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Anikka G. Jordan April 10, 2023

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A Case Study of Flannery O’Connor & Carson McCullers

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An abstract of
a thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Science with Honors

English

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Abstract

Disability & Belonging in the American South: A Case Study of Flannery O'Connor & Carson McCullers

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This thesis investigates how changing conceptions of illness and disability in the twentieth-century American South influenced Flannery O'Connor and Carson McCullers. I rely heavily on archival research to explore how and where beliefs about health appear in their writings. The central questions of this work are how did O'Connor and McCullers navigate the complex social world they lived in and define their identities around spirituality, community, and health, and what does that say about society and its institutions? More specifically, how did these two authors find a sense of belonging in their communities and reckon with their physical disabilities to create narratives that involve intellectual disability? First, I provide a history of the disability frameworks that led to mental institutionalization and draw on contemporary conceptualizations from disability studies scholars. Then, I move into a discussion of the authors' lives and works. The primary texts analyzed are McCullers' *The Heart is a Lonely Hunter* (1940) and O'Connor's *The Violent Bear It Away* (1960), with a focus on intellectual disability. Finally, I offer suggestions to make the archives more accessible, to participate in a kind of *resistant remembering* that refuses the erasure of disability history, and to raise disabled voices on the path to disability justice.

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Acknowledgments

To my parents, Karen Brinkley & Tim Jordan, for answering many (ridiculously long) strings of questions and helping me make sense of the world.

To my brothers, Orion and Bailey Jordan, for picking up late-night phone calls and listening to me read out loud more times than I can count.

To my partner, Dylan Fennell, for constantly showing me there's more to life.

To Pia, Kat, and Annika, for cheering me on & up.

To the amazing friends and early readers of this project: Abram, AK, Julia, Kaitlin, and Priscilla—your feedback helped me approach the topic from new places.

To all the teachers, mentors, counselors, and professors who encouraged me on the path to achieving this incredible milestone—your kind words and advice mean the world to me.

To Olive, woof.

And to you, for reading or listening.

This thesis marks a pause in my journey to understand Flannery O'Connor and Carson McCullers and their relationships to disability. It is still a work in progress, and I regret that I have to submit this project as it stands for the purposes of the Emory English Honors Program. I still have many ideas for where to go next and how to expand on the work that exists on these pages. By the time this document becomes publicly available on the ETD website, the state of my project might (and hopefully will) look completely different. If you choose to read, please keep that in mind.

As a part of my thesis, I received funding through the Emory University English department's Johnston Fellowship for Travel and Research and the Undergraduate Humanities Honors Fellowship with the Fox Center for Humanistic Inquiry (FCHI). I was able to visit not only the Stuart A. Rose Manuscript, Archives, and Rare Book Library at Emory but also the Harry Ransom Center (HRC) at the University of Texas at Austin, the David M. Rubenstein Rare Book and Manuscript Library at Duke University, and Milledgeville, Georgia, Flannery O'Connor's hometown and the location of Central State Hospital (CSH). I am grateful for the generous support of these fellowships that have allowed my vision to come to fruition.

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A Note on Terminology

Language not only mirrors but creates reality.

—Rhoda Olkin, "Could you hold the door for me? Including disability in diversity"

Disability is a complicated topic, and communication about it requires accuracy and sensitivity. I have made a concerted effort to be as respectful and inclusive as possible in my vocabulary and explanations around intellectual, cognitive, and developmental disabilities,[1] as well as other mental and physical health conditions. However, to provide an honest representation of historical and legal perspectives on disability, some outdated and harmful language was necessary for this piece, including the terms "idiot," "lunatic," "insane," and "mad," among others. Racially-charged language was also necessary for this piece. These terms only appear in direct quotes from source texts. I use quotation marks and provide context where possible for transparency. Please know that my use of this language is strictly for academic purposes so as to accurately reflect historical perspectives on mental illness and disability.

Additionally, I use both identity-first (e.g., "disabled person") and person-first (e.g., "person who has a disability") language in this text, but individual preferences vary widely. If you are in doubt about how to refer to an individual of any identity, it is best to ask them directly on a case-by-case basis. Since I cannot ask here, I have done my best to follow recently published terminology style guidelines from stakeholders. I would also like to acknowledge that as language inevitably evolves, I cannot account for future shifts in meaning and connotation beyond the time of this publication.

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[1] *Intellectual disability* (ID), *cognitive disability* (CD), and *developmental disability* (DD), are currently used relatively interchangeably, but DD is the broadest, including those with physical and sensory impairments. For clarity, I primarily use the term "intellectual disability" in this text.

Introduction

A Quest for Belonging

Everyone needs community. Humans are social creatures, and it is essential to our well-being that we have a sense of camaraderie with other people. Often, the groups we belong to fall from the tree of shared identity; we tend to collect around common experiences and shared purposes. However, these interests do not evolve spontaneously. Instead, they arise out of necessity and convenience, as any one individual is not entirely free to control the content of their sensory and cognitive inputs or the consequences of others' biases. For instance, one cannot help but hear the noise of passing traffic as they travel down the street or what pops up on their social media feed, only their reaction to those stimuli. Genetics, household environments, daycares, schools, and jobs all converge to create the canvas on which a person exists. They form the feedback loop that propels us all along. And no one can escape the time and place in which they live; that is, we are all born into a rich sociological, historical, and geopolitical context.

Until the mid-twentieth century, most social groups in the United States were thought of as highly rigid. Age, race, class, gender, and ability all coalesced to sort and segregate the unique experiences and opportunities an individual was allowed. This distinct, intersectional hierarchy depended primarily on how people looked and behaved. The patterned framework that predetermined many human experiences also tended to measure an individual's worth based on what they could contribute to or produce for society, and only specific types of bodies were recognized as capable of making valuable contributions.

Specifically, in the Southern United States, these social roles around race, class, gender, and ability were extremely entrenched and resistant to change. Strong religious traditions, like Christian fundamentalism, enforced conformity to strict patterns of behavior and gender expression, and the legacy of slavery haunted the landscape of the American South (Dews, "Brutal Humiliation" 290, 283). Many types of social change were seen as a threat to the "established way of life" of those in power (namely, white people with generational wealth). The Confederacy's "Lost Cause" myth continued to broadly influence American culture after the Civil War into the 1910s. Racist films like *Birth of a Nation* (1915) romanticized a foregone era of white power that was inherently dependent upon Black people's bodies and labor and reinforced white support for racial segregation (Segrest 123-124).

In fact, the historian and literary scholar Jon Lance Bacon explains that "the defense of regional identity boiled down to the defense of segregation" (97). Racial segregation in medical facilities, the type of institution at the focus of this thesis, was not made unconstitutional in the United States until 1963 with the NAACP Legal Defense Fund case *Simkins v. Moses H. Cone Memorial Hospital* in North Carolina, and this ruling was reinforced by the passing of Title VI of the Civil Rights Act of 1964 (Smith 00:15:19-37). Before the enactment of national civil rights legislation, however, the rule of Jim Crow laws in the South predominated. Southern states, therefore, were an especially dangerous place for many activists who fought against the status quo.[2] It seems that, as opposed to other regions of the U.S. in the mid-20th century, Southern people held fast to their creeds and beliefs (of all types) more strongly, creating a unique form of conservative exclusion.

Other prominent scholars expand the definition of segregation beyond race to include the separation and categorization of *all* types of people by *any* characteristic. Stephanie Rountree writes of the rise of "cognitive segregation" through mental institutionalization and describes how cognitive segregation practices continue today in many public schools that opt for separate,

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[2] One notable example (among many) is the 1961 Freedom Riders, a multiracial group of peaceful civic protesters who faced white supremacist violence while attempting to integrate the interstate public transportation system of the Southeastern U.S.

usually under-resourced, classrooms for behaviorally or cognitively divergent kids (190-191, 204-205). In this sense, to segregate is to divide and sort human bodies and minds by an arbitrary marker of worth or productivity. Given this prevalent emphasis in Southern culture on classification and sorting people, it follows that Southern women writers of the mid-twentieth century focused on themes of belonging to and exclusion from their communities.

Flannery O'Connor (1925-1964) and Carson McCullers (1917-1967) were two late-modernist women authors from Georgia with radically different audiences and spheres of influence. These writers disagreed almost completely on the role that gender, sexuality, and society should play in their identities and texts. Flannery O'Connor consistently prioritized her Catholic faith in all aspects of her literary career. She wrote to a world that she perceived as "fallen," Her primary material bleeds with moral messaging (*The Habit of Being* 302). O'Connor's fiction consistently emphasizes both the human capacity for depravity and the action of God's divine grace on her characters. Carson McCullers, on the other hand, was not a Christian. She "did not believe in God in the conventional sense" and was not known to read the Bible, but themes of spiritual isolation appear throughout her literary oeuvre (Carr 274).[3] She prioritized individual freedom of expression in her fiction, and social justice-oriented political messages permeate it. Nonetheless, both wrote through the medium of the grotesque and crafted disturbing images to unsettle and entrance their readers.

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[3] This theme of spiritual isolation has been cited by critics such as Frank Durham, Juliane Hanka, and Jenn Shapland.

Fig. 1. A late-life portrait of Carson McCullers. She is about age 44 here but looks much older. *Alt Text: A sepia photo of a woman seated in an armchair wearing a vest and white button-down shirt. She has a ring on her right hand and is holding a lit cigarette. In the background, a white lace curtain sways.* Image Attribution: Louise Dahl-Wolfe, photographer. Gelatin silver print. Portrait of Carson McCullers in Nyack, New York, for the dust jacket of *Clock Without Hands*, 1961. Accessed via the Harry Ransom Center, The University of Texas at Austin. Used with permission, © Center for Creative Photography, Arizona Board of Regents.

Fig. 2. Portrait of Flannery O’Connor. Taken in October 1947 at the University of Iowa, where O’Connor mastered in Fine Arts. *Alt Text: A black and white photo of a woman. She is of short or medium height and walks down a concrete ramp in heels and a trench coat.* Image Attribution: Charles Cameron Macauley, CC BY-SA 4.0 <https://creativecommons.org/licenses/by-sa/4.0>, via Wikimedia Commons (This image has been cropped by the author to center and isolate the figure of Flannery O’Connor.)

O'Connor and McCullers were true contemporaries. Indeed, Flannery O'Connor knew of Carson McCullers and was not shy about her disdain. In an August 1961 letter to Thomas Gossett, O'Connor's scholarly friend, she says, "I have also read Carson McCullars, CLOCK WITHOUT HANDS, [*sic*] shortly to be published. It is the worst book I have ever read in my life. Complete disintegration" (*Good Things Out of Nazareth* 235-236). In another letter to a close friend from July 22, 1961, O'Connor elaborates:

> I believe [*Clock Without Hands*] is the worst book I have ever read. It is incredible. If you want to read it, I will send it to you. It must signal the complete disintegration of this woman's talent. I have forgotten how the other three [novels] were, but they were at least respectable from the writing standpoint…. (*The Habit of Being* 446)

She continues to express this sentiment several more times throughout her correspondence, saying she "dislike[s] intensely the work of Carson McCullers, but it is interesting to see what is made of it in the theatre" (*The Habit of Being* 550). Louise Westling asserts that O'Connor's dislike stems from the feeling that McCullers "commercialized the South's problems, but more profoundly on moral and philosophical disapproval" ("Perils of Adolescence" 88). Sarah Gleeson-White notes that McCullers' writings appeared directly alongside product advertisements in magazines like *Harper's Bazaar* during the World War II period, which is something that stood out to me as well when I parsed through the existing archival material on McCullers ("Peculiarly Southern Ugliness" 51).

Carson McCullers never explicitly commented on O'Connor in writing, but it is known that she suspected other Southern authors of plagiarism and imitation, including Truman Capote and Harper Lee. Her cousin Jordan Massee Jr. recalls that he saw a copy of O'Connor's collected short stories on McCullers' bedside, and when he asked her about it, she said: "I didn't finish it. I did read enough, though, to know what ‘school’ she attended, and I believe she learned her lesson well” (Carr 432-443). Carson McCullers seemed to think that Flannery O’Connor owed her a debt of gratitude (Westling, “Perils of Adolescence” 88). McCullers began her career in 1936 with the short story “Wunderkind” and, in a sense, “paved a literary path” for O’Connor, who entered the spotlight ten years later with her short story “Geranium” in 1946 (Carr 28; Cash 104).

Both O’Connor and McCullers left and returned to the South at critical times in their lives, and the two had different relationships with the region. Some critics claim that McCullers resented her native community for its racism and “backwardness” (McCullers qtd. in Dews, “Brutal Humiliation” 287, 291), but she explores the complexity of her feelings toward her motherland in “The Flowering Dream: Notes on Writing,” an essay published in the December 1959 issue of *Esquire* and posthumously reprinted in *The Mortgaged Heart*:

> People ask me why I don’t go back to the South more often. But the South is a very emotional experience for me, fraught with all the memories of my childhood. When I go back South I always get into arguments, so that a visit to Columbus in Georgia is a stirring up of love and antagonism. The locale of my books might always be Southern, and the South always my homeland. I love the voices of Negroes—like brown rivers. I feel that in the short trips when I do go to the South, in my own memory and in the newspaper articles, I still have my own reality.
>
> Many authors find it hard to write about new environments that they did not know in childhood. The voices reheard from childhood have a truer pitch. And the foliage—the trees of childhood—are remembered more exactly. When I work from within a different locale from the South, I have to wonder what time the flowers are in bloom—and what

> flowers? I hardly let characters speak unless they are Southern. … No matter what the politics, the degree or non-degree of liberalism in a Southern writer, he is still bound to this peculiar regionalism of language and voices and foliage and memory. (*The Mortgaged Heart* 316-317)

Here, it is clear how Carson McCullers was conflicted about yet connected to the region. Her memories of all tones were mixed to provide an intimate understanding of Southern culture and lifestyle that consequently allowed McCullers to create believable characters and stories in the setting she knew best, even though she chose to hold the South at a distance.

Flannery O'Connor seems to have embraced her roots more wholeheartedly than McCullers did. She saw no point in denying the effect of Southern culture on her texts, stating to the Georgia Writers' Association in 1962: "[The] serious Southern writer is no longer someone who leaves and can't come home again, or someone who stays and is not quite appreciated, but someone who is part of what he writes about and is recognized as such" (*Mystery and Manners* 56). O'Connor is also known for saying: "The advantages and disadvantages of being a Southern writer can be endlessly debated but the fact remains that if you are, you are" (*The Habit of Being* 230). Though she attended graduate school in Iowa City and spent the beginning of her professional career outside the South in New York and Connecticut, a decline in her physical health forced her to return home for care in Milledgeville, Georgia. With her homecoming, she rejoined the tight-knit community that undoubtedly inspired some aspects of her fiction.

O'Connor was diagnosed with systemic lupus erythematosus, also known as lupus or SLE, an incurable auto-immune inflammatory condition. Lupus affected O'Connor's skin and joints, resulting in swelling and ambulatory impairment. Carson McCullers, on the other hand, experienced several strokes (beginning in 1940) that left her partially paralyzed and impacted her mental health heavily, resulting in depression and suicidal ideation. She also struggled with alcoholism and was a lifelong tobacco smoker, which (unbeknownst to her) exacerbated her health conditions. Both authors were relatively young, twenty-five and twenty-three, respectively, when they were first impacted by life-changing illnesses. Thus, it is sound to critically examine O’Connor and McCullers’ authorial responses to concepts of illness, otherness, and a sense of belonging in the U.S. South at the heights of their literary careers (from the 1930s to the 1960s).

It is also well-known that physical health is directly connected with mental health, and it is logically hard to disentangle the experiences of the body from those of the mind. Hence, a historical perspective on the evolution of mental health practices and mental institutions in the Southern United States will be helpful to place these authors’ works in a broader context. More specifically, Central State Hospital, or CSH, the largest mental institution in the world at that time, was located in Flannery O’Connor’s hometown. The hospital has a complicated legacy that influenced both authors’ works, a legacy that is steeped in the changing models of and beliefs about disability that patients, staff, and community members held throughout the institution’s existence. As a result of these considerations, the central question of my research is: How did O’Connor and McCullers navigate the complex social world they lived in and define their identities around spirituality, community, and health, and what does that say about society and its institutions?

There are two competing philosophies around belonging in the works of O’Connor and McCullers. First, it seems that O’Connor’s sense of belonging stems from the role of grace, divine intervention, and Christian orthodoxy in her life. She emphasizes the depravity of the human condition through her grotesque images and embraces suffering as a necessary part of the human experience, as evidenced by her unyielding endurance of physical pain and the energetic deficits brought about by her lupus. O'Connor believes that physical pain[4] is an experience that brings the individual closer to God. McCullers, in her secular, social, and metropolitan understanding of community-building, presents a rather poetic, emotional, and bittersweet outlook on the state of society, which led popular critics of her day to label her as "sentimental" (Aure 8). Her novels take on a tragic effect by mourning the deep yet unnecessary feelings of isolation and loneliness in their respective casts of characters. McCullers herself also struggled more heavily than O'Connor with feelings of despair at the physical manifestations of her illnesses, which becomes clear in her correspondence. However, both authors thoughtfully examine the modes and mechanisms of disablement and social exclusion in their society. Nonetheless, it is also important to acknowledge how and where both authors fall short in determining which characters are considered capable enough for autonomy.

Silences in the Archives

Up to this point, very few[5] scholars have examined the archival holdings on Flannery O'Connor and Carson McCullers through a critical disability studies lens, and no one has yet put them in conversation through this analytical framework. The library archives themselves also reflect the values society holds: they only contain what we thought was valuable enough to save and preserve for future study. There are many areas within this research where the lack of information available speaks volumes. At some points, the missing pieces and silent spaces say

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[4] But not necessarily mental or emotional pain.

[5] Notably, Maren Linett discussed O'Connor's *The Violent Bear It Away* in chapter three of *Literary Bioethics: Animality, Disability, and the Human* (2020), and Stephanie Rountree and Sarah-Marie Horning discussed mental health and cognitive segregation in recent essays on McCullers (2016 and 2020, respectively). The disability studies theoretical lens is on the cutting edge of literary analytical scholarship.

more about the world of O’Connor and McCullers (and, for that matter, the world of today!) than what I am actually able to examine. Where are the voices of the real types of people that O’Connor and McCullers used as symbols? What were their reactions to hearing these portrayals popularized? What happened to the stories of the enslaved workers who labored to build and maintain the Central State Hospital in its early days? Questions like these haunt me and excite my curiosity to dig deeper and discover as much as possible. Still, where no information is saved, one has to acknowledge what is on the margins of the narrative—to actively listen for the harmonies that have been stifled for far too long. There is so much more to do and to uncover.

Chapter One: Enforcing Social Norms, Disability Studies, and Mental Institutions in the South

Eugenics & Determining Intelligence

The eugenics movement and its haunting legacy are the most acute evidence for the perceived social hierarchy of disability and its resultant mechanisms of bodily control. The word "eugenics" comes from the Greek word for "good in birth" or "noble in heredity," *eugenes* (Kevles 45). The term was first coined in 1883 by the British academic Francis Galton, a cousin of Charles Darwin, to express a concern that "more talented British families were contributing proportionately fewer children to the next generation" compared to "families whom he ranked far lower on various social measures, such as education, artistic talent, and wealth" (Reilly 352). Galton was afraid that this trend would lead to humanity's downfall unless it was addressed, and he drew on existing biological knowledge of plant and animal breeding to create a philosophy around the genetic inheritance of physical, mental, and moral features, with the goal to multiply society's "desirables" (what came to be known as positive eugenics) and get rid of its "undesirables" (or negative eugenics) (Kevles 45; Reilly 352-353).

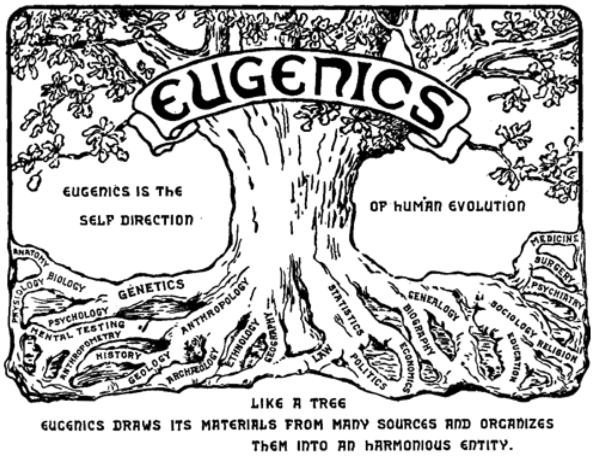

Fig. 3. The Logo of the Second International Congress on Eugenics, 1921. The image is captioned, "Eugenics is the self direction of human evolution. Like a tree, eugenics draws its

materials from many sources and organizes them into an harmonious [*sic*] entity." Harmonious or genocidal? *Alt Text: A black and white drawing of a tree with a banner at its canopy that says "EUGENICS" in bold, capital letters. The roots are individually labeled "anatomy, physiology, biology, psychology, genetics, mental testing, anthropometry, history, geology, archaeology, anthropology, ethnology, geography, law, politics, economics, statistics, biography, genealogy, education, sociology, religion, psychiatry, surgery, and medicine."* Image Attribution: Harry Loughlin (Eugenics_congress_logo.png) [Public domain], via Wikimedia Commons

In the United States, the eugenics movement was built upon the foundation of framing immigrants, non-white, and poor white southerners as "degenerates" who posed a "moral and social threat" because they failed to live up to societal expectations about what it meant to be white (Wray 67). One product of the eugenics movement was the "Fitter Family" competition at various state fairs in the 1920s, which rewarded people based on their family size, intelligence quotient (IQ), and syphilis-free status (Kevles 46). However, the more sinister consequences of eugenics were devastating. This line of thinking led to the mass deaths and horrors of the Holocaust. In the name of "race betterment," this movement targeted "poor, 'feebleminded' whites" (Wray 73). The eugenics movement also resulted in mass coerced and forced sterilizations: between 1907 and 1939, roughly thirty U.S. states passed laws that allowed administrators of mental institutions to sterilize individuals they deemed "unfit to be parents" (Reilly 355). As a focus on moral superiority grew, these groups came to include not only the poor and the intellectually disabled but also those with substance use disorders and prisoners. In the U.S. state of Georgia, mass sterilization was legalized in 1937 (O'Gorman 200).

Forced sterilization is not simply a problem of the Southern past. In September 2020, a nurse at the Irwin County ICE Detention Center in Ocilla, GA, reported that several female detainees were coerced into undergoing unnecessary hysterectomies and other gynecological procedures (Jordan et al.). Ultimately, dozens of women came forward and spoke out about their negative medical experiences. The case is still pending criminal litigation, and the center was eventually closed in 2021, but this story illustrates how issues of eugenics are very much alive and demand our attention today (Aguilera). According to the National Women's Law Center (NWLC), as of 2022, thirty-one states, plus Washington, D.C., have laws allowing for forced sterilization in special cases where a judge can decide if a disabled person can consent to sterilization and, if they cannot, will make a choice on their behalf whether sterilization is "in [their] best interest" (NWLC 18, 37-39).

Key to this discussion of governmental bodily control is the question of how to quantify human characteristics. Around the turn of the twentieth century and as political tensions rose leading up to WWI, the growing influence of eugenics called for a push to standardize and categorize human intellectual capacities using intelligence quotient, or IQ, tests developed by the U.S. government. Tests like the Stanford-Binet were used to find the average intelligence level of the population and "sort and stack mental defectives" into tiers (Segrest 262-266). The U.S. army used IQ tests to search for the best (and most expendable) soldiers. In the realm of psychology, clinicians and academics still often use intelligence tests to generate "mental ages" and "intelligence bands" that determine the severity of someone's intellectual disability (Clarke 4-6). Modern research has shown that the early IQ tests, which were based on the theory that intelligence is a unitary construct, while strong in their capacity to measure logical abilities, have failed to capture the many different domains of intelligence we recognize today (Esters et al.

212). Additionally, many modern psychologists have further argued that even contemporary IQ tests fail to correctly identify children with developmental disabilities and that they discriminate against children from cultural, ethnic, or socioeconomic backgrounds, who might exhibit low reading scores due to a language barrier rather than a disability, or who lack culturally-relevant knowledge and experience (Emerson and Hatton 19). Even in 1951, some psychologists were starting to push back against the tests: "It is pretty clear that I.Q.s are nowhere near as important as is made out. Adequate intelligence with a superior set of emotions is more to be desired" (Cranford 179).

Disability Studies and the Bodymind

The field of critical disability studies began with an emphasis on highly visible disabilities, including paralysis and mobility issues, and scholars like Rosemarie Garland-Thomson emphasized the field's connection with more established discourses in race, gender, and ethnic studies. As the movement has evolved, however, there has been a push to expand the dis/ability binary. The scholar Alison Kafer, among others, calls for the field to include less immediately visible conditions, including psychiatric and intellectual disabilities, and to "trouble the binaries of functional/nonfunctional, physical/developmental, or moderate/severe disability" (67). She also calls for a positive reconceptualization of disability that attempts to trace and untangle narratives that deny disabled bodies and minds a sense of the future. Instead of "cast[ing] disabled people out of time," she asks society to *desire* the beauty and humanity present in the full spectrum of possible human experiences, disability included (33). Her 2013 book *Feminist, Queer, Crip*[6] contains a stunning chapter on intellectual disability

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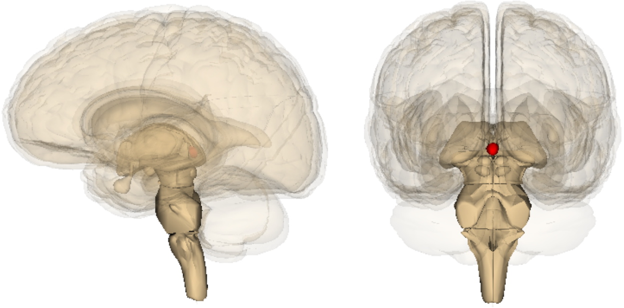
[6] The word "crip" derives from the slur "cripple." Crip, like "queer," is a term that has been reclaimed by some members of the disability community, but it remains controversial. Some people argue that this reclaiming was done primarily by privileged white individuals within

(ID) in which she posits ID as a "misalignment" of the cognitive self and the physical self, of the body and mind, a misalignment that often produces fear in neurotypical people (53, 42).

The term "bodymind" was first explicitly suggested in the context of crip studies by another theorist, Margaret Price, in her 2011 book *Mad at School* and further developed in her 2014 article "The Bodymind Problem and the Possibilities of Pain" (2). Price's essay title contains a reference to the ongoing mind—body problem in Psychology, of the debated relationship between higher consciousness and the physical brain. Price, like most neuroscientists today, suggests that the body and mind are inseparable from one another. She troubles categorical thinking around two popular models for understanding disability, the medical model and the social model. The perceived misalignment between the physical body (its potentials and its limits) and the mind (a metaphysical product of the body: our thoughts and feelings) has roots tracing back to the 17th century with René Descartes. According to the philosopher Timo Kaitaro, Descartes claimed to have localized the site "where the mind—body interaction takes place and where even the otherwise distributed memory traces appear as figures traced locally on the surface," or the "seat of the soul" in the pineal gland (630-631).[7]



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academia and others argue that it only applies to those with physical disabilities. Nevertheless, it should only be used with permission from the person being referred to or when referencing the theory.

[7] The pineal gland has now been linked to melatonin production and circadian rhythms (sleep cycles), but there is no evidence that it houses consciousness.

Fig. 4. The human pineal gland. *Alt Text: A tan diagram of the human brain from the front and from the side. A pea-sized gland deep in the brain is highlighted in red.* Image Attribution: Life Science Databases (LSDB)., CC BY-SA 2.1 JP <https://creativecommons.org/licenses/by-sa/2.1/jp/deed.en>, via Wikimedia Commons

This push toward localization was eventually pivotal in generating the medical model of disability. The medical model came about as a result of the Industrial Revolution and accompanying social reform that made use of rapidly increasing medical technologies. As medicine professionalized in the twentieth century, there was a shift from holistic, "total patient care" to a search for a "cure" (Morantz-Sanchez qtd. in Banks 355-356). A strict interpretation of the medical model involves the "isolation of body parts" (or functional localization!) to detect "a defect in or failure of a bodily system that is inherently abnormal and pathological" (Olkin 133). In many cases, as disability advocates and contemporary medical reformers point out, this phenomenon can leave patients feeling labeled, picked apart, devalued, and isolated.

An activist response to the medical model of disability came about in the mid-1970s with nationwide demonstrations in support of the U.S. Rehabilitation Act of 1973. It redefined disability to include "any person who (A) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (B) has a record of such an impairment, or (C) is regarded as having such an impairment," rather than the existing definition that relied on a "substantial handicap to employment" ("A Brief History of the Disability Rights Movement" 00:07:43-00:08:29). Section (§) 504 of the Rehabilitation Act created regulations against disability discrimination in the U.S. federal government, public schools, and workplaces

(00:07:20-00:09:53). American parents and students with disabilities often work with educators to create a “504 Plan” for the classroom that provides accommodations and supports that eliminate barriers to full participation in school activities.

Disability activism also contributed to the formation of the social model, which posits that disability is a “social construct” rooted completely in “the environment that fails to accommodate people with disabilities” (Olkin 133). This model encourages disability acceptance and pride and promotes a sense of disability fellowship in the community. However, the model fails to account for the experiences of certain people with disabilities, such as those with chronic pain who might desire to be cured. Margaret Price echoes Alison Kafer in that she is “equally wary of a complete rejection of medical intervention” (4). Price’s text calls upon the disability studies community to expand and rework current thinking (or lack thereof) around pain and mental anguish. Price ponders the way in which pain demands to be acknowledged by scholars and suggests that we develop a “feminist disability studies ethics of care” that “does not mean knowing exactly what another’s pain feels like” but respecting “each person’s pain as real and important” (11-12). Price acknowledges how far the movement has come but indeed pushes the boundaries even further toward a kinder and more understanding future.

Before the origins of the medical and social models, disability was understood in a highly moral sense. Because able-bodied/able-minded people could not understand the somatic and mental experiences that disabled people went through, they often attributed conditions of disability and impairment to acts of God. On the one hand, this meant that the disabled had a unique and privileged experience with a higher power, but on the other hand, it also led to social stigma and exile. Moral understanding said that disability is “caused by moral lapse or sins, failure of faith, evil, [or is a] test of faith” (Olkin 133). Often, to be disabled under this model was shameful; it meant you were sinful or even “dirty.” This sentiment, the fear of “moral contamination” by disabled people, contributed to motivations for confining mentally ill or disabled relatives on the margins of the community and eventually inside mental institutions in remote areas. Even within the institution itself, the most severely disabled were pushed to the edges of the campus; “forgotten incurable patients” were housed in “‘back’ buildings.” Some “haven’t had a visitor in twenty years” (Cranford 179). Traditionally, “as patients improved, they were relocated toward the middle of the [center main] building,” so the hospital would look quieter and more serene than it actually was when community members visited (Yanni 120). This administrative block often contained a religious center or chapel, which gave patients “something to strive for metaphysically, and to move toward physically” (Yanni 121).

Fig. 5. The Center Administration Building of Central State Hospital (sometimes called the Powell Building) in 1937. All patients were admitted and discharged through these doors. *Alt Text: A three-story building in black and white. It has four columns, many pane-glass windows, and a dark dome on the roof. White writing on the margins of the image denotes location information for the Historic American Buildings Survey of the U.S. National Park Service from 1937.* Image Attribution: L.D. Andrew (Historic American Buildings Survey L. D. Andrew, Photograph Jan. 3, 1937 VIEW OF FRONT - Milledgeville State Hospital, Central Building, Milledgeville, Baldwin County, GA HABS GA,5-MILG,9-1.tif), Public domain, via Wikimedia Commons

Fig. 6. The Central State Hospital Powell Building in 2023. *Alt Text: Paint chips off the same massive white three-story building as in Figure 5. The structure looms against a cloudy sky and cracked asphalt. Leaves scatter the concrete.* Photograph taken by the author.

The language we used regarding mental health and illness created and reflected this prevailing stigma and fear of contamination around it. In fact, another word for "mental health institution" is *sanitarium* (also spelled *sanatorium*). Though it has fallen out of favor in the past few decades, it was a popular descriptor for asylums throughout the early twentieth century. The word itself seems to imply an enforced sense of order, of regimentation; it derives from the Latin *sanus*, meaning "sound" or "healthy," and *sanus* is also the root of the words *sanitary* and *sanitation* ("Sanatorium"). The asylum, therefore, is a place of cleanliness, a mythical and idealized object that seems to promise, "here, you will find peace and be cured." This type of language for the architecture of mental health treatment reflects a shift in cultural understanding around the role of therapeutic institutions and how they differ from medical hospitals. As the institutionalization movement progressed, no longer were asylums viewed as a temporary solution to the family and community responsibility of caring for a mentally ill loved one; they became centers for long-term custody (Yanni 106; Cranford 93). Sanitariums were seen to handle and contain the seemingly "unclean" problems of mental illness and disability. Mental health institutions, under this framework, are spaces in which to limit and confine the uncertainty of living with a relative who is mentally ill or developmentally disabled; they are spaces where family members can relegate the responsibilities of care to someone else, someone more professional.[8]

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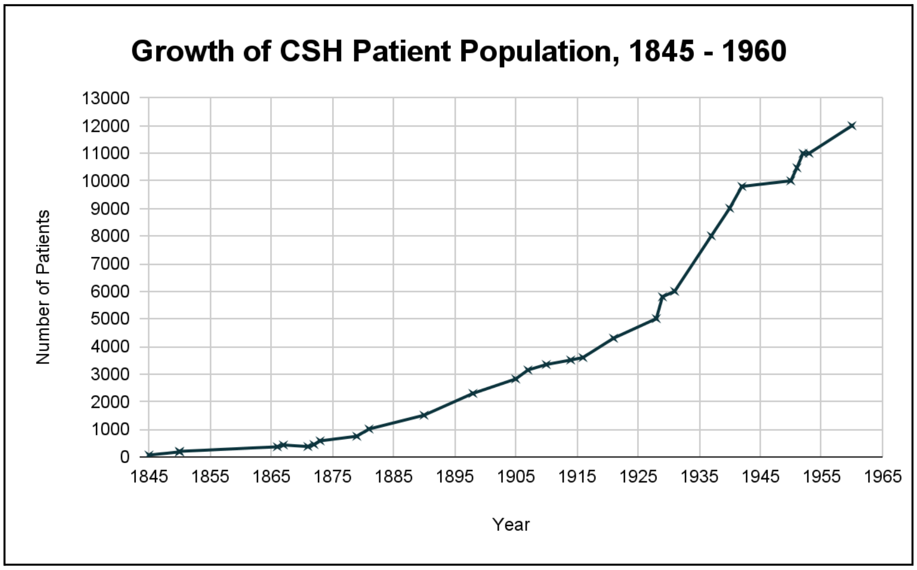
[8] This trend in thinking went along with even more medical professionalization resulting from technologies developed in the first World War; holistic understandings of medicine further gave

Central State Hospital (CSH)

Flannery O'Connor lived most of her life on a farm in Milledgeville, Georgia, just a few miles from what was (at that time) the largest mental institution in the world, Central State Hospital (CSH). The mental institution was founded as the "Georgia Lunatic Asylum" and has gone through three name changes but was known as the "Georgia State Sanitarium" and the "Milledgeville State Hospital" while O'Connor was alive (Graham i). By 1950, CSH was Georgia's primary facility for carrying out the forced sterilizations resulting from the eugenics movement (O'Gorman 204). At the height of institutionalization (around 1960), Central State Hospital housed over 12,000 patients, including more than 4,000 white women, 3,300 white men, 2,400 Black women, and 2,100 Black men (Smith 00:21:07-32). Like many similar properties in the mid-twentieth century, the estate resembled a town of its own (Sacks 2). In fact, it was the fifteenth-largest settlement in Georgia in 1951 and had "all the facilities of a city of 15,000" (Cranford 157).



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way to concepts of "expert," career medical professionals (Morantz-Shanchez qtd. in Banks 354-357).

Fig. 7. Tracking the drastic rise of institutionalization at Central State Hospital from 1845-1965. *Alt Text: A graphed curve appears slightly exponential from the years 1845-1940. After 1940, the population growth rate slows down, but numbers are still increasing overall to a peak of over 12,000 patients in 1965.* Graph created by the author from population figures documented in Dr. Peter G. Cranford's book *Milledgeville! But for the Grace of God: The Inside Story of the World's Largest Insane Asylum* and annual reports from the hospital.

CSH functioned relatively self-sufficiently and contained a farm, dairy, printing press, post office, and railway station (Smith 00:21:07-20). Over 25,000 people are estimated to have been buried in numbered or unmarked graves on the property since it opened its doors in 1842 (Monroe), and its first workers were enslaved (Graham i). The gravesite haunts many community members, including those who worked at Central State Hospital more recently. The former head attendant for Black patients in the 1940s, Joe Ingram, said:

> Rows upon rows of numbered, small, rusted markers as far as you can see… It must be the most gruesome sight in Georgia. Unknown humans, shunned when living, deprived of their very names in death—and literally known only to God. They were the unwanted of society, the throwaways. Nobody cared if they had markers. We knew that they could have been us. It was devastating. (qtd. in Segrest vi, 4)

Ingram served CSH for sixty years and knew "more about the hospital than anyone living" (Cranford 14, 143). There was even a building named in his honor that was used as a medical center (before it was bought by the Georgia Department of Corrections during deinstitutionalization) (Segrest 6). His powerful statement provides a cutting insight into the horror that was mass institutionalization and custodial mental care around WWII. Hospitals like

CSH were underfunded and overcrowded since their early days, but especially so by the 1950s. Their resources were drained, and staff shortages increased during and after World War II. Dr. Peter Cranford, the hospital's first chief psychologist, details a conversation with a colleague, Dr. Jesse Quillian, in September 1951. Quillian said: "My job is almost impossible. I feel guilty that I can't do more but with over a thousand patients, the only way I could examine them all would be to watch them trot past my office door as they go out in the mornings" (151).

Fig. 8. A memorial installed by the Georgia Consumer Council in 1997 as tribute to the 25,000+ people buried on Central State Hospital grounds in Milledgeville, Georgia. *Alt Text: Tall, rusty numbered grave markers completely fill the image. They are innumerable. The grass underneath is mostly dead and yellow.* Image Attribution: John Kloepper, CC BY 3.0 <https://creativecommons.org/licenses/by/3.0>, via Wikimedia Commons (This image has been cropped by the author to maximize the size of the grave markers.)

Dr. Cranford, who worked at CSH from July 1951-July 1952, candidly explains the experience of his tenure there in his incredible 1981 book *Milledgeville! But for the Grace of God: The Inside Story of the World's Largest Insane Asylum.* He provides the most detailed history of the institution available before Mab Segrest published *Administrations of Lunacy* in 2020. Cranford details how expansion at Central State began almost immediately after the hospital was established; by 1890, “every room was now filled and the overflow extended into the reception rooms, the parlors and even the dining rooms and halls, and still there were 200 in the jails waiting to be admitted” (62). The 1916 report on “the care and treatment of the insane in Georgia” by the National Committee for Mental Hygiene included notes and recommendations such as:

> 26. The doctor-patient ratio of 1-350 [even back then] was too low.
>
> 39. Vermin infested wooden beds should be replaced with those made of iron.
>
> 41. Insane children should be in a separate institution. (Cranford 92-93)

Dr. Cranford also comments on the hospital’s long history of administrative corruption. In 1931, some trustees of Central State were accused of profiting off the hospital:

> The orders of the hospital are tremendous. One extra blanket for the 6,000 patients who were there in 1931 cost a small fortune. It would be natural that orders of such size would be sought after with great political zeal and that this activity was not concerned with patient welfare. (100)

According to the Nurses’ Alumni Bulletin from 1951, one day’s grocery bill at the hospital consisted of 1,800 loaves of bread, 3,000 pounds of bacon, 4,000 pounds of okra, 3,000 pounds of steak, 4,000 chickens, and more “grown and raised by patients on the hospital farm” (qtd. in Cranford 165-166).

The public slowly grew more concerned about the medical and business ethics practices at Central State Hospital as time went on. In the 1940s and ‘50s, mail censorship was used to prevent community stakeholders from finding out about physical abuses taking place there and "upsetting" them (Cranford 111, 161). A 1945 report on the hospital even concluded: "[Recommendation] 58. A better and more liberal type of censorship should prevail for patients' correspondence" (Cranford 122). Dr. Cranford recalls:

> In 1949, many had something to say about the hospital. A legislative committee found 'shocking' conditions. Attendants and nurses were working 60 to 70 hours weekly, and the former made as little as $74 monthly. The patients' day room had no heat. There were wards in which patients had gone three weeks without soap. Many patients had to sleep on the floor… An additional criticism, by Atlanta psychiatrists, was that there were at least 2,000 of the 9,500 patients who could be sent home as harmless. The implication was that relatives would not assume responsibility for their care. (Cranford 127-128)

Here, Dr. Cranford makes explicit the institutionalization movement's relegation of disability community care. Under a society that marginalized disabilities to its fringes and into institutions, there was little economic support for day-to-day hospital operations. Cranford further explains how the hospital used patient labor:

> Like a prison, it functions largely through the work of the inmates. [Cranford refers to patients as inmates many times throughout his text.] Help patients [assistants] do everything from hard manual labor to secretarial work. They know everything that goes on, even in the superintendent's office. (157)

Mab Segrest says that "patients did two-thirds of the institution's work" at facilities like the hospital slaughterhouse, farm, dairy, poultry farm, and cannery. It is more than likely that Flannery O'Connor and other local residents ate surplus food produced at the hospital that was sold into the community. In the year 1950, the slaughterhouse and farm profited $106,226 and $124,728, respectively (303).

Cranford's efforts to complete the hospital's history as documented in the first half of *Milledgeville! But for the Grace of God* were aided by six "help" patient assistants who served as "engineers, artists, and secretaries" in his office in the basement of the Jones Building (Cranford 144; Segrest 306; Milledgeville State Hospital "Annual Report" 65). The four-story, 142,140-square-foot structure, built in 1929, was the primary medical facility of Central State Hospital ("CSH Campus Driving Tour" 00:01:01-10). It contained the hospital's surgery ward and operating room, where 121 lobotomies were performed between 1951 to the early 1970s (00:05:09-23). There, staff members also performed novel drug testing on patients, conducted sessions of "electroconvulsive therapy" (ECT, or shock treatments), and many Milledgeville locals even gave birth in the facility.

Fig. 9. The Jones Building of Central State Hospital, surrounded by fencing in March 2023. There is a good chance it will be demolished soon. *Alt Text: A red rectangular building with white columns at its center. Grime covers its walls and columns, and windows are broken. A wire fence surrounds the building just beyond the top of the stairs at the center.* Photograph taken by the author.

The Jones building has been abandoned since 1979, and its carcass sits, crumbling under nature's forces of reclamation. In October 2022, the Georgia State Department of Behavioral Health and Developmental Disabilities (DBHDD), currently responsible for Central State facilities, put up fencing around it as well as the Walker and Green buildings. A spokesperson for the department says that the installation is in preparation for asbestos removal treatment and to protect curious community members from the unsafe conditions inside, but locals are concerned that the structures will be imminently torn down (Pound; Cha). The founder of the Facebook Group "Friends of Central State Hospital," Edwin Atkins, said the buildings are "never going to be used as structures to repair. The only choice is whether it's a total demolition or a partial demolition… The history of the Central State Hospital is part of Georgia's history, and to alter the look and history is a travesty" (qtd. in Cha). The final say is up to Georgia's governor, who must sign an executive order to demolish any state-owned facility (Pound).

In institutional settings, there are common concerns about the loss of individual identity and the power of conformity, obedience, and the bystander effect.[9] When committed to an institution as a ward of the state, a person stands to lose their unique sense of individuality—their sense of personhood itself. The strict, regimented lifestyle that custodial mental institutions entail leaves little room for an individual's freedom of expression; they are subjected to the will of the state and forced to conform to the institution's standards of behavior through several means, like those carried out in the Jones building: sedation through psychotropic drug prescriptions,

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[9] *The bystander effect*, also known as bystander apathy, is a term used to explain why witnesses to emergency situations often fail to respond or why someone could "stand by" while other people suffer. It has been generally observed that the number of witnesses to an emergency is inversely correlated to individual helping behaviors (that is, as the number of witnesses increases, the less likely each single individual is to act). This concept relies on i) *pluralistic ignorance*, when people assume the situation is not an emergency since no one else is responding, and ii) *diffusion of responsibility*, when people rescind their personal stake in a situation and assume that someone else is more equipped to address the problem at hand (Urschler et al.).

electroshock therapy (ECT, or as Cranford called it, the “Georgia Power cocktail” (172)), and in the most extreme cases, invasive frontal lobotomies. The bystander effect also comes into play with hospital attendants and non-institutionalized community members. Because the bureaucracy behind mental institutions sprawls so massively outward from the individual and their actual treatment, community members are less likely to feel a personal responsibility to help when they see abuse, neglect, and other maltreatment occurring. Dr. Cranford notoriously said: “until an aroused public removed the causes of brutality, brutality would continue, now and then coming to the surface. Public incidents… are like icebergs. Most of the ice is below the water. For each incident that becomes known, there are hundreds of lesser ones that never see the light of day” (130). He notes a piece of patient wisdom from the era, “Before you [lock] us up, take a long look at those who bring us in” (175).

Heartbreakingly, psychological distancing by community leaders created the political and economic philosophies that drastically underfunded psychiatric hospitals and allowed horrible conditions to arise. Under these conditions, hospital staff became heavily desensitized to the reality of their circumstances, as Dr. Cranford reflects:

> One of the things that was disturbing here when I first came was the persistent and disagreeable odor in both this [the Jones] building and the Ingram Building. Peculiarly enough, I do not notice it any more. I understand now why the staff was surprised when I said something should be done about the smell. ‘What smell?’ However, I expect if a dog smells me, he knows I work at Milledgeville! You also quickly get used to the screams of paranoid patients—they just don’t register. (155)

Working in such a stressful environment desensitized attendants, nurses, doctors, and administrators to the awful stench of what was often going on around them—the screams "just don't register."

The practice of electroconvulsive therapy at Central State, though relatively standard at the time, was particularly gruesome and could result in personality change. Shocks were often used as punishments to get patients to conform. As Dr. Cranford recalls, "One of our doctors has experimented with seemingly hopeless patients by shocking them down to a child-like condition, hoping they might set up a new system of thinking. It hasn't worked. It only burned up great spans of memory" (183). Often, there was no consent process involved in such experimental research, and "how much and how long to shock is a matter of individual preference" (161).

Fig. 10. Patient Wisdom: "Shock treatment makes you forget what you want to remember and remember what you want to forget" (Cranford 162). Student nurses assisting in electroconvulsive

therapy, Central State Hospital, Milledgeville, Georgia, 1950. *Alt Text: A black and white photo of seven white nurses and a doctor standing over a female patient on a table. Their hands rest on her limbs. The patient's face is turned away from the camera and covered with a strap. The nurses are wearing wrinkled white smocks and caps, and the doctor is wearing a plaid dress. The oldest nurse holds a cloth to the patient's mouth. The doctor is turning knobs on a large black box placed on another smaller table that controls the ECT voltage levels.* Image Attribution: Used with permission, © *Atlanta Journal-Constitution*. Courtesy of Georgia State University Library.

Conditions at the hospital were not *all* bad, however. Dr. Cranford describes the dances held in the CSH auditorium with tenderness:

> Seven hundred or so patients were dancing—from shufflers and arm wavers to smooth waltzers—all ages—dressed from work clothes to party clothes to the outlandish. One patient wore a decorated tri-cornered makeshift hat and red garters over World War I leggings… No one discriminated in choosing partners—the young with the old, the well with the sick. They are completely accepting of each other [except for the fact that this dance was racially segregated]. An epileptic fell to the floor. Nurses and epileptic patients took care of him. The rest danced around them. Within a few minutes some fifteen or so patients had come by to Say, "Hi, Doc"... In the bleachers surrounding the gym floor were perhaps a thousand patients watching the dancers… For some reason I was touched at the sight and as [left] I had to blink back the tears. (158-159)

Fig. 11. A Dance at Central State Hospital, 1950. *Alt Text: A black and white photo of three male patients in dress shirts and slacks waltzing with nurses in white smocks and caps. Some of the men wear funny hats. The patients have their backs facing the camera, but the nurses are smiling. They are in a gym, and other patients and staff members line the background in chairs and on the bleachers.* Image Attribution: Used with permission, © *Atlanta Journal-Constitution*. Courtesy of Georgia State University Library.

Given that the legacy of CSH towers over the physical and social landscape in Milledgeville, Flannery O'Connor's relationship to the hospital has been remarkably understudied. Some scholars, like Sarah Gordon, warn against interpreting O'Connor's literary representations of setting as reflective of reality, citing several factually inaccurate literary travelogues to Milledgeville that caricature local residents and dramatize the scenery ("Milledgeville: The Perils of Place as Text"). Gordon also claims "there is no indication whatsoever" that O'Connor drew material from CSH (*A Literary Guide* 44-46), but some other scholars argue differently. Douglas Robillard Jr. says that Quincy State Hospital, a fictional mental institution that appears in one of O'Connor's short stories, "The Partridge Festival," is "clearly patterned after Milledgeville's Central State" (72). He also asserts that the events which propel the story forward closely parallel real Milledgeville history: in 1953, a psychotic man went on a killing spree during a festival for the 150th anniversary of the town's establishment (which kicked off with a grand ball in the auditorium of Central State Hospital that O'Connor refused to attend) (77, 70; J.O. Tate qtd. in Cash 33).[10]

Fig. 12. The Central State Hospital Auditorium is still in use today as an activities center for the Georgia Military College. *Alt Text: A rectangular red brick building with six heavy grey doors is labeled "AUDITORIUM" in all capital letters. Grime on the face of the building makes the name barely legible. The sidewalk in the foreground is yellowed and cracked, and the sky is overcast, but the grass is well-manicured.* Photograph taken by the author.

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[10] Jean W. Cash's 2002 biography, *Flannery O'Connor: A Life*, is currently one of the most well-known and frequently-cited texts on O'Connor.

O’Connor herself discussed “The Partridge Festival” to a novelist friend:

> I don’t think much of the traditional association of insanity with the Divine. That’s for romantics. Quincy State Hospital is actually two miles out of Milledgeville, the same only bigger. A five-minute stroll through the grounds would dampen any enthusiasm you might have for the traditional association. (*The Habit of Being* 443)

Here, O’Connor not only asserts the influence of the hospital on her fiction but wryly alludes to her opinion of the facility. She directly equates CSH with the product of her imagination, Quincy State Hospital. The climax of the story occurs when its protagonists go to visit the killer, Singleton, in Quincy and are disillusioned by his unpredictable behavior:

> [Singleton] got his wrist free and lunged toward her but the attendants sprang after him instantly… the old man jumped nimbly over the sofa and began to speed about the room. The attendants, their arms and legs wide apart to catch him, tried to close in on him from either side. They almost had him when he kicked off his shoes and leaped between them onto the table, sending the empty vase shattering to the floor. ‘Look girl!’ he shrilled and began to pull the hospital gown over his head. (*The Complete Stories* 443)

This scene isn’t too far off from what actually occurred at the hospital in the 1950s and ‘60s; lewd behavior and sexual assaults were all too common on the premises and often went unreported (Cranford 201).

One of Flannery O’Connor’s childhood friends, Loretta Hoynes, corroborates the idea that O’Connor had a penchant for finding entertainment on the grounds of Central State:

> When you went to Milledgeville, [Flannery’s] greatest thrill was taking somebody by the mental institution because the windows were all open and there was no air-conditioning[...] and those folks were just literally screaming, and she would love to

> take you by there. That was a lot of fun to take a new visitor, who hadn't been there. (Cash 34)

This evidence of O'Connor's voyeuristic pastime, if one believes Hoynes' recollection, is illuminating. These two girls may have shared the thrill of peeking through open windows to view the spectacles inside the hospital and around its grounds, and as we will see in the next chapter, some of O'Connor's literary depictions of mental and intellectual disability objectify and stereotype disabled people.[11] Hoynes' perspective suggests that O'Connor, at least in her sheltered adolescence, was more engaged with passive onlooking than entering into active conversations around the lives and stories of those hospitalized. It shows how she may have reaped the benefits of the institution (namely, ideas for her grotesque images, like Singleton in "The Partridge Festival") while maintaining physical and psychological distance from the actual lived experiences of the people inside.

Perhaps the most compelling evidence that CSH is stronger in O'Connor's mind than previously thought is her demonstrable relationship with its staff members in the Milledgeville community. She often held what she called "pseudo-literary and theological" gatherings at her home in Milledgeville, drawing a diverse range of neighbors and friends (*The Habit of Being* 271-272). In a letter to her friend Betty Hester from March 20th, 1958, she says, "There is a psychiatrist [Dr. Stephen Kramer] from the state hospital who comes [to the weekly book club] and he has slept through both times we have read [Kierkegaard]. Doesn't get it at all, he says" (*The Habit of Being* 273; Cash 195-196). Dr. Peter Cranford himself once met O'Connor at a party hosted in her honor in September 1951. In his journal entry about the event, he recalls,

> Flannery came in a wheelchair. I wasn't told the nature of her apparently permanent affliction. She is a well-loved and courageous person and was quickly engulfed by a

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[11] The most obvious example of this phenomenon is Bishop from *The Violent Bear It Away*.

> roomful of admirers—most of them ladies, a number from the college. I chatted with her briefly and was encouraged to express my attitude toward patients and how they should be treated. When I paused, one of the young matrons nodded approvingly, then announced to the others, 'But I predict he won't be here long.' (153-154)

Sure enough, the matron was right. The working conditions and political corruption at the hospital raised Dr. Cranford's ethical concerns and forced him out of the institution after an eleven-month tenure.

All this news of abuse at the hospital couldn't stay out of the public spotlight forever. Dr. Cranford reminds us that "historically, the best friends of the patients, and the most effective, have been the Atlanta papers. The people on the inside can't or won't talk" (168). Cranford agreed to keep quiet about the issues he saw at CSH to avoid the risk to his license and professional reputation that speaking out would entail (200). However, seven years after Dr. Cranford left the hospital, a journalist from the *Atlanta Constitution*, Jack Nelson, wrote a series of exposés that revealed the horrifying conditions inside, including allegations that

> [a] nurse had performed major surgery in many cases; a state-paid doctor… had maintained a private research fund financed by drug firms with no public accounting; investigational drugs had been administered without the knowledge of patients or their guardians; one-fourth of the medical staff was comprised of doctors with records of drug addiction or alcoholism; some doctors had been allowed to remain on the staff after being reported drunk on duty

and that "negro surgical patients have been—and still are—shuttled off to a clinic about a mile away immediately after operations because there are no facilities for them in the building housing the operating rooms [the Jones building]" ("Irregularities Added to List At

Milledgeville," 7a). The *Atlanta Constitution* articles ran throughout the spring of 1959 and turned heads all over the country. In 1960, Jack Nelson won a Pulitzer prize in Journalism for his work. O'Connor obviously heard about these scandals at CSH, and in mid-March of 1959, she dismissed the matter to Betty Hester as journalistic muckraking: "As for our hospital and its troubles: newspapers have to be sold and chronic reformers have to have fodder" (14 March 1959). She proceeds to say that conditions at the hospital have recently improved despite insufficient funding and implies that CSH administrators are doing the best they can with the resources they were given:[12]

> When you have to pay doctors $8,000 a year, you have to take a few ex-alcoholics. Dr. Peacock [the superintendent, a known alcoholic himself] has had about two strokes in the last year and the others have been running the place for him… Dr. Burrel [*sic*; an internist], who administers the drug program, is one of the best doctors anywhere around here. If I ever get down, I hope he'll give me one of them shots. He goes out and gets that research money himself and I doubt if any of the poor devils have suffered in his care. (14 March 1959; Cranford 157)

O'Connor repeatedly consulted with Dr. Burrell to address her lupus symptoms after the public investigation into his unethical practices and use of research funds (Nelson, "Doctors' Report," 8). She even recommended him to her other friends that had lupus (*The Habit of Being* 495). Given her defensive response to a call for change at CSH, we can see how O'Connor distanced herself from the "poor devils" of the institutionalized.

O'Connor's status as a disabled person herself calls for a disability-conscious approach to reading her fiction. In her seminal text *Extraordinary Bodies*, Rosemarie Garland-Thomson

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[12] Unfortunately, I had to cut down the quotation here for fair use purposes, but I encourage you to request a copy of the full letter currently housed in Emory University's Rose Library.

asserts that nondisabled people, or "normates," define their identity around an "array of deviant others whose marked bodies shore up [their identity's] boundaries" (see Figure 13) but that disabled individuals can also participate in hegemonic discourses of exclusion so as to grow more proximal to the ideal of "normality": just like with other marginalized identities, "disabled people also often avoid and stereotype one another in attempting to normalize their own" social standing (8, 15). O'Connor died before the disability rights movement began in full swing, but she might have benefitted from the coalitional work performed by disability self-advocates had she lived ten years longer.

Fig. 13. "The Normate." This image represents how people assume a normative subjectivity and form their identities by comparing themselves to others. In this process, the individual symbolically marks those other bodies and assigns them the disabled position. *Alt Text: A hollow stick-figure person emerges from a background of many watercolor paint splotches.* Image created by the author.

As for Carson McCullers, while she did not live near CSH, the institution depicted in *The Heart is a Lonely Hunter* is more certainly Central State Hospital. In an early draft of the novel, she states her plans for its setting in a cotton mill town: “The town is never mentioned in the book by its name. The town is located in the very western part of Georgia, bordering the Chattahoochee River and just across the boundary line from Alabama” (*Illumination and Night Glare* 182). Following her logic, readers can pinpoint the setting in McCullers’ hometown of Columbus. Therefore, when the book’s intellectually disabled character, Antonapoulos, is “taken to the state insane asylum two hundred miles away,” the institution must have been a fictional version of Central State Hospital in Milledgeville (9).

McCullers also explicitly mentions “Milledgeville” in one of her other novels, *The Member of the Wedding*, which was published in 1946. In this era, the town as a whole became synonymous with the hospital because “for years, recovered patients returning to their home counties [when they actually made it out of CSH alive] had consistently reported abuses and there was a state-wide undercurrent of suspicion of the institution” (Cranford 110). In the story, the school-aged protagonist, Frankie, calls the police to aid in her search for a missing alley cat. Berenice, Frankie’s mother figure and female role model, attempts to protect her from the threat of being perceived as “other,” exclaiming:

> “Whew! They going to send around here and tie you up and drag you off to Milledgeville. Them fat blue police chasing tomcats around alleys and hollering: *Oh Charles, Oh come here, Charlina!* Sweet Jesus!”
>
> “Aw, shut up,” Frankie said.
>
> Berenice was sitting at the table; she had stopped giggling and her dark eye roved in a teasing way as she sloshed coffee into a white china saucer to cool.

> “At the same time,” she said, “I can’t see how it is such a wise idea to trifle around with the Law. No matter for what reason.”
>
> “I’m not trifling with the Law.”
>
> “You just now set there and spelled them out your name and your house number. Where they can lay hold of you if ever they take the notion.” (*Collected Stories* 282)

Berenice is a working-class Black woman. Compared to Frankie Addams, her white middle-class charge, she is at a much higher risk of being “dragged off” to a place like Milledgeville, a place of physical and cognitive marginalization. With this example, readers can see how the substandard reputation of Central State Hospital bled across the state of Georgia and into the lives of its most prominent writers.

Chapter Two: Flannery O'Connor

Life

Mary Flannery O'Connor was born in Savannah, Georgia, in 1925, to Edward O'Connor and Regina Cline O'Connor. Her father fought in France during World War I and found work as a real estate appraiser in Atlanta during the Great Depression (Cash 8). As a result, the family moved briefly to Atlanta and then to Milledgeville when their daughter completed seventh grade in 1938 (Cash 26). She was an only child, and her parents raised her in the tradition of pre-Vatican II Roman Catholicism. She received a thoroughly parochial education until her family moved to downtown Milledgeville, where she attended Peabody High School from 1938-1942 (Cash 35-36, 49). Her third-grade teacher, Sister Consolata, recalled, "She was just an ordinary child [but…] a good student… She took her place like everyone else... She was Mary Flannery O'Connor and that was it," though "she was a little awkward in expressing herself" (Cash 15-16). O'Connor's report cards housed in the Stuart A. Rose Library of Emory University reveal that her lowest grades were in physical education and mathematics ("Education"). Childhood acquaintances describe how she "isolated herself from the other girls, presumably to read" (Cash 14).

At the predominantly female Peabody High and later, during her undergraduate years at the Georgia State College for Women (GSCW, from 1942-45),[13] O'Connor drew cartoons and prints for student newspapers and yearbooks, which focused on themes like homesickness, academic frustration, and the ongoing civilian war efforts (*Cartoons* 4-6). She kept mostly to herself and was not known to go on dates. After originally attempting to double-major in Social Science and English and minor in Education, O'Connor dropped her English major because she

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[13] GSCW is now co-ed and has been renamed the Georgia College and State University, or GCSU.

refused to take the required courses in grammar and Shakespeare, which were only taught by a professor she disliked (Cash 51, 58). Nevertheless, O'Connor graduated from GSCW on June 11, 1945, with her Bachelor of Arts degree in Social Science (Cash 65). She then applied to a Master's program in Journalism at the University of Iowa, hoping at first to keep drawing and designing cartoons. Obviously, that changed, and she studied fiction under Paul Engle (*Dear Regina* vii-viii).

Mrs. Regina O'Connor, unlike Carson McCullers' mother, was known to be rather strict with and protective over her daughter. Elementary classmates recall how Mrs. O'Connor "took her [daughter] to school every day. She walked her right over to the gate of the yard every morning" (Cash 12). Many renowned O'Connor scholars like Louise Westling and Claire Kahane have emphasized the contentious relationship that O'Connor had with her mother (Westling, *Sacred Groves* 173; *Dear Regina* viii). However, a recent contribution by Monica Miller reframes our scholarly understanding of their mother-daughter dynamic: O'Connor's nearly daily letters home to her mother during graduate school at The University of Iowa Writers' Workshop demonstrates both her growth as an author and as a person and proves "a strong connection between the mother and daughter, [and that] the tenor of that bond is complicated" (*Dear Regina* ix, xi).

In one letter from November 4th, 1947, O'Connor makes a "striking declaration of an autonomous identity," as Miller puts it, and asks her mother to start calling her by her middle name: "Would consider it very generous of you just to call me *Flannery*. That is who I am, that is who I am always going to be, and the people whom I will associate with and do associate with know nothing else. Very generous of you" (*Dear Regina* 233, 258; emphasis in original). Later that month, however, she applauds her mother's acceptance of the name change: "Consider your effort to call me Flannery admirable. May I ask what brought you to the consideration of it? What does [my aunt] Mary think of your doing it?" (*Dear Regin*a 262). Many scholars, Jean W. Cash included, believed O'Connor dropped her first name only for professional purposes, but it is possible that she, like Carson McCullers, identified personally with her gender-neutral literary name (231). She first tells her mother of the change five weeks after arriving at Iowa: "They call me Flannery here—Miss O'Connor in class" (28). No matter the origins of the title, it suggests the impact of a new environment on O'Connor's identity and worldview, one that she eventually came to accept as her own. Both professionally and at home, she fought to be referred to as "Flannery" alone.

Besides her five-year venture into Iowa, New York, and Connecticut at the beginning of her career, O'Connor spent her most productive years back in Milledgeville. In a 1957 letter to her literary friend Cecil Dawkins, she said:

> I stayed away from the time I was 20 until I was 25 with the notion that the life of my writing depended on my staying away [from the South]. I would certainly have persisted in that delusion had I not got [*sic*] very ill and had to come home. The best of my writing has been done here. (*The Habit of Being* 230)

Here, we can clearly see how O'Connor herself believed that the landscape of Milledgeville, and the act of returning home to it, impacted and improved her fiction writing.

What forced Flannery O'Connor's early return home was the onset of lupus, the same condition that killed her father when she was fifteen, in 1941 (*Dear Regina* viii; Cash 9-10). When O'Connor suddenly fell seriously ill herself, the family physician thought it was due to a form of rheumatoid arthritis (because of the lack of information on the condition that existed at the time), but a kidney specialist at Emory University Hospital in Atlanta, Dr. Arthur J. Merrill, corrected the diagnosis on a phone call with her mother (Cash 131). Mrs. O'Connor, "fearing that diagnosis of incurable disease would cause physical setback," chose to conceal the news from her daughter for a year and a half (Profitt 76; *Collected Works* 1245) until a close friend Sally Fitzgerald revealed the truth to Flannery O'Connor on a visit to Connecticut in the summer of 1952 (Gooch 214-215).

Fitzgerald recalls O'Connor's reaction: "'Well, that's not good news,' Flannery said, after a few silent, charged moments. 'But I can't thank you enough for telling me…. I thought I had lupus, and I thought I was going crazy. I'd a lot rather be sick than crazy'" (Gooch 215). However, there is no record of whether Flannery O'Connor resented her mother for masking the true nature of her illness; eventually, she broached the matter, and Regina admitted that Dr. Merrill had diagnosed the condition before ever seeing O'Connor in person (Gooch 217).

As a result of the illness, Regina O'Connor moved with her daughter into a farmhouse on the outskirts of Milledgeville. There, she wrote the majority of her most successful fiction, including "The Displaced Person," "Everything That Rises Must Converge," and *The Violent Bear It Away*, using energy-rationing techniques like writing for two to three hours in the early morning every day (Cash 237, 254; *Conversations* 62). Energy rationing is particularly interesting when considered under the umbrella of disability studies. Expanding on Jack Halberstam's "strange temporalities," Alison Kafer theorizes about the way disability often distorts one's sense of time (35). "Crip time," as she calls it, is a "reorientation to time" (27). Rather than a simple extension of time or a slowing down, it is "flexible." Accepting crip time requires "recognizing how expectations of 'how long things take' are based on very particular minds and bodies" (27). She writes:

> For those who live with chronic fatigue or pain, for example, the present moment must often be measured against the moment to come: if I go to this talk now, I will be too tired for that class later; if I want to make that show tomorrow night, I need to stay home today. This idea of conserving energy, of anticipating, can be read as queer in that it bucks American ideals of productivity at all costs, of sacrificing one's body for work. In other words, how might we begin to read these practices of self-care not as preserving one's body for productive work but as refusing such regimes in order to make room for pleasure? (39)

O'Connor was rarely forthcoming about how her disability made her feel and would likely disagree with this interpretation due to her ascetic philosophy. In several interviews, she denied that disability influenced her professionally. Once, when asked by the media about her use of crutches, she resisted the idea that disability made any difference, saying: "The disease is of no consequence to my writing, since for that I use my head and not my feet" (*Conversations* 43). In giving epistolary updates about her health, she usually just listed what was coming next: the ACTH hormone treatments, the scans, the specialist appointments, and the potential surgeries. However, there are a few notable points when she discusses her outlook on illness:

> I have never been anywhere but sick. In a sense sickness is a place, more instructive than a long trip to Europe, and it's always a place where there's no company, where nobody can follow. Sickness before death is a very appropriate thing and I think those who don't have it miss one of God's mercies. (*The Habit of Being* 163)

To O'Connor, God comes first. Suffering is necessary because it is an experience that tests and purifies the individual, consistent with the moral model of disability. Additionally, after all her experiences at the clinic, she seems to harbor some resentment toward the medical model, too:

"Doctors always think anybody doing something they aren't is a quack; also they think all patients are idiots" (*The Habit of Being* 440). After many hospitalizations and medical treatments over the last third of her life, O'Connor died of kidney failure in Georgia's Baldwin County Hospital on August 3, 1964 (Cash 316).

Fig. 14. Portrait of Flannery O'Connor on her porch at Andalusia Farm with crutches and one of her pet peacocks, July 1962. *Alt Text: A black and white photo of a woman with wavy, bobbed hair in a dark dress, heels, and a pearl necklace. She stands on crutches on the third step of a brick porch to the right of a large peafowl. His plumage faces the camera, and they take up equal space in the image. A white screen door occupies the background.* Image Attribution: Used with permission, © *Atlanta Journal-Constitution*. Courtesy of Georgia State University Library.

Fig. 15. Portrait of the author at Andalusia, the farmhouse of Flannery O'Connor in Milledgeville, Georgia, October 2021. *Alt Text: A two-story farmhouse with a screened-in porch, red brick steps, and a red metal roof at golden hour. Five single-hung windows flank the upper story.* Used with permission from the photographer, Karen Brinkley.

Work: *The Violent Bear It Away*

O'Connor's second and final novel, *The Violent Bear It Away*, was published in 1960, but she began work on it as early as 1952 (*The Habit of Being* 315). It received mixed early critical reception. A review from the March 19th, 1960 edition of *The New Yorker* discusses it in only two sentences:

> A dark, ingrown Gothic tale about a monosyllabic teen-age boy from the Tennessee backwoods who, inspired by his majestic, half-mad great-uncle, sets out to become a religious prophet. Miss O'Connor's writing, which is packed with 'trembling' pink moons and people who have 'crushed' shadows, fits her material perfectly ("BRIEFLY NOTED: FICTION" 179).

This text speaks powerfully to the "heritability" of intergenerational trauma and the irresistibility of Christian destiny. In the novel, 14-year-old Francis Marion (F.M.) Tarwater tries desperately to avoid the prophetic mission handed down to him by his great-uncle, Mason (who kidnapped him and raised him in the Tennessee wilderness), to baptize his five-year-old intellectually disabled cousin, Bishop.[14]

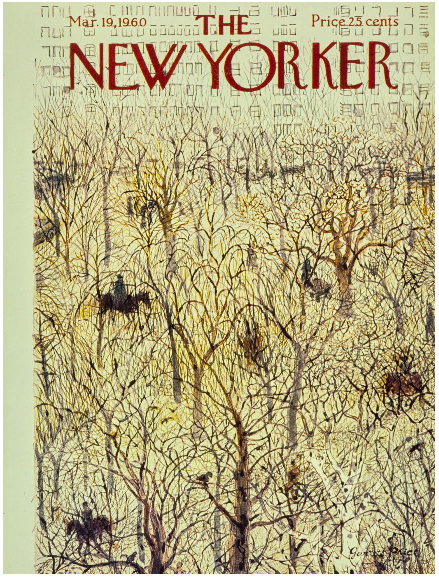

Fig. 16. The cover of *The New Yorker* from March 19, 1960, where *The Violent Bear It Away* by Flannery O'Connor is reviewed. *Alt Text: Stylized, painted people mill about in a wooded area. The background is filled with buildings. Some people are on horseback and ride through the overlapping trees. The top of the magazine cover says "THE NEW YORKER" in all caps, and the price is twenty-five cents.* Image Attribution: Used with permission, © *Condé Nast Licensing*.

At the novel's beginning, after Mason dies, Tarwater starts to hear a "stranger's voice" that convinces him to get drunk instead of burying his great-uncle (*The Violent Bear It Away* 25). In her letters, O'Connor confirms this voice to be that of Satan himself: "I certainly do mean

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[14] Some critics state that Bishop has Down Syndrome (Yaeger 196), but in the primary text, O'Connor only refers to Bishop as an "idiot." At the time, the technical term "idiot profound" was used to describe a person with an IQ of < 25. They were considered "untrainable" (Stephen Noll qtd. Segrest 265). For the sake of this analysis, we will consider Bishop to be intellectually disabled, a more general description and the most widely-accepted phrase in the disability community at the time of publication.

Tarwater's friend to be the Devil" (*The Habit of Being* 367). The "friend" can also be understood as a type of mental fabrication or hallucination, a sign that even in his headspace, Tarwater cannot escape his destiny. It follows that this figure haunts Tarwater, and the voice continues to tempt him throughout the text. In a modification of the "hero's journey" archetype, the 14-year-old journeys to the city and meets his uncle Rayber, a schoolteacher, who was also kidnapped by Mason at one point but "set himself a different course" after a few years (7). Rayber's coping mechanism for this lived trauma is heavy conformity to the social norms of the city (55) in the pursuit of a "normal life" (103). The schoolteacher also professes a staunch renunciation of his religious roots. When he passes a Pentecostal tabernacle while showing Tarwater around the city, Rayber proclaims: "All such people have in life… is the conviction they'll rise again… They won't rise again… That's why I want you to learn all you can. I want you to be educated so that you can take your place as an intelligent man in the world" (109-110). This phrase, "an *intelligent* man," is the crux of the novel; in all that he does, the schoolteacher desperately tries to avoid his anti-intellectual past and seeks secular knowledge for his own prideful, personal gain. Subsequently, he is ashamed of his intellectually disabled son and dismisses him, saying,

> That's only Bishop… He's not all right. Don't mind him. All he can do is stare at you and he's very friendly. He stares at everything that way… All the things that I would do for him—if it were any use—I'll do for you, [Tarwater]... Now do you see why I'm so glad to have you here? (92)

He even once admitted that he had tried to drown his son but had a "failure of nerve" (169). In an act of narrative comeuppance for Rayber's pride and pretentiousness, his marriage to Bishop's mother, a social worker whom Mason calls "the welfare woman," fails (77). She leaves Rayber when she realizes the extent of their son's intellectual disabilities: "She would not divorce him for fear she would be given custody of the child and she was now as far away as she could get, in Japan, in some welfare capacity" (180). Here, O'Connor implies that selfish actions by caregivers have cyclical consequences and uses Bishop's body as the "curse" that befalls his parents' marriage.

Fig. 17. Child patient in a restraining cage, Central State Hospital, 1940s. *Alt Text: A black and white photo of a small white child with dark hair, probably about six years old, wearing all white. He sits with his legs folded on white bedding. His face is occluded by the metal bars of a cage that surrounds the bed, and three spectacled white doctors in suits examine him.* Image Attribution: Used with permission, © *Atlanta Journal-Constitution*. Courtesy of Georgia State University Library.

As the novel continues, Tarwater struggles between the influence of his great-uncle and that of his uncle. His fight against association with either character is central to the text.

Tarwater, like Rayber, attempts to flee from his great-uncle's vision. He disparages Mason's wishes for him by burning the old man's dead body and property. Both characters are obsessed with controlling their destinies and livelihoods and consequently are constantly on the run, in a sense, from both the Christian faith and from reality. By crafting a highly masculine[15] narrative, O'Connor highlights the unhealthy relationships within and between its characters.

After moving in with Rayber and Bishop, Tarwater's hatred for his young cousin only grows, even though the young boy desperately tries to befriend him. The "voice" in Tarwater's head convinces him to try to kill Bishop and foil Mason's prophecy, thereby eschewing his destiny. However, Tarwater is not strong enough to resist the pull of his religious calling. Under the guise of taking his cousin on a canoe trip, Tarwater simultaneously drowns and baptizes Bishop. This harrowing, climactic scene connects back to the title of the novel, which comes from the Gospel of Matthew in the Douay-Rheims Catholic Bible (*The Habit of Being* 325, 532). The verse (in context) goes:

> 11 Amen I say to you, there hath not risen among them that are born of women a greater than John the Baptist: yet he that is the lesser in the kingdom of heaven is greater than he.
>
> 12 And from the days of John the Baptist until now, the kingdom of heaven suffereth violence, and the violent bear it away. (*Douay-Rheims Catholic Bible*, Matt. 11.12)

The United States Conference of Catholic Bishops offers an official interpretation of this verse. Likely, "the opponents of Jesus are trying to prevent people from accepting the kingdom and to snatch it away from those who have received it" (USCCB). However, O'Connor's explication of Matthew 11:12 strays from the Catholic understanding in favor of a more Protestant alternative: "more than ever now it seems that the kingdom of heaven has to be taken by violence, or not at all. You have to push as hard as the age that pushes against you" (*The Habit of Being* 229). Her

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[15] Here, I simply mean that the story centers primarily around male characters.

interpretation of this verse implies that Tarwater's accidental baptism of Bishop, though violent in itself, might be viewed as an act of violent love for God, thus redeeming Tarwater from his crime of murder.

Fig. 18. A wooden cross at Cedar Lane Cemetery on the grounds of Central State Hospital, 2023. *Alt Text: A cross is placed in the grassy ground with rocks surrounding its base. The sky is overcast. There are tall trees in the background.* Photograph taken by the author.

However, this reading of the verse in context and its meaning for the novel denies Bishop both personhood and futurity. It suggests that the human world is not conducive to his life. Rather, it posits Bishop's life as useless and his sacrificial death as conversely useful only insofar as it helps Tarwater realize his spiritual destiny. O'Connor's characterization of the child also fits with this reading: though Bishop is central to the narrative struggle, he cannot speak for himself; he can only "bellow" to convey his pain or displeasure (93). The young boy's body is the subject of much argument, but he has no power or agency, due to his age and intellectual condition, to fight back or have his complex emotions and wishes understood by his family members (and most readers).

There is much to be said about the topic of agency from a disability studies perspective. People without a full range of intellectual functioning need to be advocated for, not caricatured. *The Violent Bear It Away* raises the ethical question of how to act on behalf of another person's best interests, even when you can only make educated guesses about what they feel. In the scenes where he makes a direct appearance, Flannery O'Connor portrays Bishop as friendly and curious but emphasizes the grotesque elements of his behavior, like how he grins with a "lop-sided" (92) and "silly" smile (32) and smears his food "all over his face," comparing him to a hog (116-117). In fact, the word "mouth" appears fifty-nine times in this text, usually in reference to Bishop. However, toward the beginning of the story, O'Connor uses this peculiar symbol when Tarwater pretends he has an intellectual disability to convince a local truancy officer that a formal education would be of no use to him. In this scene, he lolls his tongue about "in his open mouth" (18). Later in the story, after Tarwater feels pangs of guilt for drowning his cousin, the mouth is mentioned once again in reference to his final acceptance of Mason's prophetic vision for him (232, 241). Overall, though, it seems that the word "mouth," when describing Bishop, tends to emphasize how "primal" (or as Maren Linett calls it, "animalistic" (115)) he is compared to the other characters. In the flashback scene where readers first meet Bishop, he is depicted as "gnawing on a brown apple core," which is a direct allusion to original sin and humanity's fall from grace in the Garden of Eden (32).

The drowning of Bishop, while symbolic, brings *The Violent Bear It Away* to the brink of promoting eugenics. Rayber is ashamed of and feels burdened by Bishop, and Bishop's extended family thinks he is a "problem" that needs solving (112). The story focuses mainly on how the schoolteacher struggles as a single parent once his wife leaves him. Rayber tells Mason early in the novel that Bishop will be “five years old for all eternity, useless forever” (34). It is this utilitarian definition of social value in terms of “usefulness” that O’Connor points out so starkly in the mind of the schoolteacher. Linett concurs that Rayber’s “primary way of understanding his son is instrumental” (99).

At several points throughout the novel, O’Connor portrays Bishop as an object to be acted upon: “Every block or so he would… have *to be* pulled up and along” (108; italics mine). Rayber could not follow through with the heinous act of drowning his own son when he “envisioned his life without the child” (141-143). To Rayber, Bishop’s life is only valuable because it serves his need to love something. Several flashbacks throughout the novel heavily imply that Rayber wishes his son had never been born (136-137). As Farrell O’Gorman says, “[Rayber’s] desire to make, and ultimately eliminate, human beings who do not resemble [his] own idealized image of humanity is, O’Connor suggests, inevitably tied to [his] desire to categorize human beings, thereby devaluing individual identity” (213-214). It is not just Rayber, either. O’Connor frames the entire narrative around the role that Bishop plays in the other characters’ lives and *not* the inherent value and humanity that Bishop possesses.

Bishop as Narrative Prosthesis

This usage is what David Mitchell and Sharon Snyder would consider a type of “narrative prosthesis” or “a crutch upon which literary narratives lean for their representational power, disruptive potentiality, and analytical insight” (*Narrative Prosthesis* 49). Their 2000 book, *Narrative Prosthesis: Disability and the Dependencies of Discourse* traces disability representation in media from the earliest human writings on cuneiform tablets to postmodern treatments of the body as a "specular commodity" in electronic forms (52, 12, 49). Mitchell and Snyder cite the ubiquitousness of disability representation in human history as evidence of how creatives have long understood physical difference as a canvas for metaphor and have used the body as an anchor for abstraction. They claim that all stories need an impetus for action and that impetus is strangeness itself. In other words, "an unknown or unnatural" deviance is what audiences find interesting; if there were no narrative anomaly, there would be nothing to tell a story about (*Narrative Prosthesis* 53). In this sense, they say, creatives mark the surfaces of their characters' bodies with the signs and symbols they create through cultural storytelling. However, they also suggest that "there is something refreshingly revelatory in this chronic presence of disability in narrative history" and that "narrative prosthesis turns the tables on the false and unrealizable Western ideal of personal autonomy, self-sufficiency, and independence" ("Narrative" 129). Through the revelatory nature and language of the prosthetic, they say, narrative prosthesis highlights the ways in which our stories and characters are all, by their very nature, flawed and imperfect. Nonetheless, the predominantly negative cultural associations around disability cannot change until more truthful, more honest, more genuine, and deeper representations of disabled people begin to proliferate in popular culture.

Mitchell & Snyder are among the first to connect the mind—body problem of Philosophy and Psychology to materialism in Disability Studies. They claim that "literature is the writing that aims to concretize theory through its ability to provide an embodied account of physical, sensory life," or that literature itself is a form of textual embodiment (*Narrative Prosthesis* 63). Although, they imply that it goes both ways; just as culture gives meaning to its embodied texts, literature returns meaning to the culture in which it is shared (*Narrative Prosthesis* 63). Said differently, "Language not only mirrors but creates reality" (Olkin 136).

As the discipline of critical Disability Studies has progressed further into the twenty-first century, other scholars like Michael Davidson have expanded and revised the concept of narrative prosthesis to make room for more formal and aesthetic understandings of disability representation in literature. The title of his book *Concerto for the Left Hand: Disability and the Defamiliar Body* (2008) comes from an anecdote about how thinking through disability can help writers *as well as* the disabled folks they work with and often represent to a mainstream culture that erases disability: Ravel, in collaborating with the pianist Paul Wittgenstein, who lost his right arm in battle during World War I, composed a concerto specifically for the left hand. In so doing, Ravel had to let go of his previous conceptions of musical style, meter, and tempo to make a piece that would be suitable for a disabled musician. This act, Davidson argues, was just as beneficial to the able-bodied artist and to the state of music as discipline as it was for the disabled pianist directly, and artists of all types can learn from it to create beneficial representations that open the door to recognizing the alternative ways of thinking and being that disability represents (2). In other words, according to Davidson, disability should be recognized as a potentially transformative way of existence for all people due to the manner in which it destabilizes longstanding, oppressive ideals of what it means to be human.

We as readers can connect the topic of narrative prosthesis to *The Violent Bear It Away* since the underlying issue of stories with disabled characters, according to Mitchell & Snyder, is "always whether the disability is the foundation of the character itself. The question is… whether [the character's] mystery can be pierced by the storyteller" (*Narrative Prosthesis* 6). With this in mind, it is imperative that readers consider whether or not O'Connor makes a literary effort to pierce Bishop's mystery and otherwise humanize him. From the primary text, it seems that Bishop's intellectual disability is his most apparent foundation in the story. O'Connor's epistolary comments regarding the novel even more clearly expose this fact: "I suppose my novel too will be called another Southern Gothic. I have an idiot in it. I wish I could do it without the idiot but the idiot is necessary. In any case it's a very nice unobjectionable idiot . . ." (*The Habit of Being* 301). Notice particularly here O'Connor's use of the pronoun "it" for Bishop, further solidifying her understanding of his character as an object.

More acute evidence of O'Connor's disablism can be seen in a letter to her friend Betty Hester from February 13, 1960, where she describes a recent interview with *Time* magazine:

> The man took about a million pictures, in all of which I am sure I looked like Bishop. They will select the one [that] looks most like Bishop… All I did for an hour was stammer and stutter and all night I was awake answering his questions with the necessary qualifications and reservations. Not only will [I] look like Bishop but [I] will sound like him if he could talk.[16]

As this letter makes apparent, O'Connor does not think highly of the character she created. Bishop is just as "other" to her as he is to Rayber and Tarwater. It appears that the intellectually disabled character is a mechanism, merely a tool or narrative prosthesis, to make O'Connor's story function. Here, Flannery O'Connor also participates in a kind of disability hegemony: though she could be considered disabled herself, she leans away from leveling with Bishop and shudders at the idea of being compared to him. In *Extraordinary Bodies*, Rosemarie Garland-Thomson reasons through how this paradox is possible:

> Little somatic commonality exists among people with different kinds of disabilities because needs and situations are so diverse. A blind person, an epileptic, a deaf person, and an amputee, for example, have no shared cultural heritage, traditional activities, or

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[16] This quotation is only excerpted in *The Habit of Being* (374), but the entire letter appears in *Good Things Out of Nazareth* (195-196).

> common physical experience. Only the shared experience of stigmatization creates commonality. Having been acculturated similarly to everyone else, disabled people also often avoid and stereotype one another in attempting to normalize their own social identities. (14-15)

As Garland-Thomson explains, the disabled and nondisabled alike can act to stigmatize other people's bodies and minds. Elsewhere in her correspondence, O'Connor details a much more empathetic outlook on the topic, at least toward the types of mobility issues that she herself experienced. Earlier, in a 1955 letter to Betty Hester, she details her distaste for sympathy when seen in public on crutches:

> I have decided I must be a pretty pathetic sight with these crutches. I was in Atlanta the other day in Davison's. An old lady got on the elevator behind me and as soon as I turned around she fixed me with a moist gleaming eye and said in a loud voice, "Bless you, darling!" I felt exactly like the Misfit [from "A Good Man Is Hard to Find"] and I gave her a weakly lethal look, whereupon greatly encouraged, she grabbed my arm and whispered (very loud) in my ear. "Remember what they said to John at the gate, darling!" It was not my floor but I got off and I suppose the old lady was astounded at how quick I could get away on crutches. I have a one-legged friend and I asked her what they said to John at the gate. She said she reckoned they said, "The lame shall enter first." This may be because the lame will be able to knock everybody else aside with their crutches. (*The Habit of Being* 116-117)

In this case, O'Connor highlights how nondisabled individuals tend to underestimate people with disabilities. However, somehow, she does not seem to extend the same line of thinking to Bishop's universe or depth of sensory experiences, often foregrounding his grotesque behavior rather than diving into his pleasures or thoughts. Perhaps, after developing somatic and energetic disabilities herself, she viewed physical disabilities as different mental disabilities, for, as she said before, she'd "a lot rather be sick than crazy" (Gooch 215).

Another narratively interesting, violent event takes place in the novel after Tarwater commits the crime of drowning his cousin. Immediately after the act is complete, Tarwater flees the scene through the woods and hitchhikes back toward Powderhead, his great-uncle's property. One of the drivers who picks Tarwater up drugs, sexually assaults, and leaves him in the middle of a clearing with his clothes "neatly piled by his side" (232). This unnamed character, depicted with the same violet and lavender imagery as the fiendish voice, seems to be Satan incarnate. O'Connor herself suggests this interpretation in *The Habit of Being*: "the Tempter, the Devil,... becomes actualized in the man who gives Tarwater the lift toward the end" (375). After the assault occurs, Tarwater then completes his journey home in full acceptance of his Christian mission, burning (and thereby purifying) everything in his path. In its own twisted way, this sexual assault might be seen as a form of divine retribution, further solidifying Tarwater's prophetic motivations and offering his penance for the sin of murdering Bishop. To O'Connor, this murder "is forgotten by God and of no interest to society" (*The Habit of Being* 343). Likewise, the "violation in the woods" brings about Tarwater's final state of prophetic fulfillment and convinces him to reject the Devil completely (*The Habit of Being* 368).

Another interesting narrative choice that O'Connor makes is to end the text without explaining what is to come for Rayber after his son's death. The last readers ever hear from him is that he knows what occurred but is numb to the loss:

> What had happened was as plain to him as if he had been in the water with the boy and the two of them together had taken the child and held him under until he ceased to struggle.
>
> He stared out over the empty still pond to the dark wood that surrounded it… He stood waiting for the raging pain, the intolerable hurt that was his due, to begin, so that he could ignore it, but he continued to feel nothing. He stood light-headed at the window and it was not until he realized there would be no pain that he collapsed. (203)

This final word from the schoolteacher occurs a whole forty pages before the book ends. Readers are left to imagine for themselves what might have been next for Rayber after Bishop dies, but the prognosis is not great. Timothy Basselin notes that "unfortunately Rayber refuses the call [to "define being human by relationship rather than reason, by vulnerability rather than self-sufficiency"] as he sits on the shore of the lake… and listens to the drowning of his son" and that "the reader must choose if Rayber has participated in killing the authentic good in his life" (78). However, other readers contend that Rayber may have died at the end of this scene since "collapse" is O'Connor's last word regarding his fate. Interestingly, O'Connor refutes the idea that Rayber is dead in her correspondence and muses about potentially writing another book in which even he may be saved (*The Habit of Being* 357, 484). Nevertheless, Rayber's suppression of sensation at the murder of his son (he "clenched his teeth" and "set his jaw," determined that "no cry escape him" (202)) epitomizes the schoolteacher's spiritual emptiness.

The most incisive and detailed disability-conscious reading of *The Violent Bear It Away* to date was written by Maren Linett in her 2020 book *Literary Bioethics: Animality, Disability, and the Human*. In this text, Linett dissects several components of the original novel, arguing that if read at face value, O'Connor's portrayal of Bishop is "dangerously ableist," implying that his death is no great loss (113) and that reading the novel "against the grain" offers unique insights into real struggles that some disabled people might relate to, like "the ways disabled people are used as tug-of-war ropes between others whose agendas have nothing to do with them" (114-116). I suggest that readers and critics follow this advice to search for (albeit fleeting) moments of grace and beauty in Bishop's characterization. As long as readers acknowledge the ableist flaws in using Bishop's life as a distorted narrative prosthesis, we can also make space for the similarities he shares with all human beings: seeking to be understood and held, to belong, and to enjoy the little things in life like the sun on his face and splashing around in a fountain (Linett 164).

Work: "Introduction to *A Memoir of Mary Ann*"

Flannery O'Connor also commented on disability in her "Introduction to *A Memoir of Mary Ann*," a book published with the Dominican sisters of Our Lady of Perpetual Help Free Cancer Home in Atlanta, Georgia, in 1961 (*Mystery and Manners* 214, 237). The book outlines the story of a sweet little girl whom the nuns cared for from roughly 1949-1958 until she died from a cancerous tumor on her face. In her correspondence, O'Connor (quite humorously) details how the nuns reached out to her for help with writing the text and getting it published. She politely tried to turn the Sister Superior down:

> I told her if they did happen to write it, I'd be glad to go over the manuscript and would supply a little introduction if that would help. I thought that would be the last I'd hear of her. Never underestimate them. They forthwith sat down and wrote it and they are hellbent to see it through… Fr. Paul thinks it's quite comic that they have lit on me to do

> this. He asked them which of my murder stories gave them the idea I should help them with it. (*The Habit of Being* 409)

Despite her initial reservations, Flannery O'Connor worked tirelessly on the introduction, met with the sisters from Our Lady of Perpetual Help, and even sent the book's manuscript to several of her literary connections in an attempt to find them a publisher. O'Connor's most interesting comments to this discussion of disability, however, are philosophical in nature and worthy of quoting at length:

> Bishop Hyland preached Mary Ann's funeral sermon. He said that the world would ask why Mary Ann should die. He was thinking undoubtedly of those who had known her and knew that she loved life, knew that her grip on a hamburger had once been so strong that she had fallen through the back of a chair without dropping it, or that some months before her death, she and Sister Loretta had got a real baby to nurse. The Bishop was speaking to her family and friends. *He could not have been thinking of that world, much farther removed yet everywhere, which would not ask why Mary Ann should die, but why she should be born in the first place*. (*Mystery and Manners* 226; italics mine)

It is here that scholars can more clearly see the specificity in characterization that Flannery O'Connor is capable of. Though she never actually met the girl, O'Connor paints her portrait with poignant detail, providing representative anecdotes not intended to caricature but to illuminate the complexity and nuance of Mary Ann's personality.

In the "Introduction," O'Connor also takes a stand against the modern utilitarian ethics that she saw to dominate her time:

> One of the tendencies of our age is to use the suffering of children to discredit the goodness of God, and once you have discredited his goodness, you are done with him…

> In this popular pity, we mark our gain in sensibility and our loss in vision. If other ages felt less, they saw more, even though they saw with the blind, prophetical, unsentimental eye of acceptance, which is to say, of faith. In the absence of this faith now, we govern by tenderness. It is a tenderness which, long since cut off from the person of Christ, is wrapped in theory. When tenderness is detached from [Christ], its logical outcome is terror. It ends in forced-labor camps and in the fumes of the gas chamber. (*Mystery and Manners* 226-227)

To O'Connor, sentimentality is not the proper response to suffering and disability. Writing in the wake of the Holocaust and as the Cold War heated up, O'Connor undoubtedly felt the need to address these empty sympathies in her reflections for the "Introduction to *A Memoir of Mary Ann*." Instead of empty tenderness, O'Connor called for a Catholic acceptance and embracing of human suffering as a natural part of life. Here, she demonstrates her resistance to alleviating *all* suffering on the whole as a slippery slope toward the eugenic thinking that has led to genocide. As previously mentioned, O'Connor once said that "sickness before death" is good, and those who do not experience it miss out on one of God's great mercies (*The Habit of Being* 163). This philosophy around a determined acceptance of human suffering sharply diverges from that of Carson McCullers, as we will see in the next chapter.

Chapter Three: Carson McCullers

Life

Carson McCullers was born Lula Carson Smith in Columbus, Georgia, in 1917, which was a low-income mill town at the time. Her family, however, belonged to a small mercantile class since her father was a jeweler (Carr 9). In her posthumously-published unfinished autobiography, *Illumination and Night Glare*, which was dictated to nurses and friends from her deathbed, McCullers reflects on her life and career. Recent scholarship on the autobiography has praised the way her storytelling "follows the associative wanderings of memory" and overlaps to create narrative harmonies and resonances (Sherazi 52). In the text, she speaks little of her childhood, except for the fact that "school was all right as I learned easily & went straight to the piano in the afternoon. I spent practically no time on homework. I passed every grade, but that was all. I liked to climb a tree in the backyard & sit in a tree house my brother & I had made" (9, 12). McCullers began formally studying piano at age nine and was a gifted player, with hopes to "get away from Columbus and to make [her] mark in the world" (14). However, a deep respiratory infection that was first thought to be tuberculosis, but later diagnosed as rheumatic fever, robbed McCullers of the "physical stamina necessary for the rigors of practice and a concert career" (*Illumination and Night Glare* xi). As a result, she "quietly put away all thoughts" of a musical profession and told her father that she instead wanted to become a writer, something she knew she could do from home (Sherazi 14). Carson McCullers' mother, Marguerite Smith, encouraged her to pursue her dreams from early childhood and was remarkably lax in her use of parental authority. Carlos Dews says her mother "treated the young Lula Carson like a sibling or companion rather than as a daughter, did not force her to attend school every day, and allowed her to smoke and drink at an early age" ("Brutal Humilation"

285). By the time she was fourteen, McCullers had begun smoking *alongside* her mother, scaring off evangelists from the local First Baptist Church (Carr 30).

After she graduated from Columbus High School at age sixteen in June 1933, she sold her grandmother's heirloom emerald and diamond ring to pay for college classes at Columbia University and Washington Square College of New York University (Carr 31-32; *Illumination and Night Glare* 15). She traveled to New York harbor on a steamship from Savannah, Georgia, at age seventeen in September 1934 (Carr 40). Once in New York City, she took on several odd jobs to fund her education, including writing for a newspaper called *More Fun and New Comic*s and attempting to sell real estate (*Illumination and Night Glare* 16). However, in the typical artist's fashion, she fell in love with Reeves McCullers, an army clerk stationed at Fort Benning, on a trip home in June 1935 (16). She went back to New York and tried a long-distance relationship with him but did not finish her degree due to the debilitating symptoms of her rheumatic fever. Like O'Connor, the illness caused her to return to Georgia for nursing in November 1936.

Back home in Columbus, her physical health further deteriorated, and she spent most of her time in bed, working on a story called "The Mute," which would eventually evolve into her first novel, *The Heart Is a Lonely Hunter* (*Illumination and Night Glare* 187-188). McCullers felt impatient with her slow recovery and was frustrated by how her disability delayed her writing process (Carr 66). Carson and Reeves McCullers were married around this time at a private ceremony in September 1937 (Dews, "Brutal Humiliation" 287). In 1938, she created an expanded outline of "The Mute" for a first-novel grant contest through Houghton-Mifflin (*Illumination and Night Glare* xii). The McCullers' moved to North Carolina as Reeves struggled to find consistent work. Their finances were in a state of disarray, and when the novel was published, Carson McCullers accused her husband of stealing her profits from the book and forging checks in her name, resulting in their separation and divorce in 1941.

However, World War II soon began, and many of her male loved ones joined the fight. During the war years, Carson McCullers corresponded with Reeves, worrying constantly for his health and safety and dodging his persistent requests to remarry when he returned home. As revealed in Virginia Spencer Carr's 2003 introduction to the reissue of McCullers' biography, *The Lonely Hunter*, her father, Lamar Smith, died from a self-inflicted gunshot wound in 1944. The family was very secretive about this; it is still unknown whether Marguerite Smith told her daughter the whole truth about what had happened. Her father's suicide may have resulted from the emotional turmoil of war and his divorce from Ms. Smith.

After Reeves McCullers was wounded in battle (he was shot in the arm), the couple did remarry, but not without trouble. Their relationship remained tumultuous, as they were both heavy drinkers. Following another separation from him in 1948, McCullers was institutionalized for a suicide attempt at Payne Whitney Memorial Hospital in Manhattan for three weeks. She recalled later that a doctor at Payne Whitney had "criticized her for not facing her ill health," telling her that her passion for writing was not enough to defend the psyche and that "writing in itself was a form of neurosis" (Carr 300-304). In 1953, in a similar bout of his own depression, Reeves tried to get his wife to make a suicide pact with him. Terrified from her experiences at Payne Whitney, McCullers separated from her husband once again. In *Illumination*, she still remembered vividly the trauma of her time in the hospital: "to this day I sometimes think in times of distress, at least I'm not in Payne Whitney" (73).

In addition to her sicknesses and her struggle with mental illness, McCullers had four strokes that made her very physically frail. The first occurred in February 1940, just before her twenty-fourth birthday, the second and third in 1947, and the fourth in 1967, which ultimately killed her (*Illumination and Night Glare* 190, 198, 207; Shapland 176-179). She recalls the experience of her penultimate stroke:

> Alone in the house, this final stroke happened. I was just going to the bathroom when I fell on the floor. At first it seemed to me that the left side of my body was dead. I could feel the skin clammy and cold with my right hand. I screamed, but no one answered, no one was there. I lay on the floor, helpless, from about eight in the evening all through the night until dawn, when finally my screams were heard. (43)

It is unclear exactly how accurate this recollection of that night is. However, what *is* clear is the fact that McCullers, as opposed to O'Connor, is much more forthcoming about the emotional toll her physical experiences took on her body, providing a level of autobiographical detail in her descriptions that O'Connor never disclosed in her life writing.

The strokes affected McCullers' vision and mobility, producing blindness and paralysis of the left side of her body. McCullers really struggled with feelings of loss and pain at the onset of her disability but leaned into friends and family members for support. In an unpublished letter to Tennessee Williams from February 14, 1948, she acknowledges that "my sad condition was another by product [*sic*] of illness… without my imaginary life—in which you play a leading part—I would go crazy… I am still very ill, almost never free from pain. At this time the thought of you means more to me than you know" ("Letter - 14 Feb. 1948"). In another letter from 1949, she borders on despair:

> The misery is so manifold, [lugubrious? handwriting unclear] that it would be funny if it happened to someone [else]... But Tenn, why do I have to suffer so? I want to cry out for

> help—and there is no help possible, and, worst of all, I dread another catastrophe, live in terror of further physical extinction. It is not death I dread. (“Letter - 1949”)

She then follows up:

> The last week was utter Hell. This last year has been unspeakably difficult. My health has failed steadily. I can’t walk more than half a block, can’t play the piano of course or type, can’t smoke too much, or, alas, get drunk. And neuritis has set in—the damaged nerves are constantly spastic and painful. (qtd. in Shapland 177)

McCullers also told of her paranoia around the threat of another embolism: “I lived in constant fear of strokes” (177). These comments demonstrate how McCullers’ illnesses impacted her well-being, drawing on what Alison Kafer calls a kind of “compulsory nostalgia for the lost able-mind/body… that perhaps never was” (42).

Given that these physical impairments, mental illnesses, and experiences of pain affected Carson McCullers throughout her life, it is critical that readers understand her fiction in light of her disability. Could she, like O’Connor, have understood intellectual disability as a completely separate concept from her own experiences of physical disability and emotional depression?

Work: *The Heart Is a Lonely Hunter*

McCullers’ first book of fiction, *The Heart Is a Lonely Hunter* (*HLH*), was published in 1940.[17] Critics were much more receptive to it than they were to *The Violent Bear It Away*. A review from the June 8th, 1940, edition of *The New Yorker* praised McCullers’ complex, detailed characterizations and placed “a small bet” on McCullers’ future as a writer (Fadiman 69-70). The

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[17] From here on out, *The Heart Is a Lonely Hunter* (1940) will be referred to as *“HLH”* for the sake of conciseness.

title comes from a 1910 poem called "The Lonely Hunter" by Fiona MacLeod (pseudonym of William Sharp).[18] It draws on themes of longing and isolation, crooning,

> Deep in the heart of Summer, sweet is life to me still,
> But my heart is a lonely hunter that hunts on a lonely hill. //
> Green is that hill and lonely, set far in a shadowy place;
> White is the hunter's quarry, a lost-loved human face (11-12)

The novel's titular poem frames it well, as each of the characters in *HLH* searches for emotional connection (the "lost-loved human face"), a purpose for their life, and attempts to solidify their identity in the small, Southern community of the "lonely hill." McCullers also elaborates on her reasoning behind the novel's title in her article, "Loneliness… An American Malady," from the December 19, 1949 edition of *This Week*, reprinted in *The Mortgaged Heart*. In the article, she claims that American individualism is to blame for the predominant cultural sense of isolation and suggests that people have a need "to belong to something larger and more powerful than the weak, lonely self. The sense of moral isolation is intolerable to us" (293-295). To this end, the novel explores how each character searches for community and describes where their individual quests fall unnecessarily short.

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[18] *Illumination and Night Glare* 6.

Fig. 19. The cover of *The New Yorker* from June 8, 1940, where *The Heart Is a Lonely Hunter* by Carson McCullers is reviewed. *Alt Text: A blond woman in a black graduation cap, gown, and flower lei is surprised to see a bee over her right shoulder. The top of the magazine cover says "THE NEW YORKER" in all caps, and the price is fifteen cents.* Image Attribution: Used with permission, © *Condé Nast Licensing*.

The book's setting is a mill town "in the middle of the deep South" (presumably Georgia[19]), and it has a much larger cast of characters than *The Violent Bear It Away* (*HLH* 6). There is Mick Kelly, a teenage schoolgirl with a passion for music; Biff Brannon, the closeted nonbinary owner of the 24-hour New York Café; Doctor Benedict Mady Copeland, the town's dutiful Black physician and civil rights advocate; and Jake Blount, an anarchist alcoholic vagabond with a penchant for political soliloquies, among others. The central storyline revolves around a man named John Singer, who is both deaf and mute and who works in the town's

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[19] There are repeated references to "a convention" of "the Society" in "Macon," which is a real city in Georgia roughly thirty miles from Milledgeville (*HLH* 181, 184).

jewelry store (a common occupation in McCullers' canon). Singer, although he cannot speak, has an engraved card with his name on it that also says, "I am a deaf-mute, but I read the lips and understand what is said to me. Please do not shout" (55). The other characters are drawn to Singer because of his unlimited, uncanny, and almost divine ability to listen. Critical recognition of Singer as a type of Christ figure has a long history in McCullers studies. Indeed, one of the oldest existing literary analyses of the novel from 1957 asserts that "the religious pattern in the novel involves a kind of pyramidal relationship" with Spiros Antonapoulos, an intellectually disabled deaf and mute person of Greek descent, at the apex (Durham 495).

In her gender and sexuality-oriented reading of *HLH*, Sarah Gleeson-White cites Laurie Champion and Wayne Dodd for similar critical perspectives of "Singer as some form of deity, a God or Christ figure" (*Strange Bodies* 52, 136, 147-148). The other characters in the book, Mick, Blount, Dr. Copeland, and Biff, also "find their God image in Singer, who, unknown to them, finds his in the Greek [Spiros Antonapoulos]" (495). To them, the mystery and "unknowability," as Kafer puts it, of the intellectually disabled mind creates a sounding board and mirror for their most intimate and vulnerable feelings, but they (and I would argue that McCullers herself) choose not to listen for the expression and communication of Antonapoulos himself (64). In her "Author's Outline of The Mute" (the early working title of *The Heart Is a Lonely Hunter*), published posthumously in both *The Mortgaged Heart* and *Illumination and Night Glare*, she lays out the character's purpose:

> From the point of view of the novel the things that happen to [the subordinate characters] are of more importance in the effects of the main characters than because of the change that they bring about among these characters.

> *Spiros Antonapoulos*. Antonapoulos has been described with complete detail in the first chapter. His mental, sexual, and spiritual development is that of a child of about seven years old. (*Illumination and Night Glare* 174; italics in original)

That is all she wrote in the twenty-page-long outline. Might Antonapoulos, therefore, be another reductive narrative prosthesis?

Overall, John Singer is portrayed as a pleasant and polite person, paying extra for laundry services (*HLH* 86), inviting people over to his apartment, and always meeting his guests “at the door with a welcome smile” (91), as well as offering them a share of his food and drinks (55-56, 91, 151).

The most memorable thing about Mr. Singer is his extraordinary ability to listen. When Jake Blount first stumbles into the New York Café, he strikes up a drunken, incoherent, one-sided conversation with Singer for almost an hour, goes outside, and fights a brick wall. Mr. Brannon, the café owner, is unsure how to manage the situation, and Singer offers to take Blount home with him. He then proceeds to bathe, clothe, house, and feed the inebriated man (28, 53-57). The narrator confirms this omnipresent kindness in Singer: “The mute’s eyes were cold and gentle as a cat’s and all his body seemed to listen” (23).

Singer and Antonapoulos are literary foils and their parallel characterization positions intellectual disability (along with Greek ethnicity) as the primary difference between the two. Singer’s only true friend is Antonapoulos. The novel begins with the two men living together in a two-room loft apartment, outfitted with only a kitchen and bedroom (5). Though they were in close quarters, the two friends lived a shared life of unity, harmony, and consistent routine: “early every morning they would come out from the house where they lived and walk arm in arm down the street to work” (1).

McCullers characterizes Antonapoulos with similarly stereotypical signs of intellectual disability as O'Connor does with Bishop: laziness, "primal desires" for basic needs, and clumsiness. She writes, "Antonapoulos sat back lazily and looked at Singer. It was seldom that he ever moved his hands to speak at all—and then it was to say that he wanted to eat or to sleep or to drink. These three things he always said with the same vague, fumbling signs" (4). Also, like Bishop, Antonapoulos communicates, but not with verbal language: "he heaved himself up for a better view" and "watched with a beaming smile" when Singer puts on Mickey Mouse and Popeye films for him (222). McCullers also demonstrates his special interest in cooking: "Antonapoulos loved to eat more than anything in the world," and he "cooked all of their meals" while Singer washed the dishes (4-5). Overall, McCullers depicts Spiros' executive functioning skills as relatively strong.

However, after ten years of living together, Antonapoulos suddenly becomes ill: "he sat up in bed with his hands on his fat stomach and big, oily tears rolled down his cheeks" and "from that time on there was a difference in their way of life" (6-7). (Also notice how McCullers emphasizes the fact that he is overweight, another stereotypical sign of "laziness": "His huge buttocks would sag down over his plump little feet when he kneeled" to pray (7).) Antonapoulos grows increasingly irritable, stealing silverware from restaurants and urinating in public, and all the while, John Singer defends him and repeatedly bails him out of the local jail (5). Eventually, Antonapoulous's problem behaviors spiral out of control ("on the streets [in public] there was never any knowing just what he would do"), and his guardian, a cousin named Charles Parker, goes behind Singer's back to commit Antonapoulos to "the state insane asylum two hundred miles away," which, as we have already established, is based on Central State Hospital (9).

McCullers also demonstrates the stress that disability stakeholders and caregivers often struggle with in her characterization of intellectual disability through Antonapoulos. Rather than receiving care from his biological next of kin, Charles Parker, Antonapoulos gets support from his chosen family, John Singer. However, due to the laws of their small Southern town, Singer has no control over Antonapoulos' institutionalization. When he hears of the news, he hands Charles Parker a note that says, "You cannot do this. Antonapoulos must stay with me" (9). Nonetheless, even after Singer strives to keep him integrated into the community, spending nearly all "the money he had saved in the bank" "for bail and fines," Antonapoulos is shipped off to the asylum, another victim of the cultural shift away from community care and toward confinement, toward sanitation, and toward conformity (8).

The theme of miscommunication is strong in this novel. Much like how Mick, Biff, Dr. Copeland, and Blount all idolize Singer for his ironically keen ear and knowing smile, Singer does the same to Antonapoulos:

> In all the years before it had seemed to Singer that there was something very subtle and wise in this smile of his friend. He had never known just how much Antonapoulos understood and what he was thinking. Now in the big Greek's expression Singer thought that he could detect something sly and joking. (8)

McCullers sets up a pattern of cognitive fantasy in which the characters of *HLH* speculate as to what their neighbors think. After Antonapoulos is sent to the asylum, Singer makes efforts to send his friend letters, even though he knows Antonapoulos cannot read:

> as the months went by [Singer] began to imagine that perhaps he had been mistaken, that perhaps Antonapoulos only kept his knowledge of letters a secret from everyone. Also, it

> was possible there might be a deaf-mute at the asylum who could read his letters and then explain them to his friend. (212)

This uncertainty and mostly one-sided communication do not matter to Singer, who feels that Antonapoulos, though he doesn't respond in typical, predictable, communicative ways, still understands and has a bond with him. In turn, the townspeople feel the exact same way about Singer. Even though he could never force himself to mail the correspondence, Singer attempts to rationalize his need to communicate his feelings and be understood, and he values the act of writing, forming "the letters with as much care as if the paper had been a plate of silver" (213). Singer confesses on paper how the counts each day since they have last seen each other:

It has been five months and twenty-one days now. All of the time I have been alone without you. The only thing I can imagine is when I will be able to be with you again. If I cannot come to you soon I do not know what" (216). He continues, and later in the letter, he croons, "[t]he way I need you is a loneliness I cannot bear… I am not meant to be alone and without you who understand" (217).

Some critics have argued that the relationship between Antonapoulos and Singer is more than platonic and might, in fact, draw on homoerotic desire. Sarah Gleeson-White goes so far as to suggest that Singer's strange dream sequence, where Antonapoulous, naked, carries an ambiguous object of worship to the top of a stone staircase that collapses under him, might be a phallus (*Strange Bodies* 52-56). I am not so sure about that, but there is no doubt that the two characters, at least in the view McCullers presents of Singer's mind, are very close. Singer's enduring affection for Antonapoulos contrasts markedly with *The Violent Bear It Away*, with Bishop's estrangement and isolation from every character except a hotel worker who looks on with "eyes full of curiosity and compassion" (152).

Interestingly, this potentially homosexual plot element parallels several relationships in Carson McCullers' biography. Throughout her personal life, Carson McCullers expressed her intimate feelings for several women, including her childhood piano teacher, Mary Tucker, a burlesque performer housemate, Gypsy Rose Lee, and the Swiss heiress and creative Annemarie Schwarzenbach. Consequently, upon hearing of the nature of his wife's homosexual desires, Reeves McCullers slapped her across the face twice (*Illumination and Night Glare* 22). Notably, McCullers' profound, lifelong companionship with women has led contemporary critics like Jenn Shapland to read her as bisexual (254).

In particular, McCullers' relationship with Schwarzenbach proved to be the most intimate of all. The two artists wrote love letters to one another, and McCullers attempted to help Schwarzenbach with her lifelong morphine dependency, but their relationship ended in disappointment as Schwarzenbach was almost constantly on the move and in and out of mental institutions herself before her early death in 1942. In her autobiographical materials, McCullers recounts her feelings of loss and betrayal at the destructive path Schwarzenbach lived on (Dews, "Impromptu Journal" 34). McCullers even traveled to New York from Columbus, Georgia, on a whim in November 1940 when she heard of her friend's elopement from the Blythewood asylum via telegram (*Illumination and Night Glare* 34, 189; Dews, "Impromptu Journal" 39). Despite McCullers' attempts to console Schwarzenbach, Schwarzenbach was in a state of mental and emotional turmoil and made a suicide attempt in their friend's bathroom. Police swarmed the apartment, and there was pandemonium as they tried to take Schwarzenbach to Bellevue, another mental institution. Finally, McCullers cried in desperation:

> Haven't you police officers ever known anyone who was hurt or [crippled?[20]] This girl is far from home, a stranger here, in the middle of a war, unable to get home and distressed.

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[20] Dews' word.

> Haven't you ever had a friend or relation who has been so distressed that they momentarily wanted to take their own [life]? … If you have any pity, which I'm sure you do, I would let this girl be free in the hands of her own physician, who will do better… he will treat her with kindness and understanding. (34-35)

After this harrowing night, McCullers returned home to Columbus. She never saw Schwarzenbach in person again but corresponded with her on and off in the two years before Schwarzenbach's death. In *Illumination*, McCullers reflects on the loss of her companion:

> I was living at Yaddo [the writers' colony in Syracuse, New York] all alone in a small cottage, and I was free to grieve and remember. I have talked much of her morphine addiction which was for some years dreadfully important to her, but I want to add that in spite of the most crippling handicap, she became a Dr. of Philosophy at the University of Zurich, and at a time of crisis, she was always ready and willing to do even more than her part. I don't know a friend whom I loved more, and was more grieved by her sudden death. (36)

Here, it is evident how McCullers, even after being spurned by the consequences of her friend's addiction and mental illness, still remained sympathetic to the value of her life. However, this passage is marked by the language of "overcoming" disability, as if Schwarzenbach's life was made more valuable by her desire and efforts to move toward able-bodied/mindedness. Still, McCullers' intimate relationship with and care for mentally ill people (including herself) imbued her with unique insights into these conditions. She lived with the pain of losing her friend and acknowledged it fully. This type of experiential knowledge imparted McCullers with a richer (albeit secular) sense of humanist empathy for invisibly disabled people than that which is seen in O'Connor, and McCullers attempts to inscribe that empathy into her fiction, with varying degrees of success.

As the plot of *The Heart Is a Lonely Hunter* thickens, the other characters build trust in Singer's confidence and come to depend on him for their emotional well-being: "by midsummer Singer had visitors more often than any other person in the [boarding] house. From his room in the evening there was nearly always the sound of a voice" (*HLH* 90). Stephanie Rountree theorizes that "Antonapoulos burdens Singer" in terms of the novel's narrative structure as "Singer's capacity to serve as an effective intermediary among the four other characters is encumbered by his exclusive devotion to Antonapoulos" (201). Like Bishop in *The Violent Bear It Away*, Antonapoulos is "rendered invisible" (Rountree 203) by his cognitive segregation to the asylum on the margins of the story, which, try as Singer might, "would not become clear in his mind" once he left the institution's campus (208).

The most heartbreaking scene in *The Heart Is a Lonely Hunter* takes place after Antonapoulos dies in the asylum. Readers are not given any details as to how the death occurred besides the fact that Antonapoulos was moved to the asylum infirmary for nephritis in an earlier scene (219). Singer is left devastated and dejected, unable to deliver the gifts he brought for his friend, let alone reconnect with him. Once he is informed of Antonapoulos' death, Singer wanders about the asylum town as he waits for the next train home. In his listless roaming, he stumbles across a group of deaf people in a bar but is too caught up in his grief to greet them with his usual friendly demeanor. The only signs he can make out are his name, his hometown, and a desperate inquiry about whether they know Spiros Antonapoulos (325). The deaf friend group does not know of him, and after a while, they leave Singer "out of the conversation" in sign, emphasizing how truly alone he is in a world without Antonapoulos (325). Notably, this is the only time readers see Singer interact with deaf people other than Antonapoulos in the novel, besides a brief recollection of his attending a deaf school as a child where he was "thought very intelligent" (11). Without the hope of confiding in his friend, all is lost for John Singer, and he puts a "bullet in his chest" when he gets back home (326). The rest of the novel revolves around how the other characters react to Singer's suicide and grapple with his loss. They all attempt to resolve their differing understandings of why he might have desired to die, and they ask questions like "what good was it?" while doing their best to "gain steadiness" in the wake of Singer's death (350, 359). The true tragedy and dramatic irony of the story is that none of the other characters learn what is at the core of Singer's final decision (his grief for Spiros) since they do not bother to listen to Singer's nonverbal acts of communication earlier in the book.

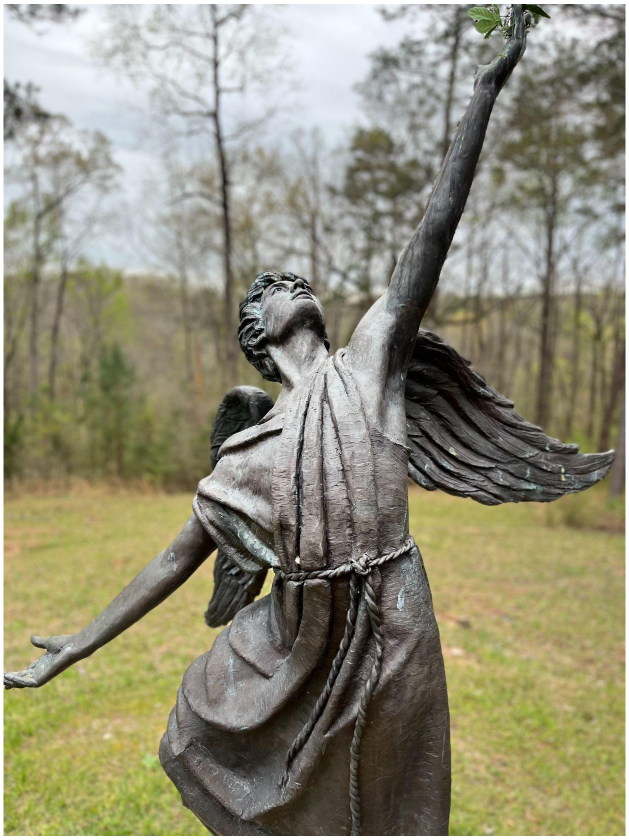

Fig. 20. The Angel of Cedar Lane Cemetery at Central State Hospital, 2023. It stands as another monument to those who have died at the hospital. *Alt Text: A grey statue of an angel with its left*

arm aimed downward and its right arm up towards the sky. The angel's face looks up at the sky. Photograph taken by the author.

If readers trace Singer's death deeper into the narrative, they can locate the very root of the novel's resolution at *Antonapoulos's* demise in the institution and at the hands of a society that pushed his body and mind to its edges. In *The Heart Is a Lonely Hunter*, Antonapoulos is denied a sense of futurity: his death is the keystone change that begins the cascade of events leading to the novel's resolution; in other words, he serves as another narrative prosthesis. However, there are some areas where McCullers' characterization is less damaging than that of O'Connor. Namely, she highlights Antonapoulos's special interest in cooking and demonstrates how he is loved and supported by Singer in spite of rejection by his blood relatives. Nonetheless, McCullers' grotesque indulgence in descriptions of Antonapoulos as lazy, obese, and irritable perpetuates common stereotypes about intellectually disabled people. However, if readers acknowledge these descriptive flaws, as with *The Violent Bear It Away*, can we listen for narrative echoes and read between the lines to etch out a sense of fullness and beauty in Antonapoulos's life? Though, like Bishop, Antonapoulos is not given verbal language in the story, how might readers, as Alison Kafer puts it, "learn to approach asynchronous bodies and minds as something other than grotesque or pathological?" (68).

Conclusion: Where do you belong?

Because they allow us to live for a brief time in other bodies, stories allow for connection and empathy-building. Thus, when writing narratives that focus on marginalized groups, such as those with disabilities, it is imperative that these stories are approached with respect, specificity, and sensitivity. Until the disability rights movement of the mid-twentieth century, there was very little public scholarship about disability representation in popular culture. Sociohistorically, the moral and medical models of disability predominated, emphasizing the respective spiritual purpose and physical or mental abnormality of disability. However, with the rise of the critical disability studies discipline, other frameworks for understanding disability, including the social and political-relational models, are gaining popularity. Society is starting to recognize the ways in which the binary categorizations of “abled” and “disabled” are “leaky,” as Margrit Shildrick calls them (qtd. in Price 11). The disability studies community is making room for invisible disabilities and mental conditions and demanding new forms of disability justice.

Critical to creating justice is the act of remembering, but remembering is often hard. Considering the complex histories of injustice and exclusion so as to prevent them from reoccurring in the future is an essential task. Spaces like Central State Hospital in Milledgeville, Georgia, with its nearly 200-year-long existence, are rife with the memories and emotions of the lives lived and lost there. The preservation and maintenance of this historical site is important to our memories of it. Present and future community members need to understand the extent of CSH’s influence on the region, its people, and its culture. Properly remembering starts with increasing accessibility. The general public, hard as it is, needs to share these imperfect and exclusionary stories to write new ones of justice and inclusion.

Carson McCullers held relatively progressive social beliefs for her time as a white woman from the deep South, especially when it came to racial injustice. However, her use of Spiros Antonapoulos in *The Heart Is a Lonely Hunter* as a narrative prosthesis (as Mitchell and Snyder put it) demonstrates a distorted understanding of intellectual disability as opposed to other forms of discrimination. Her animalistic descriptions of Antonapoulos' body and behavior detract from the social reform she attempts to call attention to. By isolating and marginalizing the intellectually disabled body to the edges of the narrative, she allows the cognitively normative main character, John Singer, to have the narrative time, space, and "freedom" to interact with the other characters and provides a site of action for the novel's plot to take place. Perhaps the most compelling evidence for this "narrative prosthesis" argument is the way that Antonapoulos' death in a mental institution serves as the novel's tipping point. Devastated by his friend's passing, John Singer subsequently commits suicide, and the other characters, in turn, have to reckon with that fact. While this chain of events might in and of itself be understood as a critique of mental institutionalization, the lack of depth McCullers provides surrounding Antonapoulos' characterization as a whole and the setting of the mental institution goes to show how little consideration she dedicated to the use of intellectual disability in her writing. However, by reading stories like these, we can recognize what they do well and the lessons they serve to teach humanity, in addition to holding them accountable for their inaccuracies and exaggerations. While her characterization of Antonapoulos is far from perfect, we must acknowledge that *The Heart is a Lonely Hunter* represents one step toward disability representation in literature, and her use of subtle details like Antonapoulos' special interest in cooking begins to highlight how intellectually disabled people are capable of living full, worthy, and valuable lives when given community support and allowed a sense of belonging and participation.

Similarly, Flannery O'Connor's brutal depiction of intellectual disability in *The Violent Bear It Away* is still relevant today because people with intellectual disabilities are often still treated in the same brutal manner. Bishop's life is devalued by his family and community in the same way that many typically-developed people undervalue the inherent worth of intellectual diversity. O'Connor's use of the intellectually disabled body is mired in the Catholic culture she lived in, which in some ways connected disability with divinity and resisted eugenicist, utilitarian understandings of human worth. Her philosophical musings in the "Introduction to *A Memoir of Mary Ann*" demonstrate her belief in the mystery of disability. Flannery O'Connor also described how misunderstandings around disability could often lead to empty pity and "tenderness," thereby demonstrating resistance to disability discrimination (*Mystery and Manners* 227). She argued that cutting off Christ from the root of this tenderness logically results in "terror" and genocide: "It ends in forced-labor camps and in the fumes of the gas chamber" (227). Writing from the cold-war U.S. South, O'Connor's visceral response to the horrors of the Holocaust more than likely influenced this statement. To her, the only refuge from the brutality of man was in the arms of Christ. Likewise, in her fiction, she does not present an out to the brutality of the narrative except through a total embrace of Christian destiny.

Moreover, reflections from O'Connor's correspondence on the necessity of somatic suffering to grow closer to God demonstrate the self-flagellating role that physical disability played in her life since "sickness before death is a very appropriate thing" and "one of God's mercies" (*The Habit of Being* 163). However, this rationale marks a clear separation between sickness and disability, with O'Connor leaning into the former and away from the latter. These statements also shy away from addressing conditions that do not involve pain, like intellectual disability, head-on. O'Connor's correspondence demonstrates a lack of care for writing and researching the intellectually disabled character Bishop and attempts to justify his use as a reductive narrative prosthesis since she wishes she could write *The Violent Bear It Away* "without the idiot but the idiot is necessary" (*The Habit of Being* 301). Here, O'Connor shows how little responsibility she accepts for creating a realistic representation of intellectual disability. Instead, she opts for a caricature that, albeit like Christ, suffers and dies so that the protagonist might be saved, but unlike Christ, ultimately refuses to acknowledge the full humanity of the intellectually disabled body.

Fig. 21. A panorama of the James B. Craig Center at Central State Hospital, 2023, once a facility for intellectually and developmentally disabled individuals. *Alt Text: A rectangular building sits on the left side of the image, with a white brick wing to the left and a red brick wing to the right. The right side of the image depicts a faded parking lot. The sidewalks and pathways are partially yellowed and cracking. The sky is overcast.* Photograph taken by the author.

However, if readers follow Maren Linett's suggestion for "reading against the grain," we can learn to recognize the beauty in neurodiversity despite O'Connor's deeply flawed and animalistic description of Bishop and his narrative fate. In other words, the reader can attend to the glimmers of contentment and hope for characters like Bishop rather than simply accepting their erasure and the interpersonal violence that these types of narratives subject them to.

In addition to Linett's resistant reading, society needs to participate in a kind of *resistant remembering*. The censorship of disability history does nothing to help create a more equitable future. The neglected, deteriorating state of historic sites like Central State Hospital now mirrors the lack of respect and disregard that was given to the disabled people who were "cared for" within them. The U.S. government maintains many other types of historic buildings all the time but seemingly cannot be bothered to pass along or document the fraught histories created in its former mental institutions. On top of that, where these histories do exist, many of them are not widely accessible. Numerous documents on disintegrating paper desperately need to be digitized and published but are currently locked away for fear that excessive handling will destroy them. Also, much of the script handwriting on historical resources is illegible to image processing softwares that transcribe text, making them virtually impossible for blind or low-vision scholars to parse through. Additionally, the lack of research accessibility is due in part to the classism of archival spaces and, in some cases, blatant administrative gatekeeping of materials perceived as marred by "spiritual and environmental deficits," as Mab Segrest so poignantly points out in the case of Central State Hospital's administrators (330).

We cannot do better for disabled people now without understanding the complex and troubled histories of care and extreme abuse that occurred at mental institutions and were perpetuated by literary representations that devalued disabled lives. There needs to be an honest attempt to tell all sides of disability history, and this includes preserving buildings like the ones at CSH and making primary materials both open-access *and* accessible through technological innovations like online digitization and the automated transcription of handwritten script.

More than anything, however, society needs to learn from history by valuing disabled lives now. The work of disability studies scholars and activists at redefining the boundaries of disability to include transient or invisible disabilities like mental illness and ID is only one step on the path to disability justice. Not only must society acknowledge where and how labels both help and harm people, but it must also get better at listening to disabled people's needs and raising up disabled voices. It is not enough to simply say, "no more mental institutions." Only through disability acceptance, pride, and community care can the needs of disabled people be adequately examined and addressed. Equity and accessibility cannot be realized without support, resources, and investment into disabled futures. It is only through these continued efforts and shifts toward inclusive representation that society can avoid relying on reductive narrative prostheses and repeating the horrors of the asylum.

Fig. 22. Barbed wire around the Rivers Building of CSH, 2023. It was originally a tuberculosis ward but was later converted into a facility for developmentally disabled patients in the 1960s. In 1981, it was sold to a private prison. In 2014, it was abandoned. *Alt Text: Grey, coiled wire is wrapped around the top of a fence. A pair of Converse high top tennis shoes is caught in the wire.* Photograph taken by the author.

Coda

As an undergraduate honors student in English at Emory University, I will be contributing this thesis to a permanent body of scholarship. With this understanding of my role as an interdisciplinary scholar comes the responsibility to steward the stories and voices presented within, which I do not take lightly. Emory is an institution of higher education. It provides a framework and an architecture for participating in this type of research. It has the power to uplift and amplify diverse stories by equitably acquiring and conserving materials and providing all with access to those materials. Institutional prestige should never come at the expense of personal exclusion. As I was drafting this project, many things, but most notably the gaps and silences in the archives, bothered me. It bothered me that many of the texts I worked with are inaccessible to many disabled people. The majority of Flannery O'Connor's and Carson McCullers' letters are not digitized, and most of the magazines, articles, newspaper clippings, journals, and handwritten notes that I sifted through in the archives are not transcribed and are barely legible, even to the trained eye. This is a deep wound within the body of academia that needs to be dressed.

I had to come to terms with the fact that I am incredibly privileged to be able to complete this type of work without worrying too much about my personal health, comfort, and safety. I hope that the work I have done here, including the alternative text and descriptions for my images, will lead to sustainable changes in the academic standards of how we remember and rethink the literary and historical legacies of O'Connor, McCullers, and Central State Hospital, and define the theoretical construct of intellectual disability. There is so much more to do, but I hope with this laborious creation, I was able to help provide a new perspective and a few additional insights into two of my favorite authors and their relationships with health, illness, and intellectual disability in a socially-conscious, just, and equitable manner.

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