, U.S. planes bombed Hong Kong's North coast, and the whole street they lived on was bombed. On this particular occasion, my mother recounted, the children sheltered by huddling together on the staircase, while their mother hid inside the apartment. Because of fears in the aftershock that the building would collapse, her aunt gathered the children and they fled across the street. From the vantage-point of looking back across the road, my mother saw pieces of bodies, arms, legs, a torso without legs that was still moving. Her mother did not join them. Eventually she was pulled from beneath the wreckage, alive but badly injured in her legs and taken to hospital. Her aunt took my mother to visit her only once, a tumulus shape beneath the sheet. The smell of bloated, decaying, suppurating holes in her flesh-stripped wounds was suffocating; they did not return. Years later she realised her mother had died of untreated bedsores, not her injuries.

The memory of my grandmother's death surfaced in my mother's fears of drowning, her vivid imagining of death by asphyxiation, being buried alive. In her eighties, living with so many memories of the past, she no longer went swimming because she feared she would drown if she swam too far from the pool-sides, sink like a stone, and her body remain there decomposing and undiscovered. Even if she swam out with courage, there remained the possibility she would lose direction and breath, and her lungs fill with water and drag her downwards. Though I insisted this could not happen, she would most certainly be rescued, she was serious. Though I inherited her swallowed grief, and her asthma, transmission is not a finite phenomenon but insinuated continuously into the enduring impression of other family violences. My father silenced my childish defiance with innumerable physical and mental punishments. I developed "symptoms": sore throats, stabbing pains, panic attacks, childhood impetigo, nervousness, sweatiness, and fantasised about murder (his) and suicide (mine). Hence breathlessness became a shared heritage between mother and daughter in the oppressive atmosphere of home—our suffering rendered silent and unworthy in its subordination to my father's needs. In Chinese and English patriarchy, men's breathing difficulties are tended to by women, as with my grandfather's tuberculosis, and men do not "naturally" care for women.

Nor for a long time could I find a way through the thick walls of self-muting because to speak was to be punished. Wai Hong too kept silence. When as a young adult I questioned her about her past she quietened me with claims the past was too painful to speak of—as perhaps the guilt and grief attached to bearing a child by your sister's husband, losing both, and giving your sister's children away might be.

More than before, in old age God became my mother's opium (being no Marxist). Having moved across oceanic divides from China to England, from Taoism to Christianity, her prayers transcend the nationalist and territorial divisions of war and religion. For her, prayer, like the

dream of free breathing, resembles the wind of the soul. As regulated rhythm, prayer offers a way to align scattered consciousness with the self, to enter the abode of God residing in the body, and to transport consciousness into a more primeval, primal state of time that transcends suffering and the world.

Now Covid-19 has confined us at home like prisoners of war, new thoughts about breathing, suffocation, and oppression cross-hatch the return of family history. Amidst this new epidemic which trapped many elderly people in domestic prisons with memories of war and the everyday violence of maddening spouses, my father circles the domestic space menacingly. My mother's response is tempered, habituated—and from a distance we pace and attune our breathing to a new mutuality and time.

Figure 2. Yuen Lo Wai Jun. Hong Kong, circa. 1940.

Opium and tuberculosis: colonial afflictions

Opium smoking, which my grandfather Yuen Sing Chi used as an analgesic for tuberculosis, was endemic among Chinese across colonial Southeast Asia, although Europeans in the colonies also smoked. Drawing hot smoke into bleeding, infected and painful lungs was a deadly bargain the tubercular smoker struck in exchange for blissful relief from worsening, incurable symptoms. Although my mother believed her father began smoking only once his tuberculosis became advanced, her grandfather had been a habitual smoker, and the possibility exists of opium addiction across generations.

Opium was a principal factor in the growth of nineteenth-century Chinese capitalist enterprises and wealth accumulation across Southeast Asia, as documented in the literature on Southeast Asian opium farms.⁴⁰ It significantly underpinned colonial power across Southeast Asia,⁴¹ not only Britain but the Dutch East Indies colonies, and French imperial expansion in Indochina.⁴² After the first Opium war (1839-1842), China was forced to open its ports to the

⁴⁰ Butcher, J. and Howard, D. eds. (1993). *The Rise and Fall of Revenue Farming. Business Elites and the Emergence of the Modern State in Southeast Asia*. Palgrave Macmillan.

⁴¹ Trocki, C. (1990). *Opium and Empire: Chinese Society in Colonial Singapore, 1800-1910*. New York: Ithaca. Trocki, C. (1999). *Opium, Empire and the Global Political Economy: A Study of the Asian Opium Trade, 1750-1950*. Routledge.

⁴² Butcher and Howard 1993. Descours-Gatin, C. (1992). *Quand L'Opium Finançaît la Colonization en Indochine: L'Élaboration de la Régie General de l'Opium, 1860 à 1914*. L'Harmattan.

British and to cede Hong Kong.⁴³ The war, which advanced the illicit interests of opium traders, was viewed by many in Britain as reprehensible.⁴⁴ The British introduced opium across their colonies in China and Southeast Asia.⁴⁵ They pursued a carefully administered monopoly in India, and a fiercely prosecuted free trade policy in China and Southeast Asia.⁴⁶ In Hong Kong opium was sold, taxed, and consumed as a licit substance until it was outlawed in 1943. It significantly shaped Hong Kong society, its wealth and subsequent economic growth.

In the late nineteenth-century, opium smokers in Hong Kong and Southeast Asia were mostly young, working class, labouring Chinese. However, many rich Chinese smokers consumed good quality opium and their leisured, comfortable lives contrasted with the harsh, unsanitary, and exhausting conditions of the coolies.⁴⁷ After heroin arrived in 1923 heroin smokers became marginalised, and opium the preserve of richer smokers.⁴⁸

Alongside, tuberculosis or the “white plague” was endemic.⁴⁹ From the 1900s to the late 1930s, tuberculosis and pneumonia were Hong Kong’s biggest killers, arising from its poverty, unhygienic, overcrowded living conditions, and the highly infectious lower-class Chinese habit of public spitting.⁵⁰ Treatment, sanatoria, and infirmaries in Hong Kong were sparse, and hospital beds minimal. Tuberculosis continued unabated until the late 1940s.

In Europe most tuberculosis sufferers were heavily addicted to morphine by the outbreak of the First World War.⁵¹ Opium was long used as a legal pain killer in England, and opiate derivatives helped “hundreds of thousands of tuberculosis [sufferers] to die in peace”.⁵² Opium was widely used as a painkiller for malaria, dysentery, and tuberculosis; the 1893 Royal

⁴³ Platt, S. (2018). *Imperial Twilight. The Opium War and the End of China’s Last Golden Age*. Atlantic Books.

⁴⁴ Platt 2018.

⁴⁵ Trocki 1990.

⁴⁶ Owen, D. (1968). *British Opium Policy in China and India*. Yale University Press.

⁴⁷ Booth, M. (1996). *Opium. A History*. London: Simon and Schuster.

⁴⁸ Traver, H. (1992). “Opium to Heroin: Restrictive Opium Legislation and the Rise of Heroin Consumption in Hong Kong” *Journal of Policy History* 4(3): 307-324.

⁴⁹ Tsang, E., and R. Leung. (2017). “Explainer: A Brief History of TB in Hong Kong, as Experts Fear Global Comeback of the Disease” *South China Morning Post*, 2 December.

⁵⁰ Jones, M. (2003). “Tuberculosis, Housing and the Colonial State: Hong Kong, 1900-1950” *Modern Asian Studies* 37(3): 653-682.

⁵¹ Dormandy 1999.

⁵² Dormandy 1999.

Commission on Opium wholly supported its legal and medicinal use.⁵³ By the early nineteenth century it was deemed a universal “cure all” in Britain. Tuberculosis symptoms were severe, and unsurprisingly, “In the context of tuberculosis, few worried about the risk of addiction”⁵⁴— in England, and Britain’s Southeast Asian colonies.

Assaults on the ability to breathe were endemic to Hong Kong’s colonial population suffering foul murderous air and intertwined epidemics of tuberculosis and opium addiction. They implicate imperial links made between slums, moral dissolution, and opium as the “Oriental’s distinctive vice”⁵⁵ compared with the colonial gaze from well-ventilated villas ascending Hong Kong’s peak onto suffocating scenes below. They also link the family inter-generationally through the perceived colonisation of the body by violence and breathing pains. Breathing problems connect Yuen Sing Chi’s bloody tubercular cough and ravaged lungs, opium smoking which in turn connected him to his father, the annihilation of his decimated body by Japanese boots, my mother’s trauma-induced asthma, her swollen broken heart and perpetual breathlessness, and my own asthma and panic attacks.

Many years later Wai Hong paid for my mother’s passage to England where she qualified in tuberculosis nursing, and daily assisted patients in the sanatorium at Harefield Hospital in Middlesex—still trying perhaps to save her father. There she met my father who, rather than save her from life as a *mui jai*, ensured her life-long subservience as a housewife and stay-at-home mother and that, dependent and far from home, she would endure his affairs and her sexual jealousy, like a wife and concubine, or her mother with her father’s lover, or a European master and Chinese slave. She served him supper each evening at the table while she ate (still eats) Chinese food in the kitchen. Illustrating interacting modes of Chinese patriarchy and British colonialism, he controlled *all* their finances, paying her weekly ‘housekeeping’ and dispensing an annual “dividend”—their situation germane to Lowe’s analysis of the Chinese woman in the nineteenth century British empire as a colonial fantasy of virtue and bourgeois intimacy, of “free” but racialised, indentured labour.⁵⁶

Into the post-colonial period these contribute to a broader picture of, in Stoler’s terms, the “intimate frontiers of empire” which depended on the long-displacements and separation of families, encouraged concubinage and paid-for sex among the colonised population, and

⁵³ Salvi, T. (2005). *The Last Fifty Years of Legal Opium in Hong Kong, 1893-1943*. MPhil Dissertation. Hong Kong University.

⁵⁴ Dormandy 1999.

⁵⁵ Trocki 1999.

⁵⁶ Lowe, L. (2006). “The Intimacies of Four Continents”. In A. L. Stoler (ed.), 191-212.

inferiorised and shamed the Europeans' "mixed blood" or "half-caste" children—ensuring the consolidation of white male power.⁵⁷ Such ties, Stoler argues, "are not microcosms of empire but its marrow". In the intimate sphere of home—from Hong Kong to England—servants and European children learned what they were required to of place, race, intimacies and sexual unions, sexual sanctions—and the "tense and tender ties" of empire that knotted and tightened relations of power.

Bodily Dwellings

A body is, like a building, a dwelling for the long sedimentation of dreams, hopes, fantasies, and the creative life that inhabit it—or, by contrast, a sense of rejection, displacement, homelessness, dislocation, and alienation from comfort. In losing or moving home, the displacement of furniture and objects evokes corporeal sensations of drowning, sinking, wherein ex-inhabitants must confront the intrinsic vitality or deadness of newly uncivilised objects which, shifted from their habitual setting, appear grotesquely out of place. Once flesh has become melded into the walls, doors and routines of a dwelling, leaving it requires ripping skin asunder and a confronting a profound and unexpected resistance to relinquishing attachments. Thus the house resembles a self and family portrait, the external manifestation of a disorderly psychic "interior", like other colonial interiors. Its accusatory dust, desolate shelves, and cold polished tiles approach the child's empty soul. In her examination of her writerly self, and writing about the "mental confusion of childhood" that accompanies living through major events, Duras has repeatedly revisited her early years in Southeast Asia which, like my mother's—and mine in England—were similarly affected by war, hunger, and transgressive sexual relationships, "a world without violence is inconceivable; particularly when the greatest violence of all is that experienced within".⁵⁸

A house, even after it is a home, embodies childhood tragedies, living secrets, and many others long past—and an atmosphere as material and present as doors locked or left open, plates not permitted to rest idle in the sink, or warmth forbidden to mollify the austere interior. The house may also stand for a body that is constituted of memories of other bodies that move through or are displaced by it, and articulates logics already inscribed in one's body. As a mnemonic for childhood, it may express kinship relations through the recall of atmospheric and bodily qualities

⁵⁷ Stoler, A. L. (2006). *Haunted by Empire. Geographies of Intimacy in North American History*. Duke University Press.

⁵⁸ Duras, M. (2019). *Me and Other Writing*. Dorothy a Publishing Project.

of heat, cold, overheating, and a sense of being “out of time” that is the result of unwanted wartime displacement.⁵⁹

Pandolfo analyses the spatial designation of a Moroccan village in terms of a body and way of seeing that displaces Western perspectival seeing—through the allegorical symbolism of head, mouth, womb, life and death.⁶⁰ The “eye” of the home refers to “a hole piercing the house from top to bottom, around which its body is erected and through which it breathes.....It connotes... a seeing with the body....an outpouring of the body into the world”. Correspondingly, if we view Hong Kong metaphorically as a body, the pre-war period reveals its life-breath as a rhythm arrested by foreign incursions and crises of infection, addiction, eviction, and displacement which force the body into strange unfamiliar proximities and disorientations. The human geography of the colonial divide between airy mountains and crowded slums reveal the city as layered grid of inhalatory space that demarcates regions of healthy lung from areas of scarring, clustered nodules, metastases, and pockets of inflammation.

Correspondingly we might read both the city and house as breathing bodies, and the breathing body as a vessel for relations of the person and world. The body thus becomes a connective tissue for understanding symptoms of people subject to multiple violences and displacements. Through attention to the body, a sharpened focus on quotidian endurance, its temporality and limits can enter through ethnography. In the philosophy of Merleau-Ponty perception is corporeal, and each mental state a bodily phenomenon.⁶¹ It is *flesh* that guarantees a unique connection between us and the world. Corporeal existence constitutes a third category that both unifies and transcends the physiological and psychological, propelling bodies actively, creatively, and relationally toward knowing the flesh of the world. Povinelli also links ideas of fleshiness (Merleau-Ponty) to materiality, as bodily matter, and to the external world of sensuality, feeling, and intersubjectivity.⁶² Her notion of enfleshment hinges on the notion of the body as a “physical mattering forth” of ways of knowing and their “material anchors”: the metaphor of “social skin” describes a politics of thick life that gathers density and intensity

⁵⁹ Carsten, J. (2012). Houses of Memory and Kinship. In *After Kinship*, 31-56. Cambridge University Press.

⁶⁰ Pandolfo, S. (1989). “Detours of Life: Space and Bodies in a Moroccan Village” *American Ethnologist* 16(1): 3-23.

⁶¹ Merleau-Ponty, M. (2012). *The Phenomenology of Perception*. (trans. by D. A. Landes.) Routledge.

⁶² Povinelli, E. (2006). *The Empire of Love: Toward a Theory of Intimacy, Genealogy, and Carnality*. Duke University Press.

around social attachments to the world—or conversely, a thinning of these processes through cultural alienation and social distance. Thus bodies are not autonomous or stable entities but embodied ontologies—“brain-body-world entanglements”.⁶³ Violent events such as war link bodily and sensory experiences and may bring forth “bleedthroughs”, “territorial phantoms”, and “scars” that blur the lines between world and person, and inside and outside, like a Möbius strip.⁶⁴ Hence in the unhomely, disloyal body, unbidden traumatic memories may disrupt wellbeing with attacks on the heart, or the involuntary quickening or slowing of blood, or fear that freezes breathing, or breathing pains that refuse to forget, deny, or assimilate violence.

In her sixties, long after that war and long in England, where her home had similarly evolved as a zone for devastation and violence, my mother developed severe asthma. For much of the twentieth century and earlier asthma was linked to stress, neurosis, and by the ancient Greeks to anger (Hippocrates) as well as “mental anguish, fear, mourning or distress” (Maimonides).⁶⁵ Certainly, until the mid-twentieth century, *asthma nervosa*, as it was referred to historically, was linked to psychosomatic symptoms of anxiety and emotional stress, PTSD, panic disorders, and respiratory symptoms—and stress related to war, housing, and violence.⁶⁶ My mother would cough painfully, continually, expectorating, like a coolie. Alongside her asthma, and allergic reactions acquired to pollen, animals, detergent and wool—small irritations with life—she developed a blocked tear duct, wherein tears flowed unbidden down her face, signalling grief she rarely articulated and her long endurance of a faithless marriage, like her mother. “All men do it” my father coldly rationalised, discovered in yet another affair. My mother often repeated these words to me, outraged by a claim she feared was true, yet imprisoned in a marriage like a bondage impossible to leave. She, too deeply bonded to my father and, heeding her priest’s advice to forgive, endured many transgressions. In her eighties an enlarged chamber in her heart (atrial fibrillation) left her almost permanently breathless. Her marital home, like her mother’s, was infused with a permanent atmosphere of grief and betrayal. For me, the house exuded fear, fears of being locked in, of enduring maddening violence.

Before I was finally old enough to leave that house (building), I recall her kneeling in prayer beside her single bed, and her words “I’m preparing for my death”, although I misheard her saying “I’m praying for my death”. She often spoke of dying, wishing to die. Her depression

⁶³ Blackman, L. (2012). *Immaterial Bodies*. Sage.

⁶⁴ Billé 2018.

⁶⁵ Douwes, J., C. Brooks and N. Pearce (2011). “Asthma Nervosa: Old Concept, New Insights” *European Respiratory Journal* 37(5): 986-990.

⁶⁶ *Ibid.*

weighed heavily in the home, a curtainous silence fecund with darkness that permeated our lives with what Stewart describes as “atmospheric attunements”⁶⁷—here forcefields that resonate with the labour of endurance, or the hypervigilance associated with violence, and living in and through textures of density as they move through the body.

My mother possessively guarded my father. Or when my sister and I were children, she used him as a powerful weapon—and vindictively summoned him to punish us (usually me, the oldest).

Later, I was living in Hong Kong and pregnant with my first child but in an anxious situation of insecure housing and new marriage characterised by deep, unhappy attachments and the legacy of violence and war on both sides. Coincidentally, both my mother and I were experiencing crises of marriage, she dealing with my father’s infidelity, and we first developed asthma around the same time. My breathing, laboured because of the baby heavy on my diaphragm, became urgently short, my lips blue, with the result I was taken by ambulance to hospital, given oxygen and inhalers to thereafter pace my breath and flights of anxiety. Subsequently back in England as a single parent, I experienced frequent panic attacks which blurred the outline of the world, distorted my vision, and numbed my face—wherein distinctions between panic, asthma, cardiac pain, and breathing difficulties became impossible to untangle.

The heritability of trauma: from colonial to postcolonial disorders

My mother and I both suffered from what now might be termed untreated PTSD and complex trauma, relentless violent assaults on our safety, childhoods, and breathing apparatus continuing through adulthood. Neither of us was light-hearted as children. In photographs we appear similarly serious, frowning, as if both trying to assimilate a bereftness without premonition of how those early years of violence and absence would insinuate into a lifetime. If my mother’s grief centred around the sudden, overwhelming, violent deaths of her parents and their lasting aftermath, mine derived from an atmosphere of violence, abandonment, and constant fear that belied the fantasy of home comfort. My mother’s absence germinated in her obsession with my father, and difficulty forming attachments to a premature baby—me—who spent six weeks in an incubator without skin-to-skin or physical contact (like thousands of intubated Covid-19 patients dying without their loved ones), and another pregnancy soon after. Violence began when she took refuge with the new baby, and left me to buffer my father’s volatility, to fight for breath and

⁶⁷ Stewart 2011.

suppress thick tears alone, this her conscious decision to “sacrifice” me to protect herself and my sister.

Regarding trauma and inheritance, lifetime experiences of trauma occurring maximally in childhood injury, abuse, and in witnessing horror and death demonstrably affect biological development, gene function, and mental illness—not just across the individual life-course, but across generations with, for example, children of women with PTSD more likely to experience trauma than children of women without PTSD.⁶⁸ This also implicates heritability, epigenetics and neurobiological effects such as anxiety and mood and anxiety disorders in the children of trauma survivors who have been exposed to war, genocide, colonisation, or slavery, particularly following those children’s own traumatic exposures.⁶⁹

Such findings beg questions about ways collective experiences of colonisation, violence in and outside the home may diversely entwine into bodily illnesses across generations. The concept “historical trauma” drew on the legacy of the Holocaust to describe the effects of colonisation, marginalisation, and cultural oppression in the lives of colonised peoples. Thus, in thinking about historical trauma we need bear in mind the interplay of complex historical *and* contemporary looping effects of generational trauma, structural and domestic violence, embodied and cultural experience, and biophysiological impacts in postcolonial contexts. That is, remembered losses resulting from war, curfew, and violence reverberate synchronistically with fears relating to Covid-19 lockdown politics—whose symptoms of high fever, severe coughing, and shortness of breath (like those of tuberculosis) can suffocate the main airways and affect elderly people disproportionately.⁷⁰

The appropriation of historical legacies of violence into the present as traumatic memory, unexamined or hidden assumptions, and physical pathology is interestingly specified in the concept “postcolonial disorder” which addresses the legacies of imperialism, colonialism, and slavery in theorising colonial identities, interracial and diasporic cultural formations, and ways state violence becomes woven into domestic and social control.⁷¹ “Disorder”, Del Vecchio Good

⁶⁸ Fink, D. and S., Galea. (2015). “Life Course Epidemiology of Trauma and Related Psychopathology in Civilian Populations” *Current Psychiatry Reports* 17(5): 31.

⁶⁹ Yehuda, R., and Lehrner, A. (2018). “Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms” *World Psychiatry: Official Journal of the World Psychiatric Association* 17(3): 243-257.

⁷⁰ <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>

⁷¹ DelVecchio Good, M-J., S. Hyde, S. Pinto, and B. Good, eds. (2008). *Postcolonial Disorders*. University of California Press.

argues, can “encompass the suffering of people who experience severe loss, violence, insecurity and oppression. It indicates a way to analyse the modalities of “social life and subjectivities that reflect, ironically, the establishment of political, moral and epistemic orders through state violence that reproduces disorder”. Correspondingly, asthma and disordered breathing are physical and political manifestations of Chinese post/colonial experience. Through three generations—grandparents, mother, daughter—breathing disorders signify modes of inherited memory, denial and forgetting, alongside our assimilation of the false doctrine that suffering can always be overcome, and knowledge of the breach of the promise of the flesh to withstand.

Conclusion

Under British colonialism, Hong Kong was a node of convergence for the aggressive trade and habitual use of opium, the intensification of capitalist growth, the import of Chinese labour and enterprise, the unchecked growth of slums, overcrowding, the endemic spread of infectious diseases, and for hierarchies of race and sex between colonised people, and colonised Chinese and European powers. Colonialism also established wider Southeast Asia as a British frontline in WW2—for Japanese occupation, famine, the bombing and killing of civilians—and violent domestic thresholds wherein internal and external enemies became conflated in patriarchal relations of dominance.⁷² These experiences exceed the Chinese experience. Schwarcz examines comparative trauma, memory, and intersections of cultural, national, intellectual and her own personal history; underscoring the “...nightmares that are the common inheritance of Chinese and Jews in the twentieth century.”⁷³ Paradoxically this writing project, in its effort to speak biographically about subaltern experience, confronted memories alternately nebulous and inarticulate. Where memory is refused or words fail, the very haptic details of living and dying through tuberculosis, asthma, hyperventilation, panic, and the Covid-19 pandemic can illuminate how the legacy of war, patriarchy, and imperialism might be imprinted on bodies, in respiratory circulations between the individual and world. This article tracked the inability to breathe in family relations; breathing shaped the body as a site for researching the respiratory and psychic transmission of gendered inequity and violence. The pandemic created concomitant urgencies and fears around breathlessness and dying. As a mnemonic, it assisted my mother and me in exploring violences that are personal and intimate, but also at the heart of empire, colonialism, and patriarchy, and in rewriting *that* journey into silence which distorts and overshadows women’s

⁷² Stoler 2006.

⁷³ Schwarcz 1998.

experience.⁷⁴ “Lockdown” magnified feelings of isolation and encounters with the past, mocked the false premise of the solidity and safety of the home, and re-accentuated the unhomely in respiratory assaults. The individual and shared bodily conditions between mother and daughter characterise a particular reading of colonial conditions, war, Anglo-Chinese relations, and ways the long bereftness and displacements of childhood are replicated trans-generationally in the family.

Finally, the article dealt mostly with the past, present, but rarely the future. Certainly Covid-19 presents more than a context for reflection about the past, but also for the breakdown of futurity through mushrooming pandemics, spiralling devastation, and ecological crisis.⁷⁵ With bearing for an engagement with subalternity, Povinelli tantalisingly asks what happens after the battle for recognition ends, when “even the madhouse is lost as a place of distinction”, when we lose “the dominating image of a horizon” and encounter what she calls the Otherwise?⁷⁶ While the idea seductive, for those living out painful pasts any such “horizon” remains painfully distant. Yet, within the constraints of what can be known through memory—and the saturation of all that *is* known with violent pasts not articulated—acts of kinship with new audiences that create, imagine, and write alternative presents and futures are requisites for the tradition of speaking “from” a position of, as well as about colonial injury, mourning, and renewal.

⁷⁴ Spivak 1993.

⁷⁵ Haraway, D. (2016). *Staying with the Trouble: Making Kin in the Chthulucene*. Duke University Press.

⁷⁶ <https://www.e-flux.com/journal/35/68380/after-the-last-man-images-and-ethics-of-becoming-otherwise/>